Benefit Illustration in respect of policies offered on individual basis

Corona Kavach Group Policy (UIN: KOTHLGP21144V012021)
Sum Insured - 2 **lac** ; Coverage for - Individual(Base Cover) , Lives 2A+1C

Risk category of the member insured	Coverage opted on individual basis covering each member of the family separately (at a single point in time)			Coverage opted on individual basis covering multiple members of the family under a single policy (Sum insured is available for each member of the family)				Coverage opted on family floater basis with overall Sum insured (Only one sum insured is available for the entire family)			
	Tenure	Premium (₹)	Sum Insured (₹)	Premium (₹)	Discount, if any	Premium after Discount (₹)	Sum Insured (₹)	Premium or consolidated premium for all members of family (₹)	Floater discount, if any	Premium after Discount (₹)	Sum Insured (₹)
Member 1 - Age - 36	6.5 months	1,350	200,000	1,350	0	1,350	200,000	4,050	540	3,510	200,000
Member 2 - Age - 31	6.5 months	1,350	200,000	1,350	0	1,350	200,000				
Member 3 - Age - 10	6.5 months	1,350	200,000	1,350	0	1,350	200,000				
		Total Premium for individual is `1350/- Sum insured available is `2,00,000/-		Total Premium for all members of the family is INR4050/-, when each member is covered separately. Sum insured available for each individual is INR 200000				Total Premium when policy is opted on floater basis is INR 3510/- Sum insured of INR 200000 is available for the entire family.			
1	9.5 months	1,973	200,000	NA	NA	NA	NA	NA	NA	NA	NA
2	6.5 months	1,350	200,000								
3	3.5 months	727	200,000								
		NA		NA				NA			
Member 1		NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Member 2		NA	NA								
Member 3		NA	NA								
		NA		NA				NA			

Note: Premium rates specified in the above Illustration shall be standard premium rates without considering any loading. Also, the premium rates shall be exclusive of taxes applicable.

The Benefit Illustration given above shows premium only for base covers. Optional Covers are available at an extra cost. Please get in touch with the company representative by calling on 1800 266 4545 / writing at care@kotak.com for more details. This illustration is indicative. For customised Benefit Illustration for your opted plan and sum insured please visit our website www.kotakgeneral.com.

Withdrawn