

Health Care Add-On

Add-On for "My Health Care Plan" Prospectus Cum Policy Wordings UIN- BAJHLIA24171V012324

SECTION A) PREAMBLE

Whereas the Insured described in the Base Policy read with Schedule hereto (hereinafter called the 'Insured' or 'You') has made to Bajaj Allianz General Insurance Company Limited (hereinafter called the "Company" or "Insurer" or 'We' or "Insurance Company") an additional proposal or an additional Proposal as mentioned in the transcript, containing certain undertakings, declarations, information/particulars and statements, which shall be the basis of this Health care Add-On insurance Contract ["Add-On"] and is deemed to be incorporated herein, and has paid the additional premium specified in the Add-On as consideration for this Add-On. Now the Company agrees, subject always to the terms and conditions of Base Policy and the following terms, conditions, exclusions, and limitations (other than time bound exclusions) of the Add-On, and in excess of the amount of the Deductible, to additionally indemnify the Insured Person, as the case may be, during the Add-On Period in the manner and to the extent provided hereinafter.

SECTION B) DEFINITIONS STANDARD DEFINITIONS

1. **Medical Practitioner/Doctor/ Physician/General Practitioner:** Medical Practitioner means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within its scope and jurisdiction of license and acceptable to Us.

SECTION B) DEFINITIONS- SPECIFIC DEFINITIONS-

2. **Specialist** - Specialist means a person who holds a medical post graduate or higher degree in the specific line of treatment under Allopathic medicine.
3. **Add-On-** means this Health Care Add-On insurance Contract/ Provisions to provide additional coverage and added protection which may be opted by Insured Person for himself/herself and or the Family Member's [in floater policy]
4. **Add-On Period:** means period mentioned in Section C- II, which shall be in consonance of the Policy Period under Base Policy.
5. **Add-On Policy Schedule** - means Policy Schedule of Health Care Add-On which contains Insurance details such as but not limited to Insured Person/ coverage/ endorsement/ Specific conditions etc and shall be in consonance with Policy Schedule of Base Policy.
6. **Service Provider/s:** means the service providers engaged/named by the Insurer to provide the coverages benefits as mentioned in this Add-On.
7. **Network Centers** - means hospitals/health care providers enlisted by an Insurer, TPA, and Service Provider or jointly by two or more parties to provide medical services to an Insured Person on a Cashless basis.

All other DEFINITIONS as defined in the Base Policy wordings are applicable mutatis mutandis to this Add-On. The words used in this Add-On but not defined herein shall bear the same definition/meaning as in the Base Policy.

SECTION C) OPERATIVE PARTS

What We will indemnify/pay for-

In consideration of payment of additional premium by the Insured Person to the Company and realization/receipt thereof by the Company, it is hereby agreed that the Company will indemnify/pay Insured Person covered under the Add-On, as the case may be, in respect of an admissible claim/s, under any or all of the following covers subject to the Sum Insured, limits, terms, conditions and definitions, exclusions and in excess of the amount of the Deductible, contained or otherwise expressed in the Add-On Policy Schedule read with the Base Policy.

Health Care Add-On

I. Who can opt for the Health Care Add-On.

Only Insured Person/s who have opted any plan along with Out-patient Treatment Expenses (OPD) Section from the Company's "My Health Care Plan" ("Policy" or "Base Policy") can purchase/opt for this Add-On for himself/ herself and/or his/her family members ("Insured Person/s") who are covered under the Base Policy

II. Add-On Period:

1 year, 2 years, or 3 years as opted by Insured Person and mentioned in Add-On Policy Schedule read with the Base Policy Schedule.

This Add-On Period shall be as per the tenure of the Base Policy viz. if Base Policy is for 1 year then the Add-On Period shall be for 1 year and if Base Policy is for 2 years then the Add-On Period shall be for 2 years.

SECTION C) SCOPE OF COVER

We will indemnify Insured Person/pay for Customary and Reasonable Medical Expenses incurred for below listed coverages during the Add-On Period up to the Sum Insured or up to the limit of indemnity as mentioned under respective cover as specified in the Add-On Policy Schedule read with the Base Policy Schedule:

- a. Dental Wellness - Consultation, Investigation & Procedures Cover
- b. Diet & Nutrition Consultations Cover
- c. Emotional Wellness Cover

Note:

During every Policy Year under Add-On Period, Insured Person will be eligible for coverages as per the Add-On plan/option selected from the below table.

For Long Term Policies if the Add-On is opted, the coverage benefits given in the table below will be applicable for each Policy Year.

Options available in this Add-On:

(to be opted along with Out-patient Treatment Expenses (OPD) Section from My Health Care Plan)

Benefits	Sum Insured Option 1	Sum Insured Option 2
a) Dental wellness - Consultation, Investigation & Procedures Cover	0.5 times of the Base Policy Net Premium	1 time of the Base Policy Net Premium
b) Diet & Nutrition Consultations Cover & c) Emotional Wellness Cover	0.5 times of the Base Policy Net Premium	1 time of the Base Policy Net Premium

A. Dental Wellness- Consultation, Investigation & Procedures Cover:

Coverage:

If the Insured Person/s is suffering from any dental ailment, he / she can consult a Medical Practitioner with minimum qualification of BDS degree from prescribed Network Centres of the Service Provider, up to the limit as specified under this Add-On Policy Schedule read with the Base Policy Schedule.

This is a cashless coverage benefit. The cashless process to avail this coverage benefit through the prescribed network of Service Provider is defined under the "Service Delivery Process/Claim Process".

If the desired Medical Practitioner/doctor/dentist is not available in the prescribed network of Service Provider, Insured Person/s can take a prior-approval of Insurer to consult with their desired Medical Practitioner/dentist and claim the charges of consultation/procedure fees by way of reimbursement process as defined under "Service Delivery Process/ Claim Process". Reimbursement of such claims will be capped at a maximum of Rs. 2,500.

Procedures covered under Dental Cover
Consultation charges
IOPA
Digital X ray
RCT with GIC /Miracle /SF POR
RCT with composite POR
Third molar RCT
Repeat RCT

Health Care Add-On

Post and core
GIC
Silver filling
Composite
Diastema Closure
Anterior Fracture Repair
Mobile tooth
Firm tooth
Badly carious/Surgical/Erupted wisdom
Disimpaction
Extraction – wisdom tooth – upper jaw
Extraction – wisdom tooth – lower jaw
Extraction – Impacted/Surgical removal
Extraction – Root canal treated teeth -Nonsurgical
Extraction – Root canal treated teeth -surgical
Ni-Cr Metal crown
Co-Cr Metal crown
RFM (Ceramic)
CAD CAM PFM
Zirconia
Brux zir
Lava / Porcera / E-max
Extraction of primary teeth
Pulpectomy

B. Diet & Nutrition Consultation Cover

Coverage:

If the Insured Person/s wants to maintain a balance between good nutrition and diet, he / she can consult a Dietician or Nutritionist listed on the Digital platform of Insurer/ Service Provider's application via video, audio, or chat channel, up to the limit as specified under this Add-On Policy Schedule read with the Base Policy Schedule..

This is a cashless coverage benefit and can be availed through the prescribed Network Centers of Service Provider.

C. Emotional Wellness Cover:

If the Insured Person/s wants to avail emotional wellbeing services, he / she can consult an emotional health coach/psychologist listed on the Digital platform of Insurer/ Service Provider's application via video, audio, or chat channel, up to the limit as specified under this Add-On Policy Schedule read with the Base Policy Schedule..

This is a cashless coverage benefit and can be availed through the prescribed Network Centers of Service Provider.

SECTION D) EXCLUSIONS- SPECIFIC EXCLUSIONS

Exclusions for “Dental wellness - Consultation, Investigation & Procedures Cover”:

1. Other expenses of investigations, medicines, surgical or non-surgical procedures or any medical, non-medical items not mentioned under coverage are excluded
2. Dental cover/benefit shall not be applicable on cosmetic level scaling/polishing, bleaching, cap of teeth, braces, aligner, tooth replacement, any other cosmetic and aesthetic treatment
3. This benefit cannot be availed outside the prescribed network of dentists and hospitals, unless prior approval is taken from Insurer_____
4. If the benefit is not availed in the policy year the benefit cannot be carried forward to the subsequent policy year.
5. **30-day Waiting Period (Code-Excl03)**
 - a) Expenses related to the treatment of any Illness within 30 days as per the option specified in the Add-On Policy Schedule read with the Base Policy Schedule from the first Add-On commencement date shall be excluded except claims arising due to an Accident, provided the same are covered.
 - b) This exclusion shall not, however apply if the Insured Person has continuous coverage under this Add-On for more than twelve months.
 - c) The within referred Waiting Period is made applicable to extent of the enhanced Sum Insured in the event of granting higher Sum Insured subsequently.
6. **Pre-Existing Diseases Waiting Period (Code- Excl02)**

Health Care Add-On

- a) Expenses related to the treatment of a Pre-Existing Disease (PED) and its direct complications shall be excluded until the expiry of specified number of months of continuous coverage after the date of inception of the first Add-On as specified in the Add-On Policy Schedule read with the Base Policy Schedule with Us.
- b) In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of Sum Insured increase.
- c) If the Insured Person is continuously covered without any break as defined under the Portability norms of the extant IRDAI (Health Insurance) Regulations, then Waiting Period for the same would be reduced to the extent of prior coverage.
- d) Coverage under the Add-On after the expiry of the waiting period as specified in Add-On Policy Schedule read with the Base Policy Schedule, for any pre-existing disease is subject to the same being declared at the time of application and accepted by Us.

Exclusions for “Diet & Nutrition Cover”:

1. Consultation with the dietician is strictly limited to in-app/website video/audio/chat consultation, no in-clinic/physical consultation is allowed.
2. Other expenses of investigations, medicines, surgical or non-surgical procedures or any medical, non-medical items are excluded.
3. In “Diet & Nutrition Coverage”, Dietician & Nutritionist consultation benefit is not transferrable.
4. If the benefit is not availed in the Policy year the benefit cannot be carried forward to the subsequent policy year.
5. Reimbursement of dietician & nutritionist consultation expenses (online/offline consultation) is excluded from the scope of the Add-On/Policy.
6. 30-day Waiting Period (Code-Excl03)
 - a) Expenses related to the treatment of any Illness within 30 days as per the option specified in the Add-On Policy Schedule read with the Base Policy Schedule from the first Add-On commencement date shall be excluded except claims arising due to an Accident, provided the same are covered.
 - b) This exclusion shall not, however apply if the Insured Person has continuous coverage under this Add-On for more than twelve months.
 - c) The within referred Waiting Period is made applicable to extent of the enhanced Sum Insured in the event of granting higher Sum Insured subsequently.

Exclusions for “Emotional Wellness Cover”:

1. Consultation with the emotional health coach/psychologist is strictly limited to in-app/website video/audio/chat consultation, no in-clinic/physical consultation is allowed.
2. Other expenses of investigations, medicines, surgical or non-surgical procedures or any medical, non-medical items are excluded.
3. Benefit under “Emotional Wellness Cover” is not transferrable.
4. If the benefit is not availed in the Policy year the benefit cannot be carried forward to the subsequent policy year.
5. Reimbursement of emotional health coach/psychologist consultation expenses (online/offline consultation) is excluded from the scope of the Add-On/Policy.
6. 30-day Waiting Period (Code-Excl03)
 - a) Expenses related to the treatment of any Illness within 30 days as per the option specified in the Add-On Policy Schedule read with the Base Policy Schedule from the first Add-On commencement date shall be excluded except claims arising due to an Accident, provided the same are covered.
 - b) This exclusion shall not, however apply if the Insured Person has continuous coverage under this Add-On for more than twelve months.
 - c) The within referred Waiting Period is made applicable to extent of the enhanced Sum Insured in the event of granting higher Sum Insured subsequently

SECTION D) EXCLUSIONS APPLICABLE TO ALL SECTIONS

1. **Cosmetic or plastic Surgery (Excl08):**
Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.
2. **Breach of law (Excl10):**
Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.
3. **Excluded Providers(Excl11):**
Expenses incurred towards treatment in any hospital or at any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life-threatening situations or following an accident, expenses up to the

Health Care Add-On

stage of stabilization are payable but not the complete claim.

4. Unproven Treatments(Excl16):

Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.

5. Experimental, investigational or Unproven Treatment devices and pharmacological regimens.
6. Treatment for alopecia, baldness, wigs, or toupees, and all treatment related to the same.
7. Congenital external diseases, defects or anomalies.
8. Venereal disease, all sexually transmitted disease or illness including but not limited to Genital Warts, Syphilis, Gonorrhoea, Genital Herpes, Chlamydia, Pubic Lice and Trichomoniasis.
9. Sterility and Infertility (Excl17):
Expenses related to sterility and infertility. This includes:
 - a) Any type of contraception, sterilization
 - b) Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
 - c) Gestational Surrogacy
 - d) Reversal of sterilization.
10. Cost incurred for any health check-up or for the purpose of issuance of medical certificates and examinations required for employment or travel or any other such purpose.
11. Treatment taken from a person not falling within the scope of definition of Medical Practitioner.
12. Treatment charges or fees charged by any Medical Practitioner acting outside the scope of license or registration granted to him by any medical council.
13. Treatments rendered by a Medical Practitioner who is a member of the Customer's family or stays with him.
14. Any treatment or part of a treatment that is not of a reasonable charge, not medically necessary; drugs or treatments which are not supported by a prescription.
15. Naturopathy treatment, acupressure, acupuncture, magnetic and such other therapies.
16. Treatment/Service taken outside India.

SECTION E) GENERAL TERMS AND CONDITIONS - STANDARD

All Terms and Conditions and General conditions of Base Policy read with Base Policy Schedule are applicable mutatis mutandis, to all Coverages under this Add-On.

1. Cancellation of Add-Ons

All the terms and conditions as to Cancellation of Base Policy shall mutatis mutandis apply to the Cancellation of this Add-On.

2. Redressal of Grievance

In case of any grievance relating to servicing the Add-On, the Insured Person may submit in writing to the Policy Schedule issuing office or regional office for redressal.

For updated details of grievance officer, please visit <https://www.bajajallianz.com/about-us/customer-service.html>

IRDAI Integrated Grievance Management System - <https://igms.irda.gov.in/>

Insurance Ombudsman –The Insured Person may also approach the office of Insurance Ombudsman of the active area/region for redressal of grievance. The contact details of the Insurance Ombudsman offices have been provided as Annexure-I

SECTION E) GENERAL TERMS AND CONDITIONS - SPECIFIC

All Policy Terms and Conditions and General conditions of Base Policy read with Base Policy Schedule are applicable mutatis mutandis, to all Coverage under this Add-On.

1. Opting Add-On-

This Add-On cannot be opted during mid-term of Base Policy. Any discount applicable, if any, on Base Policy will not be applicable on this Add-On.

2. Instalment Premium

Instalment premium option of Base Policy shall mutatis mutandis apply to the Instalment Premium of Add-On.

3. Withdrawal of Add-On:

- a. If Base Policy is withdrawn by Company, then this Add-On shall also stand withdrawn automatically without any separate notice/intimation.
- b. In the likelihood of this product being withdrawn in future, the Company will intimate the Insured Person about the same 90 days prior to expiry of the Base Policy.

Health Care Add-On

4. Cost Sharing

Voluntary co-payment: If opted voluntarily by You, You shall bear 20% of co-payment for claims made on reimbursement basis. Co-payment will not apply on cashless service.

5. Discounts

All discounts as provided in base product "My Health Care Plan" shall be applicable to this Add-On except "Voluntary Co-Payment Discount". Voluntary Co-Payment Discount shall be available as per below specified wordings. -

Voluntary Co-payment Discount

- a. If the Voluntary co-payment option is opted, then a discount corresponding to the co-payment opted would be applicable.
- b. If a claim has been admitted under "Dental Wellness- Consultation, Investigation & Procedures Cover" then, the Insured shall bear a 20% (proportion to extent to discount availed) of the eligible claim amount payable under this Add-On read with Base Policy and Our liability, if any, shall only be in excess of that sum and would be subject to the Sum Insured.

6. Fraudulent Activity

- i. Your use of the benefits under the Add-On shall be with good intent and integrity. You shall not encourage, indulge or act in connivance with any person involved in any fraudulent activity regarding the use of the benefits under the Add-On, whether directly or indirectly, for generating personal revenue. You agree to not use the digital platform or the services provided therein for generating personal gain or any commercial/public purpose, directly or indirectly, whatsoever.
- ii. Insurer conducts a regular analysis of its processes and services provided by Service Providers on the digital platform for quality purposes and risk mitigation. In the event of any fraudulent activity being identified, Insurer reserves the right to temporarily or permanently suspend your use of the benefits under the Add-On, at any time while the Insurer investigates such fraudulent activity, complaints or alleged violation of these Terms and Conditions, or for any other reason. Insurer may inform you of any such suspension of the benefits under Add-On at its discretion.
- iii. An act may be defined as a fraudulent activity as per Insurer's internal policies subject to extant laws. Such acts may include without limitation misrepresentation, concealment of facts and furnishing of incorrect information.
- iv. In the event of any fraudulent activity being carried out as per this Clause 6, the Insurer reserves the right to claim an amount from you equivalent to the amount generated from such fraudulent activity. Additionally, Insurer, shall permanently suspend the use of the benefits under the Add-On and not honour any claims under the Add-On, including pending claims. Furthermore, Insurer shall also be entitled to seek any and all remedies available under law, equity or tort.
- v. Any fraud or misrepresentation identified will cease coverage and Add-On will be void ab-initio
- vi. The Company shall not repudiate the claim under Add-On read with Base Policy on the ground of Fraud, if the Insured Person can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are not within the knowledge of the Insurer. Onus of disproving is upon the Insured Person..

7. Claim Process/Service Delivery Process Specific To Add-On

"Dental wellness - Consultation, Investigation & Procedures Cover" Service Delivery process

I. Digital platform of Insurer/Service Provider App / Service Provider Website

- a) Start by downloading the **Caringly Yours app**.
- b) Sign-up using the **registered mobile number**.
- c) Add policy in the "**Manage policy**" section.
- d) Under my "**Active Plans**", select the purchased product/Plan.
- e) Select **Dental benefit** option.
- f) Select Insured Person and **choose dentist** from available network.
- g) Enter **estimated amount**
- h) Enter the **date of redemption** and confirm.
- i) **SMS with voucher link** shared on the registered mobile number.
- j) Share the voucher code to avail cashless dental wellness cover benefit at respective hospital.
- k) In case the estimated amount is lower than the actual consultation amount, balance amount will be reinstated in the Insured Person's benefit account.
- l) Similarly, in case the estimated amount is higher than the actual consultation amount, voucher will be generated for balance amount and will be deducted from Insured Person's benefit amount.

Health Care Add-On

Pre-approval for Reimbursement under Dental Wellness Cover not available on the prescribed cashless network

- a. Pre-approval of the Insurer needs to be taken for hospitals/ labs/centres/medical practitioners not available on the prescribed cashless network. Reimbursement requests without Pre-approval will not be accepted for processing.
 1. Under “**Active Plans**”, select the **purchased product/plan**
 2. Click on “**Utilize**” to view your available benefits
 3. Click on the “**service card**”.
Ex: if you have Dental wellness benefit and want to request authorization for a visit to doctor of your choice and claim refund post visit, click on “**Doctor**” service card.
 4. Scroll down to view the section “**Avail benefits at doctor of your choice**”
 5. Click on exact benefit card for which you wish to authorize visit for. Ex: Click on Dental wellness benefit to authorize visit to lab of your choice
 6. View the coverages and guidelines of filing a claim
 7. Click on “**Request Authorization**”
 8. Turn on the **Device Location**
 9. Fill the form1:
 - i. Select Insured Person name you want to book the dentist for.
 - ii. Select the lab you are planning to visit
 10. **Click Next**
 11. Fill the form2:
 - i. Enter the **date of visit** you are planning to visit
 - ii. Enter the **estimated amount** for the visit
 12. **Select Next**
 13. Confirm the **Pre-Auth.**
 14. Now visit the Lab at the informed date of visit.
 15. After the visit, come back within 30 days of visit date at Transaction History page and select the Authorized ticket for which pre-auth was taken
 16. In the reimbursement form page1:
 - i. Enter the **Invoice amount** in the form
 - ii. Enter the **Date of visit** in the form
 17. **Click Next**
 18. Fill the Form page2:
 - i. **Upload the Supporting Documents** of the visit: Invoice and Reports/Prescription of the visit
 - ii. Submit the form.
 19. Visit the provider at the appointment date mentioned
 20. Post the visit, begin filing the claim for the completed appointment. Reimbursement journey can be started by:
 21. Navigating to transaction history page of the respective plan and click on “**Submit Claim**” of respective authorized ticket
 22. Or navigate to the service page (Doctor/Labs/Hospital) where request for authorization was taken in the respective plan and click on “**Submit Claim**” of respective authorized ticket
 23. Verify previously filled details
 24. **Edit** actual date of appointment and actual claim amount
 25. Upload the invoice and the other supporting documents as required
 26. Enter the UPI ID or Bank Account details
 27. Review the details and documents properly before clicking on the final submit button
 28. Click on “**Submit**” to finally submit the claim
 29. Keep note of the Transaction ID for keeping a track of the claim in future
 30. Insured Person/s can visit the Transaction History section in future to view the updates in the claim status
 31. The claim will be reimbursed within defined TAT as communicated during authorization.

Documents & details required for submitting Dental wellness cover (non-cashless)

- *Prescription from treating Dentist/Orthodontist*
- *Invoice for the consultation/procedure & payment receipt with clinic name & stamp*
- *Itemized bill mentioning procedures undergone with dates & individual charges of the procedures*
- *Doctor degree should be mentioned on the prescription*
- *Correct patient name should be mentioned*
- *Clinic Name should be mentioned on the prescription/invoice*
- *X rays/OPG/IOPA (if applicable)*
- *Crown certificate (if applicable) with date of crown creation & details of crown placed*
- *CBCT (if applicable)*

Health Care Add-On

- *Before & after treatment intraoral picture*
- *Any further document required to evaluate the claim*
- *Hard copies of documents wherever required or asked*
- *KYC documents of the Insured Person wherever required or asked*

Emotional wellness Service Delivery process

I. Digital platform of Insurer/Service Provider App / Service Provider Website

- a) Start by downloading the **Caringly Yours app**.
- b) Sign-up using the **registered mobile number**.
- c) Add policy in the "**Manage policy**" section.
- d) Under my "**Active Plans**", select the purchased product/Plan.
- e) Select **Emotional wellness benefit** option.
- f) Select Insured Person and choose emotional health coach/psychologist from available network.

Diet & Nutrition Service Delivery process

I. Digital platform of Insurer/Service Provider App / Service Provider Website

- a) Start by downloading the **Caringly Yours app**.
- b) Sign-up using the **registered mobile number**.
- c) Add policy in the "**Manage policy**" section.
- d) Under "**My Active Plans**", select the purchased product/Plan.
- e) Select **Wellness programs benefit** option.
- f) Click on '**Diet and Nutrition**'.
- g) Complete the assessment and submit details.
- h) Click on '**Schedule a call**' with dietician.
- i) The Insured Person will receive call from dietician.

Health Care Add-On

Annexure I: - List of Office of the Insurance Ombudsman

Office Details	Jurisdiction of Office (Union Territory, District)
<p>AHMEDABAD - Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, AHMEDABAD – 380 001. Tel.: 079 – 25501201 /02 /05/06 Email: bimalokpal.ahmedabad@cioins.co.in</p>	<p>Gujarat, Dadra & Nagar Haveli, Daman and Diu</p>
<p>BENGALURU - Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in</p>	<p>Karnataka.</p>
<p>BHOPAL - Insurance Ombudsman Office of the Insurance Ombudsman, 1st floor, “Jeevan Shikha”, 60-B, Hoshangabad Road, Opp. Gayatri Mandir, Bhopal – 462 011. Tel.: 0755 - 2769201 / 2769202 Email: bimalokpal.bhopal@cioins.co.in</p>	<p>Madhya Pradesh Chattisgarh.</p>
<p>BHUBANESHWAR – Insurance Ombudsman Office of the Insurance Ombudsman, 62, Forest park, Bhubaneswar – 751 009. Tel.: 0674 – 2596461 / 2596455 Email: bimalokpal.bhubaneswar@cioins.co.in</p>	<p>Orissa.</p>
<p>CHANDIGARH - Insurance Ombudsman Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 – 4646394 / 2706468</p>	<p>Punjab, Haryana (excluding Gurugram, Faridabad, Sonapat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh.</p>

Health Care Add-On

Office Details	Jurisdiction of Office Union Territory, District)
Email: bimalokpal.chandigarh@cioins.co.in	
CHENNAI - Insurance Ombudsman Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24333678 Email: bimalokpal.chennai@cioins.co.in	Tamil Nadu, Puducherry Town and Karaikal (which are part of Puducherry)
DELHI – Insurance Ombudsman Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23237539 Email: bimalokpal.delhi@cioins.co.in	Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh.
GUWAHATI - Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@cioins.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
HYDERABAD - Insurance Ombudsman Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 Email: bimalokpal.hyderabad@cioins.co.in	Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.
JAIPUR - Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor,	Rajasthan.

Health Care Add-On

Office Details	Jurisdiction of Office Union Territory, District)
<p>Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 –2740363 / 2740798 Email: bimalokpal.jaipur@cioins.co.in</p>	
<p>ERNAKULAM – Insurance Ombudsman Office of the Insurance Ombudsman, 10th Floor, Jeevan Prakash, LIC Building, Opp to Maharaja's College, M.G. Road, Ernakulam - 682 011. Tel.: 0484 - 2358759 Email: bimalokpal.ernakulam@cioins.co.in</p>	<p>Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.</p>
<p>KOLKATA – Insurance Ombudsman Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 7th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124341 Email: bimalokpal.kolkata@cioins.co.in</p>	<p>West Bengal, Sikkim, Andaman & Nicobar Islands.</p>
<p>LUCKNOW – Insurance Ombudsman Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 4002082 / 3500613 Email: bimalokpal.lucknow@cioins.co.in</p>	<p>Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar..</p>
<p>MUMBAI - Insurance Ombudsman Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 69038800/ 27/ 29/ 31/ 32/ 33 Email: bimalokpal.mumbai@cioins.co.in</p>	<p>Goa, Mumbai Metropolitan Region (excluding Navi Mumbai & Thane).</p>
<p>NOIDA -</p>	<p>State of Uttarakhand and the following Districts of Uttar</p>

Health Care Add-On

Office Details	Jurisdiction of Office Union Territory, District)
<p>Insurance Ombudsman Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in</p>	<p>Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kannauj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam Buddh nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.</p>
<p>PATNA – Insurance Ombudsman Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in</p>	<p>Bihar, Jharkhand.</p>
<p>PUNE - Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020- 24471175 Email: bimalokpal.pune@cioins.co.in</p>	<p>Maharashtra, Areas of Navi Mumbai and Thane (excluding Mumbai Metropolitan Region).</p>