

Caringly yours

B BAJAJ | Allianz **III**



Bajaj Allianz  **Criticare**
CARE MAXIMISED



CIN: U66010PN2000PLC015329, UIN: BAJHLIP21273V012021

Bajaj Allianz understands the significant financial burden that a Critical Illness can bring, especially when it is the Breadwinner of the family who gets diagnosed. To support you through this, We introduce Criti Care covering a range of life threatening diseases that one might encounter in his/her life.

■ SPECIAL FEATURES OF CRITI CARE

- Wide range of Critical Illnesses covered- total 43 illnesses
- Option to choose from wide range of Sum Assured
- Lump sum payout irrespective of treatment cost
- Lifetime renewal

■ WHAT ARE THE CRITICAL ILLNESSES COVERED UNDER CRITI CARE

There are 5 Plans (Sections) out of which at least one has to be opted

■ SECTION I: CANCER CARE

Category A Conditions (25% Sum Assured)	Category B Conditions (100% Sum Assured)
Early Stage Cancers	Cancer of Specified Severity
Carcinoma -in-situ	

■ SECTION II: CARDIOVASCULAR CARE

Category A Conditions (25% SA)	Category B Conditions (100% SA)
Angioplasty	Myocardial Infarction (First Heart Attack – of Specific Severity)
Insertion of Pacemaker / Implantable Cardioverter Defibrillator	Open Chest CABG
Minimally Invasive surgery of Aorta	Open Heart Replacement or Repair of Heart Valves
Balloon Valvotomy or Valvuloplasty	Major Surgery of Aorta
Surgery for Cardiac Arrhythmia	Heart Transplant
Carotid Artery Surgery	Cardiomyopathy
Surgery to place Ventricular Assist Devices or total artificial hearts	
Infective Endocarditis	
Pericardiectomy	
Percutaneous Heart Valve Replacement / Repair	

■ SECTION III: KIDNEY CARE

Category A Conditions (25% SA)	Category B Conditions (100% SA)
Removal of one Kidney	Kidney Failure Requiring Regular Dialysis
Partial Nephrectomy	Systematic lupus Eryth. with Renal Involvement
	Kidney Transplant

■ SECTION IV: NEURO CARE

Category A Conditions (25% SA)	Category B Conditions (100% SA)
Cerebral Aneurysm treatment via Endovascular procedure	Stroke Resulting in Permanent Symptoms
Permanent Paralysis of one limb	Coma of Specified Severity
	Permanent Paralysis of limbs
	Motor Neurone Disease with Permanent Symptoms
	Multiple Sclerosis with Persisting Symptoms
	Benign Brain Tumour
	Brain Surgery
	Major Head Trauma

■ SECTION V: TRANSPLANTS CARE AND SENSORY ORGANS CARE

Category A Conditions (25% SA)	Category B Conditions (100% SA)
Blindness in one eye	Blindness in both the eyes
Deafness in one ear	Deafness in both ears
	Loss of Speech
	End stage lung failure / Lung Transplant
	End Stage liver failure / Liver Transplant
	Pancreas Transplant
	Bone Marrow Transplant

■ COVERAGE IN DETAIL

1. It is mandatory to opt for at least one of the below listed sections and below terms and conditions of respective section will be applicable for Covers which are opted by you and displayed on your Policy Schedule read with the Policy Wordings:

SECTION I : CANCER CARE (Category A & B)

SECTION II : CARDIOVASCULAR CARE (Category A & B)

SECTION III : KIDNEY CARE (Category A & B)

SECTION IV : NEURO CARE (Category A & B)

SECTION V : TRANSPLANTS CARE AND SENSORY ORGANS CARE (Category AB)

If the Insured is diagnosed as suffering from a Critical Illness as per respective Section opted, which first occurs or manifests itself during the Cover Period, then we will pay Sum Assured as specified on the Policy Schedule, subject otherwise to all other terms, conditions, definitions and exclusions of the Policy and the insured survives the defined survival period.

Note:

1. The Insured can choose one or more Critical Illness sections. The benefits payable will be independent for each section if more than one Critical Illness sections are chosen.
2. Two claims (one from Category A conditions and another from Category B conditions) are allowed for each section.
3. Insured cannot claim under only one of opted Section(s) for two conditions listed in Category A of the same section
4. 25% Sum Assured is payable for Category A conditions and 100% Sum Assured is payable for Category B conditions for each section.
5. If a claim has already been paid for Category A condition of a section, the amount payable for Category B condition under the same section will be the remaining Sum Assured i.e. 75% Sum Assured (100% (Claim if admissible under Category B) -25% (Paid against claim under Category A) for the respective section

■ SECTION I: CANCER CARE

We will pay Sum Assured as specified on the Policy Schedule if the Insured is diagnosed with any of the below listed conditions, which first occurs or manifests itself during the Cover Period subject to all other terms, conditions, definitions and exclusions and the insured survives the defined survival period.

Category A Conditions (25% Sum Assured)	Category B Conditions (100% Sum Assured)
Early Stage Cancers	Cancer of Specified Severity
Carcinoma -in-situ	

Conditions covered under Category A and Category B are defined as below:

1. Category A- Early Stage Cancers

Early Stage Cancer shall mean the presence of one of the following malignant conditions:

- i Prostate tumour histologically described as TNM Classification T1a or T1b or T1c or of another equivalent or lesser classification.
- ii Chronic lymphocytic leukaemia classified as Rai Stage I or II;
- iii Basal cell and squamous skin cancer that has spread to distant organs beyond the skin,
- iv Any malignant tumor of the thyroid, positively diagnosed with histological confirmation and characterised by the uncontrolled growth of malignant cells and invasion of tissue, which is histologically classified as T1N0M0 according to the TNM classification system, or another equivalent classification. This benefit will be payable only when total thyroidectomy is performed to treat this condition.

The Diagnosis must be based on histopathological features and confirmed by a Pathologist. Pre-malignant lesions and conditions, unless listed above, are excluded.

2. Category A- Carcinoma -in-situ

Carcinoma-in-situ shall mean a histologically proven, localized pre-invasion lesion where cancer cells have not yet penetrated the basement membrane or invaded (in the sense of infiltrating and / or actively destroying) the surrounding tissues or stroma in any one of the following covered organ groups, and subject to any classification stated:

- a. Breast, where the tumour is classified as Tis according to the TNM Staging method;
- b. Corpus uteri, vagina, vulva or fallopian tubes where the tumour is classified as Tis according to the TNM Staging method ;
- c. Cervix uteri, classified as Tis according to the TNM Staging method;
- d. ovary –include borderline ovarian tumours with intact capsule, no tumour on the ovarian surface, classified as T1aN0M0, T1bN0M0 (TMN Staging) or FIGO 1A, FIGO 1B
- e. Colon and rectum;
- f. Penis;
- g. Testis;
- h. Lung;
- i. Liver;
- j. Stomach and oesophagus;
- k. Urinary tract, for the purpose of in-situ cancers of the bladder, stage Ta of papillary carcinoma is included
- l. Nasopharynx

For purposes of this Policy, Carcinoma-in-situ must be confirmed by a biopsy.

Pre-malignant lesions and Carcinoma-in-situ of any organ unless listed above are excluded.

3. Category B- CANCER OF SPECIFIED SEVERITY

- I. A malignant tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy.
The term cancer includes leukemia, lymphoma and sarcoma.
- II. The following are excluded –
 - i. All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN - 2 and CIN-3.
 - ii. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
 - iii. Malignant melanoma that has not caused invasion beyond the epidermis;
 - iv. All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0
 - v. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
 - vi. Chronic lymphocytic leukaemia less than Rai stage 3
 - vii. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,
 - viii. All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;
 - ix. All tumors in the presence of HIV infection.

■ SECTION II: CARDIOVASCULAR CARE

We will pay Sum Assured as specified on the Policy Schedule if the Insured is diagnosed with any of the below listed conditions, which first occurs or manifests itself during the Cover Period subject to all other terms, conditions, definitions and exclusions and the insured survives the defined survival period.

Category A Conditions (25% SA)	Category B Conditions (100% SA)
Angioplasty	Myocardial Infarction (First Heart Attack – of Specific Severity)
Insertion of Pacemaker / Implantable Cardioverter Defibrillator	Open Chest CABG
Minimally Invasive surgery of Aorta	Open Heart Replacement or Repair of Heart Valves
Balloon Valvotomy or Valvuloplasty	Major Surgery of Aorta
Surgery for Cardiac Arrhythmia	Heart Transplant
Carotid Artery Surgery	Cardiomyopathy
Surgery to place Ventricular Assist Devices or total artificial hearts	
Infective Endocarditis	
Pericardiectomy	
Percutaneous Heart Valve Replacement / Repair	

Conditions covered under Category A and Category B are defined as below:

1. Category A- Angioplasty

- I. Coronary Angioplasty is defined as percutaneous coronary intervention by way of balloon angioplasty with or without stenting for treatment of the narrowing or blockage of minimum 50 % of one or more major coronary arteries. The intervention must be determined to be medically necessary by a cardiologist and supported by a coronary angiogram (CAG).
- II. Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery.
- III. Diagnostic angiography or investigation procedures without angioplasty/stent insertion are excluded.

2 Category A- Insertion of Pacemaker / Implantable Cardioverter Defibrillator

Insertion of a permanent cardiac pacemaker / permanent cardiac defibrillator that is required as a result of serious cardiac arrhythmia which cannot be treated via other means. The insertion of the cardiac pacemaker / cardiac defibrillator must be certified to be medically necessary by a specialist in the relevant field.

Documentary evidence of cardiac arrhythmia must be provided.

3. Category A- Minimally Invasive surgery of Aorta

The actual undergoing of minimally invasive surgical repair (i.e. via percutaneous intra-arterial route) of a diseased portion of an aorta to repair or correct an aneurysm, narrowing, obstruction or dissection of the aorta. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches.

4. Category A- Balloon Valvotomy or Valvuloplasty

The actual undergoing of Valvotomy or Valvuloplasty necessitated by damage of the heart valve as confirmed by a specialist in the relevant field and established by a cardiac echocardiogram or any other appropriate diagnostic test that is available. For purpose of this benefit, procedures done for treatment of Congenital Heart Disease are excluded.

5. Category A- Surgery for Cardiac Arrhythmia

Procedures like Maze surgery, Radio frequency Ablation therapy or any relevant procedure/surgery deemed absolutely necessary by a cardiologist to treat life threatening arrhythmias. Diagnosis must be evidenced by monitoring through a Holter monitor, event monitor or loop recorder and should be confirmed by a consultant cardiologist.

The following are excluded:

- i Cardio version and any other form of non-surgical treatments

Claim arising due to Internal Congenital Anomalies

6. Category A- Carotid Artery Surgery

The actual undergoing of surgery to the Carotid Artery to treat carotid artery stenosis of fifty percent (50%) and above, as proven by angiographic evidence, of one or more carotid arteries. Both criteria (a) and (b) below must be met:

- a. Either:
 - i. Actual undergoing of endarterectomy to alleviate the symptoms; or

- ii. Actual undergoing of an endovascular intervention such as angioplasty and/or stenting or atherectomy to alleviate the symptoms; and
- b. The Diagnosis and medical necessity of the treatment must be confirmed by a Registered Medical Practitioner who is a specialist in the relevant field.

7. Category A- Surgery to place Ventricular Assist Devices or Total Artificial Hearts

The actual undergoing of open heart surgery to place a Ventricular Assist Device or Total Artificial Heart medically necessitated by severe ventricular dysfunction or severe heart failure, with cardiac echocardiographic evidence of reduced left ventricular ejection fraction of less than 30%.

Ventricular dysfunction or Heart failure directly related to alcohol or drug abuse is excluded.

8. Category A- Infective Endocarditis

Inflammation of the inner lining of the heart caused by infectious organisms, where all of the following criteria are met:

- a. Positive result of the blood culture proving presence of the infectious organism(s);
- b. Presence of at least moderate heart valve incompetence (meaning regurgitant fraction of 20% or above) or moderate heart valve stenosis (resulting in heart valve area of 30% or less of normal value) attributable to Infective Endocarditis; and
- c. The Diagnosis of Infective Endocarditis and the severity of valvular impairment are confirmed by a Registered Medical Practitioner who is a cardiologist.

9. Category A- Pericardiectomy

The undergoing of a pericardiectomy performed by open heart surgery or keyhole techniques as a result of pericardial disease. The surgical procedures must be certified to be medically necessary by a consultant cardiologist. Other procedures on the pericardium including pericardial biopsies, and pericardial drainage procedures by needle aspiration are excluded.

10. Category A- Percutaneous Heart Valve Replacement / Repair

This benefit is payable where:

- a. The existing heart valve is replaced by the deployment of a new replacement valve by percutaneous intravascular techniques not involving a thoracotomy. Percutaneous or transcatheter based repair procedures not involving replacement with a new valve are excluded.
- b. The existing heart valve is repaired by implanting additional devices by percutaneous transcatheter techniques and not involving a thoracotomy. Balloon valvotomy or valvuloplasty are excluded.

11. Category B- First Heart Attack of specific severity

- I. The first occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria:
 - a. A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. typical chest pain)
 - b. New characteristic electrocardiogram changes

- c. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.
- II. The following are excluded:
 - a. Other acute Coronary Syndromes
 - b. Any type of angina pectoris
 - c. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.

12. Category B- Open Chest CABG

- I. The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breast bone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist.
- II. The following are excluded:
 - i. Angioplasty and/or any other intra-arterial procedures.

13. Category B- Open Heart Replacement Or Repair Of Heart Valves

The actual undergoing of open-heart valve surgery is to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease-affected cardiac valve(s). The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of surgery has to be confirmed by a specialist medical practitioner. Catheter based techniques including but not limited to, balloon valvotomy/ valvuloplasty are excluded.

14. Category B- Major Surgery Of Aorta

The actual undergoing of major surgery to repair or correct an aneurysm, narrowing, obstruction or dissection of the aorta through surgical opening of the chest or abdomen. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches.

Surgery performed using only minimally invasive or intra-arterial techniques are excluded.

15. Category B- Heart Transplant

The actual undergoing of a transplant of human heart that resulted from irreversible end stage heart failure. The undergoing of a heart transplant has to be confirmed by a specialist medical practitioner.

16. Category B- Cardiomyopathy

An impaired function of the heart muscle, unequivocally diagnosed as Cardiomyopathy by a Registered Medical Practitioner who is a cardiologist, and which results in permanent physical impairment to the degree of New York Heart Association classification Class IV, or its equivalent, for at least six (6) months based on the following classification criteria:

- a. Class IV - Inability to carry out any activity without discomfort. Symptoms of congestive cardiac failure are present even at rest. With any increase in physical activity, discomfort will be experienced and
- b. Echocardiography findings confirming presence of cardiomyopathy and Left Ventricular Ejection Fraction (LVEF %) of 40% or less

Cardiomyopathy directly related to alcohol or drug abuse is excluded.

■ SECTION III: KIDNEY CARE

We will pay Sum Assured as specified on the Policy Schedule if the Insured is diagnosed with any of the below listed conditions, which first occurs or manifests itself during the Cover Period subject to all other terms, conditions, definitions and exclusions and the insured survives the defined survival period.

Category A Conditions (25% SA)	Category B Conditions (100% SA)
Removal of one Kidney	Kidney Failure Requiring Regular Dialysis
Partial Nephrectomy	Systematic lupus Eryth. with Renal Involvement
	Kidney Transplant

Conditions covered under Category A and Category B are defined as below:

1. Category A- Removal of One Kidney

The complete surgical removal of one kidney necessitated by any disease or accident of the Insured. The need for the surgical removal of the kidney must be certified to be absolutely necessary by a specialist in the relevant field.

Removal of kidney as a donor and removal of congenital kidney condition including renal agenesis and non-functioning kidney are excluded.

2. Category A- Partial Nephrectomy

Partial removal of a kidney necessitated by renal cancer or renal tumor. The need for the surgical partial removal of the kidney must be certified to be absolutely necessary by a specialist in the relevant field.

3. Category B- Kidney Failure Requiring Regular Dialysis

End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (haemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.

4. Category B- Systemic Lupus Erythematosus with renal involvement

A multisystem, multifactorial, autoimmune disorder characterized by the development of auto-antibodies directed against various self-antigens. In respect of this contract, systematic lupus erythematosus will be restricted to those forms of systematic lupus erythematosus which involve the kidneys (Class III to Class V Lupus nephritis, established by renal biopsy, and in accordance with the WHO classification as noted below). Other forms, discoid lupus and those forms with haematological and joint involvement are specifically excluded. The final diagnosis must be supported by a consultant physician specializing in Rheumatology and Immunology.

WHO Lupus nephritis classification

WHO Class I (minimal)	Negative, normal urine
WHO Class II (mesangial)	Moderate proteinuria, occasionally active sediment
WHO Class III (focal segmental)	Proteinuria, active sediment
WHO Class IV (diffuse)	Acute nephritis with active sediment and/ or nephrotic syndrome
WHO Class V (membranous)	Nephrotic syndrome or severe proteinuria

5. Category B- Kidney Transplant

The actual undergoing of a transplant of human kidney that resulted from irreversible end stage kidney failure. The undergoing of a kidney transplant has to be confirmed by a specialist medical practitioner.

SECTION IV:NEURO CARE

We will pay Sum Assured as specified on the Policy Schedule if the Insured is diagnosed with any of the below listed conditions, which first occurs or manifests itself during the Cover Period subject to all other terms, conditions, definitions and exclusions and the insured survives the defined survival period.

Category A Conditions (25% SA)	Category B Conditions (100% SA)
Cerebral Aneurysm treatment via Endovascular procedure	Stroke Resulting in Permanent Symptoms
Permanent Paralysis of one limb	Coma of Specified Severity
	Permanent Paralysis of one limb
	Motor Neurone Disease with Permanent Symptoms
	Multiple Sclerosis with Persisting Symptoms
	Benign Brain Tumour
	Brain Surgery
	Major Head Trauma

Conditions covered under Category A and Category B are defined as below:

1. Category A- Cerebral Aneurysm Treatment via Endovascular Procedure

Cerebral Aneurysm treatment via Endovascular procedure means the actual undergoing cerebral aneurysm repair or coiling via endovascular access. The procedure must be considered necessary by a qualified specialist and the benefit shall only be payable once corrective procedure has been carried out.

2. Category A- Permanent Paralysis of one limb

Total and irreversible loss of use of one or more limbs as a result of injury or disease of the brain or spinal cord. A specialist medical practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months.

3. Category B- Stroke Resulting in Permanent Symptoms

Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extracranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.

The following are excluded:

- I. Transient ischemic attacks (TIA)
- II. Traumatic injury of the brain
- III. Vascular disease affecting only the eye or optic nerve or vestibular functions.

4. Category B- Coma of Specified Severity

A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following:

- I. No response to external stimuli continuously for at least 96 hours;
- II. Life support measures are necessary to sustain life; and
- III. Permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.

The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse is excluded.

5. Category B- Permanent Paralysis of Limbs

Total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist medical practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months.

6. Category B- Motor Neuron Disease with Permanent Symptoms

Motor neuron disease diagnosed by a specialist medical practitioner as spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis. There must be progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurons. There must be current significant and permanent functional neurological impairment with objective evidence of motor dysfunction that has persisted for a continuous period of at least 3 months.

7. Category B- Multiple Sclerosis with Persisting Symptoms

The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:

- I. investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and
- II. there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.

Other causes of neurological damage such as SLE and HIV are excluded.

8. Category B- Benign Brain Tumour

Benign brain tumor is defined as a life threatening, non-cancerous tumor in the brain, cranial nerves or meninges within the skull. The presence of the underlying tumor must be confirmed by imaging studies such as CT scan or MRI.

This brain tumor must result in at least one of the following and must be confirmed by the relevant medical specialist.

- I. Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or

- II. Undergone surgical resection or radiation therapy to treat the brain tumor.

The following conditions are excluded:

Cysts, Granulomas, malformations in the arteries or veins of the brain, hematomas, abscesses, pituitary tumors, tumors of skull bones and tumors of the spinal cord.

9. Category B- Brain Surgery

The actual undergoing of surgery to the brain, under general anaesthesia, during which a Craniotomy is performed. Burr hole procedures, transphenoidal procedures, other minimally invasive procedures and brain surgery as a result of an accident is excluded. The procedure must be considered necessary by a qualified specialist and the benefit shall only be payable once corrective surgery has been carried out.

9. Category B- Major Head Trauma

- I. Accidental head injury resulting in permanent Neurological deficit to be assessed no sooner than 3 months from the date of the accident. This diagnosis must be supported by unequivocal findings on Magnetic Resonance Imaging, Computerized Tomography, or other reliable imaging techniques. The accident must be caused solely and directly by accidental, violent, external and visible means and independently of all other causes.
- II. The Accidental Head injury must result in an inability to perform at least three (3) of the following Activities of Daily Living either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons. For the purpose of this benefit, the word "permanent" shall mean beyond the scope of recovery with current medical knowledge and technology.
- III. The Activities of Daily Living are:
 - i. Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
 - ii. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
 - iii. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
 - iv. Mobility: the ability to move indoors from room to room on level surfaces;
 - v. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
 - vi. Feeding: the ability to feed oneself once food has been prepared and made available.

The following are excluded:

- I. Spinal cord injury;

■ SECTION V: TRANSPLANTS CARE AND SENSORY ORGANS CARE

We will pay Sum Assured as specified on the Policy Schedule if the Insured is diagnosed with any of the below listed conditions, which first occurs or manifests itself during the Cover Period subject to all other terms, conditions, definitions and exclusions and the insured survives the defined survival period.

Category A Conditions (25% SA)	Category B Conditions (100% SA)
Blindness in one eye	Blindness in both the eyes
Deafness in one ear	Deafness in both ears
	Loss of Speech
	Lung Transplant due to End stage lung failure*
	Liver Transplant due to End Stage liver failure**
	Pancreas Transplant
	Bone Marrow Transplant

*The benefit will also be payable on End stage lung failure

** The benefit will also be payable on End stage liver failure

Conditions covered under Category A and Category B are defined as below:

1. Category A- Blindness in one eye

- I. Total, permanent and irreversible loss of total vision in one eye as a result of illness or accident.
- II. The Blindness is evidenced by:
 - a. corrected visual acuity being 3/60 or less in one eye or ;
 - b. the field of vision being less than 10 degrees in one eye.
- III. The diagnosis of blindness must be confirmed and must not be correctable by aids or surgical procedure.

2. Category A- Deafness in one ear

Total and irreversible loss of hearing in one ear as a result of illness or accident. This diagnosis must be supported by pure tone audiogram test and certified by an Ear, Nose and Throat (ENT) specialist. Total means “the loss of hearing to the extent that the loss is greater than 90 decibels across all frequencies of hearing” in one ear.

3. Category B- Blindness in both the eyes

Total, permanent and irreversible loss of total vision in both eyes as a result of illness or accident.

The Blindness is evidenced by:

- I. corrected visual acuity being 3/60 or less in both eyes or ;
- II. the field of vision being less than 10 degrees in both eyes.

The diagnosis of blindness must be confirmed and must not be correctable by aids or surgical procedure.

4. Category B- Deafness in both ears

Total and irreversible loss of hearing in both ears as a result of illness or accident. This diagnosis must be supported by pure tone audiogram test and certified by an Ear, Nose and Throat (ENT) specialist. Total means “the loss of hearing to the extent that the loss is greater than 90 decibels across all frequencies of hearing” in both ears.

5. Category B- Loss of Speech

- I. Total and irrecoverable loss of the ability to speak as a result of injury or disease to the vocal cords. The inability to speak must be established for a continuous period of 12 months. This diagnosis must be supported by medical evidence furnished by an Ear, Nose, Throat (ENT) specialist.
- II. All psychiatric related causes are excluded.

6. Category B- Lung Transplant due to End stage lung failure

The actual undergoing of a transplant of human lung that resulted from irreversible end stage lung disease. The undergoing of a lung transplant has to be confirmed by a specialist medical practitioner.

End stage lung disease, causing chronic respiratory failure, as confirmed and evidenced by all of the following:

- I. FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart; and
- II. Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and
- III. Arterial blood gas analysis with partial oxygen pressure of 55mmHg or less ($\text{PaO}_2 < 55\text{mmHg}$); and
- IV. Dyspnea at rest.

7. Category B- Liver Transplant due to End Stage liver failure

The actual undergoing of a transplant of human liver that resulted from irreversible end stage liver failure. The undergoing of a liver transplant has to be confirmed by a specialist medical practitioner.

End stage liver failure is evidenced by permanent and irreversible failure of liver function that has resulted in all three of the following:

- I. Permanent jaundice; and
- II. Ascites; and
- III. Hepatic encephalopathy

The following are excluded:

Liver failure secondary to drug or alcohol abuse is excluded.

8. Category B- Pancreas Transplant

The actual undergoing of a transplant of pancreas, that resulted from irreversible end-stage failure of the pancreas. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.

The following are excluded:

- I. Where only islets of langerhans are transplanted

9. Category B- Bone Marrow Transplant

The actual undergoing of a transplant of:

- I. Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.

The following are excluded:

- I. Other stem-cell transplants.

■ SPECIFIC CONDITIONS AND ILLUSTRATIONS APPLICABLE FOR ALL SECTIONS:

1. Insured can opt for one or more Critical Illness Sections. The benefits payable will be independent for each section if more than one sections are chosen.

e.g If Mr. X opt for first 3 Sections (Critical Illness groups) i.e Cancer Care, Cardiovascular Care and Kidney Care, he/she can claim in any or all sections independently as per these Policy Wordings/Standard Terms and Conditions.

If Mr. X diagnosed with Carcinoma -in-situ in 8th month of Policy followed by unfortunate Major Head Trauma in 11th month, he can independently claim for-

- i 25% of Cancer Care Sum Assured (25% of Sum Assured because of Category A condition)
 - ii 100% of Neuro Care Sum Assured (100% of Sum Assured because of Category B condition).
2. Two claims (one from Category A conditions and another from Category B conditions) are allowed for each Critical Illness section.

e.g In above example if Mr. X is further diagnosed as lymphoma supported by histological evidence of malignancy in 12th Month, he can further claim for rest of his balance Sum Assured under Section 1. Here eligibility of the Insured will be 75% of Cancer Care Sum Assured Because-

- Diagnosed condition is from Category B i.e 100% Sum Assured to be payable but-
 - 25% of Sum Assured is already paid in Category A condition
 - Hence total claim liability will be $100\% \text{ of SA} - 25\% \text{ of SA} = 75\% \text{ of SA}$
3. Insured cannot claim for two conditions from Category A only for one Section.
 4. If we have paid 100% of the sum assured under any of the sections opted, then the coverage for the respective section shall cease for the Insured Member, however Policy shall continue for rest of Sections (if opted). However the premium for subsequent renewal/s would be calculated excluding the section for which claim has been paid.
 5. After a claim from any critical illness section has been paid under Crite-Care Policy, the said Insured will not be able to opt for any new critical illness section.

■ ADDITIONAL BENEFITS

1. Cancer Reconstructive Surgery:

If claim under Category B of Section I: Cancer Care of the Insured is accepted by the Us, then We will make an additional payment of 10% of the Sum Assured subject to a maximum limit of INR 200,000 as specified in the Policy Schedule under Section I: Cancer Care, a lump sum benefit amount towards Cancer Reconstructive Surgery (such as breast, head or neck) for the Insured.

2. Cardiac Nursing:

If claim under Category B of Section II: Cardiovascular Care of the Insured is accepted by the Us, then We will make an additional payment of 5% of the Sum Assured subject to a maximum limit of INR 50,000 as specified in the Policy Schedule under Section II: Cardiovascular Care, a lump sum benefit amount towards Cardiac Nursing for the Insured.

3. Dialysis Care:

If claim under Category B of Section III: Kidney Care of the Insured is accepted by the Us, then We will make an additional payment of 10% of the Sum Assured subject to a maximum limit of INR 200,000 as specified in the Policy Schedule under Section III: Kidney Care, a lump sum benefit amount for the Insured undergoing dialysis.

4. Physiotherapy Care:

If claim under Category B of Section IV : Neuro Care of the Insured is accepted by the Us, then We will make an additional payment of 5% of the Sum Assured subject to a maximum limit of INR 50,000 as specified in the Policy Schedule under Section IV: Neuro Care, a lump sum benefit amount for the Insured undergoing physiotherapy.

5. Sensory Care:

If claim under Category B of Section V: Transplants Care And Sensory Organs Care of the Insured is accepted by the Us, then We will pay the following additional benefit over and above the base Sum Assured:

The Company will make an additional payment of 5% of the Sum Assured subject to a maximum limit of INR 50,000 as specified in the Policy Schedule under Section V: Transplants Care And Sensory Organs Care, a lump sum benefit amount for the Insured undergoing speech therapy, hearing loss treatments such as Cochlear implants.

■ Wellness Discount

1. Wellness Discount

Insured member is eligible for 5% discount at each renewal provided he / she maintains a healthy & fit lifestyle by engaging in physical fitness activity* consistently along with submission of the below mentioned medical test reports & if all the reports are falling within normal range as specified below.

Sr.No.	Test Name	Test Result
1	ECC	Normal Sinus Rhythm
2	Fasting Blood Sugar	Less than or equal to 100 mg/dl
3	Sr. Creatinine	0.90 - 1.2 mg /dl
	Lipid Profile	
4	Cholesterol	Up to 200 mg/dl
	Triglycerides	Up to 150 mg/dl
5	BMI	Up to 27

Note:

The wellness discount can be availed annually provided he submits the test reports conducted in well-established laboratory set up.

Reports conducted 3 months prior to renewal due date would be considered for this benefit.

*Physical fitness activity will be defined as minimum 15,000 steps every week or 60,000 steps every month for minimum mandatory period of 6 months from the risk inception date to be eligible for the Wellness discount.

In case of a long term policy (2 or 3 years), the minimum mandatory period of 6 months must be completed in each policy year.

Company's Mobile application must be downloaded within 30 days from policy risk inception date to avail this benefit. Average step count completed by an insured member would be tracked on this mobile application. We reserve the right to remove or reduce count of steps if found to be achieved in unfair manner by manipulation

Policy Period: 1 Year

Month	1st Month	2nd Month	3rd Month	4th Month	5th Month	6th Month	7th Month	8th Month	9th Month	10th Month	11th Month	12th Month
No. of Steps	65,000	60,000	55,000	70,000	50,000	65,000	60,000	70,000	65,000	45,000	55,000	50,000

In this illustration the insured is completing minimum 60,000 steps/ month for 7 out of 12 months in a year.

Therefore he/she will be eligible for wellness discount.

2. Long Term Policy Discount

- i. 4% discount is applicable if policy is opted for 2 years
- ii. 8% discount is applicable if policy is opted for 3 years

(Note: This is not applicable on instalment premium option).

3. 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)

4. 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

Note: Online/Direct Customer Discount is not applicable to Employees)

■ What are the Sum Assured options available under the policy?

Section	Minimum SA for entry age 18-65 yrs	Maximum SA up to entry age 60	Maximum SA for entry age 61-65
Cancer Care	1 lac	50 lacs	10 lacs
Cardiovascular Care	1 lac	50 lacs	10 lacs
Kidney Care	1 lac	50 lacs	10 lacs
Neuro Care	1 lac	50 lacs	10 lacs
Transplants Care and Sensory Organs Care	1 lac	50 lacs	10 lacs

If more than one Sections are chosen, the total SA will be restricted to INR 2 Crores

Beyond age 70 and up to age 80, the Sections can be renewed only for maximum SA of 5 Lacs each.

Beyond age 80, the Sections can be renewed only for maximum SA of 2 Lacs each.

■ Who can be covered under Criti Care?

Self, Spouse, Dependent Children and Grand Children, Parents and Parent-in-laws, Sister, Brother, Aunt, Uncle

■ What is the entry age?

- Minimum entry age for Adult- 18 years
- Minimum entry age for Child- 3 months
- Maximum entry age for Adult - 65 years
- Maximum entry age for Child - 30 years

■ What is the renewal age?

- Under normal circumstances, lifetime renewal benefit is available under the policy, except on the grounds of Your moral hazard, misrepresentation, non- cooperation or fraud(Subject to policy is renewed annually with us within the Grace period of 30 days from date of Expiry).

■ Eligibility

- Indian nationals.
- This policy can be opted by Non-Resident Indians also, provided premium is paid in Indian currency

■ What is the Policy Period?

- 1 year, 2 years or 3 years.

■ What is Installment Premium terms?

If You have opted for a Policy on an instalment basis, as specified in the Schedule, the following conditions shall apply (notwithstanding any terms contrary elsewhere in the Policy):

- i. Relaxation Period of 15 days would be given to pay the instalment premium due for the Policy
- ii. During such relaxation period, Coverage will not be available from the instalment premium payment due date till the date of receipt of premium by Company.
- iii. The Benefits provided under - "Waiting Periods", "Specific Waiting Periods" Sections shall continue in the event of payment of premium within the stipulated relaxation Period.
- iv. No interest will be charged if the installment premium is not paid on due date.
- v. In case of installment premium due not received within the relaxation Period, the Policy will get cancelled.
- vi. In the event of a admissible claim-
 - a. in annual policy, all subsequent premium instalments shall be recovered from the admissible claim amount..
 - b. in long term policy, pending instalments for the ongoing policy year shall be recovered from the admissible claim amount.

For example – In case of long term policy, if claim happens in year 1, then all pending instalments for Year 1 shall be collected.

- vii. Relaxation period for the policies with instalment option would be as under

Instalment Option	Relaxation Period
Half Yearly	15 days
Quarterly	15 days
Monthly	15 days

Note-

- i. For long term policies with instalment, if cover for any one section(s) is ceased due to 100% claim payment, then the premium for this section would not be collected for subsequent policy period.
- ii. In case of instalment premiums not received within the relaxation period the Policy will get cancelled, a fresh application of health insurance may be submitted to Us and it would be processed as per a new business proposal.

■ Is this a floater policy / individual policy?

- Policy provides Individual basis Sum Assured.

■ What are the Pre-Policy Medical Examination criteria?

- Non-Medical limits-

Age	Non-Medical Limits for Cardiovascular Care, Kidney Care, Neuro Care, Transplant Care and Sensory Organ Care
18 - 45 yrs	25 Lacs
46 - 50 yrs	20 Lacs
51 - 55 yrs	10 Lacs
56 - 65 yrs	Mandatory Pre policy medical check up

- Medical tests are mandatory for members' age above mentioned Age.
- In Case the Insured opts for Cancer Care section, no pre policy medical tests will be applicable subject to no adverse health condition.
- The pre-policy check up would be arranged at our empanelled diagnostic centers.
- 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 Examinations	
FMR	ECG
Fasting Blood Sugar	HbA1c
Lipid Profile	Serum Creatinine
SGOT	SGPT
GGT	Urine-Routine
CBC	X-Ray- Chest
Stress Test	USG Abdomen
PAP Smear for females	PSA for males

*Subject to no adverse health conditions mentioned above

■ What are the exclusions under the policy?

We shall not be liable to make any payment for any claim directly or indirectly caused by, based on, arising out of or attributable to any of the following:

I. Waiting Period

1. Any Critical Illness or its signs and symptoms diagnosed within the first 180/120 days as mentioned in the policy schedule of the date of commencement of the First Policy with us is excluded. This exclusion shall not apply to an Insured for whom coverage has been renewed by the Named Insured, without a break, for subsequent years.
2. Insured should survive for 0/ 7/15 days as mentioned in the policy schedule from the diagnosis and fulfilment of the critical illness definition before the claim benefit will be paid.

II. General Exclusions

1. Any sexually transmitted diseases
2. Treatment arising from or traceable to birth defects and congenital anomalies.
3. War, whether war be declared or not, invasion, act of foreign enemy, hostilities, civil war, insurrection, rebellion, revolution, mutiny, military or usurped power, riot, strike, lockout, military or popular uprising, civil commotion, martial law or loot, sack or pillage in connection therewith, confiscation or destruction by any government or public authority or any act or condition incidental to any of the above.
4. Any natural peril (including but not limited to storm, tempest, avalanche, earthquake, volcanic eruptions, hurricane, or any other kind of natural hazard).
5. Radioactive contamination
6. Self-inflicted injuries, suicide attempt, insanity, and deliberate participation of the Insured in an illegal or criminal act with criminal intent.
7. Use or misuse of intoxicating drugs and/or alcohol, except under the direction of Medical Practitioner

■ Renewal

1. Under normal circumstances, lifetime renewal benefit is available under the Policy except on the grounds of fraud, misrepresentation or moral hazard or non-co-operation by the Insured or if any false statement, or declaration is made or used or Upon the occurrence of an event of Critical Illness.
2. In case of our own renewal, a grace period of 30 days is permissible and the Policy will be considered as continuous. However, any accident/ injury contracted during the break period will be not be admissible under the Policy.
3. Premium payable on renewal and on subsequent continuation of cover are subject to change with prior approval from IRDAI.
4. If we have paid 100% of the sum assured under any of the sections opted then the coverage for the respective section shall cease for the insured member, however Policy shall continue for rest of Sections (if opted).
5. The section against which 100% of sum assured has been paid shall not be renewed for the insured member.
6. After a claim from any opted section, the policyholder cannot buy new sections.

■ Cancellation

The Policy may be cancelled by the Insured at any time before the expiry of the Policy Period by giving at least 15 days written notice to the Company and if no claim has been made then the Company will refund premium on short term rates for the unexpired Policy Period as per the rates detailed in the below tables. However, no premium refund is applicable if there is a claim or notification of any occurrence which may give rise to a claim prior to the above cancellation date.

Cancellation grid for premium received on annual basis or full premium received at policy inception are as under

Period in Risk	Premium Refund		
	Policy Period 1 Year	Policy Period 2 Year	Policy Period 3 Year
Within 15 Days	Pro Rata Refund		
Exceeding 15 days but less than or equal to 3 months	65.00%	75.00%	80.00%
Exceeding 3 months but less than or equal to 6 months	45.00%	65.00%	75.00%
Exceeding 6 months but less than or equal to 12 months	0.00%	45.00%	60.00%
Exceeding 12 months but less than or equal to 15 months		30.00%	50.00%
Exceeding 15 months but less than or equal to 18 months		20.00%	45.00%
Exceeding 18 months but less than or equal to 24 months		0.00%	30.00%
Exceeding 24 months but less than or equal to 27 months			20.00%
Exceeding 27 months but less than or equal to 30 months			15.00%
Exceeding 30 months but less than or equal to 36 months			0.00%

- Cancellation grid for premium received on instalment basis-

The premium will be refunded as per the below table:

Period in Risk (from latest instalment date)	% of Monthly Premium	% of Quarterly Premium	% of Yearly Premium
Upto 15 days from 1st instalment date	As per Free Look Period condition		
Exceeding 15 days but less than or equal to 3 months	No Refund		30%
Exceeding 3 months but less than or equal to 6 months			0%

Note:

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”.

For the avoidance of doubt, the Company shall remain liable for any claim that was made prior to the date upon which the Policy is cancelled except in cases such cancellation is on account of Fraud, if any false/fraudulent claim is made by Insured or any one on behalf of Insured, mis-representation or non-disclosure of material facts or non-co-operation by the Insured.

■ Cancellation by Insurer-

The Policy may be cancelled by or on behalf of the Company by giving the Insured at least 15 days of written notice and if no claim has been made then the Company shall refund a pro-rata premium for the unexpired Policy Period. Under normal circumstances, Policy will not be cancelled by the Company except for reasons of (i) Insured's failure to comply with the material terms, conditions or contractual obligations under this Policy, including the failure to pay any premium or Deductible when due, (ii) misrepresentation, fraud, non-disclosure of material facts, if any false/fraudulent claim is made, statement or declaration is made or used or non-cooperation. In cases of cancellation of Policy on grounds of misrepresentation, fraud, non-disclosure of material facts, or if any false/fraudulent claim, statement, undertaking or declaration is made or used premium shall be forfeited and no refund of premium shall be made by the Company. In cases of the failure to pay any premium or Deductible when due there shall be no refund of premium and any premium/deductible receivable shall be paid by Insured to the company failing which appropriate actions shall be taken by the Company. In other cases of cancellation of Policy by the Company, premium will be refunded on pro-rata basis. However, no premium refund is applicable if there is a claim or notification of any occurrence which may give rise to a claim prior to the above cancellation date.

■ Free Look Period

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,

- i a deduction of the expenses incurred by Us on Your medical examination, stamp duty charges, if the risk has not commenced,
- ii a deduction of the stamp duty charges, medical examination charges & proportionate risk premium for period on cover, If the risk has commenced
- iii a deduction of such proportionate risk premium commensurating with the risk covered during such period ,where only a part of risk has commenced
- iv Free Look Period will not be applicable for renewal Policies.

■ Portability Conditions

As per the Portability Guidelines issued by IRDAI, applicable benefits shall be passed on to customers who were holding similar retail Citi-Care policies of other non-life insurers or health insurers.

■ 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 IRDAI. 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

1. There is possibility of withdrawal of this product at any time in future with appropriate approval from IRDAI, 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 Personal accident 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 IRDAI.

2. 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.

■ Migration of Policy:

1. The Insured can opt for migration of Policy to our other similar or closely similar products at the time of renewal.
2. 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.
3. 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

■ Claim Settlement Process

In the event of a claim arising out of an Insured Event covered under this Section, the Insured Event as described above shall be intimated to the Company within thirty (30) days date of first diagnosis of the Illness, date of surgical procedure or date of occurrence of the medial event as the case may be and the Insured shall, promptly and in any event within thirty (30) days of discharge from the Hospital, arrange for submission of the following documents to the Company:

1. Certificate from the attending Medical Practitioner of the Insured confirming, inter alia,
 - a. Name of the Insured;
 - b. Name, date of occurrence and medical details of the Insured Event;
 - c. Confirmation that the Insured Event does not relate to any Pre-Existing Condition; and
 - d. Confirmation that the Insured Event does not relate to any Illness or Injury which existed within the first 90 days of commencement of the Policy Period.
2. Duly completed claim forms;
3. Original Discharge Certificate/Card from the Hospital/Medical Practitioner;
4. Original investigation test reports, indoor case papers;

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 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.

In cases of suspected fraud / misrepresentation, we may call for any additional document(s) in addition to the documents listed above.

■ All documents related to claims should be submitted to:

Health Administration Team

Bajaj Allianz General Insurance Co. Ltd

2nd Floor, Bajaj Finserv Building

Viman Nagar, Pune 411014

Toll Free no: 1800 209 5858

Note: If the original documents are submitted with the other insurer, the Xerox copies attested by the other insurer should be submitted

■ Payment of Claims

1. You agree that We need only make payment when You or someone claiming on Your behalf has provided Us with necessary documentation and information. We will make payment to You or Your Nominee. If there is no Nominee and You are incapacitated or deceased, We will pay Your heir, executor or validly appointed legal representative and any payment We make in this way will be a complete and final discharge of Our liability to make payment.
2. On receipt of all the documents and on being satisfied with regard to the admissibility of the claim as per Policy Wordings/Terms and Conditions, We shall offer within a period of 30 days a settlement of the claim to you. Upon acceptance of an offer of settlement by you, the payment of the amount due shall be made within 7 days from the date of acceptance of the offer by you. In the cases of delay in the payment, We 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.
3. However, where the circumstances of a claim warrant an investigation, the Company will initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, the Company will settle the claim within 45 days from the date of receipt of last necessary document. In case of delay beyond stipulated 45 days, the company will be liable to pay interest at a rate which is 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.
4. However, where the circumstances of a claim warrant an investigation, the Company will initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, the Company will settle the claim within 45 days from the date of receipt of last necessary document. In case of delay beyond stipulated 45 days, the Company will be liable to pay interest at a rate which is 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.
5. If We, for any reasons decide to reject the claim under the Policy, the reasons regarding the rejection shall be communicated to you in writing within 30 days of the receipt of complete set of documents. You may take recourse to the Grievance Redressal procedure.

■ Process to buy this policy?

1. Discuss the policy benefits, coverage and premium details with your insurance advisor or visit our website (www.bajajallianz.com) for details.
2. Actively seek information on the charges and exclusions under the policy.
3. Fill the proposal form stating your personal details and health profile.
4. Ensure that the information given in the form is complete and accurate.
5. The Policy Schedule, Policy Wordings, Cashless Cards and Health Guide will be sent to your mailing address mentioned on the proposal form.

■ Contact:

Health Administration Team,

Bajaj Allianz General Insurance Co. Ltd.

2nd floor, Bajaj Finserv Building, Behind Weikfield IT Park, Off Nagar Road, Viman Nagar-Pune - 411 014.

*Toll Free No. 1-800-225858 (for for BSNL/MTNL lines only) or 1-800-1025858 (for Bharti users - mobile / landline) or 020-30305858

Please visit our website for list of network hospitals and network Diagnostic Centers , Website: www.bajajallianz.com or get in touch with 24*7 helpline number: 1800-103-2529 (toll free) / 020-30305858

Grievance Redressal Cell for Senior Citizens

Senior Citizen Cell for Insured Person who are Senior Citizens

'Good things come with time' and so for our customers who are above 60 years of age we have created special cell to address any health insurance related query. Our senior citizen customers can reach us through the below dedicated channels to enable us to service them promptly

Health toll free number: 1800-103-2529

Exclusive Email address: seniorcitizen@bajajallianz.co.in

Disclaimer: The above information is only indicative in nature and for more details on the coverage, terms and exclusions, please get in touch with nearest office of Bajaj Allianz General Insurance Co. Ltd





BAJAJ ALLIANZ GENERAL INSURANCE CO. LTD.
BAJAJ ALLIANZ HOUSE, AIRPORT ROAD, YERAWADA, PUNE - 41 1006.
IRDA REG NO.: 113.



FOR ANY QUERY (TOLL FREE)
1800-209-0144 / 1800-209-5858



www.bajajallianz.com



bagichelp@bajajallianz.co.in

For more details on risk factors, Terms and Conditions, please read the sales brochure before concluding a sale.

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BJAZ-B-0319/04-Apr-21

Policy holders can download Caringly Yours app for one -touch access Available on:  