

**Bajaj Allianz General Insurance Company Limited**  
**Corporate Identity Number: U66010PN2000PLC015329. IRDAI Registration No.113**  
**Regd. Office & Head Office: Bajaj Allianz House, Airport Road, Yerawada, Pune - 411 006**

**CUSTOMER INFORMATION SHEET**  
**(Description is illustrative and not exhaustive)**

SI No	Title	Description	Policy Clause Number
1	Product Name	Health Prime- Rider for Health Products	
2	What am I covered for	<p><b>A. Tele Consultation Cover (Insta Consultation)</b></p> <p><b>Coverage:</b>            If the Insured/ Insured Member is suffering from any Illness or Injury, he / she can consult Medical Practitioner/ Physician/Doctor listed on the digital platform of Insurer or concerned Service Provider's application via video, audio, or chat channel, where the Insured/ Insured Member will be able to select the speciality of Doctor and will be able to consult the Doctor available at the time of call. This cover shall be in compliance with the Telemedicine Practice Guidelines dated 25th of March 2020 and as amended from time to time. This is a cashless service.</p> <p><b>B. Doctor Consultation Cover (In-clinic)</b></p> <p><b>Coverage:</b>            If the Insured/Insured Member/s is suffering from any Illness or injury he / she can consult Medical Practitioner/ Physician/Doctor in person from prescribed network centres of concerned Service Providers up to the limit as specified under this Rider read with Base Policy Schedule.</p> <p>This is a cashless service; the cashless process is defined under the Service Delivery Process/claim process section.</p> <p>If the desired Medical Practitioner/ Physician/Doctor is not available in the prescribed network, Insured/ Insured Member/s can take a prior approval of the Insurer for consulting the desired Medical Practitioner/ Physician/Doctor and claim the charges/consultation fees by way of reimbursement process as defined under claim process. The Doctor Consultation expenses would be payable up to the limit specified under this Rider.</p> <p><b>C. Doctor Prescribed Investigations Cover – Pathology &amp; Radiology Expenses</b></p> <p><b>Coverage:</b>            If the Insured/Insured Member/s is suffering from any Illness or injury he / she can avail the cashless service for investigations prescribed by a registered Medical Practitioner for pathology or radiology from prescribed network centres of the Service Provider up to the limit as specified under this Rider read with Base Policy Schedule.</p> <p>If the Investigation – Pathology or radiology lab is not available in the prescribed network of the Service Provider, Insured/ Insured Member/s can take a prior-approval of the Insurer for the prescribed investigations and claim the expenses by way of reimbursement process as defined under claim process/ Service Delivery Process. The investigation expenses would be payable up to the limit specified on the policy schedule.            Lab test must be done within 30 days of the doctor prescription.</p> <p><b>D. Annual Preventive Health Check -up cover:</b></p> <p><b>Coverage:</b></p> <ol style="list-style-type: none"> <li>The Insured/Insured Member/s can avail the free Preventive health check-up once in every Policy Year as per the list given below in the network centres of the Service Provider.</li> </ol>	SECTION C

### Silver Package

Test	Component
<b>Hemogram</b>	Monocytes - Absolute Count, Lymphocyte Percentage, Nucleated Red Blood Cells, Neutrophils, Basophils, MCHC, Eosinophils, Haemoglobin, Platelet Count, Mean Corpuscular Volume(Mcv), Immature Granulocytes(Ig), Eosinophils - Absolute Count, Lymphocytes - Absolute Count, Basophils - Absolute Count, Neutrophils - Absolute Count, Immature Granulocyte Percentage(Ig%), Nucleated Red Blood Cells %, Haematocrit(Pcv), Red Cell Distribution Width - Sd(Rdw-Sd), Red Cell Distribution Width (Rdw-Cv), Total Rbc, Total Leucocytes Count, Mean Corpuscular Haemoglobin(Mch), Monocytes, ESR
<b>Liver function test</b>	Albumin Serum, Bilirubin- Indirect serum, Globulin, SGOT/SGPT Ratio, GGTP (Gamma GT), Alkaline Phosphatase Serum, SGOT/AST, A/G Ratio, SGPT/ALT, Bilirubin Direct Serum, Proteins Serum, Bilirubin Total Serum
<b>Urine routine</b>	Color, Urinary Leucocytes, Epithelial Cells, Crystals, Urine Ketone, Urobilinogen, Urinary Glucose, Urinary Protein, Urine Blood
<b>Diabetic Profile</b>	Fasting Blood Sugar, HbA1C
<b>Lipid profile</b>	VLDL, HDL / LDL Cholesterol Ratio, HDL Cholesterol Direct, LDL Cholesterol - Calculated, Non - HDL Cholesterol Serum, LDL/HDL RATIO, CHOL/HDL RATIO, Cholesterol-Total Serum, Triglycerides Serum
<b>Kidney Function Tests</b>	Blood Urea Nitrogen (BUN), Creatinine- Serum
<b>Thyroid</b>	T3 - Total Tri Iodothyronine, TSH Ultra - sensitive, T4 - Total Thyroxine
<b>Bone Health</b>	Serum Calcium

### Gold Package

Test	Component
<b>Hemogram</b>	Monocytes - Absolute Count, Lymphocyte Percentage, Nucleated Red Blood Cells, Neutrophils, Basophils, MCHC, Eosinophils, Haemoglobin, Platelet Count, Mean Corpuscular Volume(Mcv), Immature Granulocytes(Ig), Eosinophils - Absolute Count, Lymphocytes - Absolute Count, Basophils - Absolute Count, Neutrophils - Absolute Count, Immature Granulocyte Percentage(Ig%), Nucleated Red Blood Cells %, Haematocrit(Pcv), Red Cell Distribution Width - Sd(Rdw-Sd), Red Cell Distribution Width (Rdw-Cv), Total Rbc, Total Leucocytes Count, Mean Corpuscular Hemoglobin(Mch), Monocytes, ESR
<b>Liver Function Test</b>	Albumin Serum, Bilirubin- Indirect serum, Globulin, SGOT/SGPT Ratio, GGTP (Gamma GT), Alkaline Phosphatase Serum, SGOT/AST, A/G Ratio, SGPT/ALT, Bilirubin Direct Serum, Proteins Serum, Bilirubin Total Serum
<b>Urine routine</b>	Colour, Urinary Leucocytes, Epithelial Cells, Crystals, Urine Ketone, Urobilinogen, Urinary Glucose, Urinary Protein, Urine Blood
<b>Diabetic Profile</b>	Fasting Blood Sugar, HbA1C
<b>Lipid profile</b>	VLDL, HDL / LDL Cholesterol Ratio, HDL Cholesterol Direct, LDL Cholesterol - Calculated, Non - HDL Cholesterol Serum, LDL/HDL RATIO, CHOL/HDL RATIO, Cholesterol-Total Serum, Triglycerides Serum
<b>Complete Kidney Function Profile</b>	Uric Acid, Sr. Creatinine, Blood urea Nitrogen ,BUN/Creatinine ratio

	<table><tr><td>Thyroid</td><td>T3 - Total Tri Iodothyronine, TSH Ultra - sensitive, T4 - Total Thyroxine</td></tr><tr><td>Bone Health</td><td>Calcium</td></tr><tr><td>Vitamins</td><td>Vitamin B12 (Cyanocobalamin), Vitamin D Total-25 Hydroxy</td></tr></table>	Thyroid	T3 - Total Tri Iodothyronine, TSH Ultra - sensitive, T4 - Total Thyroxine	Bone Health	Calcium	Vitamins	Vitamin B12 (Cyanocobalamin), Vitamin D Total-25 Hydroxy																			
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<b>Platinum Package</b>																										
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<div><div>2.</div><div>The health checkup can be availed on a cashless basis in the prescribed list of hospitals or diagnostic centers.</div></div> <div><div>3.</div><div>List of prescribed hospitals or diagnostic centers can be accessed from the Insurer's website or digital application of the Insurer/Service Provider.</div></div> <div><div>4.</div><div>The health check-up benefit must be availed within the Policy Period only, cover cannot be extended after the expiry of the Policy Period read with Base Policy.</div></div> <div><div>5.</div><div>The list of tests listed above cannot be changed.</div></div>																										
<b>E. Dental Wellness- Consultation, Investigation &amp; Procedures Cover:</b>																										
<b>Coverage:</b>																										
If the Insured/ Insured Member/s is suffering from any dental ailment, he / she can consult a Medical Practitioner with minimum qualification of BDS degree from prescribed network centres of the Service Provider, up to the limit as specified under this Rider read with Base Policy Schedule. This benefit will have below coverages and can be availed by Insured/ Insured Members under the Rider.																										

This is a cashless service. The cashless process to avail this benefit through the prescribed network of Service Provider is defined under the Service Delivery Process/claim process.

If the desired doctor/dentist is not available in the prescribed network, Insured/ Insured Member/s can take a prior-approval for consulting the desired dentist and claim the charges of consultation/procedure fees by way of reimbursement process as defined under claim process. Such reimbursements will be capped for respective services as per the table below. However, this capping will apply only for reimbursement claims and where co-payment is not opted.

Procedure	Capping amount
Consultation charges	500
IOPA/X-ray	
IOPA	250
Digital X ray	400
Root canal treatment	
RCT with GIC /Miracle /SF POR	5000
RCT with composite POR	6000
Third molar RCT	9500
Repeat RCT	10000
Post and core	4000
Restoration /Filling	
GIC	1000
Silver filling	2000
Composite	3000
Diastema Closure	3500
Anterior Fracture Repair	3000
Extraction	
Mobile tooth	700
Firm tooth	1000
Badly carious/Surgical/Erupted wisdom	2500
Disimpaction	12000
Extraction – wisdom tooth – upper jaw	3000
Extraction – wisdom tooth – lower jaw	5000
Extraction – Impacted/Surgical removal	6000
Extraction – Root canal treated teeth - Nonsurgical	3000
Extraction – Root canal treated teeth -surgical	6000
Crown	
Ni-Cr Metal crown	3000
Co-Cr Metal crown	4500
RFM (Ceramic )	6000
CAD CAM PFM	6000
Zirconia	10000
Brux zir	12000
Lava / Porcera / E-max	12000
Paediatric dentistry	
Extraction of primary teeth	750
Pulpectomy	4000

#### F. Diet & Nutrition Consultation Cover

##### Coverage:

If the Insured/ Insured Member/s wants to maintain a balance between good nutrition and diet, he / she can consult a Dietician or Nutritionist listed on the Digital platform of Insurer/ Service Provider's application via video, audio, or chat channel. This benefit can be availed by Insured/ Insured Members covered under this Rider. This is a cashless service and can be availed through the prescribed network of Service Provider.

		<p><b>G. Emotional Wellness Cover:</b> If the Insured/ Insured Member/s wants to avail emotional wellbeing services, he / she can consult an emotional health coach/psychologist listed on the Digital platform of Insurer/ Service Provider's application via video, audio, or chat channel. This benefit can be availed by Insured/ Insured Members covered under the Rider. This is a cashless service and can be availed through the prescribed network of Service Provider.</p> <p><b>H. Physical Fitness Cover</b> <b>Coverage:</b> Physical fitness/ Gymnasium benefit covers the fitness facilities offered by the network Gymnasium/Physical fitness centres. The Insured/ Insured Members can avail the facilities in network Gymnasium for 365 days during the Policy Period. For Floater Plans, 1 Insured Member would be eligible for 1 session per day per family under this benefit For Individual Plans, the Insured Members who have opted for the plan with Physical Fitness Coverage can avail 1 session per day.</p>	
3	What are the major exclusions in the policy:	<p><b>Exclusions for "Tele Consultation Cover (Insta Consultation)"</b></p> <ol style="list-style-type: none"> <li>1. Tele consultation outside the Digital platform of service provider's application/website video/audio/chat consultation, in-clinic/physical consultation is not covered under this benefit of the product.</li> <li>2. Teleconsultation benefit is not transferrable to any other member unless the member is covered under the Base Policy and has opted this coverage.</li> <li>3. If the Tele Consultation is not availed in the policy year during the Policy Period, the benefit cannot be carried forward to the subsequent policy year.</li> <li>4. Reimbursement of teleconsultation benefit is excluded from the scope of this Policy.</li> <li>5. 30-day Waiting Period (Code-Excl03)             <ol style="list-style-type: none"> <li>a) Expenses related to the treatment of any Illness within 30 days as per the option specified in the Policy Schedule from the first Policy commencement date shall be excluded except claims arising due to an Accident, provided the same are covered.</li> <li>b) This exclusion shall not, however apply if the Insured Beneficiary has continuous coverage for more than twelve months.</li> <li>c) The within referred Waiting Period is made applicable to extent of the enhanced Sum Insured in the event of granting higher Sum Insured subsequently.</li> </ol> </li> </ol> <p><b>Exclusions for Doctor Consultation Cover (In-clinic):</b></p> <ol style="list-style-type: none"> <li>1. Other expenses of investigations, medicines, surgical or non-surgical procedures or any medical, non-medical items are not covered under this section.</li> <li>2. If the Doctor Consultation cover is not availed in the policy year the benefit cannot be carried forward to the subsequent policy year.</li> <li>3. Claims related to Ante Natal consultations and investigations shall not be covered. However, consultations for pregnancy related complications would be covered.</li> <li>4. Dietician/nutritionist consultations/sessions will not be covered under this benefit</li> <li>5. 30-day Waiting Period (Code-Excl03)             <ol style="list-style-type: none"> <li>a) Expenses related to the treatment of any Illness within 30 days as per the option specified in the Policy Schedule from the first Policy commencement date shall be excluded except claims arising due to an Accident, provided the same are covered.</li> <li>b) This exclusion shall not, however apply if the Insured Beneficiary has continuous coverage for more than twelve months.</li> <li>c) The within referred Waiting Period is made applicable to extent of the enhanced Sum Insured in the event of granting higher Sum Insured subsequently.</li> </ol> </li> <li>6. Pre-Existing Diseases Waiting Period (Code- Excl02)             <ol style="list-style-type: none"> <li>a) Expenses related to the treatment of a Pre-Existing Disease (PED) and its direct complications shall be excluded until the expiry of specified number of months of continuous coverage after the date of inception of the first Rider plan and the Policy Schedule with Us.</li> <li>b) The PED waiting period would be as per the Base policy opted and as specified on the Policy Schedule.</li> <li>c) If the Insured Beneficiary 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.</li> <li>d) Coverage under the Policy after the expiry of the waiting period as specified in Policy Schedule, for any pre-existing disease is subject to the same being declared at the time of application and accepted by Us.</li> </ol> </li> </ol>	SECTION D

	<p><b>Exclusions for “Doctor Prescribed Investigations Cover – Pathology &amp; Radiology Expenses”</b></p> <ol style="list-style-type: none"> <li>1. If the Investigation cover is not availed in the respective policy year the benefit cannot be carried forward to the subsequent policy year.</li> <li>2. Claims related to Ante Natal investigations shall not be covered. However, investigations for pregnancy related complications would be covered.</li> <li>3. Any preventive health tests shall not be covered under this benefit</li> <li>4. Invasive tests shall not be covered.</li> <li>5. 30-day Waiting Period (Code-Excl03) <ol style="list-style-type: none"> <li>a) Expenses related to the treatment of any Illness within 30 days as per the option specified in the Policy Schedule from the first Policy commencement date shall be excluded except claims arising due to an Accident, provided the same are covered.</li> <li>b) This exclusion shall not, however apply if the Insured Beneficiary has continuous coverage for more than twelve months.</li> <li>c) The within referred Waiting Period is made applicable to extent of the enhanced Sum Insured in the event of granting higher Sum Insured subsequently.</li> </ol> </li> <li>6. 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Preventive health check-up cannot be availed outside the prescribed list of hospitals or diagnostic centers and is not available to children below 18 years.</li> <li>2. Home collection facility will available only at selected locations. For locations where home sample collection is not available, the customer will have to physically go and take the tests.</li> <li>3. The complete list of tests as given above has to be completed in a single appointment.</li> <li>4. If the health check-up is not availed in the policy year during the Policy Period the benefit cannot be carried forward to the subsequent policy year during the Policy Period.</li> <li>5. Reimbursement of preventive health check-up expenses is excluded from the scope of the product.</li> <li>6. 30-day Waiting Period (Code-Excl03) <ol style="list-style-type: none"> <li>a) Expenses related to the treatment of any Illness within 30 days as per the option specified in the Policy Schedule from the first Policy commencement date shall be excluded except claims arising due to an Accident, provided the same are covered.</li> <li>b) This exclusion shall not, however apply if the Insured Beneficiary has continuous coverage for more than twelve months.</li> <li>c) The within referred Waiting Period is made applicable to extent of the enhanced Sum Insured in the event of granting higher Sum Insured subsequently.</li> </ol> </li> </ol> <p><b>Exclusions for “Dental wellness - Consultation, Investigation &amp; Procedures Cover”:</b></p> <ol style="list-style-type: none"> <li>1. Other expenses of investigations, medicines, surgical or non-surgical procedures or any medical, non-medical items not mentioned under coverage are excluded</li> <li>2. Dental benefit shall not be applicable on cosmetic level scaling/polishing, bleaching, cap of teeth, braces, aligner, tooth replacement, any other cosmetic and aesthetic treatment</li> <li>3. This benefit cannot be availed outside the prescribed network of dentists and hospitals</li> <li>4. If the benefit is not availed in the policy year the benefit cannot be carried forward to the subsequent policy year.</li> <li>5. 30-day Waiting Period (Code-Excl03) <ol style="list-style-type: none"> <li>a) Expenses related to the treatment of any Illness within 30 days as per the option specified in the Policy Schedule from the first Policy commencement date shall be excluded except claims arising due to an Accident, provided the same are covered.</li> <li>b) This exclusion shall not, however apply if the Insured Beneficiary has continuous coverage for more than twelve months.</li> <li>c) The within referred Waiting Period is made applicable to extent of the enhanced Sum Insured in the event of granting higher Sum Insured subsequently.</li> </ol> </li> </ol>	
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	<p>6. Pre-Existing Diseases Waiting Period (Code- Excl02)</p> <ol style="list-style-type: none"> <li>Expenses related to the treatment of a Pre-Existing Disease (PED) and its direct complications shall be excluded until the expiry of specified number of months of continuous coverage after the date of inception of the first Rider Plan and the Policy Schedule with Us.</li> <li>The PED waiting period would be as per the Base policy opted and as specified on the Policy Schedule.</li> <li>If the Insured Beneficiary 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.</li> <li>Coverage under the Policy after the expiry of the waiting period as specified in Policy Schedule, for any pre-existing disease is subject to the same being declared at the time of application and accepted by Us.</li> </ol> <p><b>Exclusions for “Diet &amp; Nutrition Coverage”:</b></p> <ol style="list-style-type: none"> <li>Consultation with the dietician is strictly limited to in-app/website video/audio/chat consultation, no in-clinic/physical consultation is allowed.</li> <li>Dietician &amp; Nutritionist consultation benefit is not transferrable.</li> <li>If the benefit is not availed in the policy year the benefit cannot be carried forward to the subsequent policy year.</li> <li>Reimbursement of dietician &amp; nutritionist consultation expenses is excluded from the scope of the Policy.</li> <li>30-day Waiting Period (Code-Excl03) <ol style="list-style-type: none"> <li>Expenses related to the treatment of any Illness within 30 days as per the option specified in the Policy Schedule from the first Policy commencement date shall be excluded except claims arising due to an Accident, provided the same are covered.</li> <li>This exclusion shall not, however apply if the Insured Beneficiary has continuous coverage for more than twelve months.</li> <li>The within referred Waiting Period is made applicable to extent of the enhanced Sum Insured in the event of granting higher Sum Insured subsequently.</li> </ol> </li> </ol> <p><b>Exclusions for “Emotional Wellness Coverage”:</b></p> <ol style="list-style-type: none"> <li>Consultation with the emotional health coach/psychologist is strictly limited to in-app/website video/audio/chat consultation, no in-clinic/physical consultation is allowed.</li> <li>Emotional wellbeing benefit is not transferrable.</li> <li>If the benefit is not availed in the policy year the benefit cannot be carried forward to the subsequent policy year.</li> <li>Reimbursement of emotional health coach/psychologist consultation expenses is excluded from the scope of the Policy.</li> <li>30-day Waiting Period (Code-Excl03) <ol style="list-style-type: none"> <li>Expenses related to the treatment of any Illness within 30 days as per the option specified in the Policy Schedule from the first Policy commencement date shall be excluded except claims arising due to an Accident, provided the same are covered.</li> <li>This exclusion shall not, however apply if the Insured Beneficiary has continuous coverage for more than twelve months.</li> <li>The within referred Waiting Period is made applicable to extent of the enhanced Sum Insured in the event of granting higher Sum Insured subsequently</li> </ol> </li> </ol> <p><b>Exclusions for “Physical Fitness Coverage”:</b></p> <ol style="list-style-type: none"> <li>This benefit cannot be availed outside the prescribed network of gyms and fitness centers and is not available to children below 18 years insured in the policy.</li> <li>If the benefit is not availed in the policy year the benefit cannot be carried forward to the subsequent policy year.</li> <li>Reimbursement of Physical Fitness Coverage/ Gymnasium benefit is excluded from the scope of the product.</li> </ol> <p><b>Exclusions applicable to all Sections:</b></p> <ol style="list-style-type: none"> <li>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>Breach of law (Excl10): Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.</li> <li>Excluded Providers(Excl11):</li> </ol>	
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		<p>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> <ol style="list-style-type: none"> <li>4. 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>5. Experimental, investigational or Unproven Treatment devices and pharmacological regimens.</li> <li>6. Treatment for alopecia, baldness, wigs, or toupees, and all treatment related to the same.</li> <li>7. Congenital external diseases, defects or anomalies.</li> <li>8. Venereal disease, all sexually transmitted disease or Illness including but not limited to Genital Warts, Syphilis, Gonorrhoea, Genital Herpes, Chlamydia, Pubic Lice and Trichomoniasis.</li> <li>9. 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>10. Cost incurred for any health check-up or for the purpose of issuance of medical certificates and examinations required for employment or travel or any other such purpose.</li> <li>11. Treatment taken from a person not falling within the scope of definition of Medical Practitioner.</li> <li>12. Treatment charges or fees charged by any Medical Practitioner acting outside the scope of license or registration granted to him by any medical council.</li> <li>13. Treatments rendered by a Medical Practitioner who is a member of the Customer's family or stays with him.</li> <li>14. Any treatment or part of a treatment that is not of a reasonable charge, not medically necessary; drugs or treatments which are not supported by a prescription.</li> <li>15. Naturopathy treatment, acupressure, acupuncture, magnetic and such other therapies.</li> <li>16. Treatment/Service taken outside India.</li> </ol>	
4	Waiting Period	<p><b>Exclusions for Tele Consultation Cover (Insta Consultation)</b></p> <ol style="list-style-type: none"> <li>1. 30-day Waiting Period (Code-Excl03) <ol style="list-style-type: none"> <li>a) Expenses related to the treatment of any Illness within 30 days as per the option specified in the Policy Schedule from the first Policy commencement date shall be excluded except claims arising due to an Accident, provided the same are covered.</li> <li>b) This exclusion shall not, however apply if the Insured Member has continuous coverage for more than twelve months.</li> <li>c) The within referred Waiting Period is made applicable to extent of the enhanced Sum Insured in the event of granting higher Sum Insured subsequently.</li> </ol> </li> </ol> <p><b>Exclusions for Doctor Consultation Cover (In-clinic):</b></p> <ol style="list-style-type: none"> <li>1. 30-day Waiting Period a) Expenses related to the treatment of any Illness within 30 days as per the option specified in the Policy Schedule from the first Policy commencement date shall be excluded except claims arising due to an Accident, provided the same are covered. <ol style="list-style-type: none"> <li>b) This exclusion shall not, however apply if the Insured Member has continuous coverage for more than twelve months.</li> <li>c) The within referred Waiting Period is made applicable to extent of the enhanced Sum Insured in the event of granting higher Sum Insured subsequently.</li> </ol> </li> <li>2. Pre-Existing Diseases Waiting Period <ol style="list-style-type: none"> <li>a. Expenses related to the treatment of a Pre-Existing Disease (PED) and its direct complications shall be excluded until the expiry of specified number of months of continuous coverage after the date of inception of the first Rider plan and the Base Policy Schedule with Us.</li> <li>b. The PED waiting period would be as per the Base policy opted and as specified on the Policy Schedule.</li> <li>c. If the Insured/ Insured Member is continuously covered without any break as defined under the Portability norms of the extant IRDAI (Health Insurance)</li> </ol> </li> </ol>	SECTION D



		<p>Regulations, then Waiting Period for the same would be reduced to the extent of prior coverage.</p> <p>d. Coverage under the Rider after the expiry of the waiting period as specified in Base Policy Schedule, for any pre-existing disease is subject to the same being declared at the time of application and accepted by Us.</p> <p><b>Exclusions for Doctor Prescribed Investigations Cover – Pathology &amp; Radiology expenses</b></p> <p>1. 30-day Waiting Period</p> <p>a) Expenses related to the treatment of any Illness within 30 days as per the option specified in the Policy Schedule 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 Member has continuous coverage for more than twelve months.</p> <p>c) The within referred Waiting Period is made applicable to extent of the enhanced Sum Insured in the event of granting higher Sum Insured subsequently.</p> <p>2. Pre-Existing Diseases Waiting Period</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 specified number of months of continuous coverage after the date of inception of the first Rider Plan and the Base Policy with Us.</p> <p>b. The PED waiting period would be as per the Base Policy opted and as specified on the Policy Schedule.</p> <p>c. If the Insured/ Insured Members 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 Rider after the expiry of the waiting period as specified in Base Policy Schedule, for any pre-existing disease is subject to the same being declared at the time of application and accepted by Us.</p> <p><b>Exclusions for Annual Preventive Health Check -up cover</b></p> <p>30-day Waiting Period</p> <p>a) Expenses related to the treatment of any Illness within 30 days as per the option specified in the Policy Schedule 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 Beneficiary has continuous coverage for more than twelve months.</p> <p>c) The within referred Waiting Period is made applicable to extent of the enhanced Sum Insured in the event of granting higher Sum Insured subsequently.</p> <p><b>Exclusions for Dental Wellness- Consultation, Investigation &amp; Procedures Cover:</b></p> <p>1. 30-day Waiting Period</p> <p>a) Benefits/expenses related to any dental ailment within 30 days as per the option specified in the Policy Schedule 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 Beneficiary has continuous coverage under base Policy along with this Rider for more than twelve months.</p> <p>c) The within referred Waiting Period is made applicable to extent of the enhanced Sum Insured in the event of granting higher Sum Insured subsequently.</p> <p>2. Pre-Existing Diseases Waiting Period</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 specified number of months of continuous coverage after the date of inception of the first Rider Plan and the Policy Schedule with Us.</p> <p>b. The PED waiting period would be as per the Base Policy opted and as specified on the Policy Schedule.</p> <p>c. If the Insured Beneficiary 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>	
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		<p>d. Coverage under the Policy after the expiry of the waiting period as specified in Policy Schedule, for any pre-existing disease is subject to the same being declared at the time of application and accepted by Us.</p> <p><b>Exclusions for “Diet &amp; Nutrition Consultation Cover”:</b>  30-day Waiting Period (Code-Excl03)</p> <ol style="list-style-type: none"> <li>Expenses related to the treatment of any Illness within 30 days as per the option specified in the Policy Schedule from the first Policy commencement date shall be excluded except claims arising due to an Accident, provided the same are covered.</li> <li>This exclusion shall not, however apply if the Insured Beneficiary has continuous coverage for more than twelve months.</li> <li>The within referred Waiting Period is made applicable to extent of the enhanced Sum Insured in the event of granting higher Sum Insured subsequently.</li> </ol> <p><b>Exclusions for “Emotional Wellness Cover”:</b>  30-day Waiting Period (Code-Excl03)</p> <ol style="list-style-type: none"> <li>Expenses related to the treatment of any Illness within 30 days as per the option specified in the Policy Schedule from the first Policy commencement date shall be excluded except claims arising due to an Accident, provided the same are covered.</li> <li>This exclusion shall not, however apply if the Insured Beneficiary has continuous coverage for more than twelve months.</li> <li>The within referred Waiting Period is made applicable to extent of the enhanced Sum Insured in the event of granting higher Sum Insured subsequently.</li> </ol>	
5	<b>Payout basis</b>	Coverage to be opted on Cashless basis and Pay outs are Indemnity payment basis	SECTION C
6	<b>Cost Sharing and Sub Limits</b>	Voluntary co-payment: If opted voluntarily by You, You shall bear 20% of co-payment for claims made on reimbursement basis. Co-payment will not apply on cashless service.	SECTION E
7	<b>Discounts</b>	<ol style="list-style-type: none"> <li>Family Discount: 10% family discount shall be offered if 2 eligible Family Members are covered under a single Rider and 15 % if more than 2 of any of the eligible Family Members are covered under a single Rider. Moreover, this family discount will be offered for both new policies as well as for renewal policies. Family discount is not applicable to Floater Policies.</li> <li>Employee Discount: 20% discount on published premium rates to employees of Bajaj Allianz &amp; its group companies, this discount is applicable only if the Rider and the Base Policy is booked in direct code.</li> <li>Online/Direct Business Discount: For business written online where no commission is paid 5% discount will be given. Note: this discount is not applicable for Employees who get employee discount.</li> <li>Long Term Rider Discount:  4 % discount is applicable if Rider along with Policy is opted for 2 years  8 % discount is applicable if Rider along with Policy is opted for 3 years.</li> </ol>	SECTION E
8	<b>Renewal Conditions</b>	In case of renewal of opted Base Policy opted Rider shall be renewed subject to Company's receipt of prescribed premium.	SECTION E
9	<b>Renewal Benefits</b>	Not Applicable	
10	<b>Cancellation</b>	All the terms and conditions as to Cancellation of Base Policy shall mutatis mutandis apply to the Cancellation of Optional Covers.	SECTION E
11	<b>Claims</b>	Please refer to “ <b>Claim Process/Service Delivery Process Specific To Rider</b> ” from Policy Wordings	SECTION E
12	<b>Policy Servicing/ Grievances/ Complaints</b>	<p><b>Welcome to Bajaj Allianz General Insurance Company Ltd [“Bajaj Allianz”] and Thank You for choosing Us as Your insurer.</b></p> <p>Please read <i>Your</i> Policy Wordings and Policy Schedule.</p> <p>The Policy Wordings and Policy Schedule set out the terms of <i>Your</i> contract with us.</p> <p>Please read <i>Your</i> Policy Wordings and Policy Schedule carefully to ensure that this Rider</p>	Section E

meets *Your* needs.

We do our best to ensure that our customers are delighted with the service they receive from Bajaj Allianz. If *You* are dissatisfied We would like to inform *You* that We have a procedure for resolving issues. Please include *Your* Policy number in any communication with the Company. This will help Us deal with the issue more efficiently. If *You* don't have it, please call Our Branch office.

Initially, We suggest *You* contact the Branch Manager/ Regional Manager of the local office which has issued the Policy. The address and telephone number will be available in the Policy. Naturally, We hope the issue can be resolved to *Your* satisfaction at the earlier stage itself. But if *You* feel dissatisfied with the suggested resolution of the issue after contacting the local office, please e-mail or write to:

**Bajaj Allianz General Insurance Co. Ltd**

**Bajaj Allianz House, Airport Road**

**Yerawada, Pune 411006**

**E-mail: [bagichelp@bajajallianz.co.in](mailto:bagichelp@bajajallianz.co.in)**

**Call : 1800-225858 (free calls from BSNL/MTNL lines only)**

**1800-1025858 ( free calls from Bharti users – mobile /landline ) or 020-30305858**

**Grievance Redressal Cell for Senior Citizens**

Senior Citizen Cellfor Insured who are Senior Citizens

'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

**Health toll free number: 1800-103-2529**

**Exclusive Email address: [seniorcitizen@bajajallianz.co.in](mailto:seniorcitizen@bajajallianz.co.in)**

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:

Office Details	Jurisdiction of Office Union Territory, District
<b>AHMEDABAD</b> Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 Email: <a href="mailto:bimalokpal.ahmedabad@cioins.co.in">bimalokpal.ahmedabad@cioins.co.in</a> ( <a href="mailto:bimalokpal.ahmedabad@cioins.co.in">mailto:bimalokpal.ahmedabad@cioins.co.in</a> )	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
<b>BENGALURU -</b> Office of the Insurance Ombudsman, Jeevan Soudha Building,PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: <a href="mailto:bimalokpal.bengaluru@cioins.co.in">bimalokpal.bengaluru@cioins.co.in</a> ( <a href="mailto:bimalokpal.bengaluru@cioins.co.in">mailto:bimalokpal.bengaluru@cioins.co.in</a> )	Karnataka.
<b>BHOPAL -</b> Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office,	Madhya Pradesh Chattisgarh.

		<p>Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: <a href="mailto:bimalokpal.bhopal@cioins.co.in">bimalokpal.bhopal@cioins.co.in</a> (<a href="mailto:bimalokpal.bhopal@cioins.co.in">mailto:bimalokpal.bhopal@cioins.co.in</a> )</p>		
		<p><b>BHUBANESHWAR</b> Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: <a href="mailto:bimalokpal.bhubaneswar@cioins.co.in">bimalokpal.bhubaneswar@cioins.co.in</a> (<a href="mailto:bimalokpal.bhubaneswar@cioins.co.in">mailto:bimalokpal.bhubaneswar@cioins.co.in</a> )</p>	Orissa.	
		<p><b>CHANDIGARH -</b> Office of the Insurance Ombudsman, S.C.O. No. 101, 102 &amp; 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: <a href="mailto:bimalokpal.chandigarh@cioins.co.in">bimalokpal.chandigarh@cioins.co.in</a> (<a href="mailto:bimalokpal.chandigarh@cioins.co.in">mailto:bimalokpal.chandigarh@cioins.co.in</a> )</p>	<p>Punjab, Haryana(excluding Gurugram, Faridabad, Sonapat and Bahadurgarh) Himachal Pradesh, Union Territories of Jammu &amp; Kashmir, Ladakh &amp; Chandigarh.</p>	
		<p><b>CHENNAI -</b> 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: <a href="mailto:bimalokpal.chennai@cioins.co.in">bimalokpal.chennai@cioins.co.in</a> (<a href="mailto:bimalokpal.chennai@cioins.co.in">mailto:bimalokpal.chennai@cioins.co.in</a> )</p>	<p>Tamil Nadu, Tamil Nadu PuducherryTown and Karaikal (which are par of Puducherry).</p>	
		<p><b>DELHI -</b> Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481/23213504 Email: <a href="mailto:bimalokpal.delhi@cioins.co.in">bimalokpal.delhi@cioins.co.in</a> (<a href="mailto:bimalokpal.delhi@cioins.co.in">mailto:bimalokpal.delhi@cioins.co.in</a> )</p>	<p>Delhi &amp; Following Districts of Haryana - Gurugram, Faridabad, Sonapat &amp; Bahadurgarh.</p>	
		<p><b>GUWAHATI -</b> Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: <a href="mailto:bimalokpal.guwahati@cioins.co.in">bimalokpal.guwahati@cioins.co.in</a> (<a href="mailto:bimalokpal.guwahati@cioins.co.in">mailto:bimalokpal.guwahati@cioins.co.in</a> )</p>	<p>Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.</p>	
		<p><b>HYDERABAD -</b> Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 Fax: 040 - 23376599 Email: <a href="mailto:bimalokpal.hyderabad@cioins.co.in">bimalokpal.hyderabad@cioins.co.in</a> (<a href="mailto:bimalokpal.hyderabad@cioins.co.in">mailto:bimalokpal.hyderabad@cioins.co.in</a> )</p>	<p>Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.</p>	

			<b>JAIPUR -</b> Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: <a href="mailto:bimalokpal.jaipur@cioins.co.in">bimalokpal.jaipur@cioins.co.in</a> ( <a href="mailto:bimalokpal.jaipur@cioins.co.in">mailto:bimalokpal.jaipur@cioins.co.in</a> )	Rajasthan.	
			<b>ERNAKULAM</b> 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: <a href="mailto:bimalokpal.ernakulam@cioins.co.in">bimalokpal.ernakulam@cioins.co.in</a> ( <a href="mailto:bimalokpal.ernakulam@cioins.co.in">mailto:bimalokpal.ernakulam@cioins.co.in</a> )	Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry	
			<b>KOLKATA</b> 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: <a href="mailto:bimalokpal.kolkata@cioins.co.in">bimalokpal.kolkata@cioins.co.in</a> ( <a href="mailto:bimalokpal.kolkata@cioins.co.in">mailto:bimalokpal.kolkata@cioins.co.in</a> )	West Bengal, Sikkim, Andaman & Nicobar Islands.	
			<b>LUCKNOW</b> 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: <a href="mailto:bimalokpal.lucknow@cioins.co.in">bimalokpal.lucknow@cioins.co.in</a> ( <a href="mailto:bimalokpal.lucknow@cioins.co.in">mailto:bimalokpal.lucknow@cioins.co.in</a> )	Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.	
			<b>MUMBAI -</b> Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 69038821/23/24/25/26/27/28/28/29/30/31 Fax: 022 - 26106052 Email: <a href="mailto:bimalokpal.mumbai@cioins.co.in">bimalokpal.mumbai@cioins.co.in</a> ( <a href="mailto:bimalokpal.mumbai@cioins.co.in">mailto:bimalokpal.mumbai@cioins.co.in</a> )	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.	

		<p><b>NOIDA</b> Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514252 / 2514253 Email: <a href="mailto:bimalokpal.noida@cioins.co.in">bimalokpal.noida@cioins.co.in</a> (<a href="mailto:bimalokpal.noida@cioins.co.in">mailto:bimalokpal.noida@cioins.co.in</a> )</p>	<p>State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.</p>	
		<p><b>PATNA</b> Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel. : 0612-2547068 Email: <a href="mailto:bimalokpal.patna@cioins.co.in">bimalokpal.patna@cioins.co.in</a> (<a href="mailto:bimalokpal.patna@cioins.co.in">mailto:bimalokpal.patna@cioins.co.in</a> )</p>	<p>Bihar, Jharkhand.</p>	
		<p><b>PUNE</b> 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: <a href="mailto:bimalokpal.pune@cioins.co.in">bimalokpal.pune@cioins.co.in</a> (<a href="mailto:bimalokpal.pune@cioins.co.in">mailto:bimalokpal.pune@cioins.co.in</a> )</p>	<p>Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.</p>	
13	Insured's Rights	All the Insured's Rights of Base Policy shall mutatis mutandis apply to this Rider.		SECTION E
14	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.		SECTION E
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