

## IHO Gold Plus

### Application form

#### PROGRAM DETAILS

<b>Package name</b>	IHO Gold Plus
<b>Annual benefits</b> <i>Valid for 4 family members</i>	<ul style="list-style-type: none"> <li>• Unlimited teleconsultation with vHealth doctors for three years</li> <li>• 12 free complete body check-up covering 61 vital tests*</li> <li>• 15 free OPD vouchers for network partner hospitals</li> <li>• Pharmacy benefits worth INR 15,000</li> <li>• 6 free diet fit vouchers</li> <li>• 6 free dental vouchers</li> <li>• Access to vHealth ecosystem and discount benefits</li> </ul>
<b>Procedure to avail the services</b>	To speak to the vHealth doctors, call our toll free number 18001034466 (8am - 8pm Monday to Saturday). To book your free checkup visit your nearest Fullerton branch
<b>Membership fee</b>	INR 26,500 for 3 years

\*Tests Includes: Thyroid Function, Iron Deficiency, Liver Profile, Lipid Profile, Renal Profile, Iron Deficiency, Diabetic Screening, Complete Hemogram.

#### List of family members to be covered under this card are as follows:

Sr No	Name	DOB	Relationship	Add on Benefits	Nominee Name	Nominee DOB* (Mandatory Adult)	Relationship
1	PRIMARY MEMBER			NA	NA	NA	NA
2				NA	NA	NA	NA
3				NA	NA	NA	NA
4				NA	NA	NA	NA

### Customer declaration for IHO Gold Plus

I have applied for and given my consent to avail the benefits of the Health card ("Wellness Card") issued by Indian Health Organisation Private Limited ("IHO"). I am aware that availing of this facility is optional for the purpose of the loan application submitted by me to Fullerton India Home Finance Company Limited. ("FIHFCL") and that signing up for the Wellness Card shall in no manner affect the sanctioning of the loan.

I hereby declare that, I wish to accept the Health Package Membership offered under the Wellness Card program by IHO. I am fully aware that the Health Package Membership under the Wellness Card Program of IHO is being offered to me at a discounted rate with regards to the initial Health Package Membership fee for a period of 3 (Three) Years only, and any applicable renewal or other fees shall be required to be paid by me as specified in the terms and conditions then prevailing and associated with the Wellness Card.

I understand that IHO is not an insurance company and is not involved in the sale or otherwise of insurance products. Further, I hereby declare that I have understood the benefits which shall be available to me as a holder of the Wellness Card and

agree that the use of such Wellness Card by me shall be subject to the terms and conditions to be provided to me along with the Wellness Card as well as the terms and conditions stated on the website of IHO (www.vhealth.io). I further understand that the Wellness Card and the services thereunder are being offered to me by IHO, and FIHFCL shall not be responsible in any way and no claim shall lie against FIHFCL with regards to the services provided by IHO or the Healthcare Providers under IHO's network or any other terms & conditions of the Wellness Cards program and any issues or claims which I may have with regards to the services or the Wellness Cards or otherwise shall not affect the Loan or my repayment obligations thereunder.

I hereby authorize FIHFCL to deduct appropriate Health Package Membership charges from the loan amount sanctioned to me and pay the amount to IHO. I also authorize FIHFCL to disclose, from time to time, any information relating to my Loan account to IHO as FIHFCL may deem fit.

I hereby agree that if for any reason whatsoever FIHFCL is unable to recover and pay to IHO the required charges required to be paid to IHO under the Wellness Card program, no liability will be attached to FIHFCL, and the Wellness Card shall not be provided to me till such payment is made to IHO. In the event of cancellation of the Wellness Card within the trial period allowed by IHO, the membership fee amount deducted from the Loan amount sanctioned to me/us shall, on my/our request, be refunded to me/us and/or adjusted towards outstanding Loan amounts, after adjusting all amounts and charges due under the Loan agreement signed between me/us and FIHFCL.

**DECLARATION** : *I hereby state that the below mentioned number is owned/used by me and in conjunction with my Health Plan Membership to Wellness Cards by IHO, IHO shall be authorized to contact me with whatsoever means, for any purpose, irrespective of the fact that below provided contact number may be registered with DND/DNC registry. I ensure that the number provided below is correct.*

I declare that all the information I have given in this application is true, correct and complete, and is not false or misleading. I understand and accept the terms and conditions mentioned above.

Signature: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Mobile: \_\_\_\_\_

Place: \_\_\_\_\_ Date: \_\_\_\_\_