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Issuing Office:

My Health Care Plan

CUSTOMER INFORMATION SHEET

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

Sl No	Title	Description	Policy Clause Number
1	**Name of Insurance Product**	My Health Care Plan	
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)**	**In-patient Hospitalization Treatment** - Medical Expenses incurred due to admission to a Hospital for Illness or Accidental Bodily Injury, longer than 24 consecutive hours.	Section C-Part 1
		Super Top Up (In-patient Hospitalisation Treatment)	Section C-Part 2
		Pre-Hospitalization - up to 60 days or as per the option specified on the Policy Schedule prior to date of admission in hospital(Applicable to Part I and Part II)	Section C1
		Post-Hospitalization- up to 90 days or as per the option specified on the Policy Schedule from date of discharge from the hospital(Applicable to Part I and Part II)	Section C2
		Modern Treatment Methods and Advancement in Technologies (Applicable to Part I and Part II) covers expenses incurred during admissible hospitalization, towards following procedures maximum up to Inpatient Hospitalization Treatment Sum Insured 1. Uterine Artery Embolization and HIFU 2. Balloon Sinuplasty 3. Deep Brain stimulation 4. Oral chemotherapy 5. Immunotherapy- Monoclonal Antibody to be given as injection 6. Intra vitreal injections 7. Robotic surgeries 8. Stereotactic radio surgeries 9. Bronchial Thermoplasty 10. Vaporisation of the prostrate (Green laser treatment or holmium laser treatment) 11. IONM -(Intra Operative Neuro Monitoring) 12. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered	Section C3
		Day Care Procedures (Part I and Part II) - Medical Expenses incurred due to admission to a Hospital for Illness or Accidental Bodily Injury, for duration less than 24 consecutive hours as listed on Annexure I in Policy wordings covered up to Inpatient Hospitalization Treatment Sum Insured	Section C4
		Organ Donor Expenses (Part I and Part II) - Medical expenses incurred towards organ donor's treatment for harvesting of the donated organ maximum up to Inpatient Hospitalization Treatment Sum Insured,	Section C5
		Ayurvedic and Homeopathic Hospitalization Cover (Part I and Part II)- Hospital admission longer than 24 consecutive hours in a recognised Ayurvedic / Homeopathic Hospital maximum up to In-patient Hospitalization Treatment Sum Insured.	Section C6

Road Ambulance (Part I and Part II) – maximum up to In-patient Hospitalization Treatment Sum Insured.	Section C7
Maternity Package Expenses (Applicable to Part I and Part II)- A. Maternity expenses- Medical expenses towards pregnancy (delivery/termination) subject to the specified sub-limit, limited to maximum 2 deliveries or termination(s) B. Maternity expenses for Surrogacy – Maternity expenses incurred for the respective Surrogate mother towards maternity through surrogacy C. Complications of Assisted reproductive procedures/technology (ART) – Medical expenses incurred because of complications arising out of assisted reproductive procedures up to Maternity Package limit	Section C8
Baby Care (Applicable to Part I only)- Coverage for new born baby with a separate sum insured over and above the Inpatient Hospitalization Sum Insured subject to Maternity claim being accepted by Us.	Section C9
Out-patient Treatment Expenses (OPD) (Applicable to Part I and Part II) I. Tele (Insta) Consultation Cover – Consultation with Medical Practitioner/ Physician/Doctor listed on the digital platform of Insurer or concerned Service Provider via video, audio, or chat channel II. Doctor Consultation Cover (In-clinic) – consultation with Medical Practitioner/ Physician/Doctor in person from prescribed network centres of concerned Service Providers or on reimbursement basis with prior approval in non-network centres up to the limit as specified in the Policy Schedule. a) Doctor Consultation Cover (In-clinic) (Cashless and Reimbursement) For this cover, any one of the below options will apply for pre-approved reimbursement as specified under the plan. 1. 20% co-payment for pre-approved reimbursement claims 2. Reimbursement as per the approval up to OPD Sum Insured. b) Doctor Consultation Cover (In-clinic)(Cashless Service) Consultation with Medical Practitioner/ Physician/Doctor in person from prescribed network centres of concerned Service Providers up to the limit as specified under this Policy III. Doctor prescribed Investigations Cover – Pathology & Radiology Cover Cover for investigation prescribed by a registered Medical Practitioner for pathology or radiology as a cashless service in network centres of our Service Providers or on reimbursement basis with prior approval in non-network centres up to the limit as specified under this Policy IV. Annual Preventive Health Check-up cover- Free Preventive Health check-up once in every policy year as per limits specified in policy wording	Section C10
Domiciliary Hospitalization (Applicable to Part I and Part II)- Medical expenses for an illness/disease/injury up to In-patient Hospitalization Treatment Sum Insured, which in the normal course, would require care and treatment at a Hospital but, on the advice of the attending Medical Practitioner, is taken whilst confined at home	Section C11
Home Nursing Benefit (Applicable to Part I and Part II)- Fixed weekly benefit amount as specified for a Registered Nurse engaged for post-hospitalization care subject to claim paid for In-patient hospitalization Treatment.	Section C12
Cost of Prescribed External Medical Aid (Applicable to Part I and Part II) - Expenses incurred for External Medical Aids prescribed by a treating Medical Practitioner for the specific illness or injury against which the claim is accepted under "In-patient Hospitalisation Treatment"	Section C13
Sum Insured Reinstatement Benefit (Applicable to Part I only) – in case Sum Insured and Cumulative Bonus or Super Cumulative Bonus (if any) is exhausted during the Policy Year, then the base Sum Insured will be restored one time	Section C14

		Recharge (Applicable to Part I only) (Applicable only if Sum Insured Opted is 5 Lac and above)-– 20% increase in Base Sum insured max up to ₹ 25 Lacs SI ,In event of claim amount exceeding the limit of indemnity	Section C15
		Airlift Cover (Applicable to Part I and Part II)-expenses incurred on airlift facility for life threatening health conditions which require transportation from Insured Beneficiary's location to a Hospital	Section C16
		Family Visit (Applicable to Part I and Part II) - If Insured Beneficiary sustains Accidental Injury or contracts Illness during the Policy Period requiring Hospitalisation in an outstation location 200 kms away from Insured Beneficiary's place of residence, We will reimburse the actual to and fro economy class transportation expenses of most direct route via Common Carrier for one family member or relative or friend of the Insured Beneficiary as per the limit specified on the Policy Schedule	Section C18
		Renewal Premium Waiver Benefit (Applicable to Part I and Part II) - In event of death of the proposer (who is also an Insured Beneficiary during the Policy Period due to Accidental Injury or Illness, we will pay the renewal premium of My Health Care Plan for the dependant Insured Beneficiary/ies covered under the Policy for same coverages	Section C19
		Consumable Expenses (Applicable to Part I and Part II)- Non-Medical Expenses/ consumable as specified incurred during treatment of the Insured Beneficiary during the Policy Period up to Inpatient hospitalisation treatment Sum Insured, provided that the claim is admissible and payable under "In-patient Hospitalization Treatment" cover.	Section C 20
		Optional covers	
		Loss of Income Cover (Applicable to Part I and Part II) Weekly payment benefit for the expenses because of Accidental Injury and Any Illness excluding Infection Number of Days of per Hospitalization / No of weeks of Benefit paid 3 days to 5 days: 1 week 6 days to 10 days: 2 weeks 11 days to 20 days: 4 weeks 21 days to 30 days: 6 weeks Above 30 days: 8 weeks	Section C. Part III-1
		Procedure wise sub limit (Applicable to Part I only) If this cover is opted, the sub limits as per the below table would be applicable for the claims made under the respective procedures. **Type of Procedure** / **Sub Limit (Per Policy Year)** Coronary Artery Bypass Grafting CABG: 50% of SI max up to 2 Lac Percutaneous Transluminal Coronary Angioplasty PTCA (per event hospitalisation): 50% of SI max up to 1.5 Lac Total Knee Replacement with Prosthesis (per knee): 50% of SI max up to 1.5 Lac Hysterectomy: 50% of SI max up to 1 Lac	Section C. Part III-2
		Surgery Only cover (Applicable to Part I and Part II) Medical Expenses, incurred only for surgical treatment on the advice of a Medical Practitioner because of any Illness or Injury	Section C. Part III-3
		Air Ambulance (Applicable to Part I and Part II) Expenses incurred for ambulance transportation in an airplane or helicopter for rapid ambulance transportation from the site of first occurrence of the Illness / Accident to the nearest Hospital which directly and independently of all other causes results in emergency life threatening health conditions provided such hospitalization claim is admissible under the My Health Care Plan	Section C. Part III-4

		Major Illness and Accident Multiplier (Indemnity) (Applicable to Part I only) Medical expenses incurred due to Critical Illnesses or due to Accidental Bodily Injuries then the sum insured for such Major Illnesses or Injury would be increased up to number of times of "Inpatient Hospitalization Treatment" Sum Insured List of Critical Illness as below : i. Cancer ii. Open Chest Coronary Artery Bypass Grafting (CABG) iii. Kidney Failure Requiring Regular Dialysis iv. Major Organ Transplantation v. Multiple Sclerosis with Persisting Symptoms vi. Permanent Paralysis of Limbs vii. Open Heart Replacement or Repair of Heart Valves viii. End Stage Liver Failure ix. End Stage Lung Failure x. Bone Marrow Transplant	Section C. Part III-5
		International Cover – Emergency Care only (Applicable to Part I only) Medical Expenses incurred outside India and anywhere across the World for Emergency Care only, for inpatient hospitalisation A mandatory co-payment of 10% is applicable which will be in addition to any other co-payment/deductible if any applicable in the policy.	Section C. Part III-6
		Hospital Daily Cash Benefit (Applicable to Part I and Part II) The Daily Cash Benefit as specified on the Policy Schedule for each continuous and completed period of 24 hours of Hospitalization necessitated solely by reason of the said Accidental Bodily Injury or Illness for a period as specified in Policy Schedule Two times the Daily Allowance will be in case of ICU admission For a maximum period of 7 days for each hospitalization.	Section C. Part III-7
		Fracture Care (Applicable to Part I and Part II) Lump sum benefit In case of any Accidental Bodily Injury sustained by Insured person during Policy Period which directly and independently of all other causes results in Fracture/s of Bone/s, then such percentage (as shown in the Fractures and Dislocations Benefit Schedule below) of Sum Insured as specified under the respective section of the Policy Schedule will be payable.	Section C. Part III-8
		Super Cumulative Bonus – 50%/100% increase in base sum insured per claim Max up to 600% base Sum insured as opted and specified in the policy schedule. If the In-Patient Hospitalization treatment claim paid amount (in a single or multiple claims) does not exceed INR 100,000 in a Policy Year then the Super Cumulative Bonus, if any, accrued under this Cover will not be reduced at renewal.	Section C. Part III-9
		Double Sum Insured Benefit (Applicable to Part I only) (Applicable only if Sum Insured Opted is 5 Lac and above) Sum Insured specified under Part I In-patient Hospitalization Sum Insured would get doubled only once during each Policy Year and any unutilised amount in whole or part will not be carried forward in subsequent policy year	Section C. Part III-10
6	**Cumulative Bonus**	**For SI 3 and 4Lacs - 25**% increase in base sum insured per claim free policy Year max up to 100%of base Sum Insured **For SI more than 5 Lacs - 25**% increase in base sum insured per claim free policy Year max up to 100%of base Sum Insured.	Section C17
7	**Exclusions (What the policy does not cover)**	General Exclusions • Any hospital admission primarily for investigation diagnostic purpose (Excl04)	Standard Exclusions Section D II

		• Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. (Excl05) Obesity/Weight Control (Excl06) - Change-of-gender treatments (Excl07) • Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) etc. (Excl08) • Expenses for treatment arising from Insured committing or attempting to commit a breach of law with criminal intent. (Excl10) • Treatment for Alcoholism, drug or substance abuse. (Excl12) • Treatments received in heath hydros, nature cure clinics, etc. where admission is arranged wholly or partly for domestic reasons. (Excl 13) • Dietary supplements and substances unless prescribed as part of hospitalization claim or day care procedure. (Excl14) Excluded Providers (Excl11)(Treatments received in heath hydros etc., arranged wholly or partly for domestic reasons. (Excl13) • Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres. (Excl15) • Expenses related to any unproven treatment, services and supplies. (Excl16) • Expenses related to sterility and infertility. (Excl17) • Medical Treatment Expenses traceable to pregnancy and its complications. (Excl 18) (applicable to Silver plan only) Specific Exclusions : 1. Cosmetic dental procedures unless due to Accidental Injury. 2. Medical expenses where Inpatient care and medical supervision is not required 3. War, invasion, acts of foreign enemies 4. The cost of external durable medical equipment except Cost of Artificial Limbs, cost of prosthetic devices implanted during surgical procedure like Pacemaker, orthopedic implants, etc.etc. 5. External medical equipment of any kind used at home as post Hospitalization 6. Congenital external diseases or defects or anomalies, growth hormone therapy, stem cell implantation or surgery except for Hematopoietic stem cells for bone marrow transplant for hematological conditions. 7. Intentional self-injury 8. Vaccination or inoculation 9. All non-medical Items as per Annexure II in policy wordings 10. Any treatment received outside India 11. Circumcision unless required for the treatment of Illness or Accidental bodily injury. Exclusions specific to OPD cover Exclusions for Tele (Insta) Consultation Cover: 1. Tele-consultation outside the Digital platform/ service provider's application/website/video/audio/chat consultation, in-clinic/physical consultation is not covered under this benefit of the product. 2. Not transferrable to any other beneficiary unless the beneficiary is covered under the Policy & has opted this coverage. 3. If the same is not availed in the Policy year, cannot be carried forward to the subsequent policy year during the Policy Period. 4. Reimbursement of teleconsultation benefit is not permitted 5. Initial 30 days waiting period applicable for illness, illness not applicable for renewals 6. Pre-Existing Diseases Waiting Period (Code-Excl01) **a)** a) The PED waiting period will be applicable and will be as opted would be specified on the Policy Schedule **Exclusions for Doctor Consultation Cover (In clinic)**	& Section D - Specific Exclusion

		1. Other expenses of investigations, medicines, procedures or any medical, non-medical items are not covered. 2. Not transferrable to any other person unless the person is covered under the same Policy. 3. Cannot be carried forward to the subsequent Policy year 4. Initial 30 days waiting period is applicable required for Illness illness not applicable for renewals 5. The plan does not cover yoga, naturopathy, reiki, acupuncture, acupressure, physiotherapy, psychiatric counselling, diet counselling. 6. The PED waiting period will be applicable and will be as opted would be specified on the Policy Schedule. **Exclusions for Doctor Prescribed Lab and Radiology Cover** 1. Any Lab or Radiology investigation not prescribed by a Medical Practitioner will not be covered. 2. Not transferrable to any other person unless the person is covered under the same Policy. 3. Cannot be carried forward to the subsequent policy year after renewal. 4. Initial 30 days waiting period is applicable related to illness not applicable for renewals **Exclusions for Annual Preventive Health Check -up cover** 1. Cannot be availed outside the prescribed list of hospitals or diagnostic centres. 2. Home collection facility will available only at selected locations. For locations where home sample collection is not available, the customer will have to physically go and take the tests. 3. The complete list of tests as given above has to be completed in a single appointment. 4. Cannot be carried forward to the subsequent Policy Year. 5. Reimbursement expenses is excluded from the scope of the Policy. 6. Initial 30 days waiting period is applicable related to Illness, not applicable for renewals . List of network Hospitals or diagnostic centres can be accessed from the Insurer's website for: • Doctor Consultation Cover (In clinic) • Doctor prescribed Investigations Cover – Pathology & Radiology Cover • Annual Preventive Health Check-up cover	
8	**Waiting Period** Time period during which specified disease/treatment are not covered It is counted from beginning of the policy coverage	**Initial Waiting period:** 30 days for all illnesses **Specific Waiting period:** 24 months for below listed procedures 1. Any type gastrointestinal ulcers — 2. Cataracts, 3. Any type of fistula — 4. Macular Degeneration 5. Benign prostatic hypertrophy — 6. Hernia of all types 7. All types of sinuses — 8. Fissure in ano 9. Haemorrhoids, piles — 10. Hydrocele 11. Dysfunctional uterine bleeding — 12. Fibromyoma 13. Endometriosis — 14. Hysterectomy 15. Uterine Prolapse — 16. Stones in the urinary and biliary systems	Standard Exclusions Section D- I and D-II

17. Surgery on ears/tonsils/ adenoids/ paranasal sinuses	18. Surgery on all internal or external tumours/ cysts/ nodules/polyps of any kind including breast lumps except malignancy
19. Diseases of gall bladder including cholecystitis	20. Pancreatitis
21. All forms of Cirrhosis	22. Gout and rheumatism
23. Surgery for varicose veins and varicose ulcers	24. Chronic Kidney Disease
25. Alzheimer's Disease	26. Joint replacement surgery
27. Surgery for vertebral column disorders (unless necessitated due to an Accident)	28. Surgery to correct deviated nasal septum
29. Hypertrophied turbinate	30. Congenital internal diseases or anomalies
31. Treatment for correction of eye sight due to refractive error recommended by Ophthalmologist for medical reasons with refractive error greater or equal to 7.5	32. Bariatric Surgery

Waiting Period

Waiting Periods	**Plan 1**	**Plan 2**	**Plan 3**	**Plan 4**
Pre-Existing Diseases Waiting Period	36 months	48 months	24 months	36 months
Specified disease/procedure Waiting Period	24 months	36 months	24 months (Option to change to 12 Months)	24 months
Initial Waiting period	30 days	30 days	30 days	30 days
Maternity Expenses waiting period & Baby Care waiting period	36 months (will decrease by 1 year if premium for long term policy is paid upfront)	NA	36 months (will decrease by 1 year if premium for long term policy is paid upfront)	36 months (will decrease by 1 year if premium for long term policy is paid upfront)

9	**Financial Limits of Coverage** Sublimit (it is a pre-defined limit and the insurance company will not pay any amount in excess of this limit) Co-payment (it is a specified amount /percentage of the admissible claim amount to be paid by policy holder/insured) .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) .Any other limit (as applicable)	The policy will pay only up to the limits specified hereunder for the following diseases/procedures: **Sub limits**	Section C-Part I and II Section E28

Plan/Covers	Limit/Category
Room Rent Limit **	
Plan 1	SI 3 Lacs -10 Lacs - Single Private AC room
	SI 10 Lacs and above – At Actuals
Plan 2 and Plan 4	1% of SI per Day
Plan 3	At Actuals
Maternity	SI ₹3 lacs & ₹4 lacs – Not Covered For SI 5 Lac to 10 Lac – INR 50,000 For SI 15 Lac to 20 Lac- INR 75,000 For SI above 20 Lacs – INR 1,00,000
Family Visit	For Plan 1, 3 and 4 For SI upto 10 lacs- upto INR 25,000 For SI More than 10 lacs – Upto INR 50,000 For Plan 2- For SI upto 10 lacs upto INR 25,000
Cataract Limit	20% of SI for each eye, max up to ₹1,00,000/-
	For SI above 10 Lac- Actual

** Proportionate deduction shall be applicable on all expenses other than cost of Pharmacy/medicines, consumables, implants, medical devices & diagnostics in case of admission to a room at rates exceeding the limit specified as per Sum insured and Plan opted.

Co payments

Co-payment	**Limit**
Voluntary co-payment	5%/10%/15%/20% of admissible claim amount
International Cover – Emergency Care only	Mandatory co-payment of 10%

Other Limits: The limits against the covers mentioned below are over and above the In-patient Hospitalisation sum insured

Name of Limit	Limit
Baby care (Plan 1 and Plan 3)	**Plan 1 :** For SI up to 4 Lac- 1 lac For SI 5 Lac to 10 Lac- 5 Lac For SI 15 Lac to 50 Lac- 10 Lac For SI above 50 Lac- 15 Lac
	Plan 3: For SI up to 4 Lac- NA Rest all as Plan 1
Home Nursing Benefit	**Plan 1 & 4** : For SI up to 50 Lac- 5,000/week For SI above 50 Lac- 10,000/week
	Plan 3: For SI up to 50 Lac- 10,000/week For SI above 50 Lac - 20,000/week
Cost of Prescribed External Medical Aid	**Plan 1 & 4** : For SI up to 10 Lac- 10,000 For SI 15 Lac to 50 Lac- 25,000 For SI above 50 Lac- 50,000
	Plan 2 : For SI up to 10 Lac- 10,000

		Plan 3 : For SI up to 10 Lac- 15,000 For SI 15 Lac to 50 Lac- 40,000 For SI above 50 Lac75,000 -75,000	
		Sum Insured Reinstatement (Available for same illness)	**Plan1 :** For SI less than 5 lacs - Once For SI 5 lacs and above – Unlimited
			Plan 2: For SI less than 5 lacs - Once
			Plan 3: For All SI – Unlimited
		Airlift Cover	**Plan 1, 3 and 4** : For SI above 50 Lac to 1 Crore- up to INR 10 Lac For SI Above 1Crore - up to INR 20 Lac
		Cumulative bonus (reduces in case of claim)	**For Plan 1 and 3** For SI 3 and 4 lacs - 25% Per Annum max 100% For SI 5 Lac and above- 50% Per Annum max 100% **For Plan 2** 25% per annum max up to 100%
		Recharge Benefit	**Plan 3** 20% of the SI maximum up to INR 25 Lac
		OPD Sum Insured	**Plan 1, Plan 3 and Plan 4-** 2X of the Net Premium Insta-Consultation (Instant Teleconsultation): Only 1 active Doctor consultation is allowed at any given time. Maximum of 5 consultations per day Maximum of 15 online consultations per month. Doctor Consultation Cover (in clinic): 50% of OPD SI Doctor Prescribed investigation/ pathology and Radiology Cover: 50% of OPD SI Annual Preventive Health check-up cover: (1 voucher)
		Deductible : Plan: Plan 4(Super top-up) Deductible options: 50K/1/2/3/4/5/7.5/10/15/20/30/40/50/75 Lacs/ 1Cr	
10	**Claims/claims procedure**	**Cashless Claim process**Cashless treatment is only available at Network Hospitals • You or Your representative must intimate Us 48 hours before the planned Hospitalization and within 24 hours of emergency hospitalization and request pre-authorization by way of the written form	Section E 30

		• We will review each claim for Medical Expenses, coverage and accordingly issue an authorization letter either to You or the Network Hospital. **Reimbursement claim process** • Applicable for claims where treatment is taken at a Non network hospital OR If we have denied your claim as per Cashless Claims Procedure. • You or Your representative must intimate Us 48 hours before the planned Hospitalization and within 48 hours of emergency hospitalization • You or someone claiming on Your behalf must promptly and in any event within 30 days of discharge from a Hospital give Us the documentation • The Company shall settle or reject the claim within 45days from the date of receipt of last necessary document. **Turnaround time(TAT) for claim settlement:** 1. Turnaround time (TAT) for claim settlement: 30 Working Days 2. TAT for preauthorization of cashless facility: Within 120 Mins 3. TAT for cashless final bill authorization: Within 120 Mins **Weblinks** Network hospital and Black listed hospital list https://www.bajajallianz.com/branch-locator.htmll **Helpline Number** Tollfree: 1800-103-2529 **Downloading /getting claim forms** Downloading /getting claim forms Health Insurance Claim Process | Accident Insurance Claim (bajajallianz.com)	
11	**Policy Servicing**	Call centre number(Toll free): 1800-209-5858 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	
12	**Grievances /Complaints**	Grievance Redressal Procedure: a) Toll-free number 1-800-209- 5858 or 020-30305858, Say “Hi” on WhatsApp on +91 7507245858 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 c) E-mail • 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 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	Section E 16

13	**Things to remember**	**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. **Policy Renewal :** Except on grounds of fraud , moral hazard or mis representation or non-co-operation, renewal of your policy shall not be denied **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 least45days before, butnotearlierthan60days 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 **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 **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	Section E
14	**Your Obligations**	Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement	
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