

**FAMILY HEALTH CARE (SILVER)**

**CUSTOMER INFORMATION SHEET**

Description is illustrative and not exhaustive

Sr no.	TITLE	DESCRIPTION	REFER TO POLICY CLAUSE NUMBER
1.	Product Name	Family Health Care (Silver)	
2	What am I covered for	<p><b>1. In-patient Hospitalisation Treatment</b></p> <p>i. Room, Boarding and Nursing Expenses as provided by the Hospital/Nursing Home as per actuals up to 1% of sum insured ( excluding cumulative bonus) subject to a maximum of Rs. 3000/day.</p> <p>ii. ICU Boarding and Nursing Expenses as provided by the Hospital/Nursing Home as per actuals</p> <p>iii. Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialists Fees.</p> <p>iv. Anesthesia, Blood, Oxygen, Operation Theatre Charges, surgical appliances, Medicines &amp; Drugs, Dialysis, Chemotherapy, Radiotherapy, cost of Artificial Limbs, cost of prosthetic devices implanted during surgical procedure like Pacemaker, orthopedic implants, infra cardiac valve replacements, vascular stents, relevant laboratory diagnostic tests, X-ray and such similar expenses that are medically necessary.</p> <p><b>Note:</b></p> <p>a. In case of admission to a room at rates exceeding the limits as mentioned under (i), the reimbursement of all other expenses incurred at the Hospital, with the exception of cost of Pharmacy/medicines, consumables, implants, medical devices &amp; diagnostics, shall be payable in the same proportion as the admissible rate per day bears to the actual rate per day of room rent charges</p> <p>b. Proportionate deductions shall not apply in respect of the Hospitals which do not follow differential billings or for those expenses in respect of which differential billing is not adopted based on the room category.</p> <p>c. Proportionate deductions shall not apply for ICU charges in case of admission to ICU</p> <p><b>2. Pre- Hospitalisation Expenses</b></p> <p>The Medical Expenses incurred during the 30 days immediately before you were Hospitalised, provided that: Such Medical Expenses were incurred for the same illness/injury for which subsequent Hospitalisation was required, and We have accepted an inpatient Hospitalisation claim under Benefit In Patient Hospitalisation Treatment Cover.</p> <p><b>3. Post-Hospitalisation</b></p> <p>The Medical Expenses incurred during the 60 days immediately after You were discharged post Hospitalisation provided that: Such costs are incurred in respect of the same illness/injury for which the earlier Hospitalisation was required, and We have accepted an inpatient Hospitalisation claim under Benefit In Patient Hospitalisation Treatment Cover.</p> <p><b>4. Road Ambulance</b></p> <p>We will pay the reasonable cost to a maximum of Rs 1500/- per valid Hospitalisation claim incurred on an ambulance offered by a healthcare or ambulance service provider for transferring You to the nearest Hospital with adequate emergency facilities for the provision of health services following an Emergency. We will also reimburse the expenses incurred on an ambulance offered by a healthcare or ambulance service provider for transferring You from the Hospital where you were admitted initially to another hospital with higher medical facilities.</p> <p><b>Note:</b> Claim under this section shall be payable by us provided, We have accepted Your Claim under "In-patient Hospitalisation Treatment" or "Day Care Procedures" section of the Policy.</p> <p><b>5. Day Care Procedures</b></p> <p>We will pay you the medical expenses as listed above under 1. In-patient Hospitalisation Treatment for Day care procedures / Surgeries taken as an inpatient in a hospital or day care centre but not in the outpatient department. Indicative list of Day Care Procedures is given in the annexure I of Policy wordings.</p> <p><b>6. Organ Donor Expenses:</b></p> <p>We will pay expenses incurred towards in case of major organ transplant, for harvesting of the organ provided that,</p> <ul style="list-style-type: none"> <li>The organ donor is any person whose organ has been made available in accordance and in compliance with THE TRANSPLANTATION OF HUMAN ORGANS (AMENDMENT) BILL, 2011 and the organ donated is for the use of the Insured Person, and</li> <li>We have accepted an inpatient Hospitalization claim for the insured member under in patient Hospitalization expenses</li> </ul> <p><b>Note:</b> The above mentioned expenses are covered under the Sum Insured as opted under the plan</p> <p><b>7. Hospital Cash Benefit</b></p> <p>If You are Hospitalised on the advice of a Doctor as defined under the policy, because of Illness or Accidental Bodily Injury sustained or contracted during the Policy Period, then We will pay You:</p> <p>The Daily Allowance of Rs. 300/- per day, for each continuous and completed period of 24 hours of Hospitalization necessitated solely by reason of the said Accidental Bodily Injury or Sickness, subject to a maximum of 30 days during the Policy Period.</p>	Policy Wordings Section A - Coverage

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		<p><b>8. Preventive Health Check Up</b>                  At the end of a block of every continuous 3 policy years during which You have held Our Family Health Care policy, You are eligible for a free Preventive Health checkup. We will reimburse the amount equal to 1% of the sum insured max up to Rs 2000/- during the block of 3 years.                  For the avoidance of doubt, We shall not be liable for any other ancillary or peripheral costs or expenses after the highlighted please include in the end below statement                  Contact Email id- healthcheck@bajajallianz.co.in.                  Note: Payment under this benefit will not reduce the base Sum Insured mentioned in policy Schedule.</p> <p><b>9. Ayurvedic / Homeopathic Hospitalisation Expenses</b>                  If You are Hospitalised for not less than 24 hours, in an Ayurvedic / Homeopathic Hospital which is a government hospital or in any institute recognized by government and/or accredited by Quality Council of India/ National Accreditation Board on Health on the advice of a Doctor because of Illness or Accidental Bodily Injury sustained or contracted during the Policy Period then We will pay You:                  In-patient Treatment- Medical Expenses for Ayurvedic and Homeopathic treatment:</p> <ul style="list-style-type: none"> <li>i. Room, Boarding and Nursing Expenses as provided by the Hospital/Nursing Home as per actuals up to 1% of sum insured ( excluding cumulative bonus) subject to a maximum of Rs. 3000/day.</li> <li>ii. ICU Boarding and Nursing Expenses as provided by the Hospital/Nursing Home as per actuals</li> <li>iii. Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialists Fees.</li> <li>iv. Anesthesia, Blood, Oxygen, Operation Theatre Charges, surgical appliances, Medicines &amp; Drugs, relevant laboratory diagnostic tests, X-ray and such similar expenses that are medically necessary.</li> </ul> <p><b>Note:</b></p> <ul style="list-style-type: none"> <li>a. In case of admission to a room at rates exceeding the limits as mentioned under (i), the reimbursement of all other expenses incurred at the Hospital, with the exception of cost of Pharmacy/medicines, consumables, implants, medical devices &amp; diagnostics, shall be payable in the same proportion as the admissible rate per day bears to the actual rate per day of room rent charges</li> <li>b. Proportionate deductions shall not apply in respect of the Hospitals which do not follow differential billings or for those expenses in respect of which differential billing is not adopted based on the room category.</li> </ul> <p>Proportionate deductions shall not apply for ICU charges in case of admission to ICU.</p>	
<p>3.</p>	<p>What are the major exclusions in the policy?</p>	<p><b>1. General Exclusion:</b></p> <ul style="list-style-type: none"> <li>1. Any dental treatment that comprises of cosmetic surgery, dentures, dental prosthesis, dental implants, orthodontics, surgery of any kind unless as a result of Accidental Bodily Injury to natural teeth and also requiring hospitalization.</li> <li>2. Medical expenses where Inpatient care is not warranted and does not require supervision of qualified nursing staff and qualified medical practitioner round the clock</li> <li>3. War, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, commotion, unrest, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalization or requisition of or damage by or under the order of any government or public local authority.                  Any Medical expenses incurred due to Act of Terrorism will be covered under the Policy.</li> <li>4. Investigation &amp; Evaluation (Excl04)                         <ul style="list-style-type: none"> <li>a. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded even if the same requires confinement at a Hospital.</li> <li>b. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.</li> </ul> </li> <li>5. Rest Cure, rehabilitation and respite care (Excl05)                         <ul style="list-style-type: none"> <li>a. Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:                                 <ul style="list-style-type: none"> <li>i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.</li> <li>ii. Any services for people who are terminally ill to address medical, physical, social, emotional and spiritual needs.</li> </ul> </li> </ul> </li> <li>6. Obesity/Weight Control (Excl06)                  Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:                         <ul style="list-style-type: none"> <li>1. Surgery to be conducted is upon the advice of the Doctor</li> <li>2. The surgery/Procedure conducted should be supported by clinical protocols</li> <li>3. The member has to be 18 years of age or older and</li> <li>4. Body Mass Index (BMI);                                 <ul style="list-style-type: none"> <li>a. greater than or equal to 40 or</li> <li>b. greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:   <ul style="list-style-type: none"> <li>i. Obesity-related cardiomyopathy</li> <li>ii. Coronary heart disease</li> <li>iii. Severe Sleep Apnea</li> <li>iv. Uncontrolled Type2 Diabetes</li> </ul> </li> </ul> </li> </ul> </li> </ul>	<p>Policy Wordings- Section C- General Exclusions</p>

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	<ol style="list-style-type: none"> <li>7. Change-of-gender treatments (Excl07) Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.</li> <li>8. 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.</li> <li>9. 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.</li> <li>10. Breach of law (Excl10) Expenses for treatment directly arising from or consequent upon any Insured committing or attempting to commit a breach of law with criminal intent.</li> <li>11. Excluded Providers (Excl11) Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.</li> <li>12. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Excl12)</li> <li>13. Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. (Excl13)</li> <li>14. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure. (Excl14)</li> <li>15. Refractive Error (Excl15) Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres.</li> <li>16. 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.</li> <li>17. Sterility and Infertility (Excl17) Expenses related to sterility and infertility. This includes:             <ol style="list-style-type: none"> <li>a. Any type of contraception, sterilization</li> <li>b. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI</li> <li>c. Gestational Surrogacy</li> <li>d. Reversal of sterilization</li> </ol> </li> <li>18. Maternity ( Excl 18) :             <ol style="list-style-type: none"> <li>a. Medical Treatment Expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy.</li> <li>b. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.</li> </ol> </li> <li>19. External medical equipment of any kind used at home as post Hospitalization care including cost of instrument used in the treatment of Sleep Apnoea Syndrome (C.P.A.P), Continuous Peritoneal Ambulatory Dialysis (C.P.A.D) and Oxygen concentrator for Bronchial Asthmatic condition.</li> <li>20. The cost of spectacles, contact lenses, hearing aids, crutches, dentures, artificial teeth and all other external appliances and/or devices whether for diagnosis or treatment except for Cost of Artificial Limbs, cost of prosthetic devices implanted during surgical procedure like Pacemaker, orthopedic implants, infra cardiac valve replacements, vascular stents etc.</li> <li>21. Congenital external diseases or defects or anomalies, growth hormone therapy, stem cell implantation or surgery except for Hematopoietic stem cells for bone marrow transplant for haematological conditions.</li> <li>22. Intentional self-injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol)</li> <li>23. Vaccination or inoculation unless forming a part of post bite treatment or if medically necessary and forming a part of treatment recommended by the treating Medical practitioner.</li> <li>24. All non-medical Items as per Annexure II</li> <li>25. Any treatment received outside India is not covered under this Policy.</li> <li>26. Circumcision unless required for the treatment of Illness or Accidental bodily injury</li> </ol>	
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4	Waiting periods	<p>1.1. Pre-existing Diseases waiting period (Excl01)</p> <p>a. Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 36 months of continuous coverage after the date of inception of the first Family Health Care Policy with us.</p> <p>b. In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of Sum Insured increase.</p> <p>c. If the Insured is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations then waiting period for the same would be reduced to the extent of prior coverage.</p> <p>d. Coverage under the Policy after the expiry of 36 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Us.</p> <p>2. Specified disease/procedure waiting period (Excl02)</p> <p>a. Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of 24 months of continuous coverage after the date of inception of the first Family Health Care Policy with Us. This exclusion shall not be applicable for claims arising due to an accident.</p> <p>b. In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of Sum Insured increase.</p> <p>c. If any of the specified disease/procedure falls under the waiting period specified for Pre-Existing diseases, then the longer of the two waiting periods shall apply.</p> <p>d. The waiting period for listed conditions shall apply even if contracted after the Policy or declared and accepted without a specific exclusion.</p> <p>e. If the Insured is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.</p> <p>f. List of specific diseases/procedures is as below</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">1. Any type gastrointestinal ulcers</td> <td style="width: 50%;">2. Cataracts,</td> </tr> <tr> <td>3. Any type of fistula</td> <td>4. Macular Degeneration</td> </tr> <tr> <td>5. Benign prostatic hypertrophy</td> <td>6. Hernia of all types</td> </tr> <tr> <td>7. All types of sinuses</td> <td>8. Fissure in ano</td> </tr> <tr> <td>9. Haemorrhoids, piles</td> <td>10. Hydrocele</td> </tr> <tr> <td>11. Dysfunctional uterine bleeding</td> <td>12. Fibromyoma</td> </tr> <tr> <td>13. Endometriosis</td> <td>14. Hysterectomy</td> </tr> <tr> <td>15. Uterine Prolapse</td> <td>16. Stones in the urinary and biliary systems</td> </tr> <tr> <td>17. Surgery on ears/tonsils/ adenoids/ paranasal sinuses</td> <td>18. Surgery on all internal or external tumours/cysts/ nodules/polyps of any kind including breast lumps.</td> </tr> <tr> <td>19. Mental Illness</td> <td>20. Diseases of gall bladder including cholecystitis</td> </tr> <tr> <td>21. Pancreatitis</td> <td>22. All forms of Cirrhosis</td> </tr> <tr> <td>23. Gout and rheumatism</td> <td>24. Tonsillitis</td> </tr> <tr> <td>25. Surgery for varicose veins and varicose ulcers</td> <td>26. Chronic Kidney Disease</td> </tr> <tr> <td>27. Alzheimer's Disease</td> <td></td> </tr> </table> <p>3. Any Medical Expenses incurred during the first three consecutive annual periods during which You have the benefit of a Family Health Care Policy with Us in connection with:</p> <p>a. Joint replacement surgery,</p> <p>b. Surgery for vertebral column disorders (unless necessitated due to an accident)</p> <p>c. Surgery to correct deviated nasal septum</p> <p>d. Hypertrophied turbinate</p> <p>e. Congenital internal diseases or anomalies</p>	1. Any type gastrointestinal ulcers	2. Cataracts,	3. Any type of fistula	4. Macular Degeneration	5. Benign prostatic hypertrophy	6. Hernia of all types	7. All types of sinuses	8. Fissure in ano	9. Haemorrhoids, piles	10. Hydrocele	11. Dysfunctional uterine bleeding	12. Fibromyoma	13. Endometriosis	14. Hysterectomy	15. Uterine Prolapse	16. Stones in the urinary and biliary systems	17. Surgery on ears/tonsils/ adenoids/ paranasal sinuses	18. Surgery on all internal or external tumours/cysts/ nodules/polyps of any kind including breast lumps.	19. Mental Illness	20. Diseases of gall bladder including cholecystitis	21. Pancreatitis	22. All forms of Cirrhosis	23. Gout and rheumatism	24. Tonsillitis	25. Surgery for varicose veins and varicose ulcers	26. Chronic Kidney Disease	27. Alzheimer's Disease		Policy Wordings – Section C – General Exclusions
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		<p>f. Treatment for correction of eye sight due to refractive error recommended by Ophthalmologist for medical reasons with refractive error greater or equal to 7.5</p> <p>g. Bariatric Surgery</p> <p>h. Parkinson's Disease</p> <p>i. Genetic disorders</p> <p>4. 30-day waiting period (Excl03)</p> <p>a. Expenses related to the treatment of any illness within 30 days from the first Policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.</p> <p>b. This exclusion shall not, however apply if the Insured has Continuous Coverage for more than twelve months.</p> <p>c. The within referred waiting period is made applicable to the enhanced Sum Insured in the event of granting higher Sum Insured subsequently</p>	
5	Payout basis	<p><b>Indemnity Basis:</b></p> <ul style="list-style-type: none"> <li>• In-patient Hospitalisation Treatment</li> <li>• Pre-Hospitalisation</li> <li>• Post-Hospitalisation</li> <li>• Road Ambulance</li> <li>• Day Care Procedures</li> <li>• Organ Donor Expenses:</li> <li>• Preventive Health Check Up</li> <li>• Ayurvedic / Homeopathic Hospitalisation Expenses</li> <li>• Modern treatment</li> </ul> <p><b>Benefit Basis:</b></p> <ul style="list-style-type: none"> <li>• Hospital Cash Benefit</li> </ul>	Policy Wordings Section A
6	Cost sharing	<p>In case of a claim, this policy requires you to share the following costs:</p> <p>i. Room rent restricted to 1% of sum insured or max up to Rs. 3000/day</p> <p>ii. Ayurvedic / Homeopathic Hospitalisation Expenses: Our maximum liability maximum is up to 25% of Sum Insured per policy year.</p> <p>iii. Cataract : 20% of the Sum insured for each eye, subject to maximum of Rs 50,000/- for each whichever is lower</p> <p>iv. Mental Illness - 25% of Sum Insured or 2 Lac whichever is lower</p> <p>v. Modern Treatment Methods and Advancement in Technologies (as per list in Annexure III) are covered up to 50% of Sum Insured or 5 lacs whichever is lower, subject to policy terms, conditions, coverages and exclusions</p>	Policy Wordings Section D
7	Renewal Conditions	<p>The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the insured person.</p> <p>i. The Company shall endeavor to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.</p> <p>ii. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years.</p> <p>iii. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.</p> <p>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.</p> <p>v. No loading shall apply on renewals based on individual claims experience</p>	Policy Wordings Section D

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8	Renewal Benefits	<p><b>1. Cumulative Bonus:</b> If You renew Your Family Health Care with Us without any break and there has been no claim in the preceding year, We will increase the Limit of Indemnity by 10% per annum, but:</p> <p>i. The maximum cumulative increase in the Limit of Indemnity will be limited to 5 years and 50% of Your first Family Health Care with Us.</p> <p>ii. This clause does not alter the annual character of this insurance or Our right to decline to renew or to cancel the Policy</p> <p>iii. If a claim is made in any year where a cumulative increase has been applied, then the increased Limit of Indemnity in the policy period of the subsequent Family Health Care shall be reduced by 10%, save that the limit of indemnity applicable to Your first Family Health Care with Us shall be preserved.</p> <p><b>2. Preventive Health Check Up</b> At the end of block of every continuous period of 3 years during which You have held Our Family Health Care policy, You are eligible for a free Preventive Health checkup. We will reimburse the amount equal to 1% of the sum insured max up to Rs 2000/- during the block of 3 years. For the avoidance of doubt, We shall not be liable for any other ancillary or peripheral costs or expenses (including but not limited to those for transportation, accommodation or sustenance). Contact Email id- healthcheck@bajajallianz.co.in Note: Payment under this benefit will not reduce the base Sum Insured mentioned in policy Schedule.</p>	<p>Policy Wordings Section D</p> <p>Policy Wording Coverage-Section A</p>								
9	Cancellation	<p>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. Cancellation grid for premium received on annual basis or full premium received at policy inception are as under</p> <table border="1"> <thead> <tr> <th>Period in Risk</th> <th>Premium Refund</th> </tr> </thead> <tbody> <tr> <td>Within 3 Months</td> <td>65.00%</td> </tr> <tr> <td>Exceeding 3 months but less than 6 months</td> <td>45.00%</td> </tr> <tr> <td>Exceeding 6 months to 12 months</td> <td>0.00%</td> </tr> </tbody> </table> <p>The Company may cancel the policy at any time on grounds of misrepresentation nondisclosure 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, nondisclosure of material facts or fraud.</p>	Period in Risk	Premium Refund	Within 3 Months	65.00%	Exceeding 3 months but less than 6 months	45.00%	Exceeding 6 months to 12 months	0.00%	Policy Wordings Section D.
Period in Risk	Premium Refund										
Within 3 Months	65.00%										
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10	Claims	<p>a. For Cashless Service: List of Network Hospitals available on our website <a href="http://www.bajajallianz.com">www.bajajallianz.com</a></p> <p>b. For Reimbursement of Claim: For reimbursement of claims the insured person may submit the necessary documents to Company within the prescribed time limit as specified in the Policy wordings</p>	Policy Wordings Section D								
11	"Policy Servicing, Grievances/ Complaints"	<p>a. If Insured person is not satisfied with the redressal of grievance through one of the methods, insured person may contact the grievance officer at <a href="mailto:ggro@bajajallianz.co.in">ggro@bajajallianz.co.in</a> For updated details of grievance officer, <a href="https://www.bajajallianz.com/about-us/customer-service.html">https://www.bajajallianz.com/about-us/customer-service.html</a></p> <p>b. IRDAI Integrated Grievance Management System- <a href="https://igms.irda.gov.in/">https://igms.irda.gov.in/</a></p> <p>c. Insurance Ombudsman - The contact details of the Insurance Ombudsman offices have been provided in Policy document.</p>	Policy Wordings Section D								
12	Insured's Rights	<p>a. Free Look period of 15 days from the date of receipt of the policy shall be applicable at the inception</p> <p>b. Right to migrate from one product to another product of the company</p> <p>c. Right to port from one company to another company</p> <p>d. Change in SI during the policy term or at the time of renewal</p> <p>e. In the case of delay in the payment of a claim, the Company shall be liable to pay interest from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate "</p>	Policy Wordings Section D								
13	Insured's Obligations	Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may result in claim not being paid.	Policy Wordings Section D								

(LEGAL DISCLAIMER) NOTE: The information must be read in conjunction with the product brochure and policy document. In case of any conflict between the Policy Brochure/Prospectus and the policy document the terms and conditions mentioned in the policy document shall prevail.