

## M CARE

### 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	M Care	
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	Section C
5	Policy Coverage (What the Policy Covers)	<b>Coverages</b> If the Insured is diagnosed as suffering from a Vector Borne disease listed below which first occurs or manifests itself during the Policy Period, the Company shall pay a Lump Sum Benefit.	Section C
		<b>Dengue Fever</b> – Immunoglobulins /Polymerase Chain Reaction (PCR) test showing positive results for Dengue	Section C I a
		<b>Malaria</b> - presence of Plasmodium falciparum/ vivax/ malariae in the his/her blood by laboratory examination	Section C I b
		<b>Filariasis</b> (Payable only once in lifetime) - presence of microfilariae in a blood smear  1. lymphoedema, 2. elephantiasis and 3. scrotal swelling 4. Concurrent to the above three conditions the final diagnosis should be confirmed as Filariasis	Section C I c
		Note: 1. If the Insured Person is already infected with Filariasis prior to first Policy inception then this benefit will not be extended for lifetime 2. Once the Sum Assured is paid for any Insured Person, no other claim for this particular condition shall be paid to the Insured Person in his/her entire lifetime.	
		<b>Kala Azar</b> - diagnosis of Visceral Leishmaniosis by parasite demonstration in bone marrow/spleen/lymph node aspiration or in culture medium as the confirmatory diagnosis or positive serological tests for kala azar	Section C I d
		<b>Chikungunya</b> - diagnosis of Chikungunya with Immunosorbent assays (ELISA), confirming the presence of IgM and IgG anti-chikungunya antibodies.	Section C I e
		<b>Japanese Encephalitis</b> - positive serological test for Japanese Encephalitis by immunoglobulin M (IgM) antibody capture ELISA (MAC ELISA) for serum and cerebrospinal fluid (CSF).	Section C I f
		<b>Zika Virus</b> - PRNT is performed by CDC or a CDC-designated confirmatory testing laboratory to confirm presumed positive, equivocal, or inconclusive IgM results	Section C I g
6	Cumulative Bonus	Not Applicable	

[illegible]

	total claim amount (if claim amount is more than the specified amount)		
10	<b>Claims/claims procedure</b>	<p><b>Cashless Claim process</b>                      Cashless treatment is only available at Network Hospitals</p> <ul style="list-style-type: none"> <li>You or Your representative must intimate Us 48 hours before the planned Hospitalization and within 24 hours of emergency hospitalization and request pre-authorization by way of the written form</li> <li>We will review each claim for Medical Expenses, coverage and accordingly issue an authorization letter either to You or the Network Hospital.</li> </ul> <p><b>Reimbursement claim process</b></p> <ul style="list-style-type: none"> <li>Applicable for claims where treatment is taken at a Non network hospital OR If we have denied your claim as per Cashless Claims Procedure.</li> <li>You or Your representative must intimate Us 48 hours before the planned Hospitalization and within 48 hours of emergency hospitalization</li> <li>You or someone claiming on Your behalf must promptly and in any event within 30 days of discharge from a Hospital give Us the documentation</li> <li>The Company shall settle or reject the claim within 45days from the date of receipt of last necessary document.</li> </ul> <p>You or someone claiming on Your behalf must promptly and in any event within 30 days of discharge from a Hospital give Us the documentation listed out in policy wordings and any additional information We ask, for Our obligation to make payment for it.</p> <p><b>Turnaround time(TAT) for claim settlement:</b></p> <ol style="list-style-type: none"> <li>Turnaround time (TAT) for claim settlement: 30 Working Days</li> <li>TAT for preauthorization of cashless facility: Within 120 Mins</li> <li>TAT for cashless final bill authorization: Within 120 Mins</li> </ol> <p><b>Weblinks</b>                      Network hospital and Black listed hospital list  <a href="https://www.bajajallianz.com/branch-locator.html">https://www.bajajallianz.com/branch-locator.html</a></p> <p><b>Helpline Number</b>                      Tollfree: 1800-103-2529</p> <p><b>Downloading /getting claim forms</b> Downloading /getting claim forms  <a href="https://www.bajajallianz.com/Health-Insurance-Claim-Process-Accident-Insurance-Claim">Health Insurance Claim Process   Accident Insurance Claim (bajajallianz.com)</a></p>	Section E19
11	<b>Policy Servicing</b>	<p>Call centre number(Toll free): 1800-209-5858                      Details of Company officials: Branch-wise GRO details can be found on the below link.  <a href="https://www.bajajallianz.com/download-documents/other-information/GRO-List.pdf">https://www.bajajallianz.com/download-documents/other-information/GRO-List.pdf</a></p>	
12	<b>Grievances /Complaints</b>	<p><b>Grievance Redressal Procedure:</b></p> <ol style="list-style-type: none"> <li>Toll-free number 1-800-209- 5858 or 020-30305858, Say "Hi" on WhatsApp on +91 7507245858</li> <li>Branches for resolution of your grievances /complaints, the Branch details can be found on our website: <a href="http://www.bajajallianz.com/branch-locator.html">www.bajajallianz.com/branch-locator.html</a></li> </ol> <p>Register your grievances / complaints on our website  <a href="http://www.bajajallianz.com/about-us/customer-service.html">www.bajajallianz.com/about-us/customer-service.html</a></p> <ol style="list-style-type: none"> <li>E-mail                         <ul style="list-style-type: none"> <li>Level 1: <a href="mailto:bagichelp@bajajallianz.co.in">bagichelp@bajajallianz.co.in</a> and for senior citizens to <a href="mailto:seniorcitizen@bajajallianz.co.in">seniorcitizen@bajajallianz.co.in</a></li> </ul> </li> </ol>	Section E 17

		<ul style="list-style-type: none"> <li>• Level 2: In case you are not satisfied with the response given to you at Level 1 you may write to our Grievance Redressal Officer at <a href="mailto:ggro@bajajallianz.co.in">ggro@bajajallianz.co.in</a></li> <li>• Level 3: If in case, your grievance is still not resolved, and you wish to talk to our care specialist, please give a missed call on +91 8080945060 OR SMS To 575758 and our care specialist will call you back</li> </ul> <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 <a href="http://www.cioins.co.in/ombudsman.html">www.cioins.co.in/ombudsman.html</a></p>	
13	<b>Things to remember</b>	<p><b>Free Look Cancellation:</b> 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><b>Policy Renewal :</b> Except on grounds of fraud , moral hazard or mis representation or non-co-operation, renewal of your policy shall not be denied</p> <p><b>Migration and Portability:</b> At renewal Insured has an option to migrate his /her policy to other policy with us or port the policy to another insurer subject to terms and conditions specified under Migration and Portability guidelines For detailed guidelines on Migration and Portability, kindly refer the link <a href="https://www.irdai.gov.in/ADMINCMS/cms/Circulars_List.aspx?mid=3.2.3">https://www.irdai.gov.in/ADMINCMS/cms/Circulars_List.aspx?mid=3.2.3</a> beneficiary will have the option to port the policy to other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any ,at least 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><b>Change in Sum Insured:</b> sum insured can be changed (increased/decreased) only at the time of renewal subject to underwriting by the company. For increase in Sum insured , the waiting periods if any shall start afresh only for the enhance portion of the sum insured</p>	Section E6 Section E7 Section E13 Section E
14	<b>Your Obligations</b>	Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement	

**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.

### 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>