

**AROGYA SANJEEVANI POLICY, BAJAJ ALLIANZ GENERAL INSURANCE COMPANY**

**CUSTOMER INFORMATION SHEET**

Description is illustrative and not exhaustive

Sr no.	TITLE	DESCRIPTION	REFER TO POLICY CLAUSE NUMBER								
1	Product Name	Arogya Sanjeevani Policy, Bajaj Allianz General Insurance Company									
2	What am I covered for	a. Hospitalization expenses – Expenses incurred on hospitalization for minimum period of 24 hours including pre-hospitalization expenses for a period of 30 days and post hospitalization expenses for a period of 60 days b. Day-Care Procedures – Medical expenses for day care procedures c. AYUSH Coverage – expenses incurred on hospitalization under AYUSH Treatment d. Expenses incurred on treatment of cataract e. Expenses incurred on dental treatment and Plastic Surgery: Necessitated due to disease or injury f. Ambulance Charges: Expenses on road ambulance subject to a maximum of Rs. 2000/- per hospitalization	Policy Wording- Section 4 - Coverage								
3	What are the major exclusions in the policy:	Following is a partial list of the policy exclusions. Please refer to the policy document for the complete list of exclusions: a. Admission primarily for investigation & evaluation b. Admission primarily for rest Cure, rehabilitation and respite care c. Expenses related to the surgical treatment of obesity that do not fulfill certain conditions d. Change-of Gender treatments e. Expenses for cosmetic or plastic surgery f. Expenses related to any treatment necessitated due to participation in hazardous or adventure sports	Policy Wording- Section 7 – Exclusions								
4	Waiting Period	a. Pre-existing diseases will be covered after a waiting period of forty eight (48) months of continuous coverage b. Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident. c. Specified surgeries/treatments/diseases are covered after specific waiting periods of 24 months d. Specified surgeries/treatments/diseases are covered after specific waiting periods of 48 months	Policy Wording- Section 6 – Waiting Period								
5	Payment basis	Payment on indemnity basis (Cashless/Reimbursement)	Policy Wording- Section 12 – Table Of Benefits								
6	Loss Sharing	In case of a claim, this policy requires you to share the following costs: a. Expenses exceeding the following sub-limits: I. Room Charges (Hospitalization) i. Room Rent – Upto 2% of SI, subject to max of INR 5,000 per day ii. ICU charges – Upto 5% of SI subject to max of INR 10,000 per day iii. In case Room/ICU/ICCU rent exceeds the limits specified the claim shall be subject to the proportionate deduction II. Cataract – Upto 25% of Sum Insured or INR 40,000/- whichever is lower III. Modern treatment methods and advancements in technology: Upto 50% of the Sum Insured b. Each and every claim under the Policy shall be subject to a copayment of 5% applicable to claim amount admissible and payable as per the terms and conditions of the Policy	Policy Wording- Section 12 – Table Of Benefits								
7	Renewal Conditions	The policy shall ordinarily be renewable except on grounds of fraud, moral hazard, misrepresentation by the insured person. Renewal shall not be denied on the ground that the insured had made a claim or claims in the preceding policy years	Policy Wording- Section 10.16- Renewal of Policy								
8	Renewal Benefits	Cumulative Bonus: a. Increase in the sum insured by 5% in respect of each and every claim free year subject to a maximum of 50% of SI b. In the event of claim the cumulative bonus shall be reduced at the same rate	Policy Wording- Section 12 – Table Of Benefits								
9	Cancellation	a. The Insured may cancel this Policy by giving 15 days' written notice, and in such an event, the Company shall refund premium on short term rates for the unexpired Policy Period as per the rates detailed in the policy terms and conditions b. The Company may cancel the policy at any time on grounds of misrepresentation, non-disclosure of material facts, fraud by the Insured Person by giving 15 days' written notice	Policy Wording- Section 10.10- Cancellation								
10	Claims	a. For Cashless Service: List of Network Hospitals available on our website- www.bajajallianz.com b. For Reimbursement of Claim: For reimbursement of claims the insured person may submit the necessary documents to TPA/Company within the prescribed time limit as specified hereunder.	Policy Wording- Section 9- Claim Procedure- (1.1 and 1.2)								
	<table border="1"> <thead> <tr> <th>SI No</th> <th>Type of Claim</th> <th>Prescribed Time Limit</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Reimbursement of hospitalization, day care and pre-hospitalization expenses</td> <td>Within thirty days of date of discharge from the hospital</td> </tr> <tr> <td>2</td> <td>Reimbursement of post hospitalization expenses</td> <td>Within fifteen days from completion of post hospitalization treatment</td> </tr> </tbody> </table>	SI No		Type of Claim	Prescribed Time Limit	1	Reimbursement of hospitalization, day care and pre-hospitalization expenses	Within thirty days of date of discharge from the hospital	2	Reimbursement of post hospitalization expenses	Within fifteen days from completion of post hospitalization treatment
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11	Policy Servicing, Grievances/ Complaints	<p>Company Officials:                  Bajaj Allianz House, Airport Road                  Yerawada, Pune 411006                  E-mail: bagichelp@bajajallianz.co.in                  Call : 1800-225858 (free calls from BSNL/MTNL lines only)                  1800-1025858 ( free calls from Bharti users – mobile /landline ) or020-30305858</p> <p>Grievance Redressal Cell for Senior Citizens                  Senior Citizen Cellfor Insured Person who are Senior Citizens                  Health toll free number: 1800-103-2529                  Exclusive Email address:seniorcitizen@bajajallianz.co.in                  b. IRDAI Integrated Grievance Management System – <a href="https://igms.irda.gov.in/">https://igms.irda.gov.in/</a>                  c. The contact details of the Ombudsman offices are mentioned below:</p>		Policy Wording - Section 11
		CONTACT DETAILS	JURISDICTION	
		<p><b>AHMEDABAD</b>                  Office of the Insurance Ombudsman,                  2nd floor, Ambica House,                  Near C.U. Shah College,                  5, Navyug Colony, Ashram Road,                  Ahmedabad – 380 014                  Tel.:- 079-27546150/139                  Fax:- 079-27546142                  Email:-bimalokpal.ahmedabad@ecoi.co.in</p>	<p>State of Gujarat and Union Territories of Dadra &amp; Nagar Haveli and Daman and Diu.</p>	
		<p><b>BENGALURU</b>                  Office of the Insurance Ombudsman,                  Jeevan Soudha Building,                  PID No.57-27-N-19,                  Ground Floor, 19/19, 24th Main Road,                  JP Nagar, 1st Phase,                  Bengaluru-560 078.                  Tel.:- 080-26652048 / 26652049                  Email:- bimalokpal.bengaluru@ecoi.co.in</p>	<p>Karnataka.</p>	
		<p><b>BHOPAL</b>                  Office of the Insurance Ombudsman,                  Janak Vihar Complex,                  2nd Floor, 6, Malviya Nagar,                  Opp.Airtel Office,                  Near New Market,                  Bhopal – 462 033.                  Tel.:- 0755-2769200/201/202                  Fax:- 0755-2769203                  Email:- bimalokpalbhopal@ecoi.co.in</p>	<p>States of Madhya Pradesh and Chattisgarh.</p>	
		<p><b>BHUBANESHWAR</b>                  Office of the Insurance Ombudsman,                  62, Forest park,                  Bhubneshwar – 751 009.                  Tel.:- 0674-2596461 / 2596455                  Fax:- 0674-2596429                  Email:-bimalokpal.bhubaneswar@ecoi.co.in</p>	<p>State of Orissa.</p>	
		<p><b>CHENNAI</b>                  Office of the Insurance Ombudsman,                  Fatima Akhtar Court,                  4th Floor, 453 (old 312), Anna Salai,                  Teynampet,                  CHENNAI – 600 018.                  Tel.:- 044-24333668 / 24335284                  Fax:- 044-24333664                  Email:- bimalokpal.chennai@ecoi.co.in</p>	<p>State of Tamil Nadu and Union Territories - Pondicherry Town and Karaikal (which are part of Union Territory of Pondicherry).</p>	
<p><b>DELHI</b>                  Office of the Insurance Ombudsman,                  2/2 A, Universal Insurance Building,                  Asaf Ali Road,                  New Delhi – 110 002.                  Tel.:- 011-23239611/7539/7532                  Fax:- 011-23230858                  Email:- bimalokpal.delhi@ecoi.co.in</p>	<p>State of Delhi</p>			

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	<p><b>ERNAKULAM</b> Office of the Insurance Ombudsman, 2nd floor, Pulinat Building, Opp. Cochin Shipyard, M.G. Road, Ernakulum - 682 015. Tel:- 0484-2358759/2359338 Fax:- 0484-2359336 Email:- bimalokpal.ernakulum@ecoi.co.in</p>	<p>Kerala, Lakshadweep, Mahe-a part of Pondicherry</p>	
	<p><b>GUWAHATI</b> Office of the Insurance Ombudsman, 'Jeevan Nivesh', 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001 (ASSAM). Tel:- 0361- 2132204 / 2132205 Fax:- 0361-2732937 Email:- bimalokpal.guwahati@ecoi.co.in</p>	<p>States of Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.</p>	
	<p><b>HYDERABAD</b> Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court" Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel:- 040-65504123/23312122 Fax:- 040-23376599 Email:- bimalokpal.hyderabad@ecoi.co.in</p>	<p>States of Andhra Pradesh, Telangana and Union Territory of Yanam - a part of the Union Territory of Pondicherry.</p>	
	<p><b>JAIPUR</b> Office of the Insurance Ombudsman, Jeevan Nidhi-II Bldg., Ground Floor, Bhawani Singh Marg, Jaipur - 302005. Tel:- 0141-2740363 Email:- bimalokpal.jaipur@ecoi.co.in</p>	<p>State of Rajasthan.</p>	
	<p><b>LUCKNOW</b> Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow-226 001. Tel:- 0522-2231330 / 2231331 Fax:- 0522-2231310. Email:- bimalokpal.lucknow@ecoi.co.in</p>	<p>District of Uttar Pradesh: Lalitpur, Jhansi, Mahoba, Hamir- pur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varansi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sulanpur, Maharajganj, Santkabirnagar, Azamgarh, Kaushinagar, Gorkhpur, Deoria, Mau, Chandauli, Ballia, Sidharathnagar.</p>	
	<p><b>MUMBAI</b> Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel:- 022-26106928/360/889 Fax:- 022-26106052 Email:- bimalokpal.mumbai@ecoi.co.in</p>	<p>States of Goa, Mumbai Metropolitan Region excluding Navi Mumbai &amp; Thane.</p>	
	<p><b>NOIDA</b> Office of the Insurance Ombudsman, Bhagwan Sahai Palace, 4th Floor, Main Road, Naya Bans, Sector-15, Gautam Budh Nagar, Noida Email:- bimalokpal.noida@ecoi.co.in</p>	<p>States of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshihar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozabad, Gautam Budh Nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.</p>	
	<p><b>PATNA</b> Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna - 800 006. Email:- bimalokpal.patna@ecoi.co.in</p>	<p>States of Bihar and Jharkhand.</p>	

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		<p><b>PUNE</b> Office of the Insurance Ombudsman, Jeevan Darshan Building, 3rd Floor, CTS Nos. 195 to 198, NC Kelkar Road, Narayan Peth, Pune - 411 030 Tel: 020 -32341320 Email:- bimalokpal.pune@ecoi.co.in</p>	States of Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropoli	
12	Insured's Rights	<p>a. Free Look period of 15 days from the date of receipt of the policy shall be applicable at the inception b. Lifelong renewability (except on certain specific grounds) c. Right to migrate from one product to another product of the company d. Right to port from one company to another company e. Change in SI during the policy term or at the time of renewal f. In the case of delay in the payment of a claim, the Company shall be liable to pay interest from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate</p>		Policy Wording- Section 10
13	Insured's Obligations	Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may result in claim not being paid.		
<p>Legal Disclaimer Note: The information must be read in conjunction with the product brochure and policy document. In case of any conflict between the CIS and the policy document, the terms and conditions mentioned in the policy document shall prevail.</p>				