

■ Bajaj Allianz

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

■ The Bajaj Allianz Advantage



HAT : In-house Claim Administration



Global expertise & local knowledge



Innovative packages to match individual needs



Quick disbursement of claims

■ Individual health insurance for senior citizens

Health care costs are high and getting higher. As the age of an individual increases the health care costs increase manifold and become a burden on the individual. The senior citizens have to pay out of their hard earned savings to meet the expenses. Bajaj Allianz's Silver Health Plan for senior citizens protects you and your spouse in case you need expensive medical care

This Policy offers you cashless benefit or reimbursement for hospitalisation expenses due to illness or accident.

■ What are the Sum Insured options under this policy?

Sum Insured options:-

- Rs 50000
- Rs 100000
- Rs 150000
- Rs 200000
- Rs 300000
- Rs 400000
- Rs 500000

■ What is the policy period?

- This is an annual policy

■ What is the entry age and renewal age under this policy?

- Entry Age: from 46 yrs to 70 yrs.
- Renewal Age: Under normal circumstances, lifetime renewal benefit is available under the policy except on the grounds of fraud, misrepresentation or moral hazard.

■ Who can be covered as dependants under the Policy?

- The policy is offered on individual sum insured basis.
- Self, spouse can be covered under this policy.

■ What coverage do I get?

- The policy covers hospitalisation expenses
- Pre and Post hospitalisation expenses of an amount equivalent to 3% of admissible hospitalization expenses.
- Covers ambulance charges in an emergency subject to a limit of Rs 1000/- per claim.
- Pre-existing illnesses are covered from the second year of the policy.
- The Company's liability in case of any pre-existing illness from the second year of the policy would be restricted to 50% of the Sum insured in a policy year.
- 130 daycare procedures are covered subject to terms & conditions

■ Do I need to undergo medical check up?

Pre - medical tests are mandatory for every proposal.

- The pre-policy check up would be arranged at our empanelled diagnostic centres.
- The validity of the test reports would be 30 days from date of medical examination.
- If pre-policy check up would be conducted in our paneled diagnostic centre, 100% of the standard medical tests charges would be reimbursed, subject to acceptance of proposal and policy issuance.
- Medical Tests required as listed below:
Full Medical Report, CBC, Urine R, ECG, Lipid profile, Fasting BSL, HbA1c, SGOT, SGPT, GGT, Sr Creatinine

■ What benefits do I get?

- Cumulative bonus of 10% of sum insured for every claim free year upto a maximum of 50% of sum insured.
- Health checkup in designated Bajaj Allianz Diagnostic centers at the end of continuous four claim-free years List of tests given for reference: physician consultation, laboratory tests for fasting blood glucose and complete blood count, serum cholesterol, urine routine, chest X-ray and ECG.
- Family Discount of 5% if two or more members are covered,
- Income tax benefit on the premium paid as per section 80 D of the Income Tax Act.

■ When can I increase the Sum Insured?

- Sum Insured enhancement will be allowed only at the time of renewals.
- The enhancement should be proportionate for all the insured members.
- Sum Insured enhancement would be subject to the underwriting approval based on the declaration on the proposal form
- No claim in the expiring policies– In case of a claim referral to be made to Underwriting doctors for further advise
- For enhancement of sum insured, fresh proposal form along with the renewal notice should be submitted.

■ What are the exclusions under the policy?

We will not pay for claims arising out of or howsoever connected to the following:

I. Waiting Period

- One years waiting period applicable for any pre existing condition, ailment or injury, if declared on the proposal form.
For any one Pre-existing Illness covered under this Policy, after period of one Year, our liability will be restricted to 50% of the Limit of Indemnity.
- One years waiting period applicable for below diseases:

1. Surgery for gastric or duodenal ulcers,	11. Cataracts
2. Benign prostatic hypertrophy	12. Hernia of all types
3. Hydrocele	13. Fistulae
4. Haemorrhoids	14. Fissure in ano
5. Dysfunctional uterine bleeding	15. Fibromyoma
6. Endometriosis	16. Hysterectomy
7. Stones in the urinary and biliary systems	17. Surgery on skin/ internal tumours/cysts/nodules/polyps
8. Prolapse of genitourinary/intra abdominal organs	18. Treatment for benign tumors or malignant conditions or for organomegaly
9. Surgery on ears	19. Surgery on joints
10. Treatment for prolapsed intervertebral discs	

- 4 Years exclusion for joint replacement surgery unless necessitated by accidental Bodily Injury.
- 30 days waiting period is applicable from date of first policy inception for any illness/ disease except for Accidental Bodily Injury

II. General Exclusion

- 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 nationalisation or requisition of or damage by or under the order of any government or public local authority and claims due to nuclear weapons and/or materials.
- Cosmetic or aesthetic treatments, Plastic surgery (unless necessary for the treatment of illness or accidental Bodily Injury)
- The cost of spectacles, contact lenses, hearing aids, crutches, artificial limbs, dentures, artificial teeth and all other external medical equipments or devices used at home as post hospitalisation care.
- Dental treatment or surgery of any kind unless requiring hospitalisation and as a result of accidental Bodily Injury to natural teeth
- Convalescence, general debility, rest cure, congenital diseases or defects or anomalies
- Intentional self-injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol)
- Treatment arising from or traceable to pregnancy and childbirth and related complications. (Ectopic pregnancy is covered under the policy)
- Any treatment towards infertility, sub-fertility or assisted conception procedure or sterilization procedure.
- Human Immunodeficiency Virus or Variant/mutant viruses and AIDS, Venereal disease or any sexually transmitted disease.

- Hospitalisation primarily and specifically for diagnostic, X-ray or laboratory examinations and investigations.
- Vaccination or inoculation unless forming a part of post bite treatment
- Vitamins, tonics, nutritional supplements unless forming part of the treatment for injury or disease as certified by the attending Doctor
- Treatment for any other system other than modern medicine (also known as Allopathy), Experimental, unproven or non-standard treatment.
- Surgery to correct deviated septum and hypertrophied turbinates
- Expenses related to donor screening, treatment, including surgery to remove organs from a donor in the case of transplant surgery.
- Treatment for any mental illness or psychiatric illness.
- Weight management services and treatment related to weight reduction programmes including treatment of obesity.

■ Special Conditions:

- 20% of co-payment on the admissible claims to be paid by the member if treatment is taken in a hospital other than a network hospital. Waiver of co-payment available on payment of additional premium.
- Payment in respect of surgery for cataracts (after the expiry of 1 year waiting period), shall be restricted to 10% of the Limit of Indemnity for each and every claim, subject to a minimum of Rs 12,000 and maximum of Rs 25,000/- and subject always to the Limit of Indemnity.

■ Free Look Period

You have a period of 15 days from the date of receipt of the 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.

If you have not made any claim during the Free look period, you shall be entitled to refund of premium subject to,

- 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 commensuration with the risk covered during such period ,where only a part of risk has commenced

■ Condition for renewal of the contract.

- Under normal circumstances, renewal will not be refused except on the grounds of Your moral hazard, misrepresentation or fraud

■ Cancellation

- 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.

- 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.

Period on Risk	% of Annual Rate Refunded
Upto 1 month	75%
Exceeding 1 month and upto 3 months	50%
Exceeding 3 months and upto 6 months	25%
Exceeding 6 months	Nil

Grace period:

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

Portability Conditions

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

Revision/ Modification of the policy:

- There is a possibility of revision/ modification of terms, conditions, coverages and/or premiums of this product at any time in future, with appropriate approval from IRDA. In such an event of revision/modification of the product, intimation shall be set out to all the existing insured members at least 3 months prior to the date of such revision/modification comes into the effect

Withdrawal of Policy

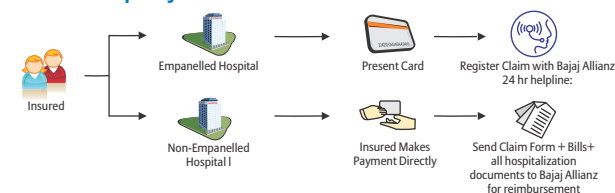
- There is possibility of withdrawal of this product at any time in future with appropriate approval from IRDA, as We reserve Our right to do so with a intimation of 3 months to all the existing insured members. In such an event of withdrawal of this product, at the time of Your seeking renewal of this Policy, You can choose, among Our available similar and closely similar Health insurance products. Upon Your so choosing Our new product, You will be charged the Premium as per Our Underwriting Policy for such chosen new product, as approved by IRDA.
- Provided however, if You do not respond to Our intimation regarding the withdrawal of the product under which this Policy is issued, then this Policy shall be withdrawn and shall not be available to You for renewal on the renewal date and accordingly upon Your seeking renewal of this Policy, You shall have to take a Policy under available new products of Us subject to Your paying the Premium as per Our Underwriting Policy for such available new product chosen by You and also subject to Portability condition.

Annual Premium table:

Premiums Exclusive of GST.

SI	Age					Renewal Premiums
	46-50 yrs	51-55 Yrs	56-60 yrs	61-65 yrs	66-70 yrs	
50000	1,995	2,495	3,824	4,780	7,170	8,963
100000	2,993	3,742	5,736	7,170	10,755	13,444
150000	3,741	4,677	7,170	8,963	13,444	16,805
200000	4,676	5,846	8,963	11,203	16,805	21,006
300000	5,845	7,308	11,203	14,004	21,006	26,257
400000	8,767	10,962	16,805	18,905	24,199	30,248
500000	10,959	13,155	21,006	23,632	29,039	36,298

What would be the process in case of a claim under my Silver Health policy?



List of claim documents required for claim under hospitalisation section:

- First Consultation letter from the Doctor
- Duly completed claim form and NEFT Form signed by the Claimant
- Original Hospital Discharge Card
- Original Hospital Bill giving detailed break up of all expense heads mentioned in the bill. Clear break ups have to be mentioned for OT Charges, Doctor's Consultation and Visit Charges, OT Consumables, Transfusions, Room Rent, etc.
- Original Money Receipt, duly signed with a Revenue Stamp
- All original Laboratory and Diagnostic Test Reports. E.g. X-Ray, E.C.G, USG, MRI Scan, Haemogram etc.
- In case of a Cataract Operation, IOL Sticker will have to be enclosed
- Other documents as may be required by Bajaj Allianz to process the claim
- Aadhar card & PAN card Copies (Not mandatory if the same is linked with the policy while issuance or in previous claim)

Section 41 of Insurance Act 1938

Section 41 of Insurance Act 1938 as amended by Insurance Laws Amendment Act, 2015 (Prohibition of Rebates): No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a Policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurers. Any person making default in complying with the provision of this section shall be liable for a penalty which may extend to 10 lakh rupees.

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Get yourself and your family covered by Silver Health today and sleep easy.

- Cashless facility offered through network hospitals of Bajaj Allianz only.
- Cashless facility at 5500+ Network hospitals PAN India.

Network Hospital list is provisional & subject to change based on the review of the providers

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



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Silver Health
Health Cover for Seniors



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Relationship Beyond Insurance