

■ Bajaj Allianz

Bajaj Allianz General Insurance Company Limited is a joint venture between Bajaj Finserv Limited (recently demerged from Bajaj Auto Limited) and Allianz SE. Both enjoy a reputation of expertise, stability and strength. This joint venture company incorporates global expertise with local experience. The comprehensive, innovative solutions combine the technical expertise and experience of the more than 110 year old Allianz SE, and in-depth market knowledge and good will of Bajaj brand in India. Competitive pricing and quick honest response have earned the company the customer's trust and market leadership in a very short time.

■ Women Specific Critical Illness Plan

This is a Women Specific Critical Illness Plan that provides you protection against the risk of serious illness. It gives you the security of knowing that a guaranteed cash sum will be paid in case you are diagnosed with a life-threatening illness. A serious critical illness or injury can now be cured, but could lead to increased financial problems for you and your family, through the mounting costs of hospitalization, compounded by loss of employment in some cases. Therefore, in order to counter this, we have designed this special cover, keeping in mind the critical illnesses and other attendant risks that are especially faced by women.

■ What are the Covers under the policy?

1. Critical Illness Cover
2. Congenital Disability Benefit

■ Inbuilt add on benefits

- i. Children Education Bonus
- ii. Loss of Job

■ What is the entry age?

Entry age for proposer is 21 yrs – 65yrs.

■ What will be the renewal age?

Under normal circumstances, lifetime renewal benefit is available under the policy except on the grounds of fraud, misrepresentation or moral hazard.

■ What is the policy period?

This is an annual policy

■ What are the Sum Insured options?

The available Sum insured options are

- Rs 50000/-
- Rs 100000/-
- Rs 150000/-
- Rs 200000/-

■ What are the detail coverages under the policy?

- I. **Critical Illness Cover:** 100% of sum insured would be paid if the insured member is diagnosed with the listed Critical Illness, subject to policy terms and conditions.

List of Specific Critical Illnesses as below

- a. Breast Cancer
- b. Fallopian Tube Cancer
- c. Uterine/Cervical Cancer
- d. Ovarian Cancer
- e. Vaginal Cancer
- f. Permanent Paralysis of Limbs
- g. Multitrauma
- h. Burns

- II. **Congenital Disability Benefit:** 50% of the sum insured would be payable if the insured member gives birth to a baby having congenital disease/ disorder; congenital diseases covered are listed under the policy. This benefit will be available for first two children only.

List of congenital diseases covered under Congenital Disability Benefit:

- a. Down's syndrome
- b. Congenital cyanotic heart disease:
 - i. Tetralogy of Fallot
 - ii. Transposition of great vessels
 - iii. Total Anomalous pulmonary venous drainage
 - iv. Truncus Arteriosus,
 - v. Tricuspid Atresia,
 - vi. Hypoplastic Left Heart Syndrome
- c. Tracheo-esophageal fistula
- d. Cleft Palate with or without cleft lip
- e. Spina bifida

Please note: The company's liability under 1) and 2) together would be restricted to the sum insured.

- III. **Children Education Bonus** If the claim for Critical illness benefit is paid under this policy we will also pay Rs. 25000/- towards future education of the dependent children (If any). The amount payable under this section would be restricted to Rs 25000/- for one or more child put together.

- IV. **Loss of Job** In the event of the insured person losing her job within a period of 3 months of the date of diagnosis of any of the Critical Illness as covered in the policy, the policy will pay an amount of Rs 25000/- towards loss of employment, provided we have paid a claim under Critical Illness Section for the Insured Member.

■ Special Conditions

- The benefit amount under Critical Illness Section of this policy is payable once the disease is diagnosed meeting specific criteria and the insured survives 30 days after the diagnosis and in case of the congenital disability section the child

survives 30 days after the diagnosis.

- The insured needs to submit the claim form along with certificate from the specialist confirming occurrence of the critical illness /congenital disability (in case of child) as covered under the policy.
- For a claim to be admissible under Congenital Disability Benefit section the member should also have conceived during the policy period.

■ What are the advantages of this policy?

- The insured receives the amount as lump sum so that he can plan the treatment accordingly.
- Additional benefits like coverage for new born baby's congenital ailments, Children education bonus, Loss of job are available under same policy.
- Hassel free in-house claim process.
- Premium paid is exempt under section 80-D of Income Tax Act.
- Very competitive premium rates.

■ What is the Pre policy Medical examination criteria?

- Pre policy medical examination mandatory for age 41 years and above
- Pre policy medical examination can be conducted at a good diagnostic centre.
- List of Pre-policy medical tests:
Full Medical Report,
Ultrasonography of Abdomen and Pelvis
PAP Smear Test.

■ What are the exclusions under the policy?

Below are the exclusions applicable for Critical illness cover:

1. Any Critical Illness for which care, treatment, or advice was recommended by or received from a Physician, or which first manifested itself or was contracted before the start of the Policy Period, or for which a claim has or could have been made under any earlier policy.
2. Any Critical Illness diagnosed within the first 90 days of the date of commencement of the Policy is excluded. This exclusion shall not apply to an Insured for whom coverage has been renewed, without a break, for subsequent years. This exclusion is not applicable to Section CI (g) Multitrauma and (h) Burns
3. Any sexually transmitted diseases or any condition directly or indirectly caused by or associated with Human T-Cell Lymphotropic Virus type III (LB III) or Lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or Variations Deficiency Syndrome or any Syndrome or condition of a similar kind commonly referred to as AIDS.
4. Treatment arising from or traceable to pregnancy, childbirth postpartum complications including but not limited to

caesarian section, birth defects and congenital anomalies. This exclusion does not apply to Section C II **Congenital Disability Benefit** of the Policy.

5. Occupational diseases.
6. War, whether war be declared or not, invasion, act of foreign enemy, hostilities, civil war, insurrection, terrorism or terrorist acts or activities, rebellion, revolution, mutiny, military or usurped power, riot, strike, lockout, military or popular uprising, civil commotion, martial law or loot, sack or pillage in connection therewith, confiscation or destruction by any government or public authority or any act or condition incidental to any of the above.
7. Naval or military operations of the armed forces or airforce and participation in operations requiring the use of arms or which are ordered by military authorities for combating terrorists, rebels and the like.
8. Any natural peril (including but not limited to storm, tempest, avalanche, earthquake, volcanic eruptions, hurricane, or any other kind of natural hazard).
9. Radioactive contamination.
10. Consequential losses of any kind, be they by way of loss of profit, loss of opportunity, loss of gain, business interruption, market loss or otherwise, or any claims arising out of loss of a pure financial nature such as loss of goodwill or any legal liability of any kind whatsoever.
11. Intentional self-injury, suicide, attempted suicide and/or the use or misuse of intoxicating drugs and/or alcohol.

■ Exclusions applicable to congenital disability benefit

1. **Cleft Palate with or without cleft lip:** Cleft lip alone is specifically excluded.
2. **Spina bifida:** Spina bifida occulta is specifically excluded.

■ When can I enhance my Sum Insured under this policy?

The Insured member can apply for enhancement of Sum Insured at the time of renewal, by submitting a fresh proposal form and renewal notice to the company.

■ Free Look Period

If you are not satisfied with policy coverage, terms and conditions, You have the option of canceling the policy within 15 days of receipt of the first policy documents, provided there has been no claim. Free Look Period is not applicable for renewal policies.

■ Renewal & Cancellation

- a. Under normal circumstances, lifetime renewal benefit is available under the policy except on the grounds of fraud, misrepresentation or moral hazard or Upon the occurrence of an event of Critical Illness

- b. Upon the occurrence of an event of Critical Illness and (subject to the terms, conditions and exclusions of this Policy) without prejudice to the Company's obligation to make payment, this Policy shall immediately cease to exist with reference to that Insured
- c. In case of Our own renewal a grace period of 30 days is permissible and the Policy will be considered as continuous for the purpose of waiting period. Any medical expenses incurred as a result of disease condition/ Accident contracted during the break period will not be admissible under the policy.
- d. For renewals received after completion of 30 days grace period, a fresh application of critical illness should be submitted to Us, it would be processed as per a new business proposal.
- e. Premium payable on renewal and on subsequent continuation of cover are subject to change with prior approval from IRDA
- f. We may cancel this insurance by giving You at least 15 days written notice, and if no claim has been made then We shall refund a pro-rata premium for the unexpired Policy Period.
- g. You may cancel this insurance by giving Us at least 15 days written notice, and if no claim has been made then the We shall refund premium on short term rates for the unexpired Policy Period as per the rates detailed below

PERIOD ON RISK	RATE OF PREMIUM REFUNDED
Upto one month	75% of annual rate
Upto three months	50% of annual rate
Upto six months	25% of annual rate
Exceeding six months	Nil

■ Grace period

In case of our own renewal a grace period of 30 days is permissible and the Policy will be considered as continuous for the purpose of waiting period. Any medical expenses incurred as a result of disease condition/ Accident contracted during the break period will not be admissible under the policy.

■ Portability Conditions

- As per the Portability Guidelines issued by IRDA, if you are insured under any other Critical illness policy of Non life insurer you can transfer to our Critical Illness policy with all your accrued benefits after due allowances for waiting periods and enjoy all the available benefits of Women Specific Critical Illness Plan.
- The pre-policy medical examination requirements and provisions for such cases shall remain similar to non-portable cases

■ Revision/ Modification of the policy:

- There is a possibility of revision/ modification of terms, conditions, coverages and/or premiums of this product at any

time in future, with appropriate approval from IRDA.

- In such an event of revision/modification of the product, intimation shall be set out to all the existing insured members at least 3 months prior to the date of such revision/modification comes into the effect

■ Withdrawal of Policy

There is possibility of withdrawal of this product at any time in future with appropriate approval from IRDA, as We reserve Our right to do so with a intimation of 3 months to all the existing insured members. In such an event of withdrawal of this product, at the time of Your seeking renewal of this Policy, You can choose, among Our available similar and closely similar Health insurance products. Upon Your so choosing Our new product, You will be charged the Premium as per Our Underwriting Policy for such chosen new product, as approved by IRDA.

Annual Premium Chart:

SI	Upto 25 Yrs	26-35 Yrs	36-40 Yrs	41-45 Yrs	46-50 Yrs	51 Yrs and above
50000	250	375	688	1000	1500	2188
100000	375	563	1031	1500	2250	3281
150000	500	750	1375	2000	3000	4375
200000	625	938	1719	2500	3750	5469

Premiums are exclusive of GST

■ How do I submit my claim?

- I You or someone claiming on Your behalf must inform Us in writing immediately within 48 hours of diagnosis of any of the listed Critical Illnesses.
- II You must immediately consult a Doctor and follow the advice and treatment that he recommends.
- III You or someone claiming on Your behalf must submit Claim documents within 30 days of diagnosis of any of the listed Critical Illnesses

Documents to be submitted for claim:

- Critical Illness Claim Form duly signed by the insured along with NEFT Form signed by the Claimant
- Copy of Discharge Summary / Discharge Certificate.
- Copy of Final Hospital Bill
- Policy copy
- First consultation letter for Illness
- Medical certificate for the duration of illness
- All required Investigation Reports as per the Illness
- Medical certification from specialist
- FIR copy in case claims being lodged due to Burns
- Certification from HR of the organization mentioning the reason for discontinuation of services from the organization (applicable only for loss of job claim)

“Download “Insurance Wallet” to manage, buy & renew policies, get renewal alerts, manage claims, locate network garages/hospitals, branches and much more.

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Get yourself and your family covered by Women Specific Critical Illness Plan today and sleep easy.

To know more visit our website, Website: www.bajajallianz.com or get in touch with Email: wellness.HAT@bajajallianz.co.in ;24*7 helpline number: 1800-103-2529 (toll free) / 020-30305858

Network Hospital & Value Added service Provider list is provisional & subject to change based on the review of the providers

Disclaimer: The above information is only indicative in nature. For details of the coverage & exclusions please contact our nearest office.

Contact Details

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Bajaj Allianz

Women Specific Critical Illness Plan

She cares for everyone...
We care for her



Relationship Beyond Insurance