

HEALTH INFINITY

CUSTOMER INFORMATION SHEET

Description is illustrative and not exhaustive

Sr no.	TITLE	DESCRIPTION	REFER TO POLICY CLAUSE NUMBER
1	Product Name	Health Infinity	
2	What am I covered for	<p>1. In-patient Hospitalisation Treatment If the Insured is Hospitalised on the advice of a Medical Practitioner (as defined under Policy) because of Illness or Accidental Bodily Injury sustained or contracted during the Policy Period, then the Company will pay the Insured, Reasonable and Customary Medical Expenses incurred for:</p> <ul style="list-style-type: none"> i. Room and Boarding expenses as provided by the Hospital/ Nursing Home, maximum up to the per day room rent plan opted by the Insured ii. If admitted in ICU, the Company will pay up to actual ICU expenses provided by Hospital. iii. Nursing Expenses as provided by the hospital iv. Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialists Fees. v. Anesthesia, Blood, Oxygen, Operation Theatre Charges, surgical appliances, vi. Dialysis, Chemotherapy, Radiotherapy, physiotherapy vii. Medicines, Drugs and consumables. viii. Cost of Artificial Limbs, cost of prosthetic devices implanted during surgical procedure like Pacemaker, orthopedic implants, infra cardiac valve replacements, vascular stents. ix. Relevant laboratory diagnostic tests, X-ray and such similar expenses that are medically prescribed by the treating Medical Practitioner <p>2. Pre-Hospitalisation The Medical Expenses incurred during the 60 days immediately before the Insured was Hospitalised, provided that: Such Medical Expenses were incurred for the same illness/injury for which subsequent Hospitalisation was required, and the Company has accepted an inpatient Hospitalisation claim under "In-patient Hospitalisation Treatment" (Section A1).</p> <p>3. Post-Hospitalisation The Medical Expenses incurred during the 90 days immediately after the Insured was discharged post Hospitalisation provided that: Such costs are incurred in respect of the same illness/injury for which the earlier Hospitalisation was required, and the Company has accepted an inpatient Hospitalisation claim under "In-patient Hospitalisation Treatment" (Section A1).</p> <p>4. Road Ambulance</p> <ul style="list-style-type: none"> a. The Company will pay the reasonable cost upto a maximum of Rs 5000/- per Hospitalisation incurred on an ambulance offered by a healthcare or ambulance service provider for transferring the Insured to the nearest Hospital with adequate emergency facilities for the provision of health services following an Emergency. b. The Company will also reimburse the expenses incurred on an ambulance offered by a healthcare or ambulance service provider for transferring the Insured from the Hospital where he/ she was admitted initially to another hospital with higher medical facilities. Claim under this section shall be payable by the Company only when: <ul style="list-style-type: none"> i. Such life threatening emergency condition is certified by the Medical Practitioner, and ii. The Company has accepted Insured's Claim under "In-patient Hospitalisation Treatment" (Section A1) or "Day Care Procedures" section (Section A5) of the Policy. Subject otherwise to the terms, conditions and exclusions of the Policy. <p>5. Day Care Procedures The Company will pay the Insured, medical expenses as listed above under "In-patient Hospitalisation Treatment" (Section A1) for Day Care medical treatment, and/or surgical procedure which is</p> <ul style="list-style-type: none"> i. Undertaken under General or Local Anesthesia in a hospital/day care centre in less than 24 hrs because of technological advancement, and ii. Which would have otherwise required Hospitalisation of more than 24 hours. Exclusions specific to Day Care Procedures- <ul style="list-style-type: none"> i. Treatment normally taken on an out-patient basis ii. Any dental treatment or procedure Indicative list of Day Care Procedures is given in the annexure I of Policy wordings. <p>6. Preventive Health Check Up After continuously renewing the Health Infinity Policy for 3 years with us, You are eligible for a free Preventive Health check-up. We will reimburse the amount equal to per day room rent as opted by You, maximum up to Rs. 5000/- for each Insured Member covered under the Policy during the block of 3 years. You may approach us for the arrangement of the Health Check up. For the avoidance of doubt, We shall not be liable for any other ancillary or peripheral costs or expenses (including but not limited to those for transportation, accommodation or sustenance). Contact Email id- healthcheck@bajajallianz.co.in .</p>	Section A COVERAGE Point no. 1 to 6.

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<p>3</p>	<p>What are the major exclusions in the policy:</p>	<ol style="list-style-type: none"> 1. Any dental treatment that comprises of cosmetic surgery, dentures, dental prosthesis, dental implants, orthodontics, surgery of any kind unless as a result of Accidental Bodily Injury to natural teeth and also requiring hospitalization. 2. Medical expenses where Inpatient care is not warranted and does not require supervision of qualified nursing staff and qualified medical practitioner round the clock 3. War, invasion, acts of foreign enemies, hostilities (whether war be declared or not), 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 Act of Terrorism will be covered under the Policy. 4. Circumcision unless required for the treatment of Illness or Accidental bodily injury, 5. Investigation & Evaluation (Excl04) <ol style="list-style-type: none"> a. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded even if the same requires confinement at a Hospital. b. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded. 6. Rest Cure, rehabilitation and respite care (Excl05) <ol style="list-style-type: none"> a. Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes: <ol style="list-style-type: none"> i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons. ii. Any services for people who are terminally ill to address medical, physical, social, emotional and spiritual needs. 7. Obesity/Weight Control (Excl06) <p>Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:</p> <ol style="list-style-type: none"> 1. Surgery to be conducted is upon the advice of the Doctor 2. The surgery/Procedure conducted should be supported by clinical protocols 3. The member has to be 18 years of age or older and 4. Body Mass Index (BMI); <ol style="list-style-type: none"> a. greater than or equal to 40 or b. greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss: <ol style="list-style-type: none"> i. Obesity-related cardiomyopathy ii. Coronary heart disease iii. Severe Sleep Apnea iv. Uncontrolled Type2 Diabetes 8. Change-of-gender treatments (Excl07) <p>Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.</p> 9. Cosmetic or plastic Surgery (Excl08) <p>Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.</p> 10. Hazardous or Adventure Sports (Excl09) <p>Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.</p> 11. The cost of spectacles, contact lenses, hearing aids, crutches, artificial limbs, 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. 12. External medical equipment of any kind used at home as post Hospitalization 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. 13. Congenital external diseases or defects or anomalies, growth hormone therapy, stem cell implantation or surgery except for Hematopoietic stem cells for bone marrow transplant for haematological conditions. 14. Intentional self-injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol) 15. Breach of law (Excl10) <p>Expenses for treatment directly arising from or consequent upon any Insured committing or attempting to commit a breach of law with criminal intent.</p> 	
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<p>3</p>	<p>What are the major exclusions in the policy:</p>	<ol style="list-style-type: none"> 16. Excluded Providers (Excl11) Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life threatening situations following an accident, expenses up to the stage of stabilization are payable but not the complete claim. 17. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Excl12) 18. Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. (Excl13) 19. 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 Medical practitioner. 20. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure. (Excl14) 21. Refractive Error (Excl15) Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries. 22. Unproven Treatments (Excl16) Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness. 23. Birth control, Sterility and Infertility (Excl17) Expenses related to Birth Control, sterility and infertility. This includes: <ol style="list-style-type: none"> a. Any type of contraception, sterilization b. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI c. Gestational Surrogacy d. Reversal of sterilization 24. Maternity (Excl 18) <ol style="list-style-type: none"> a. Medical Treatment Expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy. b. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period. 25. Treatment for any other system other than modern medicine (also known as Allopathy). 26. All non-medical Items as per Annexure II 27. Any treatment received outside India is not covered under this Policy. 	<p>Section C EXCLUSIONS Point No. C-II.1 to II.27 of General Exclusions</p>
<p>4</p>	<p>Waiting Period</p>	<ol style="list-style-type: none"> 1. Pre-existing Diseases waiting period (Excl01) <ol style="list-style-type: none"> a. Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 36 months of continuous coverage after the date of inception of the first Health Infinity Policy with Us. b. In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of Sum Insured increase. c. If the Insured is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations then waiting period for the same would be reduced to the extent of prior coverage. d. Coverage under the Policy after the expiry of 36 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Us. 2. Specified disease/procedure waiting period (Excl02) <ol style="list-style-type: none"> a. Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of 24 months of continuous coverage after the date of inception of the first Health Infinity Policy with Us. This exclusion shall not be applicable for claims arising due to an accident. b. In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of Sum Insured increase. c. If any of the specified disease/procedure falls under the waiting period specified for Pre-Existing diseases, then the longer of the two waiting periods shall apply. d. The waiting period for listed conditions shall apply even if contracted after the Policy or declared and accepted without a specific exclusion. e. If the Insured is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage. f. After completion of 24 months of continuous coverage, the maximum limit for each claim will be restricted to 100 times per day room rent limit for below listed conditions/procedures. Please note that the limit of indemnity will be applicable only for the procedures. 	<p>SECTION C EXCLUSIONS Point No. C-I.1 to I.4 of Waiting Period</p>

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4	Waiting Period	<p>g. List of specific diseases/procedures is as below</p> <table border="1" data-bbox="347 286 1276 750"> <tr> <td>1. Any type gastrointestinal ulcers</td> <td>2. Cataracts,</td> </tr> <tr> <td>3. Any type of fistula</td> <td>4. Macular Degeneration</td> </tr> <tr> <td>5. Benign prostatic hypertrophy</td> <td>6. Hernia of all types</td> </tr> <tr> <td>7. All types of sinuses</td> <td>8. Fissure in ano</td> </tr> <tr> <td>9. Haemorrhoids, piles</td> <td>10. Hydrocele</td> </tr> <tr> <td>11. Dysfunctional uterine bleeding</td> <td>12. Fibromyoma</td> </tr> <tr> <td>13. Endometriosis</td> <td>14. Hysterectomy</td> </tr> <tr> <td>15. Uterine Prolapse</td> <td>16. Stones in the urinary and biliary systems</td> </tr> <tr> <td>17. Surgery on ears/tonsils/adenoids/ paranasal sinuses</td> <td>18. Surgery on all internal or external tumours / cysts/ nodules/polyps of any kind including breast lumps with exception of Malignant tumour or growth</td> </tr> <tr> <td>19. Parkinson's Disease</td> <td>20. Alzheimer's Disease</td> </tr> </table> <p>3. A waiting period of 36 months from the first Health Infinity Policy inception date will be applicable to the medical and surgical treatment of illness surgical procedures mentioned below. Even after 36 months of continuous coverage, the limit of indemnity for each claim will be restricted to 100 times per day room rent limit for the below listed conditions. Please note that the limit of indemnity will be applicable only for the procedures.</p> <ul style="list-style-type: none"> a. Joint replacement surgery b. Surgery for vertebral column disorders (unless necessitated due to an accident) c. Surgery to correct deviated nasal septum d. Hypertrophied turbinate e. Congenital internal diseases or anomalies f. Treatment for correction of eye sight due to refractive error recommended by Ophthalmologist for medical reasons with refractive error greater or equal to 7.5 <p>4. 30-day waiting period (Excl03)</p> <ul style="list-style-type: none"> a. 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, provided the same are covered. b. This exclusion shall not, however, apply if the Insured has Continuous Coverage for more than twelve months. c. The within referred waiting period is made applicable to the enhanced Sum Insured in the event of granting higher Sum Insured subsequently. 	1. Any type gastrointestinal ulcers	2. Cataracts,	3. Any type of fistula	4. Macular Degeneration	5. Benign prostatic hypertrophy	6. Hernia of all types	7. All types of sinuses	8. Fissure in ano	9. Haemorrhoids, piles	10. Hydrocele	11. Dysfunctional uterine bleeding	12. Fibromyoma	13. Endometriosis	14. Hysterectomy	15. Uterine Prolapse	16. Stones in the urinary and biliary systems	17. Surgery on ears/tonsils/adenoids/ paranasal sinuses	18. Surgery on all internal or external tumours / cysts/ nodules/polyps of any kind including breast lumps with exception of Malignant tumour or growth	19. Parkinson's Disease	20. Alzheimer's Disease	SECTION C EXCLUSIONS Point No. I-1 to II-4 of Waiting Period
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5	Reduction in Waiting Period	<p>I. Reduction in Waiting Period</p> <ul style="list-style-type: none"> 1. If the proposed Insured is presently covered and has been continuously covered without any lapses as under: <ul style="list-style-type: none"> a. any health insurance indemnity plan with an Indian non-life insurer/health insurer as per guidelines on portability, OR b. any other similar health insurance indemnity plan from Us, Then: <ul style="list-style-type: none"> i. The 30 days waiting period specified in Section C-I.4 of the Policy stand deleted ii. The waiting periods specified in the Section C-I.1 to I.3 shall be reduced by the number of continuous preceding years of coverage of the Insured under the previous health insurance Policy; Continuity / Credit of waiting periods would be extended up to the Sum Insured & Cumulative bonus of the previous Policy iii. The limits as mentioned under C-I.2 and I.3 and co-pay as mentioned in Point D 9- Cost Sharing shall also be applicable for all portability proposals <p>The above conditions would be applicable if the insured has applied for portability with us and the proposal is accepted and the policy is issued as per portability guidelines.</p>	Section D Conditions Point No. 8																				
6	Payout basis	All payouts are Indemnity payment basis.	Section A COVERAGE Point no. 1 to 6.																				
7	Cost Sharing	A co-payment as opted by you and mentioned on the policy schedule will be triggered once the accepted cumulative claim amounts per annum exceeds 100 times per day room rent limit.	Section D CONDITIONS Point no. 9																				

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8	Discounts	<p>A. Wellness discount: Insured member is eligible for 5% discount at each renewal provided he / she submits the below mentioned medical test reports & if all the reports are falling within normal range as specified below</p> <ol style="list-style-type: none"> ECG of Normal Sinus Rhythm Fasting Blood Sugar equal to or less than 120 Mg/dl Serum Creatinine – within normal limits as defined in test reports Lipid Profile – All parameters within normal limits BMI less than or equal to 25 No other adverse health conditions 	Section D CONDITIONS Point no. 21
		<p>B. Family Discount: 5% family discount shall be offered if 2 or more eligible family members are covered under a single Policy</p>	
		<p>C. Long Term Policy Discount:</p> <ol style="list-style-type: none"> 4% discount is applicable if policy is opted for 2 years 8% discount is applicable if policy is opted for 3 years 	
		<p>D. Employee Discount 20% discount on published premium rates to employees of Bajaj Allianz & its group companies, this discount is applicable only if the Policy is booked in direct office code. (Note: Online/Direct Customer Discount is not applicable to Employees)</p>	
		<p>E. Online Discount 5% discount is extended for the policies purchased online/ through website/direct customers. This benefit is extended to direct customers in lieu of the commission.</p>	
9	Renewal Conditions	<ol style="list-style-type: none"> 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) 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. 	Section D CONDITIONS Point no. 10
10	Renewal Benefits	<p>Preventive Health Check Up At the end of a block of every continuous 3 policy years. We will pay amount equal to per day room rent opted (maximum up to Rs. 5000/- whichever is lower) towards cost of the medical check-up.</p>	Section A COVERAGE Point no. 6
11	Cancellation	<p>This policy would be cancelled on grounds of misrepresentation, fraud, non-disclosure of material facts or non-cooperation by any Insured Person, upon giving 15 days notice. In such cases, premium will be refunded on pro-rata basis.</p> <p>This policy would be cancelled by Proposer, upon giving 15 days notice. In such cases, premium will be refunded on short term basis.</p>	Section D CONDITIONS Point no. 14
12	Claims	<p>For Cashless Service: List of Network Hospitals available on our website- www.bajajallianz.com</p> <p>A. Cashless Claims Procedure: Cashless treatment is only available at Network Hospitals. In order to avail of cashless treatment, the following procedure must be followed by the Insured:</p> <ol style="list-style-type: none"> Prior to taking treatment and/or incurring Medical Expenses at a Network Hospital, the Insured/ his or her representative must call the Company and request pre-authorization by way of the written form. In case of Planned Hospitalisation, the Insured/Insured's representative shall intimate such admission 48 hours prior to such Hospitalisation In case of Emergency Hospitalisation, the Insured/Insured's representative shall intimate such admission within 24 hours of such Hospitalisation On receipt of Insured's pre-authorization form duly filled and signed by the Insured/ his or her representative, the Company's representative then within 2 hours will respond with Approval, Rejection or an more information After considering the Insured's request and after obtaining any further information or documentation the Company has sought, the Company may, if satisfied, send the Insured or the Network Hospital, an authorisation letter. The authorisation letter, the ID card issued to the Insured along with this Policy and any other information or documentation that the Company has specified must be produced to the Network Hospital identified in the pre-authorization letter at the time of Insured's admission to the same. If the procedure above is followed, the Insured will not be required to directly pay for the bill amount in the Network Hospital that the Company is liable under Section A1 In-Patient Hospitalisation Treatment above and the original bills and evidence of treatment in respect of the same shall be left with the Network Hospital. Pre-authorization does not guarantee that all costs and expenses will be covered. The Company reserve the right to review each claim for Medical Expenses and accordingly coverage will be determined according to the terms and conditions of this Policy. 	Section D CONDITIONS Point no. 5

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12	Claims	<p>B. Reimbursement Claims Procedure: If Pre-authorization as per Cashless Claims Procedure above is denied by the Company or if treatment is taken in a Hospital other than a Network Hospital or if the Insured do not wish to avail cashless facility, then:</p> <ol style="list-style-type: none"> The Insured or someone claiming on his/ her behalf must inform the Company in writing immediately within 48 hours of Hospitalisation in case of emergency Hospitalisation and 48 hours prior to Hospitalisation in case of planned Hospitalisation The Insured must immediately consult a Medical Practitioner and follow the advice and treatment that he recommends. The Insured must take reasonable steps or measures to minimize the quantum of any claim that may be made under this Policy. The Insured must have himself / herself examined by the Company's medical advisors if the Company ask for this, and as often as the Company consider this to be necessary at the Company's cost. The Insured or someone claiming on his/ her behalf must promptly and in any event within 30 days of discharge from a Hospital give the Company documentation as listed out in greater detail below and other information the Company ask for to investigate the claim or the Company's obligation to make payment for it. In the event of the death of the Insured, someone claiming on his behalf must inform the Company in writing immediately and send the Company a copy of the post mortem report (if any) within 30 days* <p>*Note: In case the Insured is claiming for the same event under an indemnity based Policy of another insurer and is required to submit the original documents related to his/ her treatment with that particular insurer, then the Insured may provide the Company 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 the Company's satisfaction that under the circumstances in which the Insured was placed, it was not possible for the Insured 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"> Claim form with NEFT details & cancelled cheque duly signed by Insured Original of Discharge Summary / Discharge Certificate / Death Summary with Surgical & anesthetics notes Attested copies of Indoor case papers (Optional) Original copies Final Hospital Bill with break up 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 copies of Investigation Reports against Investigations done. Original bills and receipts paid for the transportation from Registered Ambulance Service Provider. Treating Medical Practitioner certificate to transfer the Injured person to a higher medical centre for further treatment (if Applicable). First consultation letter for the current ailment. In case of implant surgery, invoice & sticker. In cases where the information provided by the insured is incomplete or a fraud is suspected, we may call for any additional document(s) in addition to the documents listed above Aaadhar card & PAN card Copies (Not mandatory if the same is linked with the Policy while issuance or in previous claim) <p>All Claims will be settled by In house claims settlement team of the company and no TPA is engaged.</p>	Section D CONDITIONS Point no. 5
13	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</p>	Section D CONDITIONS Point no. 26

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The contact details of the ombudsman offices are mentioned below. However, we request you to visit <http://www.ecoi.co.in> for updated details

CONTACT DETAILS	JURISDICTION
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@ecoi.co.in	State of Gujarat and Union Territories of Dadra & Nagar Haveli and Daman and Diu.
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@ecoi.co.in	Karnataka.
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@ecoi.co.in	States of Madhya Pradesh and Chattisgarh.
BHUBANESHWAR Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.:- 0674-2596461 / 2596455 Fax:- 0674-2596429 Email:- bimalokpal.bhubaneswar@ecoi.co.in	State of Orissa.
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@ecoi.co.in	State of Tamil Nadu and Union Territories - Pondicherry Town and Karaikal (which are part of Union Territory of Pondicherry).
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@ecoi.co.in	State of Delhi
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@ecoi.co.in	Kerala, Lakshadweep, Mahe-a part of Pondicherry

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	<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@ecoi.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@ecoi.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@ecoi.co.in</p>	State of Rajasthan.
	<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@ecoi.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, Sulampur, Maharajganj, Santk-abirnagar, 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@ecoi.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@ecoi.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.
	<p>PATNA Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna - 800 006. Email:- bimalokpal.patna@ecoi.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@ecoi.co.in</p>	States of Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropoli

HEALTH INFINITY

<p>14</p>	<p>Insured's Rights</p>	<p>Free Look: 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 cancelling the Policy stating the reasons for cancellation. 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 • Free look period is not applicable for renewal policies. <p>Implied renewability: Policy is renewable for lifetime, renewal except on grounds of Moral Hazard, misrepresentation fraud or your non co-operation.</p> <p>Migration:</p> <ol style="list-style-type: none"> 1. Every individual policy holder (including members under family floater policy) covered under indemnity based individual health insurance policy shall be provided an option of migration at the explicit option exercised by the policyholder; <ol style="list-style-type: none"> a. To an individual health insurance policy or a family floater policy, or; b. To a group health insurance policy, if members complies with the norms relating to the health insurance coverage under the concerned group insurance policy. 2. Every Individual member, including family members covered under an indemnity based group health insurance policy shall be provided an option of migration at the time of exit from group or in the event of modification of group policy (including the revision in the premium rates) or withdrawal of the group policy : <ol style="list-style-type: none"> a. To an individual health insurance policy or a family floater policy. 3. Migration shall be applicable to the extent of the sum insured under the previous policy and the cumulative bonus, if any, acquired from the previous policies. 4. Only the unexpired/residual waiting period not exceeding the applicable waiting period of the previous policy with respect to pre-existing diseases and the time bound exclusions shall be made applicable on migration under the new policy. 5. Migration may be subject to underwriting as follows: <ol style="list-style-type: none"> a. For individual policies, if the policyholder is continuously covered in the previous policy without any break for a period of four years or more, migration shall be allowed without subjecting the policyholder to any underwriting to the extent of the sum insured and the benefits available in the previous policy. b. Migration from group policies to individual policy will be subject to underwriting <p>Portability Portability shall be allowed under all individual indemnity health insurance policies issued by General Insurers and Health Insurers including family floater policies</p> <p>Per day Room Rent Enhancement</p> <ol style="list-style-type: none"> i. The Insured can apply for enhancement of per day room rent at the time of renewal. Insured can apply for enhancement of per day room rent by submitting a fresh proposal form to the company. ii. The acceptance of enhancement of per day room rent would be at the discretion of the company, based on the health condition of the Insured & claim history of the Policy. iii. All waiting periods as defined in the Policy shall apply for this enhanced per day room rent limit from the effective date of enhancement of such per day room rent considering such Policy Period as the first Policy with the Company. iv. Cost sharing terms as specified under section D – 8 would be applicable to the enhanced room rent limit. <p>Turn Around Time (TAT) for issue of Pre Auth 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>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.</p>	<p>Section D</p>
<p>15</p>	<p>Insured's Obligations</p>	<p>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.