

UNION SURAKSHA KAVACH (GROUP)

Policy Wordings

SECTION A) PREAMBLE

Whereas the Policy Holder has made to Bajaj Allianz General Insurance Company Ltd (hereinafter called the "Company" or "Insurer"), a proposal which is hereby agreed to be the basis of this Master Policy to be issued in the name of Proposer and the Certificate of Insurance to be issued thereunder in the name of Insured Beneficiary, and the Insured Beneficiary and or Proposer on behalf of Insured Beneficiary has paid the premium specified in the Certificate of Insurance, now the Company agrees, subject always to the following terms, conditions, exclusions, and limitations, to (i) indemnify, the Insured Beneficiary, the Sum Assured as specified in the Certificate of Insurance, in case of hospitalization is incurred, or (ii) pay the Insured Beneficiary, the Sum Assured as specified in the Certificate of Insurance in case of death or Permanent Total Disability or Permanent Partial Disability, as mentioned hereinafter, within the Cover period.

SECTION B) DEFINITIONS- STANDARD DEFINITIONS

1. Accident, Accidental

An accident means sudden, unforeseen and involuntary event caused by external, visible and violent means.

2. Cashless facility:

Cashless facility means a facility extended by the Insurer to the Insured where the payments, of the costs of treatment undergone by the Insured in accordance with the Policy terms and conditions, are directly made to the network provider by the Insurer to the extent pre-authorization is approved.

3. Condition Precedent:

Condition Precedent means a Policy term or condition upon which the Insurer's liability under the Policy is conditional upon.

4. Congenital Anomaly:

Congenital Anomaly means a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.

- a. Internal Congenital Anomaly- Congenital anomaly which is not in the visible and accessible parts of the body
- b. External Congenital Anomaly- Congenital anomaly which is in the visible and accessible parts of the body

5. Day care centre:

A day care centre means any institution established for day care treatment of illness and / or injuries or a medical set -up with a hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criteria as under:-

- i. has qualified nursing staff under its employment,
- ii. has qualified medical practitioner(s) in charge,
- iii. has a fully equipped operation theatre of its own where surgical procedures are carried out
- iv. maintains daily records of patients and will make these accessible to the Insurance Company's authorized personnel.

6. Day Care Treatment:

Day care treatment means medical treatment, and/or surgical procedure which is:

- i. undertaken under General or Local Anesthesia in a hospital/day care centre in less than 24 hrs because of technological advancement, and
- ii. which would have otherwise required a hospitalization of more than 24 hours.

Treatment normally taken on an out-patient basis is not included in the scope of this definition.

7. Dental Treatment:

Dental treatment means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery.

8. Disclosure to information norm:

The Policy shall be void and all premium paid thereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.

9. Emergency Care:

Emergency care means management of an illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a medical practitioner to prevent death or serious long term impairment of the Insured's health.

10. Grace Period:

Grace period means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a Policy in force without loss of continuity benefits such as waiting periods and coverage of pre-existing diseases. Coverage is not available for the period for which no premium is received.

11. Hospital:

A hospital means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:

- i. has qualified nursing staff under its employment round the clock;
- ii. has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;

UNION SURAKSHA KAVACH (GROUP)

- iii. has qualified medical practitioner(s) in charge round the clock;
- iv. has a fully equipped operation theatre of its own where surgical procedures are carried out;
- v. maintains daily records of patients and makes these accessible to the Insurance Company's authorized personnel.

12. Hospitalization:

Hospitalization means admission in a Hospital for a minimum period of 24 consecutive In patient Care hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.

13. Illness

Illness means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.

- a. Acute condition - Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/illness/injury which leads to full recovery.
- b. Chronic condition – A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:
 - i. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests
 - ii. it needs ongoing or long-term control for relief of symptoms
 - iii. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
 - iv. it continues indefinitely
 - v. it recurs or is likely to recur.

14. Injury/Bodily Injury

Injury means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.

15. Inpatient Care

Inpatient care means treatment for which the Insured has to stay in a hospital for more than 24 hours for a covered event.

16. Intensive Care Unit

Intensive care unit means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated medical practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.

17. Medical Advice:

Medical advice means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow up prescription.

18. Medical expenses

Medical Expenses means those expenses that an Insured has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured had not been Insured and no more than other hospitals or Medical practitioners in the same locality would have charged for the same medical treatment.

19. Medical Practitioner/ Physician/Doctor:

A Medical Practitioner is 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 or from other authority/commission as may be prescribed under law, from time to time, and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of license.

20. Medically Necessary Treatment:

Medically necessary treatment means any treatment, tests, medication, or stay in hospital or part of a stay in hospital which

- i. is required for the medical management of the illness or injury suffered by the Insured;
- ii. must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
- iii. must have been prescribed by a medical practitioner,
- iv. must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

21. Migration

Migration means, the right accorded to health insurance policyholders (including all members under family cover and members of group health insurance policy), to transfer the credit gained for pre-existing conditions and time bound exclusions, with the same insurer.

22. Non- Network Provider:

Non-Network provider means any hospital, day care centre or other provider that is not part of the network.

23. Notification of Claim:

Notification of claim means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.

24. Portability:

Portability means the right accorded to an individual health insurance policyholder (including all members under family cover) to transfer the credit gained for pre-existing conditions and time-bound exclusions from one insurer to another.

25. Post-hospitalization Medical Expenses:

Post-hospitalization Medical Expenses means medical expenses incurred during predefined number of days immediately after the Insured Person is discharged from the hospital provided that:

- a. Such Medical Expenses are for the same condition for which the Insured Person's hospitalization was required, and

UNION SURAKSHA KAVACH (GROUP)

- b. The inpatient hospitalization claim for such hospitalization is admissible by the Insurance Company.

26. Pre-Existing Disease:

Pre-existing disease means any condition, ailment or injury or disease

- a. That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement **Or**
b. For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement.

27. Pre-hospitalization Medical Expenses:

Pre-hospitalization Medical Expenses means medical expenses incurred during predefined number of days preceding the hospitalization of the Insured Person, provided that:

- a. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and
b. The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.

28. Qualified Nurse:

Qualified nurse means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.

29. Reasonable and Customary charges

Reasonable and Customary charges means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness / injury involved.

30. Renewal

Renewal means the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of gaining credit for pre-existing diseases, time-bound exclusions and for all waiting periods.

31. Room rent

Room Rent means the amount charged by a Hospital towards Room and Boarding expenses and shall include the associated medical expenses.

SECTION B) DEFINITIONS- SPECIFIC DEFINITIONS

1. Adventure Sports

Adventure sports (also called action sports, aggro sports, and Extreme sports) are a popular term for certain activities perceived as having a high level of inherent danger. These activities often involve speed, height, a high level of physical exertion, and highly specialized gear such as racing on wheels or horseback, big game hunting, mountaineering, winter sports, Skydiving, Parachuting, Scuba Diving, Riding or Driving in Races or Rallies, Mountain Climbing, hunting or equestrian activities, rock climbing, pot holing, bungee jumping, skiing, ice hockey, ballooning, hand gliding, diving or under-water activity river rafting, canoeing involving rapid waters, polo, yachting or boating outside coastal waters.

2. Age

Means completed years as at the commencement date of the Certificate of Insurance.

3. Bajaj Allianz Network Hospitals / Network Hospitals/Network Provider

Means the Hospitals which have been empanelled by Us as per the latest version of the schedule of Hospitals maintained by Us, which is available to You on request. For updated list please visit our website www.bajajallianz.com

4. Beneficiary/Insured Beneficiary

Means the individual person/family members [in floater COI] and in case of death of the Insured Beneficiary, the Beneficiary means, unless stipulated otherwise by the Insured Beneficiary, the surviving Spouse or immediate blood relative of the Insured Beneficiary, mentally capable and not divorced, followed by the children recognized or adopted followed by the Insured Beneficiary's legal heirs. For all other benefits, the Beneficiary means the Insured Beneficiary himself unless stipulated otherwise

5. Certificate of Insurance/COI

Certificate of Insurance means the document issued by the Company to the Insured Beneficiary as per these terms and conditions detailing the commencement date and expiry date of the cover, Insured Beneficiary(s) name, address, age, coverage, sums insured, condition(s), exclusions and or endorsement(s). Provided however if there is any contradiction between what is stated in the wordings attached to Certificate of Insurance and these Policy Wordings, then these Policy Wordings shall prevail.

6. Civil War

Means armed opposition, whether declared or not, between two or more parties belonging to the same country where the opposing parties are of different ethnic, religious or ideological groups. Civil War also includes armed rebellion, revolution, sedition, insurrection, Coup, and the consequences of Martial law.

7. Common Carrier

Means any civilian land or water conveyance or Scheduled Aircraft in each case operated under a valid license for the transportation of passengers for hire.

8. **Cover Period** means the period during which the Certificate of Insurance is valid.

9. Dependent Child

Dependent Child refers to a child (natural or legally adopted) and studying at an accredited educational institution, who is financially dependent on the primary Insured Beneficiary or proposer for COI and does not have his / her independent sources of income.

UNION SURAKSHA KAVACH (GROUP)**10. Dislocation**

A dislocation is a separation of two bones where they meet at a joint. Joints are areas where two bones come together. A dislocated joint is a joint where the bones are no longer in their normal positions.

11. Fracture

A fracture is a complete or incomplete break in a bone resulting from the application of excessive force.

12. Group

The definition of a group as per the provisions of Insurance Regulatory and Development Authority of India (Health Insurance) Regulations, 2016, read with group guidelines issued by IRDAI vide circular 015/IRDA/Life/Circular/GI Guidelines/2005 dated 14th July 2005, as amended/modified/further guidelines issued, from time to time.

13. Group Policy or Master Policy This Policy Document, the Master Policy Schedule/ Union Suraksha Kavach Group **Policy Schedule** and the Proposal, declaration and applicable Endorsements under the Policy containing the terms and conditions of the insurance coverage and under which Certificates of Insurance shall be issued to the Insured Beneficiary with the details of the extent of cover available to the Insured Beneficiary, the Exclusions under the cover and the terms, conditions, warranties and limitations.

14. Hazardous Activities

Means Persons whilst working in underground mines, explosives, magazines, workers whilst involved in electrical installation with high tension supply, jockeys, circus personnel, Aircraft pilots and crew, Armed Forces personnel, Artistes engaged in hazardous performances, Aerial crop sprayer, Bookmaker (for gambling), Demolition contractor, Explosives users, Fisherman (seagoing), Jockey, Marine salvager, Miner and other occupations underground, nuclear installations, Off-shore oil or gas rig worker, Policeman, Pop Musicians, Professional sports person, Roofing contractors and all construction, maintenance and repair workers at heights in excess of 50ft/15m, Saw miller, Scaffolder, Scrap metal merchant, Security guard (armed), Ship crew, Steeplejack, Stevedore, Structural steelworker Tower crane operator, Tree feller.

15. Master Policy shall mean the group Policy issued to the Policy Holder containing the terms and conditions of the insurance coverage and under which Certificates of Insurance shall be issued to the Insured Beneficiary.

16. Named Insured/ Insured Person/ Insured Beneficiary:

Named Insured/ Insured Person/ Insured Beneficiary means Policy Holder's customers with their family members for whom the Policy Holder has taken the Group Insurance Policy basis which Certificate of Insurance is issued by the Company to the Insured Person/Insured Beneficiary

17. Nominee

Nominee is the person selected by the Policyholder to receive the benefit in case of death of the insured thus giving a valid discharge to the insurer on settlement of claim under an insurance Policy.

18. Occupation

Your occupation as shown in the Certificate of Insurance read with **Group Policy Schedule**

19. Permanent Total Disability

Medical practitioner certified total, continuous and permanent:

- Loss of the sight of both eyes
- Physical separation of or the loss of ability to use both hands or both feet
- Physical separation of or the loss of ability to use one hand and one foot
- Loss of sight of one eye and the physical separation of or the loss of ability to use either one hand or one foot

20. Permanent Partial Disability

Medical practitioner certified total and continuous loss or impairment of a body part or sensory organ

21. Policy Holder/Proposer/Group Administered or "Insured" is the Organization or Legal Entity which has taken the Policy on behalf of all Insured Beneficiary(s)/Insured Beneficiary.

22. Policy Period means the date between the commencement date specified in the Master Policy Schedule with Risk Inception Date to Risk Expiry Date.

23. Policy Schedule means the Group Policy Schedule/ Union Suraksha Kavach Group **Policy Schedule**

24. Professional Sports

Means a sport which is the primary livelihood earning of the player,

25. Proposal and Declaration Form

Means any initial or subsequent declaration made by the Insured Beneficiary and is deemed to be attached and which forms a part of this Policy

26. Scheduled Airline

Means any civilian aircraft operated by a civilian scheduled air carrier holding a certificate, license or similar authorization for civilian scheduled air carrier transport issued by the country of the aircraft's registry, and which in accordance therewith flies, maintains and publishes tariffs for regular passenger service between named cities at regular and specified times, on regular or chartered flights operated by such carrier.

27. Sum Insured

Means the sum as specified in the COI against the name of Insured Beneficiary, which sum represents the Company's maximum liability for any or all claims under COI read with this Policy during the Cover Period against the respective Insured Benefit(s) for which the sum is mentioned in the COI issued under this Group Master Policy.

28. You, Your, Yourself/ Your Family named in the Certificate of Insurance means the person or persons that We insure as set out in the Certificate of Insurance

29. We, Us, Our, Ours, Company, Insurer means the Bajaj Allianz General Insurance Company Limited.

UNION SURAKSHA KAVACH (GROUP)

SECTION C) COVERAGE

Cover Period under Certificate of Insurance:

Cover Period will be 1 [one] year except for the credit linked customers where Policy will be issued up to 5 [five] years or lesser period depending on the loan period.

OPERATIVE PARTS

What we will pay/indemnify, as the case may be, for

SECTION I: DEATH

If during the Cover Period, Insured Beneficiary sustains Accidental Bodily Injury which directly and independently of all other causes results in Death of the Insured Beneficiary within twelve (12) months from the Date of accident, then the Company agrees to pay, subject to admissibility of the claim, the Sum Insured shown under this Section I cover as stated in Certificate of Insurance to assignee, as the case may be, (as per the Proposal Form read with the provisions of Section 38 Insurance Amendment Act 2015) subject otherwise to all other terms, conditions and Exclusions of the Certificate of Insurance read with these terms. In the absence of an assignee to the Insured Beneficiary's Nominee or legal representative, provided however in case the assignment is partial assignment / conditional assignment, then the payment of Sum Insured upon Death of the Insured Beneficiary shall depend upon and subject to terms and conditions of such partial assignment/conditional assignment.

Additional Benefits:

If the claim under Section I: Death, is accepted by the Company for the Insured Beneficiary, then the Company will pay for the following additional expenses over and above the Section I Death Sum Insured opted:

a) Transportation of mortal remains

The Company will make an additional payment of 1% of the Sum Insured as specified in Certificate of Insurance under Section I: Death as a lump sum benefit amount towards the expenses of transporting the body remains of the Insured Beneficiary from the place of death to a hospital, cremation ground or burial ground or to the his/her residence.

b) Funeral Expenses

The Company will make an additional payment of 1% of the Sum Insured as specified in Certificate of Insurance under Section I: Death as a lump sum benefit amount towards Funeral Expense of the deceased Insured Beneficiary. The claim amount shall be paid to the nominee or legal representative of the Insured Beneficiary(s).

Extensions:

Disappearance

In the event of Your disappearance, following a forced landing, stranding, sinking or wrecking of a conveyance in which You were known to have been travelling as an occupant, Your disappearance shall be deemed as death after Twelve (12) months. If at any time after the payment, it is discovered that You are still alive, all payments shall be reimbursed in full to Us by the recipient of such benefit.

SECTION II: PERMANENT TOTAL DISABILITY

If during the Cover Period, the Insured Beneficiary sustains Accidental Bodily Injury which directly and independently of all other causes results in Permanent Total Disability within twelve (12) months from the Date of accident, then the Company agrees to pay the Sum Insured stated shown under this Section II cover stated in the Certificate of Insurance subject otherwise to all other terms, conditions and Exclusions of the Certificate of Insurance read with these terms.

For the purpose of this cover, Permanent Total Disability shall mean either of the following:

- i. Loss of the sight of both eyes
- ii. Physical separation of or the loss of ability to use both hands or both feet
- iii. Physical separation of or the loss of ability to use one hand and one foot
- iv. Loss of sight of one eye and the physical separation of or the loss of ability to use either one hand or one foot

Additional Benefits:

If claim under Section II: Permanent Total Disability of the Insured Beneficiary is accepted, then the Company will pay the following additional benefit over and above the Section II Permanent Total Disability Sum Insured opted:

Lifestyle Modification Benefit:

The Company will make an additional payment of 2% of the Sum Insured as a lump sum benefit amount towards lifestyle modifications such as modification of place of residence and / or modification of the vehicle for the Insured.

SECTION III: PERMANENT PARTIAL DISABILITY

If during the Cover Period, the Insured Beneficiary sustains Accidental Bodily Injury which directly and independently of all other causes results in Permanent Partial Disability within twelve (12) months from the Date of accident, then the Company agrees to pay the percentage shown in the table below applied to the Permanent Partial Disability Sum Insured shown under this Section III cover stated in the Certificate of Insurance subject otherwise to all other terms, conditions and Exclusions of the Certificate of Insurance read with these terms

Hearing of both ears	75 %
An arm at the shoulder joint	70%
A leg above mid-thigh	70 %
An arm above the elbow joint	65 %
An arm beneath the elbow joint	60 %
A leg up to mid-thigh	60 %
A hand at the wrist	55 %
A leg up to beneath the knee	50 %

UNION SURAKSHA KAVACH (GROUP)

An eye	50 %
A leg up to mid-calf	45 %
A foot at the ankle	40 %
Hearing of one ear	30 %
A thumb	20 %
An index finger	10 %
Sense of smell	10 %
Sense of taste	5 %
Any other finger	5 %
A large toe	5 %
Any other toe	2 %

Note-

1. If the Permanent Partial Disability is not listed in the table then the disability percentage certified by the Government Civil Surgeon would be considered for claim process. The Company will pay the percentage shown in the Certificate of Insurance, applied to the Permanent Partial Disability Sum Insured as stated under the respective section of the Certificate of Insurance.
2. If more than one Permanent Partial Disability loss has resulted due to accidental Injury, the claim amount payable for all such losses put together should not exceed the total Sum Insured as opted by the Insured Beneficiary under this section.

SECTION IV: ACCIDENTAL HOSPITALIZATION EXPENSES

If Insured Beneficiary is Hospitalized for a minimum period of 24 hours on the advice of a Doctor/ Medical Practitioner because of Accidental Bodily Injury sustained during the Cover Period, then the Company will indemnify the In-patient Treatment- Medical Expenses for the below listed items up to the Sum Insured shown under this Section IV cover stated in Certificate of Insurance, subject otherwise to all other terms, conditions and exclusions of the Certificate of Insurance read with these terms.

- Room rent, boarding expenses
- Nursing
- Intensive care unit
- Consultation fees
- Anesthesia, blood, oxygen, operation theatre charges, surgical appliances
- Medicines, drugs and consumables,
- Diagnostic procedures,
- The Cost of prosthetic and other devices or equipment if implanted internally during a Surgical Procedure.
- Physiotherapy expenses as recommended by the treating Doctor

Day Care procedure coverage:

Waiver of 24 hours hospitalization would be considered under Accidental Hospitalization Expenses for the surgeries/procedures due to technological advancement provided such procedures comply with the standard definition of Day Care Centre and Day Care treatment mentioned in the Policy definitions.

- a) The Pre and Post Hospitalisation expenses payable under day care procedure shall include expenses incurred on Physiotherapy also.
- b) If the claim under Accidental Hospitalization Expenses (including day care procedure) due to Accident of the Insured Beneficiary is accepted, then the Company will also indemnify below expenses:

i. Pre Hospitalization

If the Company has accepted an inpatient Hospitalization claim under Accidental Hospitalization Expenses then the Company will also reimburse the Medical Expenses incurred during the 60 days immediately before the Insured Beneficiary was Hospitalized for Accidental Bodily Injury, provided that such Medical Expenses were incurred for the same Injury for which subsequent Hospitalization was required.

ii. Post-Hospitalization

If the Company has accepted an inpatient Hospitalization claim under Accidental Hospitalization Expenses then the Company will also reimburse the Medical Expenses incurred during the 90 days immediately after the Insured was discharged post Hospitalization provided that, such costs are incurred in respect of the same Injury for which the earlier Hospitalization was required.

SECTION V: COMA DUE TO ACCIDENTAL BODILY INJURY

If Insured Beneficiary sustained Accidental Bodily Injury within Cover Period which directly and independently of all other causes results in he/she being in a Hospital in a Comatose State, within one (1) calendar month from the Date of Accident, then the Company agrees to pay the lump sum benefit shown under this Section IV cover as stated in the Certificate of Insurance, subject otherwise to all other terms, conditions and Exclusions of the Certificate of Insurance read with these terms.

Definition of Coma/ Comatose State:

A state of unconsciousness with no reaction or response to external stimuli or internal needs, this diagnosis must be supported by evidence of all of the following:

- a) No response to external stimuli continuously for at least 96 hours;
- b) Life support measures are necessary to sustain life; and
- c) Permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.
- d) Condition has to be confirmed by a specialist medical practitioner.

UNION SURAKSHA KAVACH (GROUP)

SECTION VI: FRACTURE CARE

If Insured Person sustained Accidental Bodily Injury during Cover Period which directly and independently of all other causes results in Fracture/s of Bone/s, then the Company will indemnify the percentage shown in the benefit table below applied to the Fracture Care Sum Insured shown in the Certificate of Insurance, subject otherwise to all other terms, conditions and Exclusions of the Certificate of Insurance read with these terms.

For an Accidental Bodily Injury where more than one of the circumstances described in the Benefit Schedule is met, the Company will pay the benefit on a cumulative basis provided the liability of the Company on a cumulative basis shall not exceed the sum insured stated against this section.

Fractures and Dislocations Benefit Schedule	
Description	Percentage of Sum Assured
A) Hip or Pelvis (excluding thigh or coccyx)	
1. Open Fracture of more than one bone	100%
2. Open Fracture of one bone	50%
3. Closed Fracture of more than one bone	25%
4. Closed Fracture one bone	15%
B) Thigh or Lower Leg	
5. Open Fracture of more than one bone	60%
6. Open Fracture of one bone	45%
7. Closed Fracture of more than one bone	25%
8. Closed Fracture one bone	15%
C) Elbows, Arm (including wrist but excluding Colles type fractures)	
9. Open Fracture of more than one bone	45%
10. Open Fracture of one bone	35%
11. Closed Fracture of more than one bone	20%
12. Closed Fracture one bone	15%
D) Colles type fracture of the lower arm⁸	
13. Open Fracture	25%
14. Closed Fracture	10%
E) Skull	
15. Fracture of the skull needing surgical Intervention	60%
16. Fracture of the skull not needing surgical Intervention	20%
F) Shoulder Blade, Rib(s), Knee cap, Sternum, Hand (excluding fingers and wrist), Foot (excluding toes or heel)	
17. Open Fracture	30%
18. Closed Fracture	15%
G) Spinal Column (Vertebrae but excluding coccyx)	
19. All compression fractures	40%
20. All spinous, transverse process of pedicle fractures	40%
21. Permanent Spinal Cord damage	40%
22. All vertebral fractures	15%
H) Lower Jaw	
23. Open Fracture	25%
24. Closed Fracture	10%

UNION SURAKSHA KAVACH (GROUP)

I) Cheekbone, Clavicle, Coccyx, Upper Jaw, Nose, Toe(s), Finger(s), Ankle, Heel	
25. Open Fracture of more than one bone	15%
26. Open Fracture of one bone	12%
27. Closed Fracture of more than one bone	4%
28. Closed Fracture one bone	2%
J) Dislocations requiring surgery under anesthesia	
29. Spine	35%
30. Back (Excluding slipped disc)	35%
31. Hip	25%
32. Knee (Left or right)	20%
33. Wrist (Left or right)	15%
34. Elbow (Left or right)	15%
35. Ankle (Left or right)	10%
36. Shoulder blade (Left or right)	10%
37. Collarbone	10%
38. Fingers (Left or right hand)	5%
39. Toes (Left or right foot)	5%
40. Jaw	5%
K) Internal Injuries	
41. Internal injuries resulting in open abdominal or Thoracic Surgery	25%
42. Intracranial hemorrhage and/ or physical brain Injury	25%

Note:

“Open Fracture” is a fracture where the broken bone(s) penetrate(s) the skin.
 “Closed Fracture” is a fracture where the broken bone(s) do(es) not penetrate the skin

SECTION VII: HOSPITAL CASH BENEFIT

If Insured Beneficiary sustained Accidental Bodily Injury during Cover Period which directly and independently of all other causes results in Hospitalization then the Company will pay per day benefit amount for the period of Hospitalization and the per day benefit would be as specified under the Certificate of Insurance for a maximum period of 60 days per Cover Period, subject otherwise to all other terms, conditions and Exclusions of the Certificate of Insurance read with these terms.

SECTION VIII: ROAD AMBULANCE COVER

Company will indemnify the reasonable cost incurred on an ambulance offered by a healthcare or ambulance service provider for transferring Insured Beneficiary for the provision of health services for the following Emergencies.

- a) If due to an Accidental Bodily Injury sustained by the Insured Beneficiary during the Cover Period, the Insured Beneficiary has been transferred to the nearest hospital from the spot of Accident by an ambulance service offered by a healthcare or ambulance service provider, the Company will reimburse the actual expenses incurred for ambulance services.
- b) The Company will also reimburse the expenses incurred on an ambulance offered by a healthcare or ambulance service provider for transferring the Insured Beneficiary from the Hospital where he/ she was admitted initially to another hospital with higher medical facilities provided that: the treating doctor recommends the transfer of the Insured Beneficiary to a higher medical centre for further treatment.

Provided that the maximum amount payable by the Company in respect of (a) and (b) together or singly shall not exceed the Sum Insured stated in the Certificate of Insurance against this cover, subject otherwise to all other terms, conditions and Exclusions of the Certificate of Insurance read with these terms.

SECTION D) EXCLUSIONS UNDER THE POLICY - STANDARD EXCLUSIONS

1. **Exclusion Applicable to Accidental Hospitalization Expenses Cover:**
 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. Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure. (Excl14)

UNION SURAKSHA KAVACH (GROUP)

3. **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.
2. **Exclusion Applicable to Hospital Cash Benefit:**
 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. Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure. (Excl14)
3. **General Exclusions Applicable To All Covers**
 - 1) **Breach of law (Excl10)**
Expenses for treatment directly arising from or consequent upon any Insure Person committing or attempting to commit a breach of law with criminal intent.
 - 2) **Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Excl12)**
 - 3) **Maternity (Excl 18) :**
 - a. Medical Treatment Expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy.
 - b. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.
 - 4) **Hazardous or Adventure sports: (Excl09)**
Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.

SECTION D) EXCLUSIONS UNDER THE POLICY - SPECIFIC EXCLUSIONS

- I. **Specific Exclusion Applicable to Accidental Hospitalization Expenses Cover:**
 1. Any Hospitalization for an existing disability from a previous Accident which has occurred prior to the first inception of this Policy.
 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 of Injury.
 8. Any treatment taken outside India.
 9. Whilst engaged in adventure sports, unless specifically covered under the base policy.
 10. Dental treatment or surgery of any kind unless as a result of Accidental Bodily Injury to natural teeth and also requiring hospitalization.
- II. **Specific Exclusion Applicable to Coma Due To Accidental Bodily Injury**
 1. Coma resulting directly from alcohol or drug abuse or any other disease other than Accidental Bodily Injury is excluded.
- III. **Specific Exclusion Applicable to Hospital Cash Benefit:**
 1. Any Hospitalization for an existing disability from a previous Accident which has occurred prior to the first inception of this Policy.
 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 of Injury.
 8. Any treatment taken outside India.
- IV. **General Exclusions Applicable To All Covers**
We will not be liable to make any payment under this Policy under any circumstances, for any claim directly or indirectly attributable to, or based on, or arising out of, or connected with any of the following:
 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. Mental or nervous disorder , anxiety , stress or depression,
 4. Whilst engaging in Adventure Sports unless specifically insured,
 5. While under the influence of liquor or drugs , alcohol or other intoxicants,
 6. Through deliberate or intentional, unlawful or criminal act, error, or omission, participation in an actual or attempted felony , riot , crime , misdemeanour, civil commotion,
 7. 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 ,
 8. Whilst participating as the driver, co-driver or passenger of a motor vehicle during motor racing or trial runs,
 9. As a result of any curative treatments or interventions that you carry out or have carried out on your body,

UNION SURAKSHA KAVACH (GROUP)

10. 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,
11. Your consequential losses of any kind or your actual or alleged legal liability.
12. Venereal or sexually transmitted diseases,
13. HIV (Human Immunodeficiency Virus) and/or any HIV related illness including AIDS (Acquired Immune Deficiency Syndrome) and/or mutant derivatives or variations thereof however caused,
14. War (whether declared or not), civil war, invasion, act of foreign enemies, rebellion, revolution, insurrection, mutiny, military or usurped power, seizure, capture, arrest, restraint or detention, confiscation or nationalization or requisition of or damage by or under the order of any government or public local authority, or
15. ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from burning nuclear fuel,
16. the radioactive, toxic, explosive or other dangerous properties of any explosive nuclear equipment or any part of that equipment,
17. operating or learning to operate any aircraft, or performing duties as a member of the crew on any aircraft; or Scheduled Airlines
18. Any Claim caused by osteoporosis (porosity and brittleness of the bones due to loss of protein from the bones matrix) or pathological fracture (any fracture in an area where pre-existing Disease has caused the weakening of the bone) if osteoporosis or bone Disease diagnosed prior to the Policy Effective Date,
19. No benefit would be paid under this policy, unless the nature & extent of injury is established medically with appropriate investigation reports & certified by the treating doctor
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.

SECTION E) CONDITIONS - STANDARD GENERAL TERMS AND CLAUSES

APPLICABLE TO ALL COVERS UNDER THE GROUP MASTER POLICY AND CERTIFICATE OF INSURANCE:

1. Disclosure of information

The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis description or non-disclosure of any material fact by the policyholder.

(Explanation: "Material facts" for the purpose of this policy shall mean all relevant information sought by the company in the proposal form and other connected documents to enable it to take informed decision in the context of underwriting the risk)

2. Condition Precedent to Admission of Liability

The terms and conditions of the policy must be fulfilled by the Insured Person for the Company to make any payment for claim(s) arising under the policy

3. Claim Settlement. (provision for Penal interest)

- i. The Company shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.
- ii. In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.
- iii. However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document- In such cases, the Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document.
- iv. In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the policyholder at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

(Explanation: "Bank rate" shall mean the rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due)

4. Possibility of Revision of Terms of the Policy Including the Premium Rates:

The Company, with prior approval of IRDAI, may revise or modify the terms of the policy including the premium rates. The insured person shall be notified three months before the changes are effected.

5. Withdrawal of Policy

- i. 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 policy.
- ii. Insured Person will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period. as per IRDAI guidelines, provided the policy has been maintained without a break.

6. Free Look Period

The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy.

The insured person shall be allowed free look period of fifteen days from date of receipt of the policy document to review the terms and conditions of the policy, and to return the same if not acceptable.

If the insured has not made any claim during the Free Look Period, the insured shall be entitled to

- i. a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges or
- ii. where the risk has already commenced and the option of return of the policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or
- iii. where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period

UNION SURAKSHA KAVACH (GROUP)

7. Moratorium Period:

After completion of eight continuous years under this policy no look back would be applied. This period of eight years is called as moratorium period.

The moratorium would be applicable for the sums insured of the first policy and subsequently completion of eight continuous years would be applicable from date of enhancement of sums insured only on the enhanced limits. After the expiry of Moratorium Period no claim under this policy shall be contestable except for proven fraud and permanent exclusions specified in the policy contract. The policies would however be subject to all limits, sub limits, co-payments, deductibles as per the policy contract.

8. Complete Discharge

Any payment to the policyholder, insured person or his/ her nominees or his/ her legal representative or assignee or to the Hospital, as the case may be, for any benefit under the policy shall be a valid discharge towards payment of claim by the Company to the extent of that amount for the particular claim.

9. Nomination

The policyholder is required at the inception of the policy to make a nomination for the purpose of payment of claims under the policy in the event of death of the policyholder. Any change of nomination shall be communicated to the company in writing and such change shall be effective only when an endorsement on the policy is made. In the event of death of the policyholder, the Company will pay the nominee (as named in the Policy Schedule/Policy Certificate/Endorsement (if any) and in case there is no subsisting nominee, to the legal heirs or legal representatives of the policyholder whose discharge shall be treated as full and final discharge of its liability under the policy.

10. Fraud

- i. If any claim made by the Insured beneficiary, is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the Insured beneficiary or anyone acting on his/her behalf to obtain any benefit under this policy, all benefits under this policy and the premium paid shall be forfeited.
- ii. Any amount already paid against claims made under this policy but which are found fraudulent later shall be repaid by all recipient(s)/policyholder(s), who has made that particular claim, who shall be jointly and severally liable for such repayment to the insurer.
- iii. For the purpose of this clause, the expression "fraud" means any of the following acts committed by the Insured beneficiary or by his agent or the hospital/ doctor/any other party acting on behalf of the Insured beneficiary, with intent to deceive the insurer or to induce the insurer to issue an insurance policy:
 - a) the suggestion, as a fact of that which is not true and which the Insured beneficiary does not believe to be true;
 - b) the active concealment of a fact by the Insured beneficiary having knowledge or belief of the fact;
 - c) any other act fitted to deceive; and
 - d) any such actor omission as the law specially declares to be fraudulent

The Company shall not repudiate the claim and / or forfeit the policy benefits on the ground of Fraud, if the Insured beneficiary / beneficiary 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 within the knowledge of the insurer

11. Grievance Redressal Procedure

The company has always been known as a forward-looking customer centric organization. It takes immense pride in its approach of "Caringly Yours". To provide you with top-notch service on all fronts, the company has provided with multiple platforms via which you can always reach out to us at below mentioned touch points

1. Our toll-free number 1-800-209- 5858 or 020-30305858, say Say "Hi" on WhatsApp on +91 7507245858
2. Branches for resolution of your grievances / complaints, the Branch details can be found on our website www.bajajallianz.com/branch-locator.html
3. Register your grievances / complaints on our website www.bajajallianz.com/about-us/customer-service.html
4. E-mail
 - a) Level 1: Write to bagichelp@bajajallianz.co.in and for senior citizens to seniorcitizen@bajajallianz.co.in
 - b) 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
 - c) 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 80809 45060 OR SMS To 575758 and our care specialist will call you back
5. 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

The contact details of the ombudsman offices are mentioned in **Annexure II**.

12. Multiple Policies

If two or more policies are taken by You during a period from one or more insurers to indemnify treatment costs, You shall have the right to require a settlement of your claim in terms of any of your policies.

- a. In all such cases the insurer who has issued the chosen policy shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen Policy.
- b. Claims under other Policy/ies may be made after exhaustion of Sum Insured in the earlier chosen Policy / Policies.
- c. If the amount to be claimed exceeds the sum insured under a single policy after considering the deductibles or co-pay, the policyholder shall have the right to choose insurers from whom he/she wants to claim the balance amount.
- d. Where an insured has policies from more than one insurer to cover the same risk on indemnity basis, the insured shall only be indemnified the hospitalization costs in accordance with the terms and conditions of the chosen policy.

UNION SURAKSHA KAVACH (GROUP)

13. Migration of Policy:

The Insured beneficiary will have the option to migrate the policy to other health insurance products/plans offered by the company by applying for migration of the policy atleast 30 days before the policy renewal date as per IRDAI guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the company, the Insured beneficiary will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on migration.

For Detailed Guidelines on migration, kindly refer the link https://www.irdai.gov.in/ADMINCMS/cms/Circulars_List.aspx?mid=3.2.3

14. Portability

The Insured beneficiary will have the option to port the policy to other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed

Insured beneficiary will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability.

For Detailed Guidelines on portability, kindly refer the link https://www.irdai.gov.in/ADMINCMS/cms/Circulars_List.aspx?mid=3.2.3

15. Renewal of Policy

The policy shall ordinarily be renewable except on misrepresentation by the insured person. grounds of fraud, misrepresentation by the insured person.

- i. The Company shall endeavor to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.
- ii. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years.
- iii. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.
- iv. At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in policy. Coverage is not available during the grace period.
- v. No loading shall apply on renewals based on individual claims experience

16. Cancellation

- i. The policyholder may cancel this policy by giving 15days'written notice and in such an event, the Company shall refund premium for the unexpired policy period as detailed below.

Policy Term	1 Year	2 Years	3 Years	4 Years	5 Years
Within 15 Days	Pro Rata basis				
Exceeding 15 days but less than or equal to 3 months	65%	80%	80%	85%	85%
Exceeding 3 months but less than or equal to 6 months	45%	65%	75%	80%	80%
Exceeding 6 months but less than or equal to 12 months	0%	45%	60%	65%	70%
Exceeding 12 months but less than or equal to 15 months		30%	50%	60%	65%
Exceeding 15 months but less than or equal to 18 months		20%	45%	55%	60%
Exceeding 18 months but less than or equal to 24 months		0%	30%	45%	50%
Exceeding 24 months but less than or equal to 27 months			20%	40%	50%
Exceeding 27 months but less than or equal to 30 months			15%	30%	45%
Exceeding 30 months but less than or equal to 36 months			0%	20%	35%
Exceeding 36 months but less than or equal to 39 months				15%	30%
Exceeding 39 months but less than or equal to 42 months				10%	25%
Exceeding 42 months but less than or equal to 48 months				0%	15%
Exceeding 48 months but less than or equal to 51 months					10%
Exceeding 51 months but less than or equal to 54 months					5%
Exceeding 54 months but less than or equal to 60 months					0%

Note:

- The first slab of Number of days “within 15 days” in above table is applicable only in case of new business. In case of renewal policies, period is risk “Exceeding 15 days but less than 3 months” should be read as “within 3 months”.

Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the insured person under the policy.

The Company may cancel the policy at any time on grounds of misrepresentation non-disclosure of material facts, fraud by the insured person by giving 15 days’ written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.

SECTION E) CONDITIONS – SPECIFIC TERMS AND CLAUSES

1. Condition applicable to Death, Permanent Total Disability, Permanent Partial Disability-

- 1) Our liability to make payment to you for one or more of the events described under Death due to Accidental bodily Injury, Permanent Total Disability due to Accidental bodily Injury, or Permanent Partial Disability due to Accidental bodily Injury would be limited to the Sum Insured as specified under the respective sections.

UNION SURAKSHA KAVACH (GROUP)

2) However, if We become liable to make payment under Death / or Permanent Total Disability due to Accidental bodily Injury, then insurance cover under COI will cease as far as the concerned Insured Member.

2. Specific Conditions applicable to Road Ambulance Cover

- 1) Expenses for Road ambulance transportation are restricted within India Only.
- 2) Return transportation to the Insured's home by ambulance is excluded

3. Terms And Conditions Applicable To All Covers Under The Group Master Policy And Certificate Of Insurance:

I. Conditions when a claim arises

1) Paying a Claim

- a. You agree that We need only make payment when You or someone claiming on Your behalf has provided Us with necessary documentation and information.
- b. We will make payment to You or Your Nominee. If there is no Nominee and You are incapacitated or deceased, We will pay Your heir, executor or validly appointed legal representative and any payment We make in this way will be a complete and final discharge of Our liability to make payment.
- c. On receipt of all the documents and on being satisfied with regard to the admissibility of the claim as per Policy terms and conditions, the Company will settle the claim within 30 (thirty) days of the receipt of the last necessary document. In the cases of delay in the payment, the Company shall be liable to pay interest at a rate which is 2% above the bank rate (prevalent at the beginning of the financial year in which the claim is reviewed by it) from the date of receipt of last necessary document to the date of payment of claim.
- d. However, where the circumstances of a claim warrant an investigation, the Company will initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, the Company will settle the claim within 45 days from the date of receipt of last necessary document. In case of delay beyond stipulated 45 days, the Company will be liable to pay interest at a rate which is 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.
- e. If the insurer, for any reasons decides to reject the claim under the Certificate of Insurance read with the Master Policy the reasons regarding the rejection shall be communicated to the Insured Beneficiary in writing within 30 days of the receipt of documents. The Insured Beneficiary may take recourse to the Grievance Redressal procedure stated under this Master Policy terms and conditions.

2) Basis of claims payment

- i. We shall make payment in India in Indian Rupees only.
- ii. The Company shall only make payment under this Policy to the Insured Beneficiary or in the event of death or total incapacitation of the Insured Beneficiary to the proposer/ nominee. Any payment made in good faith by the Company as aforesaid shall operate as a complete and final discharge of the Company's liability to make payment under the Certificate of Insurance for such claim.
- iii. Deductible will be applicable for each separate incident reported for claims payment, even though the claim may be registered under the same benefit more than once subject to the terms and conditions of Certificate of Insurance read with this Master Policy.

3) Arbitration

- a. If any dispute or difference shall arise as to the quantum of claim to be paid under the Certificate of Insurance (liability being otherwise admitted), such difference shall independently of all other questions be referred to decision of a sole arbitrator in writing by the Insured Beneficiary and the Insurer or if they cannot agree upon a single arbitrator within 30 days of Insured Beneficiary or the Insurer invoking arbitration, the same shall be referred to a panel of the arbitrators comprising of two arbitrators, one appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators and arbitration shall be conducted in English under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996. The law of the arbitration will be Indian law, and the seat of the arbitration and venue for all hearings shall be in Pune.
- b. It is clearly agreed and understood that no difference or dispute shall be referable to arbitration as herein before provided, if the Company has disputed or not accepted liability under or in respect of claim under the Certificate of Insurance.
- c. It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon Certificate of Insurance read with Group Policy that award by such arbitrator/arbitrators of the amount of the loss or damage shall be first obtained.
- d. It is also hereby further expressly agreed and declared that if the Company shall disclaim liability to the Insured Beneficiary for any claim hereunder and such claim shall not, within 12 calendar months from the date of such disclaimer have been made the subject matter of a suit or proceeding before a Court of law or any other competent statutory forum/tribunal, then all benefits under the Certificate of Insurance shall be forfeited and the rights of Insured Beneficiary shall stand extinguished and the liability of the Company shall also stand discharged.
- e. If these arbitration provisions are held to be invalid, then all such disputes or differences shall be referred to the exclusive jurisdiction of the Indian Courts.

II. Conditions for renewal of the contract

4) Terms of Renewal

- 1. The policy shall ordinarily be renewable except on grounds of fraud, moral hazard or misrepresentation/false statement, declarations or fraud, non-disclosure of material facts or non- cooperation by the Insured Beneficiary.
- 2. In case of our own renewal, a grace period of 30 days is permissible and the Policy will be considered as continuous. However, any Accident/ Injury contracted during the break period will be not be admissible under the policy.
- 3. Premium payable on renewal and on subsequent continuation of cover are subject to change with prior approval from IRDAI.
- 4. The loadings on renewals shall be in terms of increase or decrease in premiums offered for the entire portfolio and shall not be based on any individual policy claim experience.

Renewal	Renewal will be depending upon the loan period
Loan period is less than or equal to 5years	The policy will be issued for 5 years or lesser period depending on the loan period and no renewal will be offered after the expiry of cover period as the Insured Beneficiary will no longer be a loan borrower
Loan period is more than 5years	First policy will be issued for 5 years. Further renewal period will be called based upon remaining the loan period at the end of 5 years

UNION SURAKSHA KAVACH (GROUP)

In case of claim in the Cover Period	Policy will continue till the end of the Cover Period. Otherwise renewal will be after every Cover Period as mentioned above
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5) Sum Insured Enhancement

The Insured member can apply for enhancement of Sum Insured at the time of renewal of the Policy and subject to specific approval and acceptance by the Company.

III. Conditions applicable during the contract

6) Reasonable Care

The Insured Beneficiary shall take all reasonable steps to safeguard against any accident or Injury that may give rise to any claim under this policy.

7) Physical Examination

Any Medical Official or other agent of the Company shall be allowed to examine the Insured Beneficiary(s) in case of alleged Injury or disablement when and as often as may be reasonably be required on behalf of the Company.

8) Electronic Transactions

The Insured agrees to adhere to and comply with all such terms and conditions as the Company may prescribe from time to time, and hereby agrees and confirms that all transactions effected by or through facilities for conducting remote transactions including the Internet, World Wide Web, electronic data interchange, call centers, teleservice operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication, established by or on behalf of the Company, for and in respect of the policy or its terms, or the Company's other products and services, shall constitute legally binding and valid transactions when done in adherence to and in compliance with the Company's terms and conditions for such facilities, as may be prescribed from time to time.

9) Notice of charge

Subject to/Apart from Assignment clause in these Terms and Conditions, the Company shall not be bound to notice or be affected by any notice of any trust, charge, lien or other dealing with or relating to this policy but the receipt of the Insured or his legal personal representative shall in all cases be an effectual discharge to the Company.

10) Entire Contract - Changes

This Policy, together with the Proposal Form, as well as any forms, riders and endorsements and papers hereto, constitutes the entire contract of insurance. No change in this Policy shall be valid until approved by Our authorized officer and such approval is endorsed hereon. No agent has authority to change this Policy or to waive any of the provisions of this Policy.

11) Notification of Changes

It is a condition precedent to Our liability to make any payment under this Policy that You shall give Us written notice immediately of any change in the address, nature of job, state of health and any other changes affecting You or any Insured Beneficiary.

12) Communications

Any communication meant for Us must be in writing and be delivered to Our address shown in the Certificate of Insurance. Any communication meant for You will be sent by Us to Your address shown in the Certificate of Insurance.

13) No constructive Notice

Any of the circumstances in relation to these conditions coming to the knowledge of any official of the Company shall not be the notice to or be held to bind or prejudicially affect the Company notwithstanding subsequent acceptance of any premium.

14) Special Provisions

Any special provisions subject to which this policy has been entered into and endorsed in the policy or in any separate instrument shall be deemed to be part of this policy and shall have effect accordingly.

15) Territorial Limits

a. Worldwide coverage is applicable for below sections

- Section I: Death
- Section II: Permanent Total Disability
- Section III: Permanent Partial Disability
- Section V: Coma Due to Accidental Bodily Injury
- Section VI: Fracture Care

b. Following covers are restricted to within India Only:

- Section IV: Accidental Hospitalization Expenses
- Section VII: Hospital Cash Benefit
- Section VIII: Road Ambulance Cover

c. Our liability to make any payment shall be to make payment within India and in Indian Rupees only

16) Consideration

The Policy is issued subject to payment of premium in advance. No payment shall be valid unless made under our official receipt. The cover shall not be valid prior to the date and time of receipt of premium.

17) Automatic Termination of Cover for Insured Beneficiary

The cover for the Insured Beneficiary shall terminate immediately in the event of admissible claim and settlement of 100% Sum Insured under Coverage Death or Permanent Total Disability.

UNION SURAKSHA KAVACH (GROUP)

18) Discounts/ Loadings:

- **Long Term Discount:** The long term discounts are shown below:

Term	1.5 Years	2 Years	2.5 Years	3 Years	3.5 Years	4 Years	4.5 Years	5 Years
Discount	2%	4%	6%	7%	9%	10%	11%	12%

- **Group Discount:** The group discounts are shown below:

Group Size Band	Selected Discount
7 to 500	0%
501 to 2500	5%
2501 to 7500	10%
7501 to 50000	15%
50001 to 100000	20%
Above 1 lakh	25%

- **Claim Experience Discount and Loading:**

Favorable loss experience will be rewarded in terms of discount up to 20% and in case of poor performance the premium will be loaded up to 20%

19) Assignment and Transfer of Insurance Policies (Subject to always that any assignment shall always be subject to provisions of Section 38 of Insurance Act 1938, as amended from time to time)

- A transfer or assignment of a policy of insurance, wholly or in part, whether with or without consideration, may be made by an endorsement upon the policy itself or by a separate instrument, signed in either case by the transferor or by the assignor or his duly authorised agent and attested by at least one witness, specifically setting forth the fact of transfer or assignment and the reasons thereof, the antecedents of the assignee and the terms on which the assignment is made.
- The Company may, accept the transfer or assignment, or decline to act upon any endorsement made under sub-clause 29(1) hereinabove, where it has sufficient reason to believe that such transfer or assignment is not bona fide or is not in the interest of the policyholder or in public interest or is for the purpose of trading of insurance policy.
- The Company shall, before refusing to act upon the endorsement, record in writing the reasons for such refusal and communicate the same to the policyholder not later than thirty days from the date of the policyholder giving notice of such transfer or assignment.
- Any person aggrieved by the decision of the Company to decline to act upon such transfer or assignment may within a period of thirty days from the date of receipt of the communication from the Company containing reasons for such refusal, prefer a claim to the Authority.
- Subject to the provisions in sub-clause 29(2) hereinabove, the transfer or assignment shall be complete and effectual upon the execution of such endorsement or instrument duly attested but except, where the transfer or assignment is in favour of the Company, shall not be operative as against the Company, and shall not confer upon the transferee or assignee, or his legal representative, any right to sue for the amount of such policy or the moneys secured thereby until a notice in writing of the transfer or assignment and either the said endorsement or instrument itself or a copy thereof certified to be correct by both transferor and transferee or their duly authorized agents have been delivered to and received by the Company with written acknowledgement by the Company:
Provided that where the Company maintains one or more places of business in India, such notice shall be delivered only at the place where the policy is being serviced.
- The date on which the notice referred to in sub-clause 29(5) hereinabove is delivered to the Company shall regulate the priority of all claims under a transfer or assignment as between persons interested in the policy; and where there is more than one instrument of transfer or assignment the priority of the claims under such instruments shall be governed by the order in which the notices referred to in sub-clause 29(5) hereinabove are delivered: Provided that if any dispute as to priority of payment arises as between assignees the dispute shall be referred to the Authority.
- Upon the receipt of the notice referred to in sub-clause 29(5) hereinabove, the Company shall record the fact of such transfer or assignment together with the date thereof and the name of the transferee or the assignee and shall, on the request of the person by whom the notice was given, or of the transferee or assignee, on payment of such fee as may be specified by the regulations, grant a written acknowledgement of the receipt of such notice; and any such acknowledgement shall be conclusive evidence against the Company that he has duly received the notice to which such acknowledgement relates.
- Subject to the terms and conditions of the transfer or assignment, the insure shall, from the date of the receipt of the notice referred to in sub-clause 29(5) hereinabove, recognize the transferee or assignee named in the notice as the absolute transferee or assignee entitled to benefit under the policy, and such person shall be subject to all liabilities and equities to which the transferor or assignor was subject at the date of the transfer or assignment and may institute any proceedings in relation to the policy, obtain a loan under the policy or surrender the policy without obtaining the consent of the transferor or assignor or making him a party to such proceedings.
Explanation.—Except where the endorsement referred to in sub-clause 29(1) hereinabove expressly indicates that the assignment or transfer is conditional in terms of sub-clause 29(10) hereunder, every assignment or transfer shall be deemed to be an absolute assignment or transfer and the assignee or transferee, as the case may be, shall be deemed to be the absolute assignee or transferee respectively.
- Any rights and remedies of an assignee or transferee of a policy of life insurance under an assignment or transfer effected prior to the commencement of the Insurance Laws (Amendment) Act, 2015 shall not be affected by the provisions of this clause 29.
- Notwithstanding any law or custom having the force of law to the contrary, an assignment in favour of a person made upon the condition that—
 - the proceeds under the policy shall become payable to the policyholder or the nominee or nominees in the event of either the assignee or transferee predeceasing the insured; or
 - If the insured surviving the term of the policy, the Conditional Assignment shall be valid: Provided that a conditional assignee shall not be entitled to obtain a loan on the policy or surrender a policy.
- In the case of the partial assignment or transfer of a policy of insurance under sub-clause 29(1) hereinabove, the liability of the Company shall be limited to the amount secured by partial assignment or transfer and such policyholder shall not be entitled to further assign or transfer the residual amount payable under the same policy.

UNION SURAKSHA KAVACH (GROUP)

20) Limitation Period

It being expressly agreed and declared that if the Company shall disclaim liability for any claim hereunder and such claim shall not within 12 calendar months from the date of disclaimer have been made the subject matter of a suit in court of law than the claim for all such purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

21) Governing Law

- i. The Company's liability to make any payment shall be to make payment within India and in Indian Rupees only.
- ii. The Master Policy constitutes the complete contract of insurance. No change or alteration shall be valid or effective unless approved in writing by the Company, which approval shall be evidenced by an endorsement on the Master Policy Schedule/Certificate of Insurance.
- iii. The construction, interpretation and meaning of the provisions of the Master Policy shall be determined exclusively in accordance with Indian law. The section headings of this Master Policy are included only for descriptive purposes and do not form part of this Master Policy for the purpose of its construction or interpretation.

22) Cover Period

Cover Period will be 1 year except for the credit linked customers where COI will be issued up to 5 years or lesser period depending on the loan period.

23) Policy Disputes

Any dispute concerning the interpretation of the terms, conditions, limitations and/or exclusions contained herein is understood and agreed to by both the Insured and the Company to be exclusively subject to Indian Law. Each party agrees to submit such dispute to a Court of competent jurisdiction and to comply with all requirements necessary to give such Court the jurisdiction. All matters arising hereunder shall be determined in accordance with the law and practice of such Court.

SECTION E) CONDITIONS - OTHER TERMS AND CLAUSES

Conditions when a claim arises

Making a Claim:

All Claims will be settled by In house claims settlement team of the Company and no TPA is engaged.

Reimbursement Claim Procedure of All Sections

If the Insured Beneficiary meets with any Accidental Bodily Injury that may result in a claim, than as a condition precedent to our liability:

- a. Policyholder or the Insured Beneficiary or someone claiming on his/her behalf must inform us in writing immediately and in any event within 30 days from the date of the accident and submit all documents to us within 30 days from the date of intimation.
- b. Insured Beneficiary must immediately consult a Doctor and follow the advice and treatment that he recommends.
- c. Insured Beneficiary must take reasonable steps to lessen the consequence of Bodily Injury.
- d. Insured Beneficiary should allow examination by our medical advisors if we ask for this.
- e. Policyholder or Insured Beneficiary or someone claiming on his/her behalf must promptly give us documentation and other information we ask for to investigate the claim or our obligation to make payment for it.
- f. In case of the Insured Beneficiary's death, someone claiming on his/her behalf must inform us in writing immediately and send us a copy of the post mortem report (if conducted) within 30 days.

***Note:** Waiver of conditions (a) and (f) may be considered in extreme cases of hardship where it is proved to Our satisfaction that under the circumstances in which the Insured Beneficiary was placed, it was not possible for the Insured Beneficiary or any other person claiming on his/her behalf to give notice or file claim within the prescribed time limit.

List of Claim documents:

List of Claim documents for Death

- Duly Completed Claim Form signed by Nominee/ Legal heir of the Insured Beneficiary .
- Copy of address proof (Ration card or electricity bill copy).
- Attested copy of Death Certificate.
- Burial Certificate (wherever applicable).
- Attested copy of Statement of Witness, if any lodged with police authorities.
- Attested copy of FIR / Panchanama / Inquest Panchanama.
- Attested copy of Post Mortem Report (only if conducted).
- Attested copy of Viscera report if any(Only if Post Mortem is conducted).
- NEFT details & cancelled cheque of the Nominee/Legal Heir of the Insured Beneficiary.
- Original Policy copy along with Original Assignment endorsement (if any)

List of Claim documents for Disappearance

- Duly Completed Claim Form signed by Nominee/ Legal heir of the Insured Beneficiary .
- Copy of address proof (Ration card or electricity bill copy).
- Attested copy confirming disappearance from appropriate authority following a forced landing, stranding, sinking or wrecking of a conveyance.
- Documentary proof of fare paying passenger of a conveyance as an occupant.
- Attested copy of Statement of Witness, if any lodged with police authorities.
- Attested copy of FIR / Panchanama / Inquest Panchanama.
- NEFT details & cancelled cheque of the Nominee/Legal Heir of the Insured Beneficiary.
- Original Policy copy along with Original Assignment endorsement (if any)

List of Claim documents for Permanent Total Disability and Permanent Partial Disability

- Duly Completed Claim Form signed by Insured Beneficiary.
- Attested copy of disability certificate from Civil Surgeon of Government Hospital stating percentage of disability.
- Attested copy of FIR. (If required)

UNION SURAKSHA KAVACH (GROUP)

- All X-Ray / Investigation reports and films supporting to disability.
- NEFT details & cancelled cheque of Insured Beneficiary.
- Original Policy copy along with Original Assignment endorsement (if any).

List of Claims Document (Specific to Accidental Hospitalisation Expenses/ Coma Due to Accidental Bodily Injury)

- First Consultation letter from the Doctor
- Duly completed claim form signed by the Claimant
- Hospital Discharge Card
- Hospital Bill giving detailed break up of all expense heads mentioned in the bill. Clear break ups have to be mentioned for OT Charges, Doctor's Consultation and Visit Charges, OT Consumables, Transfusions, Room Rent, etc.
- Money Receipt, duly signed with a Revenue Stamp
- All original Laboratory and Diagnostic Test Reports. E.g. X-Ray, E.C.G, USG, MRI Scan, Haemogram etc.
- Other documents as may be required by the Company to process the claim

List of Claim Document Specific to Fracture Care Cover

- Duly Completed claim form signed by the claimant
- X Ray confirming the fracture & site of fracture
- Certificate from Treating surgeon with extent of Injury, cause of Injury, site of Injury & date of Injury
- Treatment details
- Discharge summary (if Hospitalized)
- Letter from HR of leave record in case of salaried individual.

List of Claim Documents Specific to Hospital Cash Benefit Cover

- First Consultation letter from the Doctor
- Duly completed claim form signed by the Claimant
- Hospital Discharge Card
- Hospital Bill Money Receipt, duly signed with a Revenue Stamp
- All Laboratory and Diagnostic Test Reports. E.g. X-Ray, E.C.G, USG, MRI Scan, Haemogram, etc.
- Other documents as may be required by the Company to process the claim

List of Claim Document Specific to Road Ambulance Cover

- First Consultation letter from the Doctor
- Duly completed claim form signed by the Claimant
- Original bills and receipts paid for the transportation from Registered Ambulance Service Provider
- Treating Doctor certificate to transfer the Injured person to a higher medical centre for further treatment
- All original Laboratory and Diagnostic Test Reports. E.g. X-Ray, E.C.G, USG, MRI Scan, Haemogram etc.
- Other documents as may be required by the Company to process the claim.

All documents related to claims should be submitted to:

Health Administration Team

Bajaj Allianz General Insurance Co. Ltd
2nd Floor, Bajaj Finserv Building
Viman Nagar, Pune 411014
Toll Free no: 1800 209 5858

Note: If the original documents are submitted with the other insurer, the Xerox copies attested by the other insurer should be submitted

Cashless Claims Procedure:

Applicable only for Section IV: Accidental Hospitalization Expenses-

Cashless treatment is only available at Network Hospitals. In order to avail of cashless treatment, the following procedure must be followed by You:

- Prior to taking treatment and/or incurring Medical Expenses out of any Accidental Injury, at a Network Hospital, the Insured must call Us and request pre-authorization by way of the written form which the Company will provide.
- After considering the Insured's request and after obtaining any further information or documentation We have sought, the Company may if satisfied send to the Insured or the Network Hospital, an authorization letter. The authorization letter, the ID card issued to the Insured along with this Policy and any other information or documentation that the Company have specified must be produced to the Network Hospital identified in the pre-authorization letter at the time of Insured's admission to the same.
- If the procedure above is followed, the Insured will not be required to directly pay for the Medical Expenses raised out of Accidental Bodily Injury, in the Network Hospital that the Company is liable to indemnify under Accidental Hospitalization Expenses Section and the original bills and evidence of treatment in respect of the same shall be left with the Network Hospital. Pre-authorization does not guarantee that all costs and expenses will be covered. We reserve the right to review each claim for Medical Expenses and accordingly coverage will be determined according to the terms and conditions of this Policy. You shall, in any event, be required to settle all other expenses directly.

UNION SURAKSHA KAVACH (GROUP)

Annexure I:

List I: List of Non-Medical Items

SL No	Item	
1	BABY FOOD	Not Payable
2	BABY UTILITIES CHARGES	Not Payable
3	BEAUTY SERVICES	Not Payable
4	BELTS/ BRACES	Not Payable
5	BUDS	Not Payable
6	COLD PACK/HOT PACK	Not Payable
7	CARRY BAGS	Not Payable
8	EMAIL / INTERNET CHARGES	Not Payable
9	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)	Not Payable
10	LEGGINGS	Essential in bariatric and varicose vein surgery and should be considered for these conditions where surgery itself is payable.
11	LAUNDRY CHARGES	Not Payable
12	MINERAL WATER	Not Payable
13	SANITARY PAD	Not Payable
14	TELEPHONE CHARGES	Not Payable
15	GUEST SERVICES	Not Payable
16	CREPE BANDAGE	Not Payable
17	DIAPER OF ANY TYPE	Not Payable
18	EYELET COLLAR	Not Payable
19	SLINGS	Not Payable
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	Not Payable
21	SERVICE CHARGES WHERE NURSING CHARGES ALSO CHARGED	Not Payable
22	Television Charges	Not Payable
23	SURCHARGES	Not Payable
24	ATTENDANT CHARGES	Not Payable
25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)	Not Payable
26	BIRTH CERTIFICATE	Not Payable
27	CERTIFICATE CHARGES	Not Payable
28	COURIER CHARGES	Not Payable
29	CONVEYANCE CHARGES	Not Payable
30	MEDICAL CERTIFICATE	Not Payable
31	MEDICAL RECORDS	Not Payable
32	PHOTOCOPIES CHARGES	Not Payable
33	MORTUARY CHARGES	Not Payable
34	WALKING AIDS CHARGES	Not Payable
35	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)	Not Payable
36	SPACER	Not Payable

UNION SURAKSHA KAVACH (GROUP)

37	SPIROMETRE	Not Payable
38	NEBULIZER KIT	Not Payable
39	STEAM INHALER	Not Payable
40	ARMSLING	Not Payable
41	THERMOMETER	Not Payable
42	CERVICAL COLLAR	Not Payable
43	SPLINT	Not Payable
44	DIABETIC FOOT WEAR	Not Payable
45	KNEE BRACES (LONG/ SHORT/ HINGED)	Not Payable
46	KNEE IMMOBILIZER/S HOULDER IMMOBILIZER	Not Payable
47	LUMBOSACRAL BELT	Not Payable
48	NIMBUS BED OR WATER OR AIR BED CHARGES	Not Payable
49	AMBULANCE COLLAR	Not Payable
50	AMBULANCE EQUIPMENT	Not Payable
51	ABDOMINAL BINDER	Not Payable
52	PRIVATE NURSES CHARGES - SPECIAL NURSING CHARGES	Not Payable
53	SUGAR FREE Tablets	Not Payable
54	CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable)	Not Payable
55	ECG ELECTRODES	Not Payable
56	GLOVES	Not Payable
57	NEBULISATION KIT	Not Payable
58	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT , RECOVERY KIT, ETC]	Not Payable
59	KIDNEY TRAY	Not Payable
60	MASK	Not Payable
61	OUNCE GLASS	Not Payable
62	OXYGEN MASK	Not Payable
63	PELVIC TRACTION BELT	Not Payable
64	PAN CAN	Not Payable
65	TROLLY COVER	Not Payable
66	UROMETER , URINE JUG	Not Payable
68	VASOFIX SAFETY	Not Payable

List II - Items that are to be subsumed into Room Charges

S. No.	Item
1	BABY CHARGES (UNLESS SPECIFIED /INDICATED)
2	HAND WASH
3	SHOE COVER
4	CAPS
5	CARDLE CHARGES
6	COMB
7	EAU-DE-COLOGNE/ROOM FRESHNERS
8	FOOT COVER

UNION SURAKSHA KAVACH (GROUP)

9	GOWN
10	SLIPPERS
11	TISSUE PAPPER
12	TOOTH PASTE
13	TOOTH BRUSH
14	BED PAN
15	FACE MASK
16	FLEXI MASK
17	HAND HOLDER
18	SPUTUM CUP
19	DISINEFCTANT LOTIONS
20	LUXURY TAX
21	HVAC
22	HOUSE KEEPING CHARGES
23	AIR CONDITIONER CHARGES
24	IM IV INJECTION CHARGES
25	CLEAN SHEET
26	BLANKET/WARMER BLANKET
27	ADMISSION KIT
28	DIABETIC CHART CHARGES
29	DOCUMENTATION CHARGES/ADMINISTRATIVE EXPENSES
30	DISCHARGE PROCEDURE CHARGES
31	DAILY CHART CHARGES
32	ENTRANCE PASS / VISITORS PASS CHARGES
33	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE
34	FILE OPENING CHARGES
35	INCTDENTAL EXPENSES / MtSC. CHARGES (NOT EXPLATNED)
36	PATIENT IDENTIFICATION BAND / NAME TAG
37	PULSEOXYMETER CHARGES

List III- Items that are to be subsumed into Procedure Charges

S. No.	Item
1	HAIR REMOVAL CREAM
2	DISPOSABLES RAZORS CHARGES(for site preparations)
3	EYE PAD
4	EYE SHEILD
5	CAMERA COVER
6	DVD ,CD CHARGES

UNION SURAKSHA KAVACH (GROUP)

7	GAUSE SOFT
8	GAUZE
9	WARD AND THEATRE BOOKING CHARGES
10	ARTHROSCOPE AND ENDOSCOPY INSTRUMENTS
11	MICROSCOPE COVER
12	SURGICAL BLADES,HARMONICSCALPEL,SHAVER
13	SURGICAL DRILL
14	EYE KIT
15	EYE DRAPE
16	X-RAY FILM
17	BOYLES APPARATUS CHARGES
18	COTTON
19	COTTON BANDAGE
20	SURGICAL TAPE
21	APRON
22	TORNIQUET
23	ORTHOBUNDLE, GYNAEC BUNDLE

List IV - Items that are to be subsumed into costs of treatment

S. No.	Item
1	ADMISSION/REGISTRATION CHARGES
2	HOSPITALIZATION FOR EVALUATION/DIAGNOSTIC PURPOSE
3	URINE CONTAINER
4	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES
5	BIPAP MACHINE
6	CPAP/CAPD EQUIPMENTS
7	INFUSION PUMP-COST
8	HYDROGEN PERPOXIDE\SPIRIT\DISINFECTION ETC
9	NUTTRITION PLANNING CHARGES - DIETICIAN CHARGES - DIET CHARGES
10	HIV KIT
11	ANTISEPTIC MOUTHWASH
12	LOZENGES
13	MOUTH PAINT
14	VACCINATION CHARGES
15	ALCOHOL SWABES
16	SCRUB SOLUTION / STERILLIUM
17	GLUCOMETER & STRIPS
18	URINE BAG

UNION SURAKSHA KAVACH (GROUP)

Annexure II:

Contact details of the Ombudsman offices

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, 1st 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, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. 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 - 2706196 / 2706468 Email: bimalokpal.chandigarh@cioins.co.in</p>	<p>Punjab, Haryana (excluding Gurugram, Faridabad, Sonapat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh.</p>
<p>CHENNAI - Insurance Ombudsman Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Email: bimalokpal.chennai@cioins.co.in</p>	<p>Tamil Nadu, Puducherry Town and Karaikal (which are part of Puducherry)</p>
<p>DELHI – Insurance Ombudsman Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002.</p>	<p>Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh.</p>

UNION SURAKSHA KAVACH (GROUP)

Office Details	Jurisdiction of Office Union Territory, District)
Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@cioins.co.in	
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, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: bimalokpal.jaipur@cioins.co.in	Rajasthan.
ERNAKULAM – Insurance Ombudsman Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Email: bimalokpal.ernakulam@cioins.co.in	Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.
KOLKATA – Insurance Ombudsman Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Email: bimalokpal.kolkata@cioins.co.in	West Bengal, Sikkim, Andaman & Nicobar Islands.
LUCKNOW – Insurance Ombudsman Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Email: bimalokpal.lucknow@cioins.co.in	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..
MUMBAI - Insurance Ombudsman Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054.	Goa, Mumbai Metropolitan Region (excluding Navi Mumbai & Thane).

UNION SURAKSHA KAVACH (GROUP)

Office Details	Jurisdiction of Office Union Territory, District)
Tel.: 69038821/23/24/25/26/27/28/28/29/30/31 Email: bimalokpal.mumbai@cioins.co.in	
NOIDA - 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	State of Uttarakhand and the following Districts of Uttar 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.
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	Bihar, Jharkhand.
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.: 020-41312555 Email: bimalokpal.pune@cioins.co.in	Maharashtra, Areas of Navi Mumbai and Thane (excluding Mumbai Metropolitan Region).