

**HEALTH ENSURE****CUSTOMER INFORMATION SHEET**

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

SI No	Title	Description	Policy Clause Number
1	Name of Insurance Product	Health Ensure	
2	Policy Number	Kindly refer to Your Policy schedule	
3	Type of Insurance	Kindly refer to Your Policy schedule	
4	Sum Insured (Basis)	Kindly refer to Your Policy schedule	
5	Policy Coverage (What the Policy Covers)	<b>Coverages</b> <ol style="list-style-type: none"> <li>1. In-patient Hospitalization Treatment - Medical Expenses incurred due to admission to a Hospital for Illness or Accidental Bodily Injury, longer than 24 consecutive hours.</li> <li>2. Pre-Hospitalization - up to 30 days prior to date of admission in hospital</li> <li>3. Post-Hospitalization- up to 60 days from date of discharge from the hospital</li> <li>4. Road Ambulance - max. up to ₹ 1,000/- per Hospitalization</li> <li>5. Day Care Procedures - Medical Expenses incurred due to admission to a Hospital for Illness or Accidental Bodily Injury, for duration less than 24 consecutive hours as listed on Annexure I in Policy wordings</li> <li>6. Organ Donor Expenses - Medical expenses incurred towards organ donor's treatment for harvesting of the donated organ</li> <li>7. Preventive Health Check Up - Free Preventive Health check up at the end of every 3 continuous policy years as per limits specified in policy wordings</li> <li>8. Ayurvedic / Homeopathic Hospitalization Expenses - Hospital admission longer than 24 consecutive hours in a recognized Ayurvedic / Homeopathic Hospital, max. up to Sum Insured per policy year</li> <li>9. Cumulative Bonus 5% increase in base sum insured per claim free policy Year max. up to 25% of base Sum Insured</li> </ol> <b>Optional Covers</b> <ol style="list-style-type: none"> <li>1. Room Rent Upgradation (Applicable for Sum Insured 5 Lacs and above only) – If opted, room rent limit can be upgraded to "Single Private Air-Conditioned Room, up to ₹10,000 per day and ICU at Actuals</li> <li>2. Cumulative Bonus Enhancement – If opted, 25% Maximum up to 200% of base Sum Insured, no reduction in CB if total claims paid during policy year is less than 1lac</li> <li>3. Sum Insured Reinstatement Benefit (Applicable for Sum Insured 5 Lacs and above only) – If opted, on exhaustion of Sum Insured and Cumulative Bonus (if any) during the Policy Year, then the base Sum Insured will be restored one time.</li> <li>4. Double Sum Insured for Cancer - Double In patient Hospitalization sum insured on diagnosis of Cancer subject to acceptance of inpatient hospitalization claim, first diagnosis during the policy period, and benefit utilized only by the diagnosed individual.</li> <li>5. Personal Accident - 200% of base SI for accidental Death &amp; PTD benefit</li> </ol>	Section C.I.1 Section C.I.2 Section C.I.3 Section C.I.4 Section C.I.5 Section C.I.6 Section C.I.7 Section C.I.8 Section E 23 Section C.II.1 Section C.II.2 Section C.II.3 Section C.II.4 Section C.II.5

6	<b>Exclusions (What the policy does not cover)</b>	<p><b>General Exclusions</b></p> <p>Standard Exclusions</p> <ol style="list-style-type: none"> <li>Any hospital admission primarily for investigation diagnostic purpose (Excl04)</li> <li>Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. (Excl05)</li> <li>Obesity/Weight Control (Excl06)</li> <li>Change-of-gender treatments (Excl07)</li> <li>Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) etc. (Excl08)</li> <li>Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports (Excl 09)</li> <li>Expenses for treatment arising from Insured committing or attempting to commit a breach of law with criminal intent. (Excl10)</li> <li>Excluded Providers (Excl11)</li> <li>Treatment for Alcoholism, drug or substance abuse. (Excl12)</li> <li>Treatments received in health hydros, nature cure clinics, etc. where admission is arranged wholly or partly for domestic reasons. (Excl 13)</li> <li>Dietary supplements and substances unless prescribed as part of hospitalization claim or day care procedure. (Excl14)</li> <li>Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries. (Excl15)</li> <li>Expenses related to any unproven treatment, services and supplies. (Excl16)</li> <li>Expenses related to sterility and infertility. (Excl17)</li> <li>Medical Treatment Expenses traceable to pregnancy and its complications. (Excl 18)</li> </ol> <p><b>Specific Exclusions</b></p> <ol style="list-style-type: none"> <li>Cosmetic dental procedures unless due to Accidental Injury.</li> <li>Medical expenses where Inpatient care and medical supervision is not required</li> <li>War, invasion, acts of foreign enemies</li> <li>Circumcision unless required for the treatment of Illness or Accidental bodily injury</li> <li>The cost of spectacles, contact lenses, hearing aids, crutches etc.</li> <li>The cost of external durable medical equipment except Cost of Artificial Limbs, cost of prosthetic devices implanted during surgical procedure like Pacemaker, orthopedic implants, etc.</li> <li>External medical equipment of any kind used at home as post-hospitalization</li> <li>Intentional self-injury</li> <li>Vaccination or inoculation</li> <li>All non-medical Items as per Annexure II in policy wordings</li> <li>Any treatment received outside India</li> <li>Congenital external diseases or defects or anomalies, growth hormone therapy, stem cell implantation or surgery except for Hematopoietic stem cells for bone marrow transplant for hematological conditions.</li> </ol> <p><b>Specific Exclusions applicable for Personal Accident Cover</b></p> <p>We shall not be liable to make any payment for any claim directly or indirectly caused by, based on, arising out of or attributable to any of the following</p> <ol style="list-style-type: none"> <li>Accidental Bodily Injury that you/your family member named in the schedule meets with <ol style="list-style-type: none"> <li>Through suicide, attempted suicide or self-inflicted injury or illness.</li> <li>While under the influence of liquor or drugs.</li> </ol> </li> </ol>	Section D II
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		<ol style="list-style-type: none"> <li>c. Arising or resulting from the insured person committing any breach of law with criminal intent.</li> <li>d. Whilst participating as the driver, co-driver or passenger of a motor vehicle during motor racing or trial runs.</li> <li>e. As a result of any curative treatments or interventions that you carry out or have carried out on your body.</li> <li>f. Arising out of your participation in any naval, military or air force operations whether in the form of military exercises or war games or actual engagement with the enemy, whether foreign or domestic.</li> <li>g. Whilst engaging in aviation or ballooning</li> </ol> <ol style="list-style-type: none"> <li>2. Consequential losses of any kind or insured person's actual or alleged legal liability.</li> <li>3. Any injury/disablement/death directly or indirectly arising out of or contributed to any pre-existing condition.</li> <li>4. Venereal or Sexually transmitted diseases</li> <li>5. 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.</li> <li>6. 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 detainment, confiscation or nationalization or requisition of or damage by or under the order of any government or public local authority.</li> <li>7. Nuclear energy, radiation.</li> <li>8. Pregnancy, resulting childbirth, miscarriage, abortion, or complications arising out of these</li> </ol>	
<b>7</b>	<b>Waiting Period</b> <ul style="list-style-type: none"> <li>• Time period during which specified disease/treatment are not covered</li> <li>• It is counted from beginning of the policy coverage</li> </ul>	<p><b>Initial Waiting period:</b> 30days for all illnesses (Not applicable in case of continuous renewal or accidents)</p> <p><b>Specific Waiting period:</b></p> <p><b>12 Months Waiting period:</b></p> <ol style="list-style-type: none"> <li>1. Any types of gastric or duodenal ulcers</li> <li>2. Surgery of varicose veins and varicose ulcers</li> <li>3. Hydrocele</li> <li>4. Undescended testes</li> <li>5. Congenital internal diseases</li> <li>6. Surgery for any skin ailment</li> </ol> <p><b>24 months Waiting period</b></p> <ol style="list-style-type: none"> <li>1. Benign prostatic hypertrophy</li> <li>2. All types of sinuses</li> <li>3. Haemorrhoids</li> <li>4. Dysfunctional uterine bleeding</li> <li>5. Endometriosis</li> <li>6. Stones in the urinary and biliary systems</li> <li>7. Surgery on ears/tonsils/ adenoids/ paranasal sinuses</li> <li>8. Cataracts,</li> <li>9. Hernia of all types</li> <li>10. Fistulae, Fissure in ano</li> <li>11. Fibromyoma</li> <li>12. Hysterectomy</li> <li>13. Surgery on all internal or external tumours/ cysts/ nodules/polyps of any kind including breast lumps with exception of Malignant tumor or growth.</li> <li>14. Mental Illness</li> <li>15. Parkinson's Disease</li> <li>16. Alzheimer Disease</li> </ol> <p><b>48 months waiting period</b></p> <ol style="list-style-type: none"> <li>1. Joint replacement surgery</li> </ol>	Section D- I.



	iv. Any other limit (as applicable)		
9	<b>Claims/claims procedure</b>	<p><b>Cashless Claim process</b>                      Cashless treatment is only available at Network Hospitals</p> <ul style="list-style-type: none"> <li>You or Your representative must intimate Us 48 hours before the planned Hospitalization and within 24 hours of emergency hospitalization and request pre-authorization by way of the written form</li> <li>We will review each claim for Medical Expenses, coverage and accordingly issue an authorization letter either to You or the Network Hospital.</li> </ul> <p><b>Reimbursement claim process</b></p> <ul style="list-style-type: none"> <li>Applicable for claims where treatment is taken at a Non network hospital OR If we have denied your claim as per Cashless Claims Procedure.</li> <li>You or Your representative must intimate Us 48 hours before the planned Hospitalization and within 48 hours of emergency hospitalization</li> <li>You or someone claiming on Your behalf must promptly and in any event within 30 days of discharge from a Hospital give Us the documentation</li> <li>The Company shall settle or reject the claim within 45days from the date of receipt of last necessary document.</li> </ul> <p>You or someone claiming on Your behalf must promptly and in any event within 30 days of discharge from a Hospital give Us the documentation listed out in policy wordings and any additional information We ask, for Our obligation to make payment for it.</p> <p><b>Turnaround time(TAT) for claim settlement:</b></p> <ol style="list-style-type: none"> <li>Turnaround time (TAT) for claim settlement: 30 Working Days</li> <li>TAT for preauthorization of cashless facility: Within 120 Mins                      TAT for cashless final bill authorization: Within 120 Mins</li> </ol> <p><b>Weblinks</b>                      Network hospital and Black listed hospital list  <a href="https://www.bajajallianz.com/branch-locator.html">https://www.bajajallianz.com/branch-locator.html</a></p> <p><b>Helpline numbers</b>                      Tollfree: 1800-103-2529</p> <p><b>Downloading /getting claim forms</b>  <a href="https://www.bajajallianz.com/health-insurance-claim-process">Health Insurance Claim Process   Accident Insurance Claim (bajajallianz.com)</a></p>	Section E 33. A & B
10	<b>Policy Servicing</b>	<p>Call centre number(Toll free): 1800-209-5858</p> <p>Details of Company officials: Branch-wise GRO details can be found on the below link.  <a href="https://www.bajajallianz.com/download-documents/other-information/GRO-List.pdf">https://www.bajajallianz.com/download-documents/other-information/GRO-List.pdf</a></p>	
11	<b>Grievances /Complaints</b>	<p><b>Grievance Redressal Procedure:</b></p> <ol style="list-style-type: none"> <li>Toll-free number 1-800-209- 5858 or 020-30305858,                      Say "Hi" on WhatsApp on +91 7507245858</li> <li>Branches for resolution of your grievances /complaints, the Branch details can be found on our website: <a href="http://www.bajajallianz.com/branch-locator.html">www.bajajallianz.com/branch-locator.html</a>                      Register your grievances / complaints on our website:  <a href="http://www.bajajallianz.com/about-us/customer-service.html">www.bajajallianz.com/about-us/customer-service.html</a></li> <li>E-mail                     <ul style="list-style-type: none"> <li>Level 1: <a href="mailto:bagichelp@bajajallianz.co.in">bagichelp@bajajallianz.co.in</a> and for senior citizens to <a href="mailto:seniorcitizen@bajajallianz.co.in">seniorcitizen@bajajallianz.co.in</a></li> </ul> </li> </ol>	Section E.17



		<ul style="list-style-type: none"> <li>• Level 2: In case you are not satisfied with the response given to you at Level 1 you may write to our Grievance Redressal Officer at <a href="mailto:ggro@bajajallianz.co.in">ggro@bajajallianz.co.in</a></li> <li>• Level 3: If in case, your grievance is still not resolved, and you wish to talk to our care specialist, please give a missed call on +91 8080945060 OR SMS To 575758 and our care specialist will call you back</li> <li>d) If you are still not satisfied with the decision of the Insurance Company, you may approach the Insurance Ombudsman, established by the Central Government for redressal of grievance. Detailed process along with list of Ombudsman offices are available at <a href="http://www.cioins.co.in/ombudsman.html">www.cioins.co.in/ombudsman.html</a></li> </ul>	
12	<b>Things to remember</b>	<p><b>Free Look Cancellation:</b> Insured has an option of cancelling his/her policy up to 30 days from the first inception of policy with Us , subject to rest terms and conditions.</p> <p><b>Policy Renewal:</b> Except on grounds of fraud , moral hazard or mis representation or non-co-operation, renewal of your policy shall not be denied</p> <p><b>Migration and Portability:</b> At renewal Insured has an option to migrate his /her policy to other policy with us or port the policy to another insurer subject to terms and conditions specified under Migration and Portability guidelines For detailed guidelines on Migration and Portability, kindly refer the link <a href="https://irdai.gov.in/document-detail?documentId=393128">https://irdai.gov.in/document-detail?documentId=393128</a> 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</p> <p><b>Change in Sum Insured:</b> sum insured can be changed (increased/decreased) only at the time of renewal subject to underwriting by the company. For increase in Sum insured , the waiting periods if any shall start afresh only for the enhance portion of the sum insured</p> <p><b>Moratorium period:</b> After the expiry of Moratorium Period no health insurance policy shall be contestable except for proven fraud and permanent exclusions specified in the policy contract The moratorium would be applicable for the sum insured of the first policy and subsequently completion of 60 continuous months would be applicable from date of enhancement of sums insured only on the enhanced limits</p>	Section E
13	<b>Your Obligations</b>	<p>Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement</p> <p>Disclosure of other material information during the policy period.</p>	
<p><b>Legal Disclaimer Note:</b> The information must be read in conjunction with the product brochure and policy document. In case of any conflict between the CIS and the policy document, the terms and conditions mentioned in the policy document shall prevail.</p>			

**Declaration by policy holder**

I have read the above and confirm having noted the details

Place

Date:

Signature of Policy holder

Note: Web link for downloading the product related documents

<https://www.bajajallianz.com/health-insurance-plans/health-insurance-documents.html>

**Bajaj Allianz General Insurance Co. Ltd.**

Bajaj Allianz House, Airport Road, Yerawada, Pune - 411 006. Reg. No.: 113

For more details, log on to: [www.bajajallianz.com](http://www.bajajallianz.com) | E-mail: [bagichelp@bajajallianz.co.in](mailto:bagichelp@bajajallianz.co.in) or

Call at: Sales - 1800 209 0144 / Service - 1800 209 5858 (Toll Free No.)

Issuing Office:

**Benefit Illustration in respect of Policies offered on Individual & Family Floater basis**

Age of the members to be insured	Coverage opted on Individual Basis covering each member of the family separately (at a single point in time)		Coverage opted on individual basis covering multiple members of the family under as single policy (Sum Insured is available for each member of the family)				Coverage opted on floater basis with overall Sum Insured (Only one sum insured is available for the entire family)			
	Premium (for zone A)	Sum Insured	Premium (for zone A)	Discount	Premium after discount	Sum Insured	Premium or consolidated premium for all members of family (for Zone A)	Floater discount if any	Premium after discount	Sum Insured
	45	9250	400,000	9250	NA	9250	400,000	21403	NA	400,000
	40	8,149	400,000	8149	NA	8149	400,000			
	21	6,062	400,000	6062	NA	6062	400,000			
18	4,176	400,000	4176	NA	4176	400,000				
Total Premium (for Zone A) for all members of the family is <b>Rs 27,637</b> when each member is covered separately (no discount applicable).			Total Premium (for Zone A) for all members of the family is <b>Rs 27,637</b> , when they are covered under a single policy. (Family Discount Applicable).				Total premium (for Zone A) when policy is opted on floater basis is <b>Rs 21403</b> (no discount applicable).			
Sum Insured available for each individual is <b>Rs 400,000</b>			Sum Insured available for each family member is <b>Rs 400,000</b>				Sum Insured of <b>Rs 400,000</b> is available for the entire family			
Note: Premium rates specified in the above illustration shall be standard premium rates without considering any loading. Also, the premium rates shall be exclusive of taxes applicable.										