

CRITI - CARE

CUSTOMER INFORMATION SHEET

This document provides key information about your policy. You are also advised to go through your policy document

SI No	Title	Description	Policy Clause Number																		
1	Name of Insurance Product	Criti - Care																			
2	Policy Number	Kindly refer to Your Policy schedule																			
3	Type of Insurance	Kindly refer to Your Policy schedule																			
4	Sum Insured (Basis)	Kindly refer to Your Policy schedule																			
5	Policy Coverage (What the Policy Covers)	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	Section C.I.I.																		
		<table><tr><th>Category A Conditions (25% SA)</th><th>Category B Conditions (100% SA)</th></tr><tr><td>Early Stage Cancers</td><td>Cancer of specified severity</td></tr><tr><td>Carcinoma -in-situ</td><td></td></tr></table>	Category A Conditions (25% SA)	Category B Conditions (100% SA)	Early Stage Cancers	Cancer of specified severity	Carcinoma -in-situ														
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		Additional Benefits	Section C.II.												
		Cancer Reconstructive Surgery - 10% of the Sum Insured subject to a maximum limit of INR 200,000.	Section C.II.1												
		Cardiac Nursing- 5% of the Sum Insured subject to a maximum limit of INR 50,000	Section C.II.2												
		Dialysis Care: Additional payment of 10% of the Sum Insured subject to a maximum limit of INR 200,000.	Section C.II.3												
		Physiotherapy Care: 5% of the Sum Insured subject to a maximum limit of INR 50,000	Section C.II.4												
		Sensory Care: 5% of the Sum Insured subject to a maximum limit of INR 50,000	Section C.II .5												
		Wellness Discount - wellness discount subject to Insured fulfilling the mentioned criteria during the preceding Policy Year.	Section C.III.												
6	Exclusions (What the policy does not cover)	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.	Section D.II												

		<p>confiscation or destruction by any government or public authority or any act or condition incidental to any of the above.</p> <p>4. Any natural peril (including but not limited to storm, tempest, avalanche, earthquake, volcanic eruptions, hurricane, or any other kind of natural hazard).</p> <p>5. Radioactive contamination</p> <p>6. Self-inflicted injuries, suicide attempt, insanity, and deliberate participation of the Insured in an illegal or criminal act with criminal intent</p> <p>7. Use or misuse of intoxicating drugs and/or alcohol, except under the direction of Medical Practitioner</p>	
7	Waiting Period <ul style="list-style-type: none"> Time period during which specified disease/treatment are not covered It is counted from beginning of the policy coverage 	<p>Initial Waiting period: 180/120 days for critical illnesses</p> <p>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.</p> <p>Survival Period: 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.</p>	Section D- I.
8	Financial Limits of Coverage <p>i. Sublimit (it is a pre defined limit and the insurance company will not pay any amount in excess of this limit)</p> <p>ii. Co-payment (it is a specified amount /percentage of the admissible claim amount to be paid by policy holder/insured)</p> <p>iii. Deductible (it is a specified amount: Upto which an insurance company will not pay any claim and</p>	<p>The policy will pay only up to the limits specified hereunder for the following diseases/procedures:</p> <p>Sub limits</p> <ol style="list-style-type: none"> 25% Sum Assured is payable for Category A conditions and 100% Sum Assured is payable for Category B conditions for each section. Cancer Reconstructive Surgery - 10% of the Sum Insured subject to a maximum limit of INR 200,000. Cardiac Nursing- 5% of the Sum Insured subject to a maximum limit of INR 50,000 Dialysis Care: Additional payment of 10% of the Sum Insured subject to a maximum limit of INR 200,000. Physiotherapy Care: 5% of the Sum Insured subject to a maximum limit of INR 50,000 Sensory Care : 5% of the Sum Insured subject to a maximum limit of INR 50,000 <p>Co-payment Not applicable</p> <p>Deductible – Not applicable</p> <p>Other Limits: Not applicable</p>	Section C

	<p>Which will be deducted from total claim amount (if claim amount is more than the specified amount)</p> <p>iv. Any other limit (as applicable)</p>		
9	Claims/claims procedure	<p>All Claims will be settled by In house claims settlement team of the company and no TPA is engaged.</p> <p>Claim Settlement Process</p> <p>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 medical 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</p> <p>Following documents to the Company:</p> <ol style="list-style-type: none"> 1. Certificate from the attending Medical Practitioner of the Insured confirming, inter alia, <ol style="list-style-type: none"> 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 2. Period 3. Duly completed claim forms; 4. Original Discharge Certificate/Card from the Hospital/Medical Practitioner; 5. Original investigation test reports, indoor case papers; <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 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>In cases of suspected fraud / misrepresentation, we may call for any additional document(s) in addition to the documents listed above.</p> <p>Turnaround time(TAT) for claim settlement:</p> <ol style="list-style-type: none"> 1. Turnaround time (TAT) for claim settlement: 30 Working Days <p>Weblinks</p> <p>Network hospital and Black listed hospital list https://www.bajajallianz.com/branch-locator.html</p> <p>Helpline numbers</p>	Section E 26

		<p>Tollfree: 1800-103-2529</p> <p>Downloading /getting claim forms Health Insurance Claim Process Accident Insurance Claim (bajajallianz.com)</p>	
10	Policy Servicing	<p>Call centre number(Toll free): 1800-209-5858</p> <p>Details of Company officials: Branch-wise GRO details can be found on the below link. https://www.bajajallianz.com/download-documents/other-information/GRO-List.pdf</p>	
11	Grievances /Complaints	<p>Grievance Redressal Procedure:</p> <ol style="list-style-type: none"> Toll-free number 1-800-209- 5858 or 020-30305858, Say "Hi" on WhatsApp on +91 7507245858 Branches for resolution of your grievances /complaints, the Branch details can be found on our website: www.bajajallianz.com/branch-locator.html Register your grievances / complaints on our website: www.bajajallianz.com/about-us/customer-service.html E-mail <ul style="list-style-type: none"> Level 1: bagichelp@bajajallianz.co.in and for senior citizens to seniorcitizen@bajajallianz.co.in Level 2: In case you are not satisfied with the response given to you at Level 1 you may write to our Grievance Redressal Officer at ggro@bajajallianz.co.in Level 3: If in case, your grievance is still not resolved, and you wish to talk to our care specialist, please give a missed call on +91 8080945060 OR SMS To 575758 and our care specialist will call you back If you are still not satisfied with the decision of the Insurance Company, you may approach the Insurance Ombudsman, established by the Central Government for redressal of grievance. Detailed process along with list of Ombudsman offices are available at www.cioins.co.in/ombudsman.html 	Section E.13
12	Things to remember	<p>Free Look Cancellation: Insured has an option of cancelling his/her policy up to 30 days from the first inception of policy with Us , subject to rest terms and conditions.</p> <p>Policy Renewal: Except on grounds of fraud , moral hazard or mis representation or non-co-operation, renewal of your policy shall not be denied</p> <p>Migration and Portability: At renewal Insured has an option to migrate his /her policy to other policy with us or port the policy to another insurer subject to terms and conditions specified under Migration and Portability guidelines For detailed guidelines on Migration and Portability, kindly refer the link https://irdai.gov.in/document-detail?documentId=393128 beneficiary will have the option to port the policy to other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any ,at least 45 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed Insured beneficiary will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability</p> <p>Change in Sum Insured: sum insured can be changed (increased/decreased) only at the time of renewal subject to underwriting by the company. For increase in Sum insured , the waiting periods if any shall start afresh only for the enhance portion of the sum insured</p>	Section E

Bajaj Allianz General Insurance Co. Ltd.

Bajaj Allianz House, Airport Road, Yerawada, Pune - 411 006. Reg. No.: 113

For more details, log on to: www.bajajallianz.com | E-mail: bagichelp@bajajallianz.co.in or

Call at: Sales - 1800 209 0144 / Service - 1800 209 5858 (Toll Free No.)

Issuing Office:



		Moratorium period: After the expiry of Moratorium Period no health insurance policy shall be contestable except for proven fraud and permanent exclusions specified in the policy contract The moratorium would be applicable for the sum insured of the first policy and subsequently completion of 60 continuous months would be applicable from date of enhancement of sums insured only on the enhanced limits	
13	Your Obligations	Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement Disclosure of other material information during the policy period.	
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.			

Declaration by policy holder

I have read the above and confirm having noted the details

Place

Date:

Signature of Policy holder

Note: Web link for downloading the product related documents

<https://www.bajajallianz.com/health-insurance-plans/health-insurance-documents.html>