

Issuing Office:

HEALTH ENSURE
CUSTOMER INFORMATION SHEET

Description is illustrative and not exhaustive.

Sr. No.	Title	Description	Policy Clause Number
1	Product Name	Health Ensure	
2	What am I covered for	<p>1. In-patient Hospitalisation Treatment If You are hospitalized on the advice of a Doctor because of Illness or Accidental Bodily Injury sustained or contracted during the Policy Period, then We will pay You, Reasonable and Customary Medical Expenses incurred below:</p> <ul style="list-style-type: none"> i) Room Rent, Boarding and Nursing Expenses as provided by the Hospital maximum of 1% of Sum Insured per day or up to Rs. 5000/-, whichever is lower. ii) ICU Charges- If admitted in ICU, we will pay ICU Charges as provided by the Hospital subject to maximum of 2% of Sum Insured per day or up to Rs. 10000/-, whichever is lower. iii) Fees of Surgeon, Anesthetist, Medical Practitioner, Consultants and Specialists Doctors. iv) Operation Theatre Charges, Anesthesia, Blood, Oxygen, surgical appliances, Medicines & Drugs, Dialysis, Chemotherapy, Radiotherapy, cost of Artificial Limbs, cost of prosthetic devices implanted during surgical procedure like Pacemaker, orthopedic implants, infra cardiac valve replacements, vascular stents, relevant laboratory diagnostic tests, X-ray and such similar expenses that are medically necessary. <p>Note: In case of admission to a room at rates exceeding the limits as mentioned under 1.(i) & (ii), the reimbursement of all other expenses incurred at the Hospital, with the exception of cost of medicines & consumables, shall be payable in the same proportion as the admissible rate per day bears to the actual rate per day of room rent charges.</p> <p>2. Pre-Hospitalisation The Medical Expenses incurred during the 30 days immediately before you were Hospitalised, provided that: Such Medical Expenses were incurred for the same illness/injury for which subsequent Hospitalisation was required, and We have accepted an inpatient Hospitalisation claim under Inpatient Hospitalisation Treatment.</p> <p>3. Post-Hospitalisation The Medical Expenses incurred during the 60 days immediately after You were discharged post Hospitalisation provided that: Such costs are incurred in respect of the same illness/injury for which the earlier Hospitalisation was required, and We have accepted an inpatient Hospitalisation claim under Inpatient Hospitalisation Treatment.</p> <p>4. Road Ambulance We will pay the reasonable cost to a maximum of Rs 1000/- per Hospitalisation incurred on an ambulance offered by a healthcare or ambulance service provider for transferring You to the nearest Hospital with adequate emergency facilities for the provision of health services following an Emergency.</p> <p>We will also reimburse the expenses incurred on an ambulance offered by a healthcare or ambulance service provider for transferring You from the Hospital where you were admitted initially to another hospital with higher medical facilities.</p> <p>Claim under this section shall be payable by Us only when:</p> <ul style="list-style-type: none"> i. Such life threatening emergency condition is certified by the Medical Practitioner, and ii. We have accepted Your Claim under "In-patient Hospitalisation Treatment" or "Day Care Procedures" section of the Policy. <p>Subject otherwise to the terms, conditions and exclusions of the Policy.</p> <p>5. Day Care Procedures We will pay you the medical expenses as listed above under In-patient Hospitalisation Treatment for Day care procedures / Surgeries taken as an inpatient in a hospital or day care centre but not in the outpatient department. List of Day Care Procedures is given in the annexure I of Policy wordings.</p> <p>6. Organ Donor Expenses: We will pay expenses towards organ donor's treatment for harvesting of the donated organ, provided that,</p> <ul style="list-style-type: none"> i. The organ donor is any person whose organ has been made available in accordance and in compliance with THE TRANSPLANTATION OF HUMAN ORGANS (AMENDMENT) BILL, 2011 and the organ donated is for the use of the Insured Person, and ii. We have accepted an inpatient Hospitalisation claim for the insured member under In Patient Hospitalisation Treatment Section. <p>Specific exclusions applicable to Organ Donor Expenses:</p> <ul style="list-style-type: none"> 1. Claims which have NOT been admitted under In Patient Hospitalisation Treatment 2. Claims not in compliance with THE TRANSPLANTATION OF HUMAN ORGANS (AMENDMENT) BILL, 2011 3. The organ donors Pre and Post-Hospitalisation expenses. 	A. OPERATIVE PARTS- Coverage

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		<p>7. Preventive Health Check Up At the end of block of every continuous period of 3 years during which You have held Our Health Ensure Policy, You are eligible for a free Preventive Health checkup. We will reimburse the amount equal to 1% of the sum insured maximum up to Rs. 1500/- for each member in Individual policy during the block of 3 years. This benefit can be availed by proposer & spouse only under Floater Sum Insured Policies however the amount will not exceed 1% of sum insured max up to Rs. 1500/-. You may approach us for the arrangement of the Health Check up. For the avoidance of doubt, We shall be liable for medical check-up expenses and any other cost incurred such as for transportation, accommodation, food or sustenance shall not be payable by us.</p> <p>8. Ayurvedic / Homeopathic Hospitalisation Expenses If You are Hospitalised for not less than 24 hrs, in an Ayurvedic / Homeopathic Hospital which is a government hospital or in any institute recognized by government and/or accredited by Quality Council of India/National Accreditation Board on Health and/or Teaching hospitals of AYUSH colleges recognized by Central Council of Indian Medicine (CCIM) and Central Council of Homeopathy (CCH) and/or AYUSH Hospitals on the advice of a Doctor because of Illness or Accidental Bodily Injury sustained or contracted during the Policy Period then We will pay You:</p> <p>In-patient Treatment- Medical Expenses for Ayurvedic and Homeopathic treatment:</p> <ol style="list-style-type: none"> i. Room Rent and Boarding as provided by the Hospital maximum of 1% of Sum Insured per day or up to Rs. 5000/-, whichever is lower. ii. Nursing care iii. Consultation fees iv. Medicines, drugs and consumables, v. Ayurvedic and Homeopathic treatment procedures <p>Note: In case of admission to a room at rates exceeding the limits as mentioned under (i), the reimbursement of all other expenses incurred at the Hospital, with the exception of cost of medicines & consumables, shall be payable in the same proportion as the admissible rate per day bears to the actual rate per day of room rent charges Our maximum liability is up to 20% of Sum Insured per policy year.</p> <p>This benefit will be applicable annually for policies with term more than 1 year.</p> <p>The claim will be admissible under the policy provided that,</p> <ol style="list-style-type: none"> i. The illness/injury requires inpatient admission and the procedure performed on the insured cannot be carried out on out-patient basis 	
3	<p>What are the major exclusions in the policy:</p>	<ol style="list-style-type: none"> 1. Any treatment arising from or traceable to pregnancy, child birth including cesarean section and/or any treatment related to pre and postnatal care and complications arising out of Pregnancy and Childbirth. However this exclusion will not apply to Ectopic Pregnancy proved by diagnostic means and certified to be life threatening by the attending medical practitioner. 2. Any dental treatment that comprises cosmetic surgery, dentures, dental prosthesis, dental implants, orthodontics, orthognathic surgery, jaw alignment or treatment for the temporomandibular (jaw) joint, or upper and lower jaw bone surgery and surgery related to the temporomandibular (jaw) unless necessitated by an acute traumatic injury requiring Hospitalisation 3. Medical expenses where Inpatient care is not warranted and does not require supervision of qualified nursing staff and qualified medical practitioner round the clock. This exclusion is however not applicable for any day care treatment taken for the accidental bodily injury in a day care centre/ hospital 4. War, invasion, acts of foreign enemies, hostilities (whether war be declared or not) [except for compelling the Government or any other person to do or abstain from doing any act as defined under the definition of Terrorist act], civil war, commotion, unrest, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalization or requisition of or damage by or under the order of any government or public local authority. Any Medical expenses incurred due to Acts of Terrorism will be covered under the policy. 5. Circumcision unless required for the treatment of Illness or Accidental bodily injury, 6. Cosmetic or aesthetic treatments of any description, treatment or surgery for change of life/gender. 7. Any form of plastic surgery unless necessary for the treatment of cancer, burns or accidental Bodily Injury 8. The cost of spectacles, contact lenses, hearing aids, crutches, dentures, artificial teeth and all other external appliances and/or devices whether for diagnosis or treatment except for intrinsic fixtures used for orthopedic treatments such as plates and K-wires. 9. External medical equipment of any kind used at home as post hospitalisation care including cost of instrument used in the treatment of Sleep Apnoea Syndrome (C.P.A.P), Continuous Peritoneal Ambulatory Dialysis (C.P.A.D) and Oxygen concentrator for Bronchial Asthmatic condition. 10. Convalescence, general debility, rest cure, congenital external diseases or defects or anomalies, stem cell implantation or surgery, or growth hormone therapy. 	<p>C. EXCLUSION UNDER THE POLICY Exclusion no 6- 27</p>

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		<ol style="list-style-type: none"> 11. Intentional self-injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol) 12. Ailments requiring treatment due to use or abuse of any substance, drug or alcohol and treatment for de-addiction. 13. Any condition directly or indirectly caused by or associated with Human Immunodeficiency Virus (HIV) or Variant/mutant viruses and or any syndrome or condition of a similar kind commonly referred to as AIDS. 14. Medical Expenses relating to any hospitalisation primarily and specifically for diagnostic, X-ray or laboratory examinations and investigations 15. Vaccination or inoculation unless forming a part of post bite treatment or if medically necessary and forming a part of treatment recommended by the treating doctor. 16. Any fertility, sub fertility, Infertility, sterility, erectile dysfunction, impotence, assisted conception operation or sterilization procedure. 17. Vitamins, tonics, nutritional supplements unless forming part of the treatment for injury or disease as certified by the attending Doctor 18. Experimental or unproven treatment 19. Weight management services and treatment related to weight reduction programmes including treatment of obesity and treatment for arising direct or indirect complications of Obesity. 20. Treatment for any mental illness or psychiatric illness 21. All non-medical Items as per Annexure II provided in Policy Wordings 22. Any treatment received outside India is not covered under this policy. 															
4	Waiting period	<ol style="list-style-type: none"> 1. Benefits will not be available for Any Pre-existing condition, ailment or injury, until 24 months of continuous coverage have elapsed, after the date of inception of the first Health Policy, provided the preexisting disease / ailment / injury is disclosed on the proposal form. The above exclusion 1 shall cease to apply if You have maintained a Health Policy with Us for a continuous period of a full 24 months without break from the date of Your first Health Policy. In case of enhancement of Sum Insured, this exclusion shall apply afresh only to the extent of the amount by which the limit of indemnity has been increased (i.e. enhanced Sum Insured) and if the policy is a renewal of Health Ensure Policy with Us without break in cover. 2. Without derogation from (1) above, any Medical Expenses incurred during the first year in connection with any types of gastric or duodenal ulcers, Surgery of varicose veins and varicose ulcers, hydrocele, undescended testes, congenital internal diseases and surgery for any skin ailment, subject to the referred illness were not present at the time of commencement of the policy. This exclusion period shall apply for a continuous period of a full 2 years from the date of Your first Health Policy if the above referred illness were present at the time of commencement of the policy and if You had declared such illness at the time of proposing the policy. <table border="1" data-bbox="336 1350 1305 1688"> <tr> <td>1. Benign prostatic hypertrophy</td> <td>9. Hernia of all types</td> </tr> <tr> <td>2. All types of sinuses</td> <td>10. Fistulae, Fissure in ano</td> </tr> <tr> <td>3. Haemorrhoids</td> <td>11. Fibromyoma</td> </tr> <tr> <td>4. Dysfunctional uterine bleeding</td> <td>12. Hysterectomy</td> </tr> <tr> <td>5. Endometriosis</td> <td rowspan="2">13. Surgery on all internal or external tumours/ cysts/ nodules/polyps of any kind including breast lumps.</td> </tr> <tr> <td>6. Stones in the urinary and biliary systems</td> </tr> <tr> <td>7. Surgery on ears/tonsils/adenoids/paranasal sinuses</td> <td rowspan="2">14. Any kind of Malignant tumor or growth</td> </tr> <tr> <td>8. Cataracts,</td> </tr> </table> 3. We will also not pay for claims arising out of or howsoever connected to the following for the first 24 months of Health Policy In case of enhancement of Sum Insured, the waiting periods shall apply afresh only to the extent of the amount by which the limit of indemnity has been increased (i.e. enhanced Sum Insured) and if the policy is a renewal of Health Ensure Policy with Us without break in cover. 4. Any Medical Expenses incurred during the first 48 months during which You have the benefit of a Health Policy with Us in connection with: <ol style="list-style-type: none"> i. Joint replacement surgery, ii. Surgery for prolapsed inter vertebral disc (unless necessitated due to an accident) iii. Surgery to correct deviated nasal septum iv. Hypertrophied turbinate 	1. Benign prostatic hypertrophy	9. Hernia of all types	2. All types of sinuses	10. Fistulae, Fissure in ano	3. Haemorrhoids	11. Fibromyoma	4. Dysfunctional uterine bleeding	12. Hysterectomy	5. Endometriosis	13. Surgery on all internal or external tumours/ cysts/ nodules/polyps of any kind including breast lumps.	6. Stones in the urinary and biliary systems	7. Surgery on ears/tonsils/adenoids/paranasal sinuses	14. Any kind of Malignant tumor or growth	8. Cataracts,	C. EXCLUSION UNDER THE POLICY Exclusion no 1-5
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		<p>v. Gout and Rheumatism</p> <p>vi. Treatment for correction of eye sight due to refractive error recommended by Ophthalmologist for medical reasons.</p> <p>5. Any disease contracted and /or medical expenses incurred in respect of any disease /illness by the insured during the first 30 days from the commencement of the policy, except for accidental injuries.</p>													
5	Payment basis	<p>Indemnity Basis:</p> <p>Our obligation to make payment in respect of illness/surgeries listed under C3 (after the expiry of the waiting period referred in Exclusion C3), shall be restricted to</p> <table border="1"> <thead> <tr> <th>Sum Insured Rs.</th> <th>Rs. 50000, Rs. 75000 and Rs. 1lac</th> <th>Rs. 1.5lacs, Rs. 2lacs and Rs. 3lacs</th> <th>Rs. 4lacs, Rs. 5lacs and Rs. 10 lacs</th> </tr> </thead> <tbody> <tr> <td colspan="4" style="text-align: center;">Particulars</td> </tr> <tr> <td>1. Cataracts (per eye),</td> <td>20000/-</td> <td>30000/-</td> <td>40000/-</td> </tr> </tbody> </table>	Sum Insured Rs.	Rs. 50000, Rs. 75000 and Rs. 1lac	Rs. 1.5lacs, Rs. 2lacs and Rs. 3lacs	Rs. 4lacs, Rs. 5lacs and Rs. 10 lacs	Particulars				1. Cataracts (per eye),	20000/-	30000/-	40000/-	<p>Policy wording – D)</p> <p>CONDITIONS Point 6 (iii) Basis of Claims Payment</p>
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6	Loss Sharing	<p>If You are hospitalized on the advice of a Doctor because of Illness or Accidental Bodily Injury sustained or contracted during the Policy Period, then We will pay You, Reasonable and Customary Medical Expenses incurred below:</p> <p>i) Room Rent, Boarding and Nursing Expenses as provided by the Hospital maximum of 1% of Sum Insured per day or up to Rs. 5000/-, whichever is lower.</p> <p>ii) ICU Charges- If admitted in ICU, we will pay ICU Charges as provided by the Hospital subject to maximum of 2% of Sum Insured per day or up to Rs. 10000/-, whichever is lower.</p> <p>Note: In case of admission to a room at rates exceeding the limits as mentioned under (i) & (ii) , the reimbursement of all other expenses incurred at the Hospital, with the exception of cost of medicines & consumables, shall be payable in the same proportion as the admissible rate per day bears to the actual rate per day of room rent charges.</p> <p>If You are Hospitalised for not less than 24 hours, in an Ayurvedic / Homeopathic Hospital which is a government hospital or in any institute recognized by government and/or accredited by Quality Council of India/National Accreditation Board on Health and/or Teaching hospitals of AYUSH colleges recognized by Central Council of Indian Medicine (CCIM) and Central Council of Homeopathy (CCH) and/or AYUSH Hospitals on the advice of a Doctor because of Illness or Accidental Bodily Injury sustained or contracted during the Policy Period then We will pay You:</p> <p>In-patient Treatment- Medical Expenses for Ayurvedic and Homeopathic treatment:</p> <p>i. Room Rent, Boarding as provided by the Hospital maximum of 1% of Sum Insured per day or up to Rs. 5000/-, whichever is lower.</p> <p>ii. Nursing care</p> <p>iii. Consultation fees</p> <p>iv. Medicines, drugs and consumables,</p> <p>v. Ayurvedic and Homeopathic treatment procedures</p> <p>Note: In case of admission to a room at rates exceeding the limits as mentioned under (i), the reimbursement of all other expenses incurred at the Hospital, with the exception of cost of medicines and consumables, shall be payable in the same proportion as the admissible rate per day bears to the actual rate per day of room rent charges</p> <p>Premium Payment Zone</p> <p>Zone A</p> <p>Following cities has been clubbed in Zone A:-</p> <p>Delhi / NCR, Mumbai including (Navi Mumbai, Thane and Kalyan), Hyderabad and Secunderabad, Bangalore, Kolkata, Ahmedabad, Vadodara and Surat.</p> <p>Zone B</p> <p>Rest of India apart from Zone A cities are classified as Zone B.</p> <p>Note:-</p> <ul style="list-style-type: none"> Policyholders paying Zone A premium rates can avail treatment all over India without any co-payment. But, those, who pay zone B premium rates and avail treatment in Zone A city will have to pay 20% co-payment on admissible claim amount. This Co-payment will not be applicable for Accidental Hospitalization cases.” Policyholder residing in Zone B can choose to pay premium for Zone A and avail treatment all over India without any co-payment. 	<p>A OPERATIVE PARTS Coverage</p> <p>1. In-patient Hospitalisation Treatment</p> <p>8. Ayurvedic / Homeopathic Hospitalisation Expenses</p> <p>D. Conditions 20. Premium Payment Zone</p>												

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7	Renewal Conditions	<ul style="list-style-type: none"> i. Under normal circumstances, renewal will not be refused except on the grounds of Your moral hazard, misrepresentation, fraud, or your non-cooperation. (Subject to policy is renewed annually with us within the Grace period of 30 days from date of Expiry) ii. 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 all waiting periods. However, any treatment availed for an Illness or Accident sustained or contracted during the break period will not be admissible under the Policy. iii. For renewals received after completion of 30 days grace period, a fresh application of health insurance should be submitted to Us, it would be processed as per a new business proposal. iv. For dependent children, Policy is renewable up to 35 years After the completion of maximum renewal age of dependent children, the policy would be renewed for lifetime. However a Separate proposal form should be submitted to us at the time of renewal with the insured member as proposer. Suitable credit of continuity/waiting periods for all the previous policy years would be extended in the new policy, provided the policy has been maintained without a break v. Premium payable on renewal and on subsequent continuation of cover are subject to change with prior approval from IRDAI. vi. The loadings on renewals shall be in terms of increase or decrease in premiums offered for the entire portfolio and shall not be based on any individual policy claim experience. 	Policy wordings D Conditions -11. Renewal & Cancellation																																															
8	Renewal Benefits	<p>1. Cumulative Bonus: Cumulative Bonus is applicable only for In Patient Hospitalisation Treatment Section.</p> <ul style="list-style-type: none"> i. If You renew Your Health Ensure Policy with Us without any break in the Policy Period and there has been no claim in the preceding year, then We will increase the Limit of Indemnity by 5% of Sum Insured per annum as Cumulative Bonus. In case long term policy is purchased, the cumulative bonus applicable to policy will automatically be increased by 5% after the completion of every Policy year, in case of no claim is lodged under the Policy. ii. The maximum cumulative increase in the Limit of Indemnity will be limited to 25% of Sum Insured. iii. In event of a claim under the Policy in a policy year, the cumulative bonus would be decreased by 5% after the completion of Policy year. There will be no impact on the Sum Insured, only the accrued cumulative bonus will be decreased. <p>2. Preventive Health Check Up At the end of block of every continuous period of 3 years during which You have held Our Health Ensure policy, You are eligible for a free Preventive Health checkup. We will reimburse the amount equal to 1% of the sum insured max up to Rs. 1500/- for each member in Individual policy during the block of 3 years. This benefit can be availed by proposer & spouse only under Floater Sum Insured Policies however the amount will not exceed 1% of sum insured max up to Rs. 1500/-.</p> <p>You may approach us for the arrangement of the Health Check up. For the avoidance of doubt, We shall be liable for medical check-up expenses and any other cost incurred such as for transportation, accommodation, food or sustenance shall not be payable by us.</p>	<p>Policy wordings D) Conditions – 7. Cumulative Bonus</p> <p>Policy Wordings A OPERATIVE PARTS Coverage – 7. Preventive Health Check Up</p>																																															
9	Cancellation	<ul style="list-style-type: none"> I. 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. Under normal circumstances, Policy will not be cancelled except for reasons of mis-representation, fraud, non-disclosure of material facts or Your non-cooperation II. You may cancel this insurance by giving Us at least 15 days written notice, and if no claim has been made then We shall refund premium on short term rates for the unexpired Policy Period as per the rates detailed below. Note: <table border="1" data-bbox="338 1621 1302 2101"> <thead> <tr> <th rowspan="2">Period in Risk</th> <th colspan="3">Premium Refund</th> </tr> <tr> <th>Policy Period 1 Year</th> <th>Policy Period 2 Year</th> <th>Policy Period 3 Year</th> </tr> </thead> <tbody> <tr> <td>Within 15 Days</td> <td colspan="3">As per Free look up period</td> </tr> <tr> <td>Exceeding 15 days but less than 3 months</td> <td>65.00%</td> <td>75.00%</td> <td>80.00%</td> </tr> <tr> <td>Exceeding 3 months but less than 6 months</td> <td>45.00%</td> <td>65.00%</td> <td>75.00%</td> </tr> <tr> <td>Exceeding 6 months but less than 12 months</td> <td>0.00%</td> <td>45.00%</td> <td>60.00%</td> </tr> <tr> <td>Exceeding 12 months but less than 15 months</td> <td></td> <td>30.00%</td> <td>50.00%</td> </tr> <tr> <td>Exceeding 15 months but less than 18 months</td> <td></td> <td>20.00%</td> <td>45.00%</td> </tr> <tr> <td>Exceeding 18 months but less than 24 months</td> <td></td> <td>0.00%</td> <td>30.00%</td> </tr> <tr> <td>Exceeding 24 months but less than 27 months</td> <td></td> <td></td> <td>20.00%</td> </tr> <tr> <td>Exceeding 27 months but less than 30 months</td> <td></td> <td></td> <td>15.00%</td> </tr> <tr> <td>Exceeding 30 months but less than 36 months</td> <td></td> <td></td> <td>0.00%</td> </tr> </tbody> </table>	Period in Risk	Premium Refund			Policy Period 1 Year	Policy Period 2 Year	Policy Period 3 Year	Within 15 Days	As per Free look up period			Exceeding 15 days but less than 3 months	65.00%	75.00%	80.00%	Exceeding 3 months but less than 6 months	45.00%	65.00%	75.00%	Exceeding 6 months but less than 12 months	0.00%	45.00%	60.00%	Exceeding 12 months but less than 15 months		30.00%	50.00%	Exceeding 15 months but less than 18 months		20.00%	45.00%	Exceeding 18 months but less than 24 months		0.00%	30.00%	Exceeding 24 months but less than 27 months			20.00%	Exceeding 27 months but less than 30 months			15.00%	Exceeding 30 months but less than 36 months			0.00%	Policy wordings D Conditions -11. Renewal & Cancellation
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		<ul style="list-style-type: none"> The first slab of Number of days “within 15 days” in above table is applicable only in case of new business. In case of renewal policies, period is risk “Exceeding 15 days but less than 3 months” should be read as “within 3 months”. 	
10	Claims	<p>For Cashless Service: List of Network Hospitals available on our website- www.bajajallianz.com</p> <p>For Reimbursement of Claim If Pre-authorization as per Cashless Claims Procedure above is denied by Us or if treatment is taken in a Hospital other than a Network Hospital or if You do not wish to avail cashless facility, then:</p> <ol style="list-style-type: none"> You or someone claiming on Your behalf must inform Us in writing immediately within 48 hours of hospitalization in case of emergency hospitalization and 48 hours prior to hospitalization in case of planned hospitalization You must immediately consult a Doctor and follow the advice and treatment that he recommends. You must take reasonable steps or measures to minimize the quantum of any claim that may be made under this Policy. You must have Yourself examined by Our medical advisors if We ask for this, and as often as We consider this to be necessary at our cost. You or someone claiming on Your behalf must promptly and in any event within 30 days of discharge from a Hospital give Us the documentation as listed out in greater detail below and other information We ask for to investigate the claim or Our obligation to make payment for it. In the event of the death of the insured person, someone claiming on his behalf must inform Us in writing immediately and send Us a copy of the post mortem report (if any) within 30 days* If the original documents are submitted with the co-insurer, the Xerox copies attested by the co-insurer should be submitted <p>* Note: In case You are claiming for the same event under an indemnity based policy of another insurer and are required to submit the original documents related to Your treatment with that particular insurer, then You may provide Us with the attested Xerox copies of such documents along with a declaration from the particular insurer specifying the availability of the original copies of the specified treatment documents with it.</p> <p>** Note: Waiver of conditions (i) and (vi) may be considered in extreme cases of hardship where it is proved to Our satisfaction that under the circumstances in which You were placed, it was not possible for You or any other person to give notice or file claim within the prescribed time limit.</p> <p>List of Claim documents:</p> <ul style="list-style-type: none"> Duly Completed Claim form with NEFT details & cancelled cheque duly signed by Insured Original/Attested copies of Discharge Summary / Discharge Certificate / Death Summary with Surgical & anesthetics notes Attested copies of Indoor case papers (Optional) Original/Attested copies Final Hospital Bill with breakup of surgical charges, surgeon’s fees, OT charges etc Original Paid Receipt against the final Hospital Bill. Original bills towards Investigations done / Laboratory Bills. Original/Attested copies of Investigation Reports against Investigations done. Original bills and receipts paid for the transportation from Registered Ambulance Service Provider. Treating Doctor Certificate to transfer the Injured person to a higher medical centre for further treatment (if Applicable). Cashless settlement letter or other company settlement letter First consultation letter for the current ailment. In case of implant surgery, invoice & sticker. In cases where a fraud is suspected, we may call for any additional document(s) in addition to the documents listed 	<p>Policy wordings- B-Definitions-5 Bajaj Allianz Network Hospitals / Network Hospitals,</p> <p>Policy wordings – D Conditions- 4B. Reimbursement Claims Procedure</p>

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11	Policy Servicing/ Grievances/ Complaints	<p>Company Officials: GE Plaza, Airport Road, Yerawada, Pune 411006 E-mail: customercare@bajajallianz.co.in For sales and Renewal-1800- 209- 0144 For service-1800- 209- 5858 / 1800- 102- 5858 / 020-30305858</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</p> <p>The contact details of the Ombudsman offices are mentioned below:</p>	Policy wordings – D Conditions- 25. Grievance Redressal Procedure
		<p>CONTACT DETAILS</p>	<p>JURISDICTION</p>
		<p>AHMEDABAD 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@gbic.co.in</p>	<p>State of Gujarat and Union Territories of Dadra & Nagar Haveli and Daman and Diu.</p>
		<p>BENGALURU 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@gbic.co.in</p>	<p>Karnataka.</p>
		<p>BHOPAL 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@gbic.co.in</p>	<p>States of Madhya Pradesh and Chattisgarh.</p>
		<p>BHUBANESHWAR Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.:- 0674-2596461 / 2596455 Fax:- 0674-2596429 Email:-bimalokpal.bhubaneswar@gbic.co.in</p>	<p>State of Orissa.</p>
		<p>CHANDIGARH Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.:- 0172-2706196/5861 / 2706468 Fax:- 0172-2708274 Email:- bimalokpal.chandigarh@gbic.co.in</p>	<p>States of Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir and Union territory of Chandigarh.</p>
		<p>CHENNAI 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@gbic.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>DELHI 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@gbic.co.in</p>	<p>State of Delhi</p>

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	<p>ERNAKULAM 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@gbic.co.in</p>	Kerala, Lakshadweep, Mahe-a part of Pondicherry	
	<p>GUWAHATI 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@gbic.co.in</p>	States of Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.	
	<p>HYDERABAD 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@gbic.co.in</p>	States of Andhra Pradesh, Telangana and Union Territory of Yanam - a part of the Union Territory of Pondicherry.	
	<p>JAIPUR Office of the Insurance Ombudsman, Jeevan Nidhi-II Bldg., Ground Floor, Bhawani Singh Marg, Jaipur - 302005. Tel.:- 0141-2740363 Email:- bimalokpal.jaipur@gbic.co.in</p>	State of Rajasthan.	
	<p>KOLKATA Office of the Insurance Ombudsman, Hindustan Building Annexe, 4th floor, 4, CR Avenue, Kolkata - 700 072. Tel.:- 033-22124339 / 22124340 Fax:- 033-22124341 Email:- bimalokpal.kolkata@gbic.co.in</p>	States of West Bengal, Bihar, Sikkim and Union Territories of Andaman and Nicobar Islands.	
	<p>LUCKNOW 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@gbic.co.in</p>	District of Uttar Pradesh: Lalitpur, Jhansi, Mahoba, Hamirpur, 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>MUMBAI 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@gbic.co.in</p>	States of Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.	
	<p>NOIDA Office of the Insurance Ombudsman, Bhagwan Sahai Palace, 4th Floor, Main Road, Naya Bans, Sector-15, Gautam Budh Nagar, Noida Email:- bimalokpal.noida@gbic.co.in</p>	States of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, 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	

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		<p>PATNA Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna - 800 006. Email:- bimalokpal.patna@gbic.co.in</p>	States of Bihar and Jharkhand.	
		<p>PUNE 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@gbic.co.in</p>	States of Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropoli	
12	Insured's Rights	<p>Free Look:</p> <p>You have a period of 15 days from the date of receipt of the first policy document to review the terms and conditions of this Policy. If You have any objections to any of the terms and conditions, You have the option of canceling the Policy stating the reasons for cancellation.</p> <p>If you have not made any claim during the Free look period, you shall be entitled to refund of premium subject to,</p> <ul style="list-style-type: none"> a deduction of the expenses incurred by Us on Your medical examination, stamp duty charges, if the risk has not commenced, a deduction of the stamp duty charges, medical examination charges & proportionate risk premium for period on cover, If the risk has commenced a deduction of such proportionate risk premium commensurating with the risk covered during such period ,where only a part of risk has commenced <p>Free look period is not applicable for renewal policies</p> <ul style="list-style-type: none"> Implied renewability: Policy is renewable for lifetime, renewal except on grounds of Moral Hazard, misrepresentation fraud or your non co-operation. Migration: <ul style="list-style-type: none"> The insured can opt for migration of policy to our other similar or closely similar products at the time of renewal. The premium will be charged as per Our Underwriting Policy for such chosen new product, and all the guidelines, terms and condition of the chosen product shall be applicable. Suitable credit of continuity/waiting periods for all the previous policy years would be extended in the new policy, provided the policy has been maintained without a break Portability <ol style="list-style-type: none"> Retail Policies: As per the Portability Guidelines issued by IRDAI, applicable benefits shall be passed on to insured persons who were holding similar retail health insurance policies of other non-life insurers. The pre-policy medical examination requirements and provisions for such cases shall remain similar to non-portable cases. Group Policies: As per the Portability Guidelines issued by IRDAI, applicable benefits shall be passed on to insured persons who were insured under Our Group Health Policy and are availing Our individual Health Policy. Sum Insured Enhancement: <ol style="list-style-type: none"> The Insured member can apply for enhancement of Sum Insured at the time of renewal. You can apply for enhancement of Sum Insured by submitting a fresh proposal form to the company. The acceptance of enhancement of Sum Insured would be at the discretion of the company, based on the health condition of the insured members & claim history of the policy. All waiting periods as defined in the Policy shall apply for this enhanced Sum Insured limit from the effective date of enhancement of such Sum Insured considering such Policy Period as the first Policy with the Company. Turn Around Time (TAT) for issue of Pre Auth <p>On receipt of your pre-authorization form duly filled and signed by you, our representative then within 2 hours will respond with Approval, Rejection or an more information</p>		<p>D. Conditions 12. Free Look Period</p> <p>D. Conditions 11. Renewal and Cancellation</p> <p>D. Conditions 16. Migration of Policy</p> <p>D. Conditions 13. Portability Conditions</p> <p>D. Conditions 21. Sum Insured Enhancement</p>

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		<ul style="list-style-type: none"> Settlement of Reimbursement On receipt of all the documents and on being satisfied with regard to the admissibility of the claim as per policy terms and conditions, we shall offer a settlement of the claim to the insured. Upon acceptance of an offer of settlement by the insured, the payment of the amount due shall be made within 7 days from the date of acceptance of the offer by the insured. We will settle the claim within thirty (30) days of the receipt of the last necessary document. In the cases of delay in the payment, the insurer shall be liable to pay interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed by it. 	D. Conditions 4. Claims Procedure A. (ii) Cashless Claims Procedure D. Conditions 5. Paying a Claim Point no (iii)
13	Insured's Obligations	<ul style="list-style-type: none"> 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>			