

**CORONAPROTECTION POLICY[GROUP]**

**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	<b>Name of Insurance Product</b>	<b>CoronaProtection Policy[Group]</b>	
2	<b>Policy Number</b>	Kindly refer to Your Certificate of Insurance	
3	<b>Type of Insurance</b>	Kindly refer to Your Certificate of Insurance	
4	<b>Sum Insured (Basis)</b>	Kindly refer to Your Certificate of Insurance	
5	<b>Policy Coverage (What the Policy Covers)</b>	<b>Base covers</b>	
		<b>Hospitalization</b>	Section 1
		<b>Covid Hospitalization Cover</b> Medical expenses for the Insured Beneficiary's Covid treatment, including comorbidities, will be covered up to the Sum Insured upon positive diagnosis from approved laboratories during the Cover Period.	Section 1.1
		<b>AYUSH Treatment</b> In patient medical expenses for Covid and comorbidities treated under AYUSH systems, upon positive diagnosis from approved labs, up to the Sum Insured during the Cover Period.	Section 1.2
		<b>Pre-Hospitalization</b> - up to 30 days prior to date of admission in hospital	Section 1.3
		<b>Post-Hospitalization</b> - up to 30 days after to date of discharge from hospital	Section 1.4
		<b>Corona Top Up</b> The Company hereby agrees to pay any admissible claim under Hospitalization cover in excess of Aggregate deductible	Section 2
		<b>Corona Booster</b> The Company hereby agrees to pay any admissible claim under Hospitalization cover in excess of Aggregate deductible	Section 3
		<b>Optional Covers</b>	
		<b>Hospital Daily Cash</b> Payment to Insured as per the "Per Day" plan opted for each 24 hours of continuous Hospitalization for which the Company has accepted a claim for COVID 19 positive	Section 4.1
		<b>Waiver of Waiting Period</b> Insurance shall be extended to Waive of 15 days waiting Period	Section 4.2
7	<b>Exclusions (What the policy does not cover)</b>	<b>General Exclusions</b> 1. Any hospitalization for Investigation & Evaluation (Code- Excl 04) 2. Hospitalization for Rest Cure, rehabilitation and respite care (Code- Exc105) 3. Dietary supplements and substances that can be purchased without prescription 4. Unproven Treatments 5. Any claim in relation to Covid 19 where it has been diagnosed prior to Group Policy Start Date. 6. Any expenses incurred on Day Care treatment and OPD treatment 7. Diagnosis /Treatment outside the geographical limits of India 8. Testing done at a un authorized Diagnostic centre 9. All covers under this Group Policy shall cease if the Insured Person travels to any country placed under travel restriction by the Government of India.	Section D.
8	<b>Waiting Period</b> Time period during which specified disease/treatment are not covered It is counted from beginning of the policy coverage	Expenses related to the treatment of Covid 19 within 15 days from the Certificate of Insurance	Section D.
9	<b>Financial Limits of Coverage</b>	Not Applicable	

	<p>Sublimit (it is a pre-defined limit and the insurance company will not pay any amount in excess of this limit)</p> <p>.Co-payment (it is a specified amount /percentage of the admissible claim amount to be paid by policy holder/insured)</p> <p>.Deductible (it is a specified amount: Upto which an insurance company will not pay any claim and Which will be deducted from total claim amount (if claim amount is more than the specified amount)</p> <p>.Any other limit (as applicable)</p>		
10	<p><b>Claims/claims procedure</b></p>	<p><b>Claim process</b></p> <ol style="list-style-type: none"> <li>The Company will settle or reject a claim within 30 days of receiving the last necessary document.</li> <li>For delayed payments, the Company will pay interest at 2% above the bank rate from the date of receiving the last document.</li> <li>If an investigation is needed, it will be completed within 30 days, and the claim settled or rejected within 45 days.</li> <li>Delays beyond 45 days will incur interest at 2% above the bank rate from the date of receiving the last document.</li> </ol> <p><b>Turnaround time(TAT) for claim settlement:</b></p> <ol style="list-style-type: none"> <li>Turnaround time (TAT) for claim settlement: 30 Working Days</li> <li>TAT for preauthorization of cashless facility: Within 120 Mins</li> <li>TAT for cashless final bill authorization: Within 120 Mins</li> </ol> <p><b>Weblinks</b>                  Network hospital and Black listed hospital list  <a href="https://www.bajajallianz.com/branch-locator.html">https://www.bajajallianz.com/branch-locator.html</a></p> <p><b>Helpline Number</b>                  Tollfree: 1800-103-2529</p> <p><b>Downloading /getting claim forms</b> Downloading /getting claim forms  <a href="https://www.bajajallianz.com/branch-locator.html">Health Insurance Claim Process   Accident Insurance Claim (bajajallianz.com)</a></p>	Section E19.
11	<p><b>Policy Servicing</b></p>	<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.  <a href="https://www.bajajallianz.com/download-documents/other-information/GRO-List.pdf">https://www.bajajallianz.com/download-documents/other-information/GRO-List.pdf</a></p>	
12	<p><b>Grievances /Complaints</b></p>	<p>Grievance Redressal Procedure:</p> <ol style="list-style-type: none"> <li>Toll-free number 1-800-209- 5858 or 020-30305858, Say "Hi" on WhatsApp on +91 7507245858</li> <li>Branches for resolution of your grievances /complaints, the Branch details can be found on our website: <a href="http://www.bajajallianz.com/branch-locator.html">www.bajajallianz.com/branch-locator.html</a></li> </ol>	Section E 9.

		<p>Register your grievances / complaints on our website <a href="http://www.bajajallianz.com/about-us/customer-service.html">www.bajajallianz.com/about-us/customer-service.html</a></p> <p>c) E-mail</p> <ul style="list-style-type: none"> <li>Level 1: <a href="mailto:bagichelp@bajajallianz.co.in">bagichelp@bajajallianz.co.in</a> and for senior citizens to <a href="mailto:seniorcitizen@bajajallianz.co.in">seniorcitizen@bajajallianz.co.in</a></li> <li>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 <a href="mailto:ggro@bajajallianz.co.in">ggro@bajajallianz.co.in</a></li> <li>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</li> </ul> <p>d) 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 <a href="http://www.cioins.co.in/ombudsman.html">www.cioins.co.in/ombudsman.html</a></p>	
13	<b>Things to remember</b>	<p><b>Free Look Cancellation:</b> 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><b>Policy Renewal:</b> Except on grounds of fraud , moral hazard or mis representation or non-co-operation, renewal of your policy shall not be denied</p> <p><b>Migration and Portability:</b> 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 <a href="https://irdai.gov.in/document-detail?documentId=393128">https://irdai.gov.in/document-detail?documentId=393128</a></p>	Section E
14	<b>Your Obligations</b>	Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement	
<p><b>Legal Disclaimer Note:</b> The information must be read in conjunction with the product brochure and policy document. In case of any conflict between the CIS and the policy document, the terms and conditions mentioned in the policy document shall prevail.</p>			

**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>