

AROGYA SANJEEVANI POLICY, BAJAJ ALLIANZ GENERAL INSURANCE COMPANY LIMITED (GROUP)

**CUSTOMER INFORMATION SHEET
 (Description is illustrative and not exhaustive)**

SI No	Title	Description	Policy Clause Number
1	Product Name	Arogya Sanjeevani Policy, Bajaj Allianz General Insurance Company (Group)	
2	What am I covered for	a) Hospitalization expenses – Expenses incurred on hospitalization for minimum period of 24 hours including pre-hospitalization expenses for a period of 30 days and post hospitalization expenses for a period of 60 days b) Day-Care Procedures – Medical expenses for day care procedures c) AYUSH Coverage – expenses incurred on hospitalization under AYUSH Treatment d) Expenses incurred on treatment of cataract e) Expenses incurred on dental treatment and Plastic Surgery: Necessitated due to disease or injury f) Ambulance Charges: Expenses on road ambulance subject to a maximum of Rs. 2000/- per hospitalization	Policy Wording Section 4 - Coverage
3	What are the major exclusions in the policy	Following is a partial list of the policy exclusions. Please refer to the policy document for the complete list of exclusions: a. Admission primarily for investigation & evaluation b. Admission primarily for rest Cure, rehabilitation and respite care c. Expenses related to the surgical treatment of obesity that do not fulfill certain conditions d. Change-of Gender treatments e. Expenses for cosmetic or plastic surgery f. Expenses related to any treatment necessitated due to participation in hazardous or adventure sport	Policy Wording Section 7 – Exclusions
4	Waiting Period	a. Pre-existing diseases will be covered after a waiting period of forty eight (48) months of continuous coverage b. Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident. c. Specified surgeries/treatments/diseases are covered after specific waiting periods of 24 months d. Specified surgeries/treatments/diseases are covered after specific waiting periods of 48 months	Policy Wording Section 6 – Waiting Period
5	Payment basis	Payment on indemnity basis (Cashless/Reimbursement)	Policy Wording Section 12 – Table Of Benefits
6	Loss Sharing	In case of a claim, this policy requires you to share the following costs: a. Expenses exceeding the following sub-limits: I. Room Charges (Hospitalization) i. Room Rent – Upto 2% of SI, subject to max of INR 5,000 per day ii. ICU charges – Upto 5% of SI subject to max of INR 10,000 per day iii. In case Room/ICU/ICCU rent exceeds the limits specified the claim shall be subject to the proportionate deduction II. Cataract – Upto 25% of Sum Insured or INR 40,000/- whichever is lower III. Modern treatment methods and advancements in technology: Upto 50% of the Sum Insured b. Each and every claim under the Policy shall be subject to a copayment of 5% applicable to claim amount admissible and payable as per the terms and conditions of the Policy	Policy Wording Section 12 – Table Of Benefits
7	Renewal Conditions	The policy shall ordinarily be renewable except on grounds of fraud, moral hazard, misrepresentation by the insured person. Renewal shall not be denied on the ground that the insured had made a claim or claims in the preceding policy years.	Policy Wording Section 10.16- Renewal of Policy
8	Renewal Benefits	Cumulative Bonus: a. Increase in the sum insured by 5% in respect of each and every claim free year subject to a maximum of 50% of SI b. In the event of claim the cumulative bonus shall be reduced at the same rate	Policy Wording Section 12 – Table Of Benefits
9	Cancellation	a. The Insured may cancel this Policy by giving 15 days' written notice, and in such an event, the Company shall refund premium on short term rates for the unexpired Policy Period as per the rates detailed in the policy terms and conditions b. The Company may cancel the policy at any time on grounds of misrepresentation, non-disclosure of material facts, fraud by the Insured Person by giving 15 days' written notice Cancellation grid for premium received on instalment basis and refund is as under For monthly/quarterly premium modes, no premium is refunded. For half yearly premium payment mode, the premium will be refunded as per the below table:	Policy Wording Section 10.10- Cancellation

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		<table border="1"> <tr> <th>Period in Risk (from latest instalment date)</th> <th>Premium Refund Pro Rate % of Half Yearly Premium</th> </tr> <tr> <td>Exceeding 15 days but less than or equal to 3 months</td> <td>30%</td> </tr> <tr> <td>Exceeding 3 months but less than or equal to 6 months</td> <td>0%</td> </tr> </table>	Period in Risk (from latest instalment date)	Premium Refund Pro Rate % of Half Yearly Premium	Exceeding 15 days but less than or equal to 3 months	30%	Exceeding 3 months but less than or equal to 6 months	0%				
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10	Claims	<p>a. For Cashless Service: List of Network Hospitals available on our website- www.bajajallianz.com</p> <p>b. For Reimbursement of Claim: For reimbursement of claims the insured person may submit the necessary documents to TPA/Company within the prescribed time limit as specified hereunder.</p> <table border="1"> <thead> <tr> <th>SI No</th> <th>Type of Claim</th> <th>Prescribed Time Limit</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Reimbursement of hospitalization, day care and pre-hospitalization expenses</td> <td>Within thirty days of date of discharge from the hospital</td> </tr> <tr> <td>2</td> <td>Reimbursement of post hospitalization expenses</td> <td>Within fifteen days from completion of post hospitalization treatment</td> </tr> </tbody> </table>	SI No	Type of Claim	Prescribed Time Limit	1	Reimbursement of hospitalization, day care and pre-hospitalization expenses	Within thirty days of date of discharge from the hospital	2	Reimbursement of post hospitalization expenses	Within fifteen days from completion of post hospitalization treatment	Policy Wording Section 9- Claim Procedure- (1.1 and 1.2)
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11	Grievance Redressal Procedure	<p>a. If Insured person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the grievance officer at ggro@bajajallianz.co.in For updated details of grievance officer, https://www.bajajallianz.com/about-us/customer-service.html</p> <p>b. IRDAI Integrated Grievance Management System - https://igms.irda.gov.in/</p> <p>c. Insurance Ombudsman - The contact details of the Insurance Ombudsman offices have been provided as Annexure-B of Policy document.</p>	Policy Wordings – Section 11									
12	Insured's Rights	<p>a. Free Look period of 15 days from the date of receipt of the policy shall be applicable at the inception</p> <p>b. Lifelong renewability (except on certain specific grounds)</p> <p>c. Right to migrate from one product to another product of the company</p> <p>d. Right to port from one company to another company</p> <p>e. Change in SI during the policy term or at the time of renewal f. Insurer to specify the norms on TAT for pre-Auth and Settlement of reimbursement</p>	Policy Wordings – Section 10									
13	Insured's Obligations	Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may result in claim not being paid	Policy Wording Section 10.1									
<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>												