

CREDIT LINKED HEALTH PLAN (GROUP)

CUSTOMER INFORMATION SHEET

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

SIN o	Title	Description	Policy Clause Number															
1	Name of Insurance Product	CREDIT LINKED HEALTH PLAN (GROUP)																
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)	Part A: Base Covers	Section C															
		CRITICAL ILLNESS COVER	Section I															
		If the Insured Beneficiary is diagnosed as suffering from a Critical Illness covered under the Certificate of Insurance, which first occurs or manifests itself during the Cover Period, then we will pay 100% of Sum Insured as specified in the Certificate of Insurance	Part A Section I															
		PLAN A – 17 Critical Illness Cover																
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	ACCIDENT PROTECTION COVER	Section II
	Plan A- Death and Permanent Total Disability Cover (without any additional coverage)	
	Death - If the insured person dies within 12 months from an accidental bodily injury, the company will pay the sum insured to the designated beneficiary a. Disappearance: If the insured person disappears due to a forced landing, stranding, sinking, or wrecking of a conveyance, they will be presumed dead after 12 months. If found alive after the accidental death benefit is paid, all payments must be reimbursed.	Subsection I
	Permanent Total Disability Cover - If an accidental bodily injury results in permanent total disability within 12 months, the company will pay the sum insured stated in the Certificate of Insurance.	Subsection II
	Plan B - if Insured Beneficiary has opted for Plan B under Section II - below benefits will also be payable which are in addition to benefits payable under Plan A hereinabove under Section II If the claim under Plan A Sub-Section I of the Insured Beneficiary is accepted by the Company, then the company will pay for the following additional benefits over and above Sum Insured as specified in Certificate of Insurance under Section II a. Transportation of mortal remains - Additional payment of 1% of the Sum Insured as specified in Certificate of Insurance towards the expenses of transporting the body remains of the deceased Insured Beneficiary from the place of death to a hospital, cremation ground or burial ground or to the his/her residence. b. Funeral Expenses - 1% of the Sum Insured as specified in Certificate of Insurance towards Funeral Expense of the deceased Insured Beneficiary.	
	Plan B If the claim under Plan A Sub-Section II of the Insured Beneficiary is accepted by the Company, then the company will pay for the following additional benefits over and above Sum Insured as specified in Certificate of Insurance under Section II c. Lifestyle Modification Benefit: additional payment of 2% of the Sum Insured as specified in the Certificate of Insurance towards lifestyle modifications such as modification of place of residence and / or modification of the vehicle for the Insured Beneficiary.	
	Part B: Optional Covers	
	Accidental Hospitalization Expenses: In-patient Hospitalization Treatment - Medical Expenses incurred due to admission to a Hospital for Accidental Bodily Injury, longer than 24 consecutive hours. <ul style="list-style-type: none"> • Day Care Procedures - Medical Expenses incurred due to admission to a Hospital for Illness or Accidental Bodily Injury, for duration less than 24 consecutive hours such procedures comply with the standard definition of Day Care Centre and Day Care treatment mentioned in the Policy definitions. • Pre-Hospitalization - up to 60 days prior to date of admission in hospital • Post-Hospitalization - up to 90 days from date of discharge from the hospital • Road Ambulance - max. up to ₹ 25,000/- per Policy Year 	Part B Optional Cover I
	Children Education Benefit – onetime payment of amount as specified in Certificate of Insurance if the claim has been accepted under Section II: Accident Protection Cover Specific Conditions: a. The dependent child/children must be studying at an accredited educational institution on the date the Insured met with an Accidental Bodily Injury. b. The age of dependent child or children should not exceed 25 years. The Sum Insured mentioned in the Policy Schedule is the total amount payable for all Dependent children collectively and not per child basis.	Part B Optional Cover II
	Disability Benefit Cover - Weekly benefit amount as stated under heading "Disability Benefit Cover" in Certificate of Insurance subject to a minimum of Rs.	Part B Optional Cover III

		1,000 and maximum 1% of Loan amount or Rs. 50,000 per week whichever is lower, subject to maximum period of 100 weeks	
		Emi Payment Cover -In case of an Accidental Bodily Injury which directly and independently of all other causes Involuntary Loss of Job (as defined in the coverage) of the Insured Beneficiary , We will pay the amount corresponding to the the EMI Amount(s) falling due in respect of the Loan after the commencement of Loss of Job till the reinstatement of employment subject to limits specified in the Certificate of Insurance .	Part B Optional Cover IV
		Fire And Allied Perils Cover – The coverage shall be as per Bajaj Allianz General Insurance Company Ltd. Bharat Griha Raksha Policy Wordings in Annexure available on our website.	Part B Optional Cover V
		Burglary and Robbery Cover - Company will indemnify: 1. loss of or damage to the Contents or any part contained in the Insured's Premises caused by actual or attempted Burglary and/or Robbery during the Cover Period; 2. actual physical damage to Insured's Premises caused by actual or attempted Burglary during the Cover Period	Part B Optional Cover VI
6	Exclusions (What the policy does not cover)	<p>EXCLUSIONS UNDER THE POLICY - STANDARD EXCLUSIONS</p> <p>Exclusions applicable for all plans viz. Plan A, Plan B and Plan C under Section – I: Critical illness cover</p> <ol style="list-style-type: none"> 1. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. <p>Exclusion applicable to both Part A and Part B under Section II: Accident Protection Cover:</p> <ol style="list-style-type: none"> 1. Hazardous or Adventure sports: Code- <p>Exclusion applicable to Optional Cover I – Accidental Hospitalisation Expenses:</p> <ol style="list-style-type: none"> 1. Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) etc. (Excl08) 2. Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports (Excl 09) 3. Dietary supplements and substances unless prescribed as part of hospitalization claim or day care procedure. (Excl14) 4. Expenses related to any unproven treatment, services and supplies. (Excl16) <p>EXCLUSIONS UNDER THE POLICY - SPECIFIC EXCLUSIONS</p> <p>SPECIFIC EXCLUSIONS APPLICABLE FOR ALL PLANS VIZ. PLAN A, PLAN B AND PLAN C UNDER SECTION – I: CRITICAL ILLNESS COVER</p> <ol style="list-style-type: none"> 1. Any Critical Illness for which care, treatment, or advice was recommended by or received from a Physician, or which first manifested itself or was contracted before the start of the Policy Period 2. Any Critical Illness diagnosed within the first 30/ 45/ 90 days (as opted by Insured and or Insured Beneficiary) of the date of first commencement of the Certificate of Insurance is excluded. This exclusion shall not apply in case waiver of waiting period for Critical Illness. 3. Any sexually transmitted diseases or any condition directly or indirectly caused by or associated with Human T-Cell Lymphotropic Virus type III etc. 4. Treatment arising from or traceable to pregnancy, childbirth Occupational diseases. 5. War, invasion, acts of foreign enemies, civil war, insurrection, terrorism etc 6. Act of terrorism where the Insured Beneficiary is directly involved in the Perpetration or Commission of any act of terrorism. 7. Naval or military operations of the armed forces or airforce and participation in operations etc. 8. Any natural peril (including but not limited to storm, tempest, avalanche, earthquake, volcanic eruptions, hurricane, or any other kind of natural hazard). 9. Radioactive contamination. 	Section D

		<p>10. Consequential losses of any kind or insured person's actual or alleged legal liability 11. Intentional self-injury</p> <p>SPECIFIC EXCLUSION APPLICABLE TO BOTH PART A AND PART B UNDER SECTION II: ACCIDENT PROTECTION COVER</p> <ol style="list-style-type: none"> 1. Any Pre-existing Condition(s) and complications arising out of or resulting therefrom; 2. Through suicide, attempted suicide (whether sane and insane) or intentionally self-inflicted injury or illness, 3. While under the influence of liquor or drugs, alcohol or other intoxicants, 4. Through deliberate or intentional, unlawful or criminal act, error, or omission, participation in an misdemeanor, civil commotion, actual or attempted felony, riot, crime 5. Whilst engaging in aviation or ballooning, whilst mounting into, dismounting from or traveling in any balloon or aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world, 6. Whilst participating as the driver, co-driver or passenger of a motor vehicle during motor racing or trial runs, 7. As a result of any curative treatments or interventions that you carry out or have carried out on your body. 8. Arising out of your participation in any police, naval, military or air force operations whether peace or in war in the form of military exercises or war games or actual engagement with the enemy, Whether foreign or domestic, 9. Your consequential losses of any kind or your actual or alleged legal liability. 10. Venereal or sexually transmitted diseases, 11. Pregnancy, resulting childbirth, miscarriage, abortion, or complications arising out of any of these, 12. Operating or learning to operate any aircraft, or performing duties as a member of the crew on any aircraft; or Scheduled Airlines; 13. Any Claim caused by osteoporosis , pathological fracture (if osteoporosis or bone Disease diagnosed prior to the Policy Effective Date, 14. No benefit under this policy would be paid under this policy, unless the nature & extent of injury is established medically with appropriate investigation reports & certified by the treating doctor. 15. Expenses incurred on neck belts, wrist bandages, walking sticks, abdomen belts, CPAP and any other similar external aid /devices, the use of which has been necessitated following an accident. <p>SPECIFIC EXCLUSION APPLICABLE TO OPTIONAL COVER I – ACCIDENTAL HOSPITALISATION EXPENSES</p> <ol style="list-style-type: none"> 1. Any Hospitalization for an existing disability from a previous Accident which has occurred prior to the first inception of this Certificate of Insurance. 2. Any stay in Hospital for an Injury due to Accident without undertaking any treatment. 3. Any Hospitalization for Accidental Injury aggravated by an existing disability or pre-existing illness/condition / injury. 4. Any Hospitalization due to an Accidental Injury where the treatment is undertaken by a family member and self-medication or any treatment that is not scientifically recognized. 5. Vaccination and inoculation of any kind unless forming part of treatment for Injury due to an Accident as prescribed by the Medical Practitioner. 6. Treatment taken from persons not registered as Medical Practitioners under respective Medical Councils. 7. Any other medical or surgical treatment except as may be necessary solely as a result Injury. 8. Any treatment taken outside India. 9. Dental treatment or surgery of any kind unless as a result of Accidental Bodily Injury to natural teeth and also requiring hospitalization. <p>SPECIFIC EXCLUSIONS APPLICABLE TO OPTIONAL COVER IV- EMI PAYMENT COVER</p>	
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7	Waiting Period	Initial Waiting period: Any Critical Illness diagnosed within the first 30/45/90 days of the date of commencement of the first Policy with Us , as specified in certificate of insurance	
8	Financial Limits of Coverage i.Sublimit (it is a pre defined limit and the insurance company will not	The policy will pay only up to the limits specified hereunder for the following diseases/procedures: Sub limits - Not Applicable Co-payment - Not Applicable	

	<p>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 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>	<p>Deductible - Not applicable</p>	
<p>9</p>	<p>Claims/claims procedure</p>	<p>Cashless Claims Procedure: (Applicable only for Optional Cover I: Accidental Hospitalization Expenses) Cashless treatment is only available at Network Hospitals</p> <ul style="list-style-type: none"> • Before treatment, the insured must call the company to request pre-authorization using a form provided by the company. In emergencies, this step may be waived. • The company will review the request and may send an authorization letter to the insured or the hospital. • The insured must present this authorization letter, their ID card, the insurance certificate, and any required documentation at the hospital upon admission. • The company will respond to the pre-authorization request within 2 hours with approval, rejection, or a request for more information. <p>Claim Settlement Process Applicable To Section I: Critical Illness Cover</p> <ul style="list-style-type: none"> • Notify the company within 30 days of the illness diagnosis, surgical procedure, or medical event. • Submit the required documents to the company within 30 days of hospital discharge. <p>Reimbursement Claim Procedure (Applicable for Section II- Accident Protection Cover, Optional Cover II Children Education Benefit, Optional Cover III Disability Benefit Cover and Optional Cover IV EMI Payment Cover)</p> <ol style="list-style-type: none"> a. Inform the company in writing within 30 days of the accident and submit all documents within 30 days of notification. b. Consult a doctor immediately and follow their recommended treatment. c. Take reasonable steps to mitigate the consequences of the injury. d. Allow examination by the company's medical advisors if requested. e. Provide all documentation and information requested by the company to investigate the claim. f. In the event of the insured beneficiary's death, notify the company in writing immediately and send a copy of the post mortem report (if conducted) within 30 days. <p>Claim Settlement Process Applicable To Optional Cover V : Fire and Allied Perils Cover For claim settlement process applicable to Fire and Allied Perils, please refer to "Bajaj Allianz General Insurance Company Ltd. Bharat Griha</p>	<p>Section E 30.</p>

		<p>Raksha Policy Wordings” which is attached hereto as annexure available on our website.</p> <p>Claim Settlement Process Applicable To Optional Cover VI : Burglary And Robbery Cover</p> <p>1. It is a condition precedent to the Company's liability under this Policy that, upon the happening of any event giving rise to or likely to give rise to a claim under this Policy:</p> <ol style="list-style-type: none"> a. the Insured Beneficiary shall immediately and in any event within fifteen (15) days give written notice of the same to the address shown in the Schedule for this purpose, and in case of notification of an event likely to give rise to a claim to specify the grounds for such belief, and b. immediately lodge a complaint with the police detailing the items lost and/or damaged and in respect of which the Insured Beneficiary intends to claim, and provide a copy of that written complaint, the First Information Report and/or Final Report to the Company, and c. the Insured Beneficiary shall within fifteen (15) days deliver to the Company its completed claim form detailing the loss or damage that has occurred and an estimate of the quantum of any claim along with all documentation required to support and substantiate the amount sought from the Company, and d. the Insured Beneficiary shall expeditiously provide the Company and its representatives and appointees with all the information, assistance, records and documentation that they might reasonably require, and e. take all reasonable steps to affect a recovery of the perpetrators of the Burglary and/or Robbery and recover any Contents lost. <p>2. The Company may in its sole and absolute discretion either:</p> <ol style="list-style-type: none"> a. reinstate, replace or repair the Contents lost or damaged or any part thereof; b. reinstate or repair the Insured’s Premises; but the Company shall not be bound to reinstate exactly or completely but only as circumstances permit and in a reasonably sufficient manner and in no case shall the Company be bound to expend more in reinstatement or repair than it would have cost to replace the same, and subject always to the Sum Insured. <p>Turnaround time(TAT) for claim settlement :</p> <ol style="list-style-type: none"> 1. Turnaround time (TAT) for claim settlement: 30 Working Days 2. TAT for preauthorization of cashless facility: Within 120 Min 3. TAT for cashless final bill authorization: Within 120 Mins <p>Weblinks Network hospital and Black listed hospital list https://www.bajajallianz.com/branch-locator.html</p> <p>Helpline numbers 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.</p> <p>https://www.bajajallianz.com/download-documents/other-information/GRO-List.pdf</p>	

11	Grievances /Complaints	<p>Grievance Redressal Procedure:</p> <p>a) Toll-free number 1-800-209- 5858 or 020-30305858, Say "Hi" on WhatsApp on +91 7507245858</p> <p>b) 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</p> <p>c) E-mail</p> <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: 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 <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 www.cioins.co.in/ombudsman.html</p>	Section E.11
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</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> <p>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</p>	Section E
13	Your Obligations	<p>Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement</p> <p>Disclosure of other material information during the policy period.</p>	
<p>Legal Disclaimer Note: The information must be read in conjunction with the product brochure and policy document. In case of any conflict between the CIS and the policy document, the terms and conditions mentioned in the policy document shall prevail.</p>			

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>