

Hospital Cash Daily Allowance

CUSTOMER INFORMATION SHEET

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

SI No	Title	Description	Policy Clause Number
1	Name of Insurance Product	Hospital Cash Daily Allowance	
2	Policy Number	Kindly refer to Your Policy schedule	
3	Type of Insurance	Kindly refer to Your Policy schedule	
4	Sum Insured (Basis)	Kindly refer to Your Policy schedule	
5	Policy Coverage (What the Policy Covers)	<p>In the event of Accidental Bodily Injury or Illness first occurring or manifesting itself during the Policy Period and causing the Insured's or the Named Insured's Hospitalisation within the Policy Period, the Company will pay:</p> <ol style="list-style-type: none"> Daily Allowance for each continuous and completed period of 24 hours of Hospitalisation necessitated solely by reason of the said Accidental Bodily Injury or Illness, Two times the Daily Allowance for each continuous and completed period of 24 hours required to be spent by the Insured or Named Insured in the Intensive Care Unit of a Hospital during any period of Hospitalisation necessitated solely by reason of the said Accidental Bodily Injury or Illness for a maximum period of 7 days for each hospitalisation. 	Section C
6	Cumulative Bonus	Not Applicable	
7	Exclusions (What the policy does not cover)	<p>EXCLUSIONS</p> <p>General Exclusions</p> <ul style="list-style-type: none"> Any hospital admission primarily for investigation diagnostic purpose (Excl04) Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. (Excl05) Obesity/Weight Control (Excl06) Change-of-gender treatments (Excl07) Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) etc. (Excl08) Expenses for treatment arising from Insured committing or attempting to commit a breach of law with criminal intent. (Excl10) Excluded Providers (Excl11) Treatment for Alcoholism, drug or substance abuse. (Excl12) Treatments received in health hydros, nature cure clinics, etc. where admission is arranged wholly or partly for domestic reasons. (Excl 13) Dietary supplements and substances unless prescribed as part of hospitalization claim or day care procedure. (Excl14) Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries. (Excl15) Expenses related to any unproven treatment, services and supplies. (Excl16) Expenses related to sterility and infertility. (Excl17) 	<p>Standard Exclusions</p> <p>Section D & Specific Exclusion D II</p>

		<ul style="list-style-type: none">● Medical Treatment Expenses traceable to pregnancy and its complications. (Excl 18) (applicable to Silver plan only) <p>Specific Exclusions</p> <ol style="list-style-type: none">1. Cosmetic dental procedures unless due to Accidental Injury.2. Medical expenses where Inpatient care and medical supervision is not required3. War, invasion, acts of foreign enemies4. The cost of external durable medical equipment except Cost of Artificial Limbs, cost of prosthetic devices implanted during surgical procedure like Pacemaker, orthopedic implants, etc.5. External medical equipment of any kind used at home as post Hospitalization6. Congenital external diseases or defects or anomalies, growth hormone therapy, stem cell implantation or surgery except for Hematopoietic stem cells for bone marrow transplant for hematological conditions.7. Intentional self-injury8. Vaccination or inoculation9. All non-medical Items as per Annexure II in policy wordings10. Any treatment received outside India11. Circumcision unless required for the treatment of Illness or Accidental bodily injury.12. Treatment for any other system other than modern medicine (allopathy)																					
8	<p>Waiting Period Time period during which specified disease/treatment are not covered It is counted from beginning of the policy coverage</p>	<p>Initial Waiting period: 30 days for all illnesses</p> <p>Specific Waiting period: 24 months for below listed procedures</p> <table><tr><td>1. Treatment of cataracts</td><td>2. Hemorrhoids</td></tr><tr><td>3. Benign prostatic hypertrophy</td><td>4. Fissure in ano</td></tr><tr><td>5. Hysterectomy</td><td>6. Stones in the urinary and biliary systems</td></tr><tr><td>7. Menorrhagia</td><td>8. Surgery on ears</td></tr><tr><td>9. Fibromyoma</td><td>10. Tonsils or Sinuses</td></tr><tr><td>11. D&C</td><td>12. Skin and all internal tumours/cysts/nodules/polyps of any kind including breast lumps</td></tr><tr><td>13. Endometriosis</td><td>14. Gastric or Duodenal ulcer</td></tr><tr><td>15. Hernia of all types</td><td>16. Backache</td></tr><tr><td>17. Hydrocele</td><td>18. Prolapsed Intervertebral disc</td></tr><tr><td>19. Fistulae</td><td>20.</td></tr></table> <p>Pre-existing diseases waiting period: 36 months</p>	1. Treatment of cataracts	2. Hemorrhoids	3. Benign prostatic hypertrophy	4. Fissure in ano	5. Hysterectomy	6. Stones in the urinary and biliary systems	7. Menorrhagia	8. Surgery on ears	9. Fibromyoma	10. Tonsils or Sinuses	11. D&C	12. Skin and all internal tumours/cysts/nodules/polyps of any kind including breast lumps	13. Endometriosis	14. Gastric or Duodenal ulcer	15. Hernia of all types	16. Backache	17. Hydrocele	18. Prolapsed Intervertebral disc	19. Fistulae	20.	Standard Exclusions Section D
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9	<p>Financial Limits of Coverage Sublimit (it is a pre-defined limit and the insurance company will not pay any amount in excess of this limit)</p> <p>Co-payment (it is a specified amount /percentage of the</p>	<p>Not Applicable</p> <p>Not Applicable</p>																					

	admissible claim amount to be paid by policy holder/insured) .Deductible (it is a specified amount: Upto which an insurance company will not pay any claim and Which will be deducted from total claim amount (if claim amount is more than the specified amount) .Any other limit (as applicable)	Not Applicable	
10	Claims/claims procedure	Reimbursement Claim process <ul style="list-style-type: none"> You or Your representative must intimate Us in writing immediately with 48 hours of Hospitalization in case of emergency and 48 hours prior to hospitalization in case of planned hospitalization 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 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* In event of a claim, the original documents to be submitted. Turnaround time(TAT) for claim settlement: <ol style="list-style-type: none"> Turnaround time (TAT) for claim settlement: 30 Working Days TAT for preauthorization of cashless facility: Within 120 Mins TAT for cashless final bill authorization: Within 120 Mins Weblinks Network hospital and Black listed hospital list https://www.bajajallianz.com/branch-locator.html Helpline Number Tollfree: 1800-103-2529 Downloading /getting claim forms Downloading /getting claim forms Health Insurance Claim Process Accident Insurance Claim (bajajallianz.com)	Section E 29
11	Policy Servicing	Call centre number(Toll free): 1800-209-5858 Details of Company officials: Branch-wise GRO details can be found on the below link. https://www.bajajallianz.com/download-documents/other-information/GRO-List.pdf	
12	Grievances /Complaints	Grievance Redressal Procedure: a) Toll-free number 1-800-209- 5858 or 020-30305858,	Section E 17

		<p>Say "Hi" on WhatsApp on +91 7507245858</p> <p>b) Branches for resolution of your grievances /complaints, the Branch details can be found on our website: www.bajajallianz.com/branch-locator.html</p> <p>Register your grievances / complaints on our website www.bajajallianz.com/about-us/customer-service.html</p> <p>c) E-mail</p> <ul style="list-style-type: none"> • Level 1: bagichelp@bajajallianz.co.in and for senior citizens to seniorcitizen@bajajallianz.co.in • Level 2: In case you are not satisfied with the response given to you at Level 1 you may write to our Grievance Redressal Officer at ggro@bajajallianz.co.in • Level 3: If in case, your grievance is still not resolved, and you wish to talk to our care specialist, please give a missed call on +91 8080945060 OR SMS To 575758 and our care specialist will call you back <p>d) If you are still not satisfied with the decision of the Insurance Company, you may approach the Insurance Ombudsman, established by the Central Government for redressal of grievance. Detailed process along with list of Ombudsman offices are available at www.cioins.co.in/ombudsman.html</p>	
13	Things to remember	<p>Free Look Cancellation: Insured has an option of cancelling his/her policy up to 15 days from the first inception of policy with Us , subject to rest terms and conditions.</p> <p>Policy Renewal : Except on grounds of fraud , moral hazard or mis representation or non-co-operation, renewal of your policy shall not be denied</p> <p>Migration and Portability: At renewal Insured has an option to migrate his /her policy to other policy with us or port the policy to another insurer subject to terms and conditions specified under Migration and Portability guidelines For detailed guidelines on Migration and Portability, kindly refer the link https://www.irdai.gov.in/ADMINCMS/cms/Circulars_List.aspx?mid=3.2.3 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 45days before, but not earlier than 60days from the policy renewal date as per IRDAI guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed Insured beneficiary will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability</p> <p>Change in Sum Insured: sum insured can be changed (increased/decreased) only at the time of renewal subject to underwriting by the company. For increase in Sum insured , the waiting periods if any shall start afresh only for the enhance portion of the sum insured</p> <p>Moratorium period: After the expiry of Moratorium Period no health insurance policy shall be contestable except for proven fraud and permanent exclusions specified in the policy contract The moratorium would be applicable for the sum insured of the first policy and subsequently completion of 8 continuous years would be applicable from date of enhancement of sums insured only on the enhanced limits</p>	Section E7 Section E11 Section E12 Section E14
14	Your Obligations	<p>Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement</p>	
<p>Legal Disclaimer Note: The information must be read in conjunction with the product brochure and policy document. In case of any conflict between the CIS and the policy document, the terms and conditions mentioned in the policy document shall prevail.</p>			

Bajaj Allianz General Insurance Co. Ltd.

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

For more details, log on to: www.bajajallianz.com | E-mail: bajichelp@bajajallianz.co.in or

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

Issuing Office:

**Declaration by policy holder**

I have read the above and confirm having noted the details

Place

Date:

Signature of Policy holder

Note:

Web link for downloading the product related documents

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