

GROUP HEALTH GUARD (SILVER)

Customer Information Sheet

Description is illustrative and not exhaustive

Sr no.	TITLE	DESCRIPTION	REFER TO POLICY CLAUSE NUMBER
1	Product Name	Group Health Guard (Silver)	
2	What am I covered for?	<p>1. In-patient Hospitalisation Treatment If the Insured Person is hospitalized on the advice of a Medical Practitioner/Doctor as defined under policy because of Illness or Accidental Bodily Injury sustained or contracted during the Policy Period, then the Company will pay the Insured Person, Reasonable and Customary Medical Expenses incurred subject to</p> <ul style="list-style-type: none"> i) Room, Boarding and Nursing Expenses as provided by the Hospital/Nursing Home up to 1% of Sum Insured per day (Excluding Cumulative Bonus) or actual, whichever is lower. ii) If admitted in ICU, the Company will pay up to actual expenses provided by Hospital. iii) Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialists Fees. iv) Anesthesia, Blood, Oxygen, Operation Theatre Charges, surgical appliances, Medicines & 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>Note:</p> <ul style="list-style-type: none"> • 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 & 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 • 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. • The Company's obligation to make payment in respect of surgeries for cataracts (after the expiry of the 24 months period), shall be restricted to 20% of the Sum insured for each eye. <p>2. Pre-Hospitalisation The Medical Expenses incurred during the 60 days immediately before the Insured Person was Hospitalised, provided that: Such Medical Expenses were incurred for the same illness/injury for which subsequent Hospitalisation was required, and the Company has accepted an inpatient Hospitalisation claim under Inpatient Hospitalisation Treatment (Section A1).</p> <p>3. Post-Hospitalisation The Medical Expenses incurred during the 90 days immediately after the Insured Person was discharged post Hospitalisation provided that: Such costs are incurred in respect of the same illness/injury for which the earlier Hospitalisation was required, and the Company has accepted an inpatient Hospitalisation claim under Inpatient Hospitalisation Treatment (Section A1).</p> <p>4. Road Ambulance The Company will pay the reasonable cost upto a maximum of Rs 20000/- per Policy Period incurred on an ambulance offered by a healthcare or ambulance service provider for transferring the Insured Person to the nearest Hospital with adequate emergency facilities for the provision of health services following an Emergency.</p>	Policy Wordings Section A - Coverage

The Company will also reimburse the expenses incurred on an ambulance offered by a healthcare or ambulance service provider for transferring the Insured Person from the Hospital where he/she was admitted initially to another hospital with higher medical facilities.

Claim under this section shall be payable by the Company only when:

- i. Such life threatening emergency condition is certified by the Medical Practitioner, and
- ii. The Company has accepted Insured Person's Claim under "In-patient Hospitalisation Treatment" or "Day Care Procedures" section of the Policy.

Subject otherwise to the terms, conditions and exclusions of the Policy.

5. Day Care Procedures

The Company will pay the Insured Person the medical expenses as listed above under Section A1 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.

List of Day Care Procedures is given in the annexure I of Policy wordings.

6. Organ Donor Expenses:

The Company will pay expenses towards organ donor's treatment for harvesting of the donated organ, provided that,

- i. 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
- ii. The Company has accepted an inpatient Hospitalisation claim for the Insured Person under In Patient Hospitalisation Treatment (section A1).

7. Convalescence Benefit:

In the event of Insured Person hospitalised for a disease/illness/injury for a continuous period exceeding 10 days, The Company will pay benefit amount of Rs. 5,000 per Policy Period.

This benefit will be triggered provided that the hospitalization claim is accepted under Section A1- In Patient Hospitalisation Treatment.

8. Daily Cash Benefit for Accompanying an Insured Child

The Company will pay Daily Cash Benefit of Rs. 500 per day maximum up to 10 days during each Policy Period for reasonable accommodation expenses in respect of one parent/legal guardian, to stay with any minor Insured Person (under the Age of 12 years), provided the hospitalization claim is paid under Section A1 Inpatient Hospitalisation Treatment.

9. Sum Insured Reinstatement Benefit:

If Section A1 Inpatient Hospitalization Treatment Sum Insured and cumulative bonus (if any) is exhausted due to claims lodged during the Policy Period, then it is agreed that 100% of the Sum Insured specified under Inpatient Hospitalization Treatment be reinstated for the particular Policy Period provided that:

1. The reinstated Sum Insured will be triggered only after the Inpatient Hospitalization Treatment Sum Insured inclusive of the Cumulative Bonus(If applicable) has been completely exhausted during the Policy Period;
2. The reinstated Sum Insured can be used for claims made by the Insured Person in respect of the benefits stated in Inpatient Hospitalization Treatment.
3. If the claimed amount is higher than the Balance Sum Insured inclusive of the Cumulative Bonus(If applicable) under the policy, then this benefit will not be triggered for such claims
4. The reinstated Sum Insured would be triggered only for subsequent claims made by the Insured Person. In case of relapse within 45 days, this benefit will not trigger
5. This benefit is applicable only once during each Policy Period & will not be carried forward to the subsequent Policy Period/ renewals if the benefit is not utilized.
6. This benefit is applicable only once in life time of Insured Person covered under this policy for claims regarding CANCER OF SPECIFIED SEVERITY and KIDNEY FAILURE REQUIRING REGULAR DIALYSIS as defined under the policy.
7. Additional premium would not be charged for reinstatement of the Sum Insured.

8. In case Policy having sum insured on Family Floater basis, Reinstatement of Sum Insured will be available for all Insured Persons in the Policy.

10. Preventive Health Check Up

At the end of block of every continuous period of 3 years during which the Insured Person has held Our Health Guard (Group) policy, the Insured Person is eligible for a free Preventive Health checkup. The Company will reimburse the amount equal to 1% of the sum insured max up to Rs. 2000/- for each member in the Policy having Individual sum insured Policy during the block of 3 years. This benefit can be availed by proposer & spouse only under policy having sum insured on Floater basis.

The Insured Person may approach the Company for the arrangement of the Health Checkup. For the avoidance of doubt, the Company 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.

11. Preventive and Wellness Benefits

A. Individual Sum Insured Policy

The Insured Person is eligible for preventive and wellness benefits which he/ she can earn as reward points known as Healthkarats by:

- a. Registering in the Bajaj Allianz General Insurance Company Ltd's (BAGIC) Preventive and Wellness Benefit Portal [insurance wallet/pro-fit.bjaz.in](#) and
- b. Participating in any or all the activities mentioned in the Activity Chart as per the PW

Healthkarat Benefits-

The earned Healthkarats can be utilized in the following manner

I. Claim Free Policy Period

The Insured Person is eligible for increase in Sum Insured at the time of renewal by an amount equivalent to the value of the Healthkarats.

The value of the Healthkarats will be computed in the following manner.

- i. Each Healthkarat will be equivalent to INR 1.00
- ii. The total healthkarats earned during the policy period shall be multiplied by INR 1.00 to arrive at the value of the Healthkarats by which the Sum Insured at the time of renewal shall be increased.
- iii. Sum Insured at the time of renewal will be increased by the value of Healthkarats arrived at as per Point (ii) above.

II. Claim during the Policy Period

In the event of a claim during the policy period the Insured Person can utilize the earned Healthkarats up to the date of claim in the following manner.

- i. For payment of Non-medical expenses or
- ii. For payment of co-pay.

B. Floater Sum Insured Policies

The Insured Persons under floater policy are eligible for preventive and wellness benefits which he/ she can earn as reward points known as Healthkarats by:

- a. Registering in the Bajaj Allianz General Insurance Company Ltd's (BAGIC) Preventive and Wellness Benefit Portal- [insurance wallet/pro-fit.bjaz.in](#) and
- b. Participating in any or all the activities mentioned in the Activity Chart shown below.
- c. Total sum of the Healthkarats of all the Insured Persons covered under the floater Policy (who have exceeded the threshold of 2000 Healthkarats) will be considered for utilization by any of the Insured Persons covered under the floater Policy

Healthkarat Benefits-

The earned Healthkarats can be utilized in the following manner

I. Claim Free Policy Period

		<p>The floater Sum Insured shall be increased at the time of renewal by an amount equivalent to the value of the Healthkarats.</p> <p>The value of the Healthkarats will be computed in the following manner.</p> <ol style="list-style-type: none"> i. Each Healthkarat will be equivalent to INR 1.00 ii. The total healthkarats earned during the policy period shall be multiplied by INR 1.00 to arrive at the value of the Healthkarats by which the Sum Insured at the time of renewal shall be increased. iii. Sum Insured at the time of renewal will be increased by the value of Healthkarats arrived at as per Point (ii) above <p>II. Claim during the Policy Period In the event of a claim during the floater policy period the Insured Person(s) can utilize the earned Healthkarats up to the date of claim in the following manner.</p> <ol style="list-style-type: none"> i. For payment of Non-medical expenses or ii. For payment of co-pay. <p>The earned Healthkarats shall be computed in the following manner</p> <ol style="list-style-type: none"> i. Each Healthkarat will be equivalent to INR 0.50 ii. The total healthkarats earned up to the date of claim during the policy period shall be multiplied by INR 0.50 to arrive at the value of the Healthkarats. iii. The value of the Healthkarat so arrived at can be utilized at the time of claim during the policy period either for the payment of Non-medical expenses or for the payment of co-pay. <p>The Insured Person can utilize the healthkarats anytime throughout a year subject to below conditions:</p> <ol style="list-style-type: none"> 1. The Healthkarat Benefit Amount can be redeemed only if the health karats exceeds 2000 points. 2. The Healthkarat Benefit Amount can be redeemed in the event of a claim during the current Policy Period in which the health points are earned. 3. The cost of the health check-up (Basic, executive and comprehensive). Diabetes disease management, Hypertension/CVA disease management, Dyslipidaemia management, Obesity Management will have to be borne by the Insured Person. The tests can be done at any of the Company's Network Providers mentioned on the Company's website www.general.bajajallianz.com. Reward points will also be available in case the Insured Person undertakes the specified tests at other than our Network providers. 4. The Health Checkup done as a part of Coverage "Section A 10. Preventive Health Check Up" at the end of block of every continuous period of 3 years during which the Insured Person has held Our Health Guard (Group) will be considered for giving credit of the Healthkarat Benefit. 5. The annual subscription for fitness activities such as swimming/sports classes/gym/Yoga and meditation and participation in marathon will have to be borne by the Insured Person. <p>Validity of Reward points:</p> <ol style="list-style-type: none"> a) In case of renewal of a claim free policy, the Insured Person has to redeem the reward points within next 30 days from expiry date of the Policy. <p>Please refer annexure IV of the PW for the details on healthkarats, its utilization and illustration.</p>	
3	What are the major exclusions in the policy?	<ol style="list-style-type: none"> 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 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 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. 4. Investigation & Evaluation (Excl04) 	Policy Wordings- Section C- General Exclusions

		<p>a) Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded even if the same requires confinement at a Hospital.</p> <p>b) Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.</p> <p>5. Rest Cure, rehabilitation and respite care (Excl05)</p> <p>a) Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:</p> <p>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.</p> <p>ii. Any services for people who are terminally ill to address medical, physical, social, emotional and spiritual needs.</p> <p>6. Obesity/Weight Control (Excl06) Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:</p> <p>1) Surgery to be conducted is upon the advice of the Medical Practitioner/Doctor</p> <p>2) The surgery/Procedure conducted should be supported by clinical protocols</p> <p>3) The member has to be 18 years of age or older and</p> <p>4) Body Mass Index (BMI);</p> <p>a) greater than or equal to 40 or</p> <p>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:</p> <p>i. Obesity-related cardiomyopathy</p> <p>ii. Coronary heart disease</p> <p>iii. Severe Sleep Apnea</p> <p>iv. Uncontrolled Type2 Diabetes</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>12. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Excl12)</p> <p>13. Treatments received in health spas, 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)</p>	
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	<p>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)</p> <p>15. Refractive Error (Excl15) Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries.</p> <p>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.</p> <p>17. Sterility and Infertility (Excl17) Expenses related to sterility and infertility. This includes:</p> <ul style="list-style-type: none">a) Any type of contraception, sterilizationb) Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSIc) Gestational Surrogacyd) Reversal of sterilization <p>18. Maternity (Excl 18) :</p> <ul style="list-style-type: none">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. <p>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.</p> <p>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.</p> <p>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.</p> <p>22. Intentional self-injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol)</p> <p>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.</p> <p>24. All non-medical Items as per Annexure II</p> <p>25. Any treatment received outside India is not covered under this Policy.</p> <p>26. Circumcision unless required for the treatment of Illness or Accidental bodily injury,</p> <p>27. Treatment for any other system other than modern medicine (allopathy)</p>	
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4 Waiting periods

1. **Pre-existing Diseases waiting period (Excl01)**
 - 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 Health Guard Group Policy with us.
 - b) In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of Sum Insured increase.
 - 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.
 - 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.

2. **Specified disease/procedure waiting period (Excl02)**
 - 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 Health Guard Group Policy with Us. This exclusion shall not be applicable for claims arising due to an accident.
 - b) In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of Sum Insured increase.
 - 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.
 - d) The waiting period for listed conditions shall apply even if contracted after the Policy or declared and accepted without a specific exclusion.
 - 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.
 - f) List of specific diseases/procedures is as below

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	

3. Any Medical Expenses incurred during the first three consecutive annual periods during which You have the benefit of a Health Guard Group Policy with Us in connection with:
 - a) Joint replacement surgery,
 - b) Surgery for vertebral column disorders (unless necessitated due to an accident)
 - c) Surgery to correct deviated nasal septum
 - d) Hypertrophied turbinate
 - e) Congenital internal diseases or anomalies
 - 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
 - g) Bariatric Surgery
 - h) Parkinson's Disease

Policy Wordings – Section C General Exclusions

		<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>Indemnity Basis:</p> <ul style="list-style-type: none"> • In-patient Hospitalisation Treatment • Pre-Hospitalisation • Post-Hospitalisation • Road Ambulance • Day Care Procedures • Organ Donor Expenses • Sum Insured Reinstatement Benefit: • Preventive Health Check Up • Preventive and Wellness Benefits <p>Benefit Basis:</p> <ul style="list-style-type: none"> • Convalescence Benefit: • Daily Cash Benefit for Accompanying an Insured Child 	Policy Wordings Section A Coverage
6	Cost sharing	<p>In case of a claim, this policy requires you to share the following costs:</p> <p>i. Cataract: 20% of the Sum insured for each eye</p> <p>ii. Mental Illness: 25% of Sum Insured or 2 Lac whichever is lower</p> <p>iii. Modern Treatment Methods and Advancement in Technologies: 50% of Sum Insured or 5 Lacs whichever is lower</p>	Policy Wordings Section D
7	Renewal Conditions	<p>The policy shall ordinarily be renewable except on misrepresentation by the insured person. 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
8	Renewal Benefits	<p>1.Cumulative Bonus:</p> <p>If the Insured Person's " Health Guard (Group)" with the Company is renewed without any break and there has been no claim in the preceding year, the Company will increase the Limit of Indemnity by 10% of base sum insured per annum, but:</p> <p>i. The maximum cumulative increase in the Limit of Indemnity will be limited to 10 years and 100% of base sum insured of the Insured Person's first "Health Guard (Group) Policy" with the Company.</p> <p>ii. This clause does not alter the annual character of this insurance</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 "Health Guard (Group) Policy" shall be reduced by 10%, save that the limit of indemnity applicable to the Insured Person's first "Health Guard (Group) Policy" with the Company shall be preserved.</p>	Policy Wordings Section D

		<p>2. Preventive Health Check Up At the end of block of every continuous period of 3 years during which the Insured Person has held Our Health Guard (Group) policy, the Insured Person is eligible for a free Preventive Health checkup. The Company will reimburse the amount equal to 1% of the sum insured max up to Rs. 5000/- for each member in the policy having Individual sum insured during the block of 3 years. This benefit can be availed by proposer & spouse only under policy having sum insured on Floater basis.</p> <p>The Insured Person may approach the Company for the arrangement of the Health Check up. For the avoidance of doubt, the Company shall not be liable for any other ancillary or peripheral costs or expenses (including but not limited to those for transportation, accommodation or sustenance).</p> <p>Contact Email id- healthcheck@bajajallianz.co.in.</p> <p>Note: Payment under this benefit will not reduce the base sum insured mentioned in policy Schedule.</p>	Policy Wordings Section A Coverage								
9	Cancellation	<p>Cancellation</p> <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.</p> <p>Cancellation grid for premium received on annual basis or full premium received at policy inception are as under</p> <table border="1" data-bbox="483 772 1268 1037"> <thead> <tr> <th>PERIOD ON RISK</th> <th>RATE OF PREMIUM REFUNDED</th> </tr> </thead> <tbody> <tr> <td>Within 3 months</td> <td>65%of annual rate</td> </tr> <tr> <td>Exceeding 3 months but less than 6 months</td> <td>45% of annual rate</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 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.</p>	PERIOD ON RISK	RATE OF PREMIUM REFUNDED	Within 3 months	65%of annual rate	Exceeding 3 months but less than 6 months	45% of annual rate	Exceeding 6 months to 12 months	0.00%	Policy Wordings Section D
PERIOD ON RISK	RATE OF PREMIUM REFUNDED										
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10		<p>All Claims will be settled by In house claims settlement team of the company and no TPA is engaged.</p> <p>If You meet with any Accidental Bodily Injury or suffer an Illness that may result in a claim, then as a condition precedent to Our liability, You must comply with the following:</p> <p>A. Cashless Claims Procedure: Cashless treatment is only available at Network Hospitals. In order to avail of cashless treatment, the following procedure must be followed by You:</p> <ol style="list-style-type: none"> i. For planned treatment or Hospitalization, prior to taking treatment and/or incurring Medical Expenses at a Network Hospital, You or Your representative must intimate Us 48 hours before the planned Hospitalization and request pre-authorisation by way of the written form. ii. After considering Your request and after obtaining any further information or documentation We have sought, We may, if satisfied, send You or the Network Hospital, an authorisation letter. The authorisation letter, the ID card issued to You along with this Policy and any other information or documentation that We have specified must be produced to the Network Hospital identified in the pre-authorization letter at the time of Your admission to the same. iii. If the procedure above is followed, You will not be required to directly pay for the bill amount in the Network Hospital that We are liable under Section A1In-Patient Hospitalisation Treatment above and the original bills and evidence of treatment in respect of the same shall be left with the Network Hospital. Pre-authorisation 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. 	Policy Wordings Section D								

- iv. In case any treatment or procedure is to be taken on an Emergency basis, You or Your representative must intimate Us in writing immediately within 24 hours of hospitalization.

1. Reimbursement Claims Procedure:

If Pre-authorisation as per Cashless Claims Procedure above is denied by Us or if treatment is taken in a Hospital other than a Network Hospital or if You do not wish to avail cashless facility, then:

- i. You or someone claiming on Your behalf must inform Us in writing immediately within 48 hours of hospitalization in case of emergency hospitalization and 48 hours prior to hospitalization in case of planned hospitalization
- ii. You must immediately consult a Doctor and follow the advice and treatment that he recommends.
- iii. You must take reasonable steps or measures to minimize the quantum of any claim that may be made under this Policy.
- iv. You must have Yourself examined by Our medical advisors if We ask for this, and as often as We consider this to be necessary at our cost.
- v. 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 as listed out in greater detail below and other information We ask for to investigate the claim or Our obligation to make payment for it.
- vi. In the event of the death of the insured person, someone claiming on his behalf must inform Us in writing immediately and send Us a copy of the post mortem report (if any) within 30 days*
- vii. If the original documents are submitted with the co-insurer, the Xerox copies attested by the co-insurer should be submitted

*Note: In case You are claiming for the same event under an indemnity based policy of another insurer and are required to submit the original documents related to Your treatment with that particular insurer, then You may provide Us with the attested Xerox copies of such documents along with a declaration from the particular insurer specifying the availability of the original copies of the specified treatment documents with it.

**Note: Waiver of conditions (i) and (vi) may be considered in extreme cases of hardship where it is proved to Our satisfaction that under the circumstances in which You were placed, it was not possible for You or any other person to give notice or file claim within the prescribed time limit.

List of Claim documents:

- Claim form with NEFT details & cancelled cheque duly signed by Insured
- Original/Attested copies of Discharge Summary / Discharge Certificate / Death Summary with Surgical & anesthetics notes
- Attested copies of Indoor case papers
- Original/Attested copies Final Hospital Bill with break up of surgical charges, surgeon's fees, OT charges etc
- Original Paid Receipt against the final Hospital Bill.
- Original bills towards Investigations done / Laboratory Bills.
- Original/Attested copies of Investigation Reports against Investigations done.
- 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 (if Applicable).
- Cashless settlement letter or other company settlement letter
- First consultation letter for the current ailment.
- In case of implant surgery, invoice & sticker.

Please send the documents on below address

		<p>Bajaj Allianz General Insurance Company</p> <p>2nd Floor, Bajaj Finserv Building, Behind Weikfield IT park, Off Nagar Road, Viman Nagar Pune 411014 Toll free: 1800-103-2529, 1800-22-5858</p>	
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		<p>Bajaj Allianz General Insurance Co. Ltd</p> <p>Bajaj Allianz House, Airport Road Yerawada, Pune 411006</p> <p>E-mail: bagichelp@bajajallianz.co.in</p> <p>Call : 1800-225858 (free calls from BSNL/MTNL lines only)</p> <p>1800-1025858 (free calls from Bharti users - mobile /landline) or 020-30305858</p> <p>Grievance Redressal Cell for Senior Citizens</p> <p>Senior Citizen Cell for Insured who are Senior Citizens</p> <p>'Good things come with time' and so for our customers who are above 60 years of age we have created special cell to address any health insurance related query. Our senior citizen customers can reach us through the below dedicated channels to enable us to service them promptly</p> <p>Health toll free number: 1800-103-2529</p> <p>Exclusive Email address: seniorcitizen@bajajallianz.co.in</p> <p>If You are still not satisfied, You can approach the Insurance Ombudsman in the respective area for resolving the issue. The contact details of the Ombudsman offices are mentioned below</p>	
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10	Policy Servicing/ Grievances/Complaints	<table border="1"> <thead> <tr> <th>Office Details</th> <th>Jurisdiction of Office Union Territory, District)</th> </tr> </thead> <tbody> <tr> <td> <p>AHMEDABAD - Shri/Smt..... 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@ecoi.co.in</p> </td> <td> <p>Gujarat, Dadra & Nagar Haveli, Daman and Diu.</p> </td> </tr> <tr> <td> <p>BENGALURU - Smt. Neerja Shah Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru - 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@ecoi.co.in</p> </td> <td> <p>Karnataka.</p> </td> </tr> <tr> <td> <p>BHOPAL - Shri Guru Saran Shrivastava Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal - 462 003.</p> </td> <td> <p>Madhya Pradesh Chattisgarh.</p> </td> </tr> </tbody> </table>	Office Details	Jurisdiction of Office Union Territory, District)	<p>AHMEDABAD - Shri/Smt..... 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@ecoi.co.in</p>	<p>Gujarat, Dadra & Nagar Haveli, Daman and Diu.</p>	<p>BENGALURU - Smt. Neerja Shah Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru - 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@ecoi.co.in</p>	<p>Karnataka.</p>	<p>BHOPAL - Shri Guru Saran Shrivastava Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal - 462 003.</p>	<p>Madhya Pradesh Chattisgarh.</p>	Policy Wordings Section D
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		Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@ecoi.co.in	
		BHUBANESHWAR - Shri/Smt..... Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar - 751 009. Tel.: 0674 - 2596461 / 2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@ecoi.co.in	Orissa.
		CHANDIGARH - Dr. Dinesh Kumar Verma 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 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@ecoi.co.in	Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh.
		CHENNAI - Shri M. Vasantha Krishna Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI - 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@ecoi.co.in	Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry).
		DELHI - Shri/Smt..... Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi - 110 002. Tel.: 011 - 23232481 / 23213504 Email: bimalokpal.delhi@ecoi.co.in	Delhi.
		GUWAHATI - Shri Kiriti .B. Saha 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@ecoi.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
		HYDERABAD - Shri I. Suresh Babu 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 - 67504123 / 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@ecoi.co.in	Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry.

		<p>JAIPUR - Smt. Sandhya Baliga Office of the Insurance Ombudsman, Jeevan Nidhi - II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: Bimalokpal.jaipur@ecoi.co.in</p>	Rajasthan.	
		<p>ERNAKULAM - Ms. Poonam Bodra Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@ecoi.co.in</p>	Kerala, Lakshadweep, Mahe-a part of Pondicherry.	
		<p>KOLKATA - Shri/Smt..... Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 Email: bimalokpal.kolkata@ecoi.co.in</p>	West Bengal, Sikkim, Andaman & Nicobar Islands.	
		<p>LUCKNOW -Shri/Smt..... Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@ecoi.co.in</p>	Districts of Uttar Pradesh : Laitpur, 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.	
		<p>MUMBAI - Shri Milind A. Kharat Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 Email: bimalokpal.mumbai@ecoi.co.in</p>	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.	
		<p>NOIDA - Shri/Smt..... Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddha Nagar, U.P.-201301. Tel.: 0120-2514250 / 2514252 / 2514253 Email: bimalokpal.noida@ecoi.co.in</p>	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshihar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shami, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.	
		<p>PATNA - Shri/Smt..... Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building,, Bazar Samiti Road, Bahadurpur, Patna 800 006.</p>	Bihar, Jharkhand.	

		Tel.: 0612-2680952 Email: bimalokpal.patna@ecoi.co.in	
		PUNE - Shri/Smt..... 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@ecoi.co.in	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.
11	Insured's Rights	<p>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</p> <p>Migration 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</p> <p>Sum Insured Enhancement:</p> <ol style="list-style-type: none"> i. The Insured Person can apply for enhancement of Sum Insured at the time of renewal. Insured Person can apply for enhancement of Sum Insured by submitting a fresh proposal form to the company. ii. The acceptance of enhancement of Sum Insured would be at the discretion of the company, based on the health condition of the Insured Person & claim history of the Policy. iii. All waiting periods as defined in the Policy shall apply for this enhanced Sum Insured limit from the effective date of enhancement of such Sum Insured considering such Policy Period as the first Policy with the Company. 	Policy Wordings Section D
12	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.			