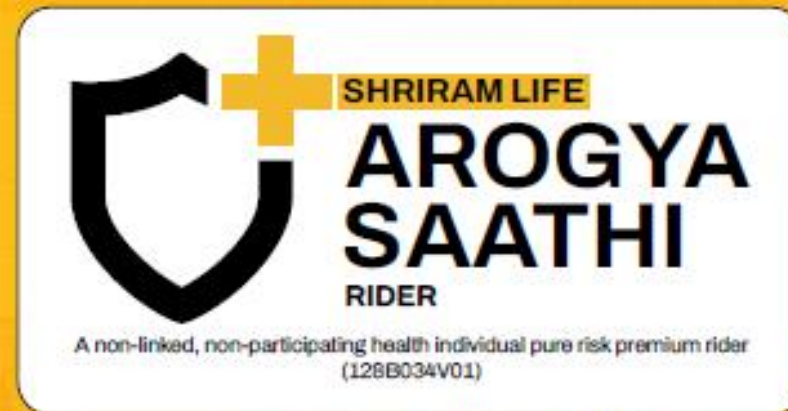


**YOU CARE FOR YOUR  
LOVED ONES,  
WE CARE FOR YOU**



## KEY HIGHLIGHTS



**Annual Health  
Check-up**



**GP (General Physician)  
teleconsultations**



**Affordable plans**



**One-year  
renewable cover**



**Cashless OPD  
benefit**



**ZAROORAT JAISI, POLICY VAISI**

## Index

**Key Benefits**

**Rider Eligibility**

**Benefits Under the Rider**

**Other Rider Conditions**

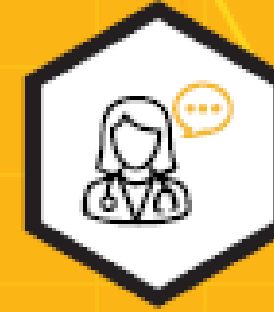
**Terms & Conditions**

## Key Benefits

### KEY HIGHLIGHTS



**Annual Health  
Check-up**



**GP (General Physician)  
teleconsultations**



**Affordable plans**



**One-year  
renewable cover**



**Cashless OPD  
benefit**

## Rider Eligibility

Eligibility Criteria	Limits
Age at Entry	<b>Minimum:</b> 18 years (last birthday) <b>Maximum:</b> 80 years (last birthday)
Maturity Age	<b>Minimum:</b> 19 years (last birthday) <b>Maximum:</b> 81 years (last birthday)
Policy Term	1 year
Premium Paying Term	Single Pay



## Benefits Under The Rider

The Arogya Saathi Rider offers a comprehensive bouquet of outpatient and preventive health benefits to keep you and your family healthy and financially protected.

Details/Plan Options	Option 1	Option 2	Option 3
Member Details	1 or 2 adults	1 or 2 adults	1 or 2 adults
Duration	1 Year	1 Year	1 Year
Annual Health Check-up (AHC)	1 AHC (33 Parameters) (Full body Checkup) + 1 Follow-up GP Tele-Consultation	1 AHC (33 Parameters) (Full body Checkup) + 1 Follow-up GP Tele-Consultation	1 AHC (33 Parameters) (Full body Checkup) + 1 Follow-up GP Tele-Consultation
No. of Additional GP Tele-consultations	1 Independent GP Tele-consultation	-	-
OPD* Health Benefits	Multi-Purpose Cashless Benefit -₹2000 (Usable across GP Consultation and Lab Benefits)	Multi-Purpose Cashless Benefit -₹750 (Usable across GP Consultation and Lab Benefits)	-
OPD Health Benefit Limits	₹500 per claim (1 claim per month per category)	₹250 per claim (1 claim per month per category)	-
Premium	₹ 650	₹ 350	₹ 250

**\*OPD – Out Patient Department**

## Annual Health Check-up Parameters

	Complete Blood Count (24)		
1	Haemoglobin (HB)	13	Neutrophils
2	Total Leucocyte Count (TLC)	14	Lymphocytes
3	Hematocrit (PCV)	15	Monocytes
4	Red Blood Cell Count (RBC)	16	Eosinophils
5	Mean Corp Volume (MCV)	17	Basophils
6	Mean Corp Hb (MCH)	18	Absolute Neutrophil Count
7	Mean Corp Hb Conc (MCHC)	19	Absolute Lymphocyte Count
8	RDW - CV	20	Absolute Monocyte Count
9	RDW - SD	21	Absolute Eosinophil Count
10	Mentzer Index	22	Absolute Basophil Count
11	RDWI	23	Platelet Count (PLT)
12	Green and king index	24	MPV

## Annual Health Check-up Parameters

	Liver Function Test (5)
25	SERUM BILIRUBIN (TOTAL)
26	SERUM BILIRUBIN DIRECT
27	SERUM BILIRUBIN INDIRECT
28	SGOT
29	SGPT

	Lipid panel (2)
30	TOTAL CHOLESTEROL
31	SERUM HDL CHOLESTEROL

	FBS - Fasting Blood Sugar (1)
32	FBS

	Renal Function Test (1)
33	SERUM CREATININE

# Terms & Conditions

## **Premium Payment**

The premium for this rider shall be paid one time (i.e. single premium) providing coverage for the entire term of one year.

## **Renewal of policy**

The policy shall be annually renewable except on grounds of fraud, misrepresentation by the Insured Person.

Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years.

## **Termination**

The insurance under this rider shall expire immediately on the earlier of the following events.

- Upon the death of the Insured Person
- Upon exhaustion of the total OPD benefit or the maximum number of claims allowed during the rider term
- End of the rider term if not renewed



# Important Sections of Insurance Act

## **Prohibition of Rebates - Section 41 of the Insurance Act, 1938 as amended from time to time**

No person shall allow, or offer to allow, either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses, or tables of the insurer.

## **Section 45 of the insurance Act, 1938 as amended from time to time**

(1) No policy of life insurance shall be called in question on any ground whatsoever after the expiry of three years from the date of the policy, i.e. from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later

(4) A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground that any statement of or suppression of a fact material to the expectancy of the life of the insured was incorrectly made in the proposal or other document on the basis of which the policy was issued or revived or rider issued: Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision to repudiate the policy of life insurance is based: Provided further that in case of repudiation of the policy on the ground of misstatement or suppression of a material fact, and not on the ground of fraud, the premiums collected on the policy till the date of repudiation shall be paid to the insured or the legal representatives or nominees or assignees of the insured within a period of ninety days from the date of such repudiation.

(5) Nothing in this section shall prevent the insurer from calling for proof of age at any time if he is entitled to do so, and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof that the age of the life insured was incorrectly stated in the proposal.

(2) A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground of fraud. Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision is based.

(3) Notwithstanding anything contained in sub-section (2), no insurer shall repudiate a life insurance policy on the ground of fraud if the insured can prove that the mis-statement of or suppression of a material fact was true to the best of his knowledge and belief or that there was no deliberate intention to suppress the fact or that such misstatement of or suppression of a material fact are within the knowledge of the insurer: Provided that in case of fraud, the onus of disproving lies upon the beneficiaries, in case the policyholder is not alive.

# Disclaimer

Shriram Life Insurance Company Limited. For more details on risk factors, terms and conditions, please read the sales brochure carefully before concluding a sale.

**Shriram Life Arogya Saathi Rider UIN : 128B034V01**

**IRDAI Regn No. 128**

**CIN: U66010TG2005PLC045616**

**“BEWARE OF SPURIOUS PHONE CALLS AND FICTITIOUS / FRAUDULENT OFFERS.**

**IRDAI or its officials do not engage in activities such as selling insurance policies, announcing bonuses, or investment of premiums. Members of the public who receive such calls are advised to lodge a police complaint.”**

The Trade Logo displayed above belongs to Shriram Value Services Limited (“SVS”) and used by Shriram Life Insurance Company Limited under a License agreement.”

**ARN: SLIC/ELEC/Dec 2025/1697**

# THANK YOU