

**STAR PACKAGE**

**Customer Information Sheet**

Description is illustrative and not exhaustive

Sr no.	TITLE	DESCRIPTION	REFER TO POLICY CLAUSE NUMBER
1	Product Name	Star Package	
2	What am I covered for?	<p><b>SECTION 1: HOSPITAL CASH DAILY ALLOWANCE</b></p> <p>The Daily Allowance in a range of Rs 500/- to 2500/- for each continuous and completed period of 24 hours of Hospitalization necessitated solely by reason of the said Accidental Bodily Injury or illness                      The Daily Allowance will get double in case of Hospitalisation in ICU for a maximum period of 7 days for each hospitalization. The maximum period for which the daily allowance would be paid individually or collectively would not exceed Thirty days during any one-policy period</p> <p><b>SECTION 2. HEALTH GUARD</b></p> <p><b>1. In-patient Hospitalization Treatment</b></p> <p>If You are hospitalized on the advice of a Medical practitioner as defined under Policy because of Illness or Accidental Bodily Injury sustained or contracted during the Policy Period, then We will pay You, Reasonable and Customary Medical Expenses incurred subject to</p> <ul style="list-style-type: none"> <li>i. Room rent and Boarding expenses as provided by the Hospital/Nursing Home subject to below limits                             <ul style="list-style-type: none"> <li>➤ <u>Silver Plan</u> Up to 1% of Sum Insured per day (Excluding Cumulative Bonus).</li> <li>➤ <u>Gold Plan and Platinum Plan</u> <ul style="list-style-type: none"> <li>a) Sum Insured 3 lacs to 7.5 lacs- maximum eligible room is Single Private Air Conditioned room</li> <li>b) Sum Insured 10 Lacs and above - eligible for any room category</li> </ul> </li> </ul> </li> <li>ii. If admitted in ICU, the Company will pay up to actual ICU expenses Provided by Hospital.</li> <li>iii. Nursing Expenses as provided by the hospital</li> <li>iv. Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialists Fees.</li> <li>v. Anesthesia, Blood, Oxygen, Operation Theatre Charges, surgical appliances, Medicines &amp; 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.</li> <li>vi. Relevant laboratory diagnostic tests, X-ray and such similar expenses that are medically necessary-prescribed by the treating Medical Practitioner.</li> </ul> <p><b>Note:</b> If the availed room category is higher than the eligible room category or if the room rent opted exceeds the eligible room rent then, a proportionate co-payment would be applied on all the expenses of the hospitalization except for cost of Medical consumables and Medicines.</p> <p><b>2. Pre-Hospitalization</b></p> <p>The Medical Expenses incurred during the 60 days immediately before You were Hospitalized, provided that: Such Medical Expenses were incurred for the same illness/injury for which subsequent Hospitalization was required, and We have accepted an inpatient Hospitalization claim under Inpatient Hospitalization Treatment.</p> <p><b>3. Post-Hospitalization</b></p> <p>The Medical Expenses incurred during the 90 days immediately after You were discharged post Hospitalization provided that: Such costs are incurred in respect of the same illness/injury for which the earlier Hospitalization was required, and We have accepted an inpatient Hospitalization claim under Inpatient Hospitalization Treatment.</p>	<p>Part A, Section 1</p> <p>Part A, Section 2</p>

**4. Road Ambulance**

We will pay the reasonable cost to a maximum of Rs. 20,000/- per Policy Year incurred on an ambulance offered by a healthcare or ambulance service provider for transferring You to the nearest Hospital with adequate emergency facilities for the provision of health services following an Emergency.

We will also reimburse the expenses incurred on an ambulance offered by a healthcare or ambulance service provider for transferring You from the Hospital where You were admitted initially to another hospital with higher medical facilities.

Claim under this section shall be payable by Us only when:

- i. Such life threatening emergency condition is certified by the Medical Practitioner, and
- ii. We have accepted Your Claim under "In-patient Hospitalization Treatment" or "Day Care Procedures" section of the Policy.

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

This benefit will be applicable each year for policies with term more than 1 year.

**5. Day Care Procedures**

We will pay You the medical expenses as listed above under In-patient Hospitalization Treatment for Day care procedures / Surgeries taken as an inpatient in a hospital or day care center but not in the outpatient department. Indicative list of Day Care Procedures is given in the annexure I of Policy wordings.

**6. Organ Donor Expenses:**

We 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, and
- II. We have accepted an inpatient Hospitalization claim for the Insured under In Patient Hospitalization Treatment

**7. Convalescence Benefit:**

In the event of Insured Hospitalized for a disease/illness/injury for a continuous period exceeding 10 days, We will pay benefit amount as per the plan opted subject to below limits.

➤ Silver Plan  
Rs. 5,000 per Policy Year

➤ Gold and Platinum Plan

- Rs. 5,000 for Sum Insured up to Rs. 5 lacs
- Rs. 7,500 for Sum Insured 7.5 lacs and above per Policy Year.

This benefit will be triggered provided that the hospitalization claim is accepted under In Patient Hospitalization Treatment.

Payment under this benefit will not reduce the base sum insured mentioned in policy Schedule.

This benefit will be applicable each year for policies with term more than 1 year.

**8. Daily Cash Benefit for Accompanying an Insured Child**

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

Payment under this benefit will not reduce the base sum insured mentioned in policy Schedule.

This benefit will be applicable each year for policies with term more than 1 year.

**9. Sum Insured Reinstatement Benefit:**

If Inpatient Hospitalization Treatment Sum Insured and Cumulative Bonus or Super Cumulative Bonus (if any) is exhausted due to claims registered and paid during the Policy Year, then it is agreed that 100% of the Base Sum Insured specified under Inpatient Hospitalization Treatment would be reinstated for the particular Policy Year provided that:

- i. The reinstated Sum Insured will be triggered only after the Inpatient Hospitalization Treatment Sum Insured inclusive of the Cumulative Bonus or Super Cumulative Bonus (If applicable) has been completely exhausted during the Policy Year;

- ii. The reinstated Sum Insured can be used for claims made by the Insured in respect of the benefits stated in Inpatient Hospitalization Treatment.
- iii. If the claimed amount is higher than the Balance Sum Insured inclusive of the Cumulative Bonus or Super Cumulative Bonus (If applicable) under the policy, then this benefit will not be triggered for the same claim, however Sum Insured reinstatement would be triggered for subsequent claims for the same member or other insured members..
- iv. This benefit is applicable only once during each Policy Year and will not be carried forward to the subsequent Policy Year/ renewals if the benefit is not utilized.
- v. This benefit is applicable only once in life time of Insured covered under this Policy for claims regarding CANCER and KIDNEY FAILURE REQUIRING REGULAR DIALYSIS as defined under the Policy, however the insured member is eligible for re-instatement benefit every year for other admissible conditions.
- vi. This benefit will be applicable each year for long term policies. .
- vii. Additional premium would not be charged for reinstatement of the Sum Insured.
- viii. In case Family Floater Policy, 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 as mentioned in coverage during which You have held Our Star Package Policy Covering Health Guard Section, You are eligible for a free Preventive Health checkup. We will reimburse the amount as per the plan opted, subject to below limits

- Silver Plan  
1% of the Sum Insured maximum up to Rs. 2000/- for each Insured in Individual Policy during the block of 3 years
- Gold Plan  
1% of the Sum Insured max up to Rs. 5000/- for each Insured in Individual Policy during the block of 3 years.
- Platinum Plan  
1% of the Sum Insured max up to Rs. 5000/- for each Insured in Individual Policy during the block of 2 years.

This benefit can be availed by proposer & spouse only under Floater Sum Insured Policies. You may approach Us for the arrangement of the Health Checkup. For the avoidance of doubt, We 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](mailto:healthcheck@bajajallianz.co.in).

Note: Payment under this benefit will not reduce the base sum insured mentioned in policy Schedule.

**11. Bariatric Surgery Cover**

If You are hospitalized on the advice of a Medical practitioner because of Conditions mentioned below which required You to undergo Bariatric Surgery during the Policy Period, then We will pay You, Reasonable and Customary Expenses related to Bariatric Surgery

**Eligibility:**

For adults aged 18 years or older, presence of severe documented in contemporaneous clinical records, defined as any of the following:

Body Mass Index (BMI);

- a) greater than or equal to 40 or
- 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:
  - i. Obesity-related cardiomyopathy
  - ii. Coronary heart disease
  - iii. Severe Sleep Apnea
  - iv. Uncontrolled Type 2 Diabetes

**Special Conditions applicable to Bariatric Surgery Cover**

- a. This benefit is subject to a waiting period of 36 months from the date of first commencement of the first Star Package Policy covering Health Guard Section with Us and continuous renewal thereof with the Company.

- b. Fresh waiting period of 36 months would apply for all the policies issued with continuity from other Health Indemnity product/plans of Our Company where Bariatric Surgery is not covered.
- c. Fresh waiting period of 36 months would apply for all the policies issued with continuity under portability guidelines from any other Non-Health or Standalone Health Insurance Company where Bariatric Surgery is not covered.
- d. 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 where Insured is having policy with Bariatric Surgery Cover.
- e. Our maximum liability will be restricted to
  - a. 25% of Sum Insured in Silver Plan
  - b. 50% of Sum Insured maximum up to Rs. 5lac in Gold and Platinum Plan.
- f. Bariatric surgery performed for Cosmetic reasons is excluded.
- g. The indication for the procedure should be found appropriate by two qualified surgeons and the Insured shall obtain prior approval for cashless treatment from the Company.

**12. Wellness Benefits**

At each renewal of Your Star Package Policy covering Health Guard section with Us, You will be entitled for a wellness discount subject to below mentioned criteria being fulfilled by You during the preceding Policy Year. The below mentioned criteria should be fulfilled each year in case of long term policies.

Health Parameter	Reading
Health Risk Assessment	Complete the online health risk assessment
HbA1c (%)	Up to 6.5%
Fasting Blood Sugar	Upto 120 mg/dl
Blood Pressure (mm of Hg)	Systolic
	Upto 140
Blood Pressure (mm of Hg)	Diastolic
	Upto 90
Body Mass Index (BMI)	18 - 25
Serum Cholesterol	200mg/dl
Steps Count	5,000 steps daily - 20 days every month
Hemoglobin	Male-13-18mg/dl
	Female- 11-15mg/dl

Parameters Achieved	Discount Offered
4/5 out of 8	5%
6/7 out of 8	7.5%
8 out of 8	10%

Wellness Eligibility Criteria:

1. Wellness discount is applicable for members age 25 years and above
2. If the insured member meets 4 out of 8 criteria, he/she is eligible for 5% discount, 6 out of 8 criteria he /she is eligible for 7.5% discount & meets with 8 criteria she / she is eligible for 10% discount.
3. If an Insured meets 8 out of 8 above mentioned parameters and in addition he/she walks for 10000 steps for 20 days every month then they will be eligible for additional discount of 2.5%.
4. In Floater Policies, discount will be offered basis the average of number of Parameters Achieved by all Insured members age 25 years & above.

Discount under Floater Policy =  $\frac{\text{Total No. of Parameters achieved by eligible members}}{\text{Total No. of eligible members in the family}}$

In addition to the above parameters, if the eligible members walk for 10000 steps each for 20 days every month then they will be eligible for additional discount of 2.5%

**13. Ayurvedic / Homeopathic Hospitalization Expenses (Applicable for Gold and Platinum Plan only)**

If You are Hospitalized for not less than 24 hrs, in an Ayurvedic / Homeopathic Hospital which is a government hospital or in any institute recognized by government and/or accredited by Quality Council of India/National Accreditation Board on Health on the advice of a Medical practitioner because of Illness or Accidental Bodily Injury sustained or contracted during the Policy Period then We will pay You:

In-patient Treatment- Medical Expenses for Ayurvedic and Homeopathic treatment:

- Room rent, boarding expenses
- Nursing care
- Consultation fees
- Medicines, drugs and Medical consumables,
- Ayurvedic and Homeopathic treatment procedures

Our maximum liability is up to Rs. 20,000 per Policy Year.

This benefit will be applicable each year for policies with term more than 1 year.

The claim will be admissible under the Policy provided that,

- i. The illness/injury requires inpatient admission and the procedure performed on the Insured cannot be carried out on out-patient basis

**14. Maternity Expenses (Applicable for Gold and Platinum Plan only)**

We will pay the Medical Expenses for the delivery of a baby (including caesarean section) and/or expenses related to medically recommended and lawful termination of pregnancy, limited to maximum 2 deliveries or termination(s) or either,

- a. Our maximum liability per delivery or termination shall be limited to the amount specified in the Policy Schedule as per Sum Insured opted.
- b. We will pay the Medical Expenses of pre-natal and post-natal hospitalization (90 days post-delivery) per delivery or termination up to the maternity limit.
- c. Waiting period of 72 months as mentioned in the Policy Schedule would apply from the date of issuance of the first Star Package policy covering Health Guard Section with Us,
- d. 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 where Insured is having policy with Maternity Expense benefit.
- e. Fresh Waiting period of 72 months as mentioned in the Policy Schedule would apply for all the policies issued with continuity from other Health Indemnity product/plans of Our Company where maternity expenses are not covered.
- f. Any complications arising, within 90 days post-delivery, out of or as a consequence of maternity/child birth will be covered up to the maternity limit.
- g. Payment under this benefit will not reduce the base sum insured mentioned in policy Schedule.

**15. New Born Baby Cover (Applicable for Gold and Platinum Plan only)**

Coverage for new born baby will be considered subject to a claim being accepted under Maternity Expenses. We will pay the following expenses within the limit of the Sum Insured available under the Maternity Expenses section.

We will pay for,

- a. Medical Expenses towards treatment of *Your* new born baby while *You* are Hospitalized as an inpatient for delivery for the Hospitalization,
- b. Hospitalization charges incurred on the new born baby during post birth including any complications shall be covered up to a period of 90 days from the date of birth and within limit of the Sum Insured under Maternity Expenses without payment of any additional premium
- c. Mandatory Vaccinations of the new born baby up to 90 days, as recommended by the Indian Pediatric Association will be covered under the Maternity Expenses Sum Insured.

**COVERS APPLICABLE FOR PLATINUM PLAN ONLY**

**16. Super Cumulative Bonus**

This benefit would be extended if You renew Your Star Package Policy covering Health Guard section with Us without any break and there has been no claim in the preceding year,

- i. We will increase the Limit of Indemnity by 50% of base Sum Insured per annum for first 2 years and later 10% of base Sum Insured per annum for next 5 years.
- ii. Maximum bonus will not exceed 150% of the Hospitalization Sum Insured
- iii. If a claim is made in any year where a Super Cumulative Bonus has been applied, then the increased Limit of Indemnity in the Policy Period of the subsequent "Health Guard" shall be reduced to previous slab. However the Sum Insured would not be decreased.
- iv. In case of any increase or decrease of Sum Insured at renewal the Super Cumulative Bonus % would be calculated on the lesser Sum Insured.

Claim free Year	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7
% Increase in Limit of Indemnity	50%	50%	10%	10%	10%	10%	10%

**17. Recharge Benefit**

- i. In event of claim amount exceeding the limit of indemnity, Sum Insured would be increased by 20% maximum up to 5 Lacs.

SUM INSURED	LIMIT (INR)
5 Lacs	1 Lac
7.5 Lacs	1.5 Lacs
10 Lacs	2 Lacs
15 Lacs	3 Lacs
20 Lacs	4 Lacs
25 Lacs to 1 Crore	5Lacs

- ii. In case of Individual Sum Insured policies, this benefit will be applicable once in a policy year for each insured member.
- iii. For a Floater policy, this benefit will be applicable cumulatively to all insured members, once in a policy year.
- iv. The unutilized Recharge amount cannot be carried forward to the subsequent renewal

**SECTION 3 CRITICAL ILLNESS:**

If the Insured diagnosed as suffering from a Critical Illness which first occurs or manifests itself during the Policy Period, and if the Insured survives for a minimum of 30 days from the date of diagnosis, the Company shall pay a Critical Illness Benefit.

**List of Critical Illnesses covered:**

1. First Heart Attack - Of Specified Severity
2. Open Chest CABG
3. Stroke Resulting In Permanent Symptoms
4. Cancer Of Specified Severity
5. Kidney Failure Requiring Regular Dialysis
6. Major Organ Transplant
7. Multiple Sclerosis With Persisting Symptoms
8. Surgery Of Aorta
9. Primary Pulmonary Arterial Hypertension
10. Permanent Paralysis Of Limbs
11. Neuro Surgery
12. Joint Replacement

Part A,  
Section 3

		<p><b>SECTION 4 PERSONAL ACCIDENT:</b></p> <ul style="list-style-type: none"> <li>• 100% of sum insured payable In case of death due to accident.</li> <li>• 125% of sum insured payable in case of Permanent Total Disability</li> <li>• For Permanent Partial Disability, the benefit is as per the PPD table in the policy document.</li> <li>• 1% of the sum insured per week, up to a maximum of 100 weeks is payable for Temporary Total Disability.</li> <li>• The Company will reimburse the actual medical expenses incurred or 40% of the admissible claim; whichever is lower, towards the cost of treatment of accidental bodily injury sustained by the insured</li> </ul>	<p>Part A, Section 4</p>
		<p><b>SECTION 5 EDUCATION GRANT:</b>                  The company will pay the amount in the event of the insured person (Self) suffering.</p> <ol style="list-style-type: none"> <li>1. Accidental Bodily Injury causing the Insured’s death within 12 months of the Accidental Bodily Injury being sustained, whereafter this Policy shall expire.</li> <li>2. In the event of Accidental Bodily Injury causing the Insured’s Permanent Total Disability within 12 months of the Accidental Bodily Injury being sustained.</li> </ol> <p>The Amount would be payable to the nominee under the policy for the continuing education of the deceased’s child/ children</p>	<p>Part A, Section 5</p>
		<p><b>SECTION 6 BURGLARY (HOUSEHOLD CONTENTS ONLY) &amp; FIRE (HOUSEHOLD CONTENTS) - FIRST LOSS COVER</b>                  The Company will indemnify the Insured in respect of loss of or damage to the Contents or any part thereof whilst contained in the Insured Premises (address given in the schedule) caused by actual or attempted Burglary or Housebreaking or accidental fire as below:</p> <ul style="list-style-type: none"> <li>• The householders contents will be covered on the first loss basis as per coverage under the Standard Fire policy (Including earthquake) and burglary policy @ 25% of the value at risk. Any valuable with value more than 5 % of the sum insured in this section is to be specifically declared along with the value at the time of proposing insurance</li> <li>• Or at the time of loss the amount payable will be restricted to 5% of the first loss sum insured</li> </ul>	<p>Part A, Section 6</p>
		<p><b>SECTION 7 -TRAVELING BAGGAGE (ANYWHERE IN WORLD) -VALUABLES EXCLUDED</b>                  The Company will indemnify the Insured and/or the Insured’s Family in respect of the accidental loss of, destruction of or damage caused to personal baggage accompanying the Insured and/or the Insured’s Family or for which the Insured is responsible whilst travelling anywhere in world.</p>	<p>Part A, Section 7</p>
		<p><b>SECTION 8 - PUBLIC LIABILITY</b>                  The Company will indemnify the Insured against:</p> <ol style="list-style-type: none"> <li>1. His legal liability to pay Damages for civil claims of Bodily Injury or Property Damage arising out of the Insured’s use, ownership or occupation of the Insured Premises for solely domestic purposes and caused by the negligent act, error or omission of the Insured, the Insured’s Family or the Insured’s Household Staff, save that no indemnity is available hereunder for any liability that may be incurred under the Public Liability Insurance Act 1991 or any other statute or law based on no fault or strict liability, or for any civil claim brought by the Insured or his Family; and</li> <li>2. As the keeper and owner of domestic pets</li> </ol>	<p>Part A, Section 8</p>
<p>3</p>	<p>What are the major exclusions in the policy?</p>	<p><b>SECTION 1 Hospital Cash</b></p> <ol style="list-style-type: none"> <li>1. Pre-existing disease: Any medical condition or complication arising from it which existed before the commencement of the Policy Period, or for which care, treatment or advice was sought, recommended by or received from a Physician or for which a claim has or could have been made under any earlier policy.</li> <li>2. Any treatment not performed by a Physician or any treatment of a purely experimental nature.</li> <li>3. Any and all variants of the condition commonly referred to as Cancer, except in case of invasive malignant melanoma.</li> <li>4. Any routine or prescribed medical check up or examination. Medical Expenses relating to any hospitalisation for diagnostic, X-ray or laboratory examinations not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any Illness or accidental Bodily Injury for which hospitalisation is required.</li> <li>5. Any Illness that has been classified as an Epidemic by the Central or State Government.</li> <li>6. Circumcision, cosmetic or aesthetic treatments of any description change of life surgery or treatment, plastic surgery (unless necessary for the treatment of Illness or accidental Bodily Injury as a direct</li> </ol>	<p>Part A, Section 1, Exclusion</p>

	<p>result of the insured event and performed within 6 months of the same).</p> <ol style="list-style-type: none"> <li>7. Dental treatment or surgery of any kind unless necessitated by Accidental Bodily injury.</li> <li>8. Convalescence, general debility, nervous or other breakdown, rest cure, congenital diseases or defect or anomaly, sterility, sterilization or infertility (diagnosis and treatment), any sanatoriums, spa or rest cures or long term care or hospitalisation undertaken as a preventive or recuperative measure.</li> <li>9. Self afflicted injuries or conditions (attempted suicide), and/or the use or misuse of any drugs or alcohol.</li> <li>10. Any sexually transmitted diseases or any condition directly or indirectly caused to or associated with Human T-Cell Lymphotropic Virus type or any Syndrome or condition of a similar kind commonly referred to as AIDS.</li> <li>11. Any diagnosis or treatment arising from or traceable to pregnancy (whether uterine or extra uterine), childbirth including caesarean section, medical termination of pregnancy and/or any treatment related to pre and post natal care of the mother or the new born.</li> <li>12. Hospitalisation for the sole purpose of traction, physiotherapy or any ailment for which hospitalisation is not warranted due to advancement in medical technology</li> <li>13. War, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection military or usurped power of civil commotion or loot or pillage in connection herewith.</li> <li>14. Naval or military operations of the armed forces or airforce and participation in operations requiring the use of arms or which are ordered by military authorities for combating terrorists, rebels and the like.</li> <li>15. Any natural peril including but not limited to avalanche, earthquake, volcanic eruptions or any kind of natural hazard.</li> <li>16. Participation in any hazardous activity.</li> <li>17. Radioactive contamination.</li> <li>18. Non-allopathic treatment.</li> </ol> <p>Consequential losses of any kind, be they by way of loss of profit, loss of opportunity, loss of gain, business interruption, market loss or otherwise, or any claims arising out of loss of a pure financial nature such as loss of goodwill or any legal liability of any kind whatsoever</p>	
	<p><b>Section 2: Health Guard</b></p> <p><b>General Exclusions (Applicable for Silver Plan)</b></p> <ol style="list-style-type: none"> <li>1. Maternity ( Excl 18) : Applicable for Silver Plan only :             <ol style="list-style-type: none"> <li>a. Medical Treatment Expenses traceable to childbirth (including complicated deliveries and Caesarean sections incurred during hospitalization) except ectopic pregnancy.</li> <li>b. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.</li> </ol> </li> <li>2. Treatment for any other system other than modern medicine (allopathy)</li> </ol> <p><b>I. General Exclusions (Applicable for Silver, Gold and Platinum Plan)</b></p> <ol style="list-style-type: none"> <li>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.</li> <li>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</li> <li>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.</li> <li>4. Investigation &amp; Evaluation (Excl04)             <ol style="list-style-type: none"> <li>a) Expenses related to any admission primarily for diagnostics and evaluation purposes only are Excluded even if the same requires confinement at a Hospital.</li> <li>b) Any diagnostic expenses which are not related or not incidental to the current diagnosis and Treatment are excluded.</li> </ol> </li> <li>5. Rest Cure, rehabilitation and respite care (Excl05)             <ol style="list-style-type: none"> <li>a) Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:                     <ol style="list-style-type: none"> <li>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 nonskilled persons.</li> <li>ii. Any services for people who are terminally ill to address medical, physical, social, emotional and spiritual needs.</li> </ol> </li> </ol> </li> <li>6. Obesity/Weight Control (Excl06)</li> </ol>	<p>Part A, Section 2 Exclusions</p>



	<p>Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:</p> <ol style="list-style-type: none"> <li>1) Surgery to be conducted is upon the advice of the Doctor</li> <li>2) The surgery/Procedure conducted should be supported by clinical protocols</li> <li>3) The member has to be 18 years of age or older and</li> <li>4) Body Mass Index (BMI);             <ol style="list-style-type: none"> <li>a) greater than or equal to 40 or</li> <li>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:                 <ol style="list-style-type: none"> <li>i. Obesity-related cardiomyopathy</li> <li>ii. Coronary heart disease</li> <li>iii. Severe Sleep Apnea</li> <li>iv. Uncontrolled Type2 Diabetes</li> </ol> </li> </ol> </li> <li>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.</li> <li>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.</li> <li>9. 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.</li> <li>10. Breach of law (Excl10)                  Expenses for treatment directly arising from or consequent upon any Insure person committing or attempting to commit a breach of law with criminal intent.</li> <li>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.</li> <li>12. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Excl12)</li> <li>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)</li> <li>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)</li> <li>15. Refractive Error (Excl15)                  Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries.</li> <li>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.</li> <li>17. 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>18. 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.</li> <li>19. 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.</li> <li>20. Intentional self-injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol)</li> <li>21. Vaccination or inoculation unless forming a part of post bite treatment or if medically necessary and</li> </ol>	
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	<p>forming a part of treatment recommended by the treating Medical practitioner.                  22. All non-medical Items as per Annexure II                  23. Any treatment received outside India is not covered under this Policy.                  24. Circumcision unless required for the treatment of Illness or Accidental bodily injury</p>	
	<p><b>Section 3: Critical Illness</b>                  1.Any Critical Illness for which care, treatment, or advice was recommended by or received from a Physician, or which first manifested itself or was contracted before the start of the Policy Period, or for which a claim has or could have been made under any earlier policy.                  2.Any sexually transmitted diseases or any condition directly or indirectly caused by or associated with Human T-Cell Lymphotropic Virus type III (III LB III) or Lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or Variations Deficiency Syndrome or any Syndrome or condition of a similar kind commonly referred to as AIDS.                  3. Treatment arising from or traceable to pregnancy, childbirth postpartum complications including but not limited to caesarian section, birth defects and congenital anomalies.                  4.Occupational diseases.                  5.War, whether war be declared or not, invasion, act of foreign enemy, hostilities, civil war, insurrection, terrorism or terrorist acts or activities, rebellion, revolution, mutiny, military or usurped power, riot, strike, lockout, military or popular uprising, civil commotion, martial law or loot, sack or pillage in connection therewith, confiscation or destruction by any government or public authority or any act or condition incidental to any of the above.                  6.Naval or military operations of the armed forces or airforce and participation in operations requiring the use of arms or which are ordered by military authorities for combating terrorists, rebels and the like.                  7.Any natural peril (including but not limited to storm, tempest, avalanche, earthquake, volcanic eruptions, hurricane, or any other kind of natural hazard).                  8.Radioactive contamination.                  9.Consequential losses of any kind, be they by way of loss of profit, loss of opportunity, loss of gain, business interruption, market loss or otherwise, or any claims arising out of loss of a pure financial nature such as loss of goodwill or any legal liability of any kind whatsoever.                  10.Intentional self-injury and/or the use or misuse of intoxicating drugs and/or alcohol.</p>	<p>Part A,                  Section 3                  Exclusion</p>

	<p><b>Exclusion under 4 and 5 sections: Personal Accident And Education Grant</b></p> <p>1. Accidental Bodily Injury that You meet with:</p> <ol style="list-style-type: none"> <li>Through suicide, attempted suicide or self inflicted injury or illness.</li> <li>While under the influence of liquor or drugs.</li> <li>Through deliberate or intentional, unlawful or criminal act, error, or omission.</li> <li>Whilst engaging in aviation or ballooning, whilst mounting into, dismounting from or traveling in any balloon or aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world.</li> <li>Whilst participating as the driver, co-driver or passenger of a motor vehicle during motor racing or trial runs.</li> <li>As a result of any curative treatments or interventions that you carry out or have carried out on your body.</li> <li>Arising out of your participation in any naval, military or air force operations whether in the form of military exercises or war games or actual engagement with the enemy, Whether foreign or domestic.</li> </ol> <p>2. Your consequential losses of any kind or your actual or alleged legal liability.</p> <p>3. Venereal or sexually transmitted diseases.</p> <p>4. Pregnancy, resulting childbirth, miscarriage, abortion, or complications arising out of any of these.</p> <p>5. War (whether declared or not), civil war, invasion, act of foreign enemies, rebellion, revolution, insurrection, mutiny, military or usurped power, seizure, capture, arrest, restraint or detainment, confiscation or nationalization or requisition of or damage by or under the order of any government or public local authority.</p> <p>6. Nuclear energy, radiation.</p>	<p>Part A, Section 4 &amp; 5 Exclusion</p>
	<p><b>SECTION 6 BURGLARY (HOUSEHOLD CONTENTS ONLY) &amp; FIRE (HOUSEHOLD CONTENTS) - FIRST LOSS COVER</b></p> <p>Fire, excluding destruction or damage caused to the contents insured by:</p> <ol style="list-style-type: none"> <li>Its own fermentation, natural heating or spontaneous combustion.</li> <li>Its undergoing any heating or drying process.</li> <li>Burning of property insured by order of any Public Authority.</li> </ol>	<p>Part A, Section 6 Exclusion</p>
	<p><b>Section 7: Traveling Baggage</b></p> <ol style="list-style-type: none"> <li>loss or damage due to cracking scratching or breakage of lens or glass whether Exclusion part of china, marble, gramophone records or otherwise and other articles of a brittle or fragile nature, unless such loss or damage arises from an accident to a vessel, train, or other mechanised vehicle or aircraft by which such baggage is conveyed by the Insured and/or the Insured's Family</li> <li>loss or damage caused by or any process of cleaning, dyeing repairing or restoring to which the baggage is subjected</li> <li>loss or damage caused by moth, mildew or vermin</li> <li>loss or damage to any electrical machines, apparatus, fixtures or fittings (including wireless sets, radio, television sets and tape recorders) arising from over running, excessive pressure, short circuiting arcing self heating or leakage or electricity from whatever cause (lightning included)</li> <li>loss or damage caused by mechanical derangement or over winding of watches and clocks</li> <li>theft from cars except from fully enclosed saloon cars having all the doors, windows and other openings securely locked and properly fastened, and any other security aid properly applied</li> <li>loss or damage whilst being conveyed by any carrier under contract of affreightment</li> <li>loss of or damage to Jewellery or Valuables</li> <li>loss of or damage to article which did not form part of the Contents of the baggage when the journey commenced unless specifically declared and accepted by the Company</li> <li>loss or destruction of or damage to baggage of a consumable nature</li> <li>loss of or damage to carried loose articles such as sticks, straps, umbrellas, sunshades, deck chairs, property in use on the journey or articles of clothing whilst being worn on the person or carried about</li> <li>loss destruction or damage caused by or arising from the leakage spilling or exploding of liquid, oils or material of a like nature or articles of a dangerous or damaging nature</li> <li>any tour or travel undertaken within the municipal limits of the village, town or city wherein the Insured permanently resides.</li> </ol>	<p>Part A, Section 7 Exclusion</p>

		<p><b>Section 8: Public Liability</b>                  1.any voluntarily assumed liability unless such liability would have attached to the Exclusion Insured in the absence of such agreement                  2.any liability arising out of a deliberate, wilful or intentional act, error, omission, or non-compliance with any statutory provision                  3.liability arising out of the ownership, possession or use by or on behalf of the Insured or his Family or Household Staff of any motor vehicle or trailer for which compulsory insurance is required, save that cover shall be provided for claims arising out of Bodily Injury or Property Damage caused by the loading or unloading of any motor vehicle or trailer beyond the limits of any carriageway or thoroughfare                  4.liability arising out of the ownership, possession or use by or on behalf of the Insured or his Family or Household Staff of any watercraft, hovercraft, air- or spacecraft                  5.any interest and/or penalty imposed on the Insured on account of his failure to comply with the requirements laid down under the Workmen’s Compensation Act 1923 or any amendment thereto                  6.the transmission of any communicable disease or virus                  7.occupation or business, trade or employment</p>	<p>Part A, Section 8 Exclusion</p>
		<p><b>Exclusions applicable to all sections</b>                  1. War, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection military or usurped power of civil commotion or loot or pillage in connection herewith.                  2. Loss or damage caused by depreciation or wear and tear.                  3. Consequential loss of any kind or description.                  4. Loss or damage directly or indirectly caused by or arising from or in consequence of or contributed to nuclear weapons material by or arising from or in consequence of or contributed to by ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel (including any self-sustaining process of nuclear fission).</p>	<p>Part B Exclusion</p>
<p>4</p>	<p>Waiting periods</p>	<p><b>Waiting Periods Applicable for Section 1 Hospital cash</b>                  1. 30 days waiting period is applicable from date of first policy inception for any illness/ disease except for Accidental Bodily Injury.                  2. 1 year waiting period applicable for below diseases: cataracts, benign prostatic hypertrophy, hysterectomy, menorrhagia, fibromyoma, D&amp;C, endometriosis, hernia of all types, hydrocele, fistulae, haemorrhoids, fissure in ano, stones in the urinary and biliary systems, surgery on tonsils or sinuses, skin and all internal tumours/cysts/nodules/polyps of any kind including breast lumps, gastric or duodenal ulcer, back ache, prolapsed intervertebral disc, If the above diseases are pre existing then those will be permanently excluded from the policy.</p>	<p>Part A, Section 1</p>

**Waiting Periods Applicable for Section 2: Health Guard**

**I. Waiting Period (Applicable for Silver, Gold and Platinum Plan)**

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 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 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. Tonsilitis
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 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

Part A,  
Section 2

		<p>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</p> <p>g) Bariatric Surgery</p> <p>h) Parkinson's Disease</p> <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> <p><b>II. Waiting Period for Maternity Expenses (Applicable only for Gold and Platinum Plan)</b></p> <p>Any treatment arising from or traceable to pregnancy, child birth including cesarean section and/or any treatment related to pre and postnatal care and complications arising out of Pregnancy and Childbirth until 72 months continuous period has elapsed since the inception of the first Health Guard Policy with US. However this exclusion will not apply to Ectopic Pregnancy proved by diagnostic means and certified to be life threatening by the attending medical practitioner.</p>	
		<p><b>Waiting Periods Applicable for Section 3: Critical Illness</b></p> <p>Any Critical Illness diagnosed within the first 90 days of the date of commencement Exclusions of the Policy is excluded. This exclusion shall not apply to an Insured for whom coverage has been renewed by the Named Insured, without a break, for subsequent years.</p>	Part A, Section 3
5	Payout basis	<p>Payout under Health Guard* Household contents, Travel baggage, Public Liability Section is on Indemnity basis.</p> <p>Payout under sections Hospital Cash, Critical Illness, Personal Accident, and Education Grant is on benefit basis.</p> <p><b>*Note:</b> Under Health Guard all payouts are Indemnity payment basis except Convalescence Benefit and Daily Cash Benefit for Accompanying an Insured Child which is paid as benefit.</p>	Part A
6	Cost sharing	<p>In case of a claim, this policy requires you to share the following costs:</p> <p>I. 10% or 20% of each claim under Inpatient Hospitalisation Treatment as Co-payment if voluntarily opted by the Insured</p> <p>II. Cataract Limit : Our obligation to make payment in respect of surgeries for cataracts (after the expiry of the 24 months period referred to in Exclusion I.2 of the policy wordings) shall be restricted to 20% of the Sum Insured for each eye, subject to maximum of Rs 1,00,000/- for each of You.</p> <p>III. Bariatric Surgery Limit: Our obligation to make payment in respect of Bariatric Surgery after the expiry of the 36 months period, shall be restricted to 25% of the Sum Insured in Silver Plan and 50% of the Sum Insured subject to maximum of Rs 5 lac in Gold and Platinum Plan.</p> <p>IV. Maternity Limit: Maternity is covered under Gold &amp; Platinum plan only</p> <p>a) For Sum Insured 3 lacs up to 7.5 lacs the limit for Normal delivery is 15000 INR &amp; 25000 INR for caesarian delivery</p> <p>b) b. For Sum Insured Above 7.5 lacs the limit for Normal delivery is 25000 INR &amp; 35000 INR for caesarian delivery</p>	Part 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>	Part D

		<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>															
8	Special Condition	<p>I. <b>Employee Discount: (Applicable to Health Guard only)</b>                  20% discount on published premium rates to employees of Bajaj Allianz &amp; its group companies, this discount is applicable only if the Policy is booked in direct code.</p> <p>II. <b>Co-pay Discount: (Applicable to Health Guard only)</b></p> <ol style="list-style-type: none"> <li>If opted voluntarily and mentioned on the Policy Schedule that a Co-payment is effective by the Insured then Insured will be eligible of additional 10% or 20% discount on the Policy premium.</li> <li>If a claim has been admitted under Section 2. Health Guard - (In-patient Hospitalization Treatment ) then, the Insured shall bear 10% or 20% respectively of the eligible claim amount payable under this section and Our liability, if any, shall only be in excess of that sum and would be subject to the Sum Insured.</li> </ol> <p>III. <b>Room Rent capping discount: (Applicable to Health Guard only)</b>                  If <i>You</i> opt for this cover <i>You</i> will be entitled for a per day room rent limit of 1.5% of hospitalization Sum Insured up to maximum Rs. 7,500 per day.                  By opting for this cover <i>You</i> will be eligible for discount on premium as per below grid-</p> <table border="1" data-bbox="537 884 1216 957"> <thead> <tr> <th>Base SI</th> <th>Individual</th> <th>Floater</th> </tr> </thead> <tbody> <tr> <td>300,000 and above</td> <td>10%</td> <td>5%</td> </tr> </tbody> </table> <p><b>Note:</b></p> <ol style="list-style-type: none"> <li>The room rent does not include nursing charges.</li> <li>If the availed room category is higher than the eligible room category or if the room rent opted exceeds the eligible room rent then, a proportionate co-payment would be applied on all the expenses of the hospitalization except for cost of Medical consumables and Medicines.</li> </ol> <p>i. <b>Wellness Discount (Applicable to Health Guard only)</b>                  As detailed in Section 2 - Under Health Guard, depending on number of parameters met by insured during a policy year discount will be offered on subsequent renewal premium.</p> <table border="1" data-bbox="602 1255 1151 1398"> <thead> <tr> <th>Parameters Achieved</th> <th>Discount</th> </tr> </thead> <tbody> <tr> <td>4 out of 8</td> <td>5%</td> </tr> <tr> <td>6 out of 8</td> <td>7.5%</td> </tr> <tr> <td>8 out of 8</td> <td>10%</td> </tr> </tbody> </table> <p>Note- If an Insured meets 8 out of 8 above mentioned parameters and he/she walks for 10000 steps for 20 days every month then they will be eligible for additional discount of 2.5%.</p> <p>IV. <b>Zone Discount (Applicable to Section 2. Health Guard only)</b></p> <ol style="list-style-type: none"> <li>If <i>You</i> opt for coverage under Zone B, then <i>You</i> will be eligible for 20% discount on the premium</li> <li>If <i>You</i> opt for coverage under Zone C, then <i>You</i> will be eligible for 30% discount on the premium</li> </ol> <p>V. <b>Sectional Discount:</b></p> <ul style="list-style-type: none"> <li>10% discount applicable if number of sections opted is 4 or 5</li> <li>15% discount applicable if number of sections opted is more than 5</li> </ul> <p>VI. <b>Long Term policy Discount:</b></p> <ul style="list-style-type: none"> <li>10% discount applicable if policy is opted for 2 years</li> <li>15% discount applicable if policy is opted for 3 years</li> </ul> <p><b>Note:</b> This will not apply to policies where premium is paid in instalments.</p>	Base SI	Individual	Floater	300,000 and above	10%	5%	Parameters Achieved	Discount	4 out of 8	5%	6 out of 8	7.5%	8 out of 8	10%	Part D
Base SI	Individual	Floater															
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6 out of 8	7.5%																
8 out of 8	10%																

9	Renewal Benefits	<p><b>1. Cumulative Bonus:</b></p> <p>If You renew Your Star Package Policy covering Health Guard section with Us without any break and there has been no claim in the preceding year, We will increase the Limit of Indemnity by 10% of base sum insured per annum, but:</p> <ol style="list-style-type: none"> <li>The maximum cumulative increase in the Limit of Indemnity will be limited to 10 years and 100% of base sum insured of Your first "Health Guard" with Us.</li> <li>This clause does not alter the annual character of this insurance</li> <li>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" shall be reduced by 10%, save that the limit of indemnity applicable to Your first "Health Guard" with Us shall be preserved.</li> </ol> <p><b>2. Super Cumulative Bonus (Applicable to Health Guard Platinum Plan)</b></p> <p>This benefit would be extended if You renew Your Star Package Policy covering Health Guard section with Us without any break and there has been no claim in the preceding year,</p> <ol style="list-style-type: none"> <li>We will increase the Limit of Indemnity by 50% of base Sum Insured per annum for first 2 years and later 10% of base Sum Insured per annum for next 5 years.</li> <li>Maximum bonus will not exceed 150% of the Hospitalization Sum Insured</li> <li>If a claim is made in any year where a Super Cumulative Bonus has been applied, then the increased Limit of Indemnity in the Policy Period of the subsequent "Health Guard" shall be reduced to previous slab. However the Sum Insured would not be decreased.</li> <li>In case of any increase or decrease of Sum Insured at renewal the Super Cumulative Bonus % would be calculated on the lesser Sum Insured.</li> </ol> <table border="1" data-bbox="453 919 1328 1104"> <thead> <tr> <th>Claim free Year</th> <th>Year 1</th> <th>Year 2</th> <th>Year 3</th> <th>Year 4</th> <th>Year 5</th> <th>Year 6</th> <th>Year 7</th> </tr> </thead> <tbody> <tr> <td>% Increase in Limit of Indemnity</td> <td>50%</td> <td>50%</td> <td>10%</td> <td>10%</td> <td>10%</td> <td>10%</td> <td>10%</td> </tr> </tbody> </table> <p><b>3. Preventive Health Checkup</b></p> <p>At the end of block of every continuous period as mentioned in coverage during which You have held Our Star Package Policy Covering Health Guard Section, You are eligible for a free Preventive Health checkup. We will reimburse the amount as per the plan opted, subject to below limits</p> <ul style="list-style-type: none"> <li>➤ <b>Silver Plan</b> 1% of the Sum Insured maximum up to Rs. 2000/- for each Insured in Individual Policy during the block of 3 years</li> <li>➤ <b>Gold Plan</b> 1% of the Sum Insured max up to Rs. 5000/- for each Insured in Individual Policy during the block of 3 years.</li> <li>➤ <b>Platinum Plan</b> 1% of the Sum Insured max up to Rs. 5000/- for each Insured in Individual Policy during the block of 2 years.</li> </ul> <p>This benefit can be availed by proposer &amp; spouse only under Floater Sum Insured Policies. You may approach Us for the arrangement of the Health Check up. For the avoidance of doubt, We 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.</p>	Claim free Year	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	% Increase in Limit of Indemnity	50%	50%	10%	10%	10%	10%	10%	Part D
Claim free Year	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7												
% Increase in Limit of Indemnity	50%	50%	10%	10%	10%	10%	10%												
10	Cancellation	<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><b>Cancellation grid for premium received on annual basis or full premium received at policy inception are as under</b></p>	Part D																



Period in Risk	Premium Refund		
	Policy Period 1 Year	Policy Period 2 Year	Policy Period 3 Year
Within 15 Days	As per Free Look Period Condition		
Exceeding 15 days but less than or equal to 3 month	65.00%	75.00%	80.00%
Exceeding 3 months but less than or equal to 6 months	50.00%	65.00%	75.00%
Exceeding 6 months but less than or equal to 12 months	25.00%	45.00%	60.00%
Exceeding 12 months but less than or equal to 15 months	0.00%	30.00%	50.00%
Exceeding 15 months but less than or equal to 18 months	0.00%	20.00%	45.00%
Exceeding 18 months but less than or equal to 24 months	0.00%	0.00%	30.00%
Exceeding 24 months but less than or equal to 27 months	0.00%	0.00%	20.00%
Exceeding 27 months but less than or equal to 30 months	0.00%	0.00%	15.00%
Exceeding 30 months but less than or equal to 36 months	0.00%	0.00%	0.00%

**Cancellation grid for premium received on instalment basis-  
 The premium will be refunded as per the below table:**

Period in Risk (From Latest instalment date)	% of Monthly Premium	% of Quarterly Premium	% of Half Yearly Premium
Upto 15 days from 1st Instalment Date	As per Free Look Period Condition		
Exceeding 15 days but less than or equal to 3 months	No Refund		30%
Exceeding 3 months but less than or equal to 6 months			0%

Note:

- The first slab of Number of days “within 15 days” in above table is applicable only in case of new business.
- In case of renewal policies, period is risk “Exceeding 15 days but less than 3 months” should be read as “within 3 months”.

For the avoidance of doubt, the Company shall remain liable for any claim that was made prior to the date upon which the Policy is cancelled except in cases such cancellation is on account of Fraud, if any false/fraudulent claim is made by Insured or any one on behalf of Insured, mis-representation or non-disclosure of material facts or non-co-operation by the Insured.

11	Claims	<p><b>1. Claims Procedure</b>                      All Claims will be settled by In house claims settlement team of the company and no TPA is engaged. 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><b>A. Cashless Claims Procedure: (Applicable to Section 2. Health Guard Only)</b>                      Cashless treatment is only available at Network Hospitals. In order to avail of cashless treatment, the following procedure must be followed by You:</p> <p>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-authorization by way of the written form.</p> <p>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.</p>	Part D
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- 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.
- 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.

**B. Reimbursement Claims Procedure: (Applicable to Section 1. Hospital Cash, Section 2. Health Guard, Section 3. Critical Illness Section 4. Personal Accident and Section 5. Education Grant)**

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), (v) 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:**

**For Section 1 Hospital cash**

1. Hospital Cash Claim Form duly signed by the insured.
2. Copy of Discharge Summary / Discharge Certificate.
3. Copy of Final Hospital Bill
4. Aadhar card & PAN card Copies (Not mandatory if the same is linked with the policy while issuance or in previous claim)

**For Section 2: Health Guard (Silver, Gold & Platinum Plan)**

1. Claim form with NEFT details & cancelled cheque duly signed by Insured
2. Original/Attested copies of Discharge Summary / Discharge Certificate / Death Summary with Surgical & anaesthetics notes
3. Attested copies of Indoor case papers
4. Original/Attested copies Final Hospital Bill with breakup of surgical charges, surgeon's fees, OT charges etc
5. Original Paid Receipt against the final Hospital Bill.
6. Original bills towards Investigations done / Laboratory Bills.
7. Original/Attested copies of Investigation Reports against Investigations done.

		<p>8. 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).</p> <p>9. Cashless settlement letter or other company settlement letter</p> <p>10. First consultation letter for the current ailment.</p> <p>11. In case of implant surgery, invoice &amp; sticker.</p> <p><b>For Section 3: Critical illness</b></p> <p>1. Critical Illness Claim Form duly signed by the insured along with</p> <p>2. NEFT Form signed by the Claimant</p> <p>3. Copy of Discharge Summary / Discharge Certificate.</p> <p>4. Copy of Final Hospital Bill</p> <p>5. First consultation letter for Illness</p> <p>6. Medical certificate for the duration of illness</p> <p>7. All required Investigation Reports as per the Illness</p> <p>8. Medical certification from specialist</p> <p><b>For Section 4: Personal Accident and Section 5 Education Grant</b></p> <p><b>I. Death</b></p> <p>i. Duly Completed Personal Accident Claim Form signed by nominee.</p> <p>ii. Copy of address proof (Ration card or electricity bill copy).</p> <p>iii. Legal heir certificate containing affidavit and indemnity bond both duly signed by all legal heirs and notarized (If nominee name not mentioned on policy schedule.).</p> <p>iv. Attested copy of Death Certificate.</p> <p>v. Burial Certificate (wherever applicable).</p> <p>vi. Attested copy of Statement of Witness, if any lodged with police authorities.</p> <p>vii. Attested copy of FIR / Panchanama / Inquest Panchanama.</p> <p>viii. Attested copy of Post Mortem Report (if performed).</p> <p>ix. Attested copy of Viscera report if any.</p> <p>x. Photo identity proof</p> <p><b>II. Permanent Partial/Total Disablement cover</b></p> <p>i. Duly Completed Personal Accident Claim Form signed by insured.</p> <p>ii. Attested copy of disability certificate from certified Civil Surgeon of a Government Hospital stating percentage of disability.</p> <p>iii. Attested copy of FIR. (If required)</p> <p>iv. All X-Ray / Investigation reports and films supporting to disablement.</p> <p><b>III. Temporary Total Disablement</b></p> <p>i. Duly Completed Personal Accident Claim Form signed by insured.</p> <p>ii. Medical fitness certificate from treating doctor mentioning the type of disability and period of rest with date of fitness.</p> <p>iii. Leave certificate from the employer for disablement period</p> <p>iv. Attested copy of FIR.(If required)</p> <p>v. All X-Ray reports and films.</p> <p>Please send the documents on below address  <b>Bajaj Allianz General Insurance Company</b>                  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>	
12	<p><b>Policy Servicing/Grievances/Complaints</b></p>	<p><b>Bajaj Allianz General Insurance Co. Ltd</b></p> <p>Bajaj Allianz House, Airport Road                  Yerawada, Pune 411006                  E-mail: bagichelp@bajajallianz.co.in                  Call : 1800-225858(free calls from BSNL/MTNL lines only)                  1800-1025858 ( free calls from Bharti users - mobile / landline ) or020-30305858</p>	Part D

<p><b>Grievance Redressal Cell for Senior Citizens</b></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:<b>1800-103-2529</b></p> <p>Exclusive Email address: <b>seniorcitizen@bajajallianz.co.in</b></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>	
Office Details	Jurisdiction of Office Union Territory, District)
<p><b>AHMEDABAD - Shri/Smt.....</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@ecoi.co.in">bimalokpal.ahmedabad@ecoi.co.in</a></p>	<p>Gujarat,                  Dadra &amp; Nagar Haveli,                  Daman and Diu.</p>
<p><b>BENGALURU - Smt. Neerja Shah</b>                  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: <a href="mailto:bimalokpal.bengaluru@ecoi.co.in">bimalokpal.bengaluru@ecoi.co.in</a></p>	<p>Karnataka.</p>
<p><b>BHOPAL - Shri Guru Saran Shrivastava</b>                  Office of the Insurance Ombudsman,                  Janak Vihar Complex, 2nd Floor,                  6, Malviya Nagar, Opp. Airtel Office,                  Near New Market,                  Bhopal - 462 003.                  Tel.: 0755 - 2769201 / 2769202                  Fax: 0755 - 2769203                  Email: <a href="mailto:bimalokpal.bhopal@ecoi.co.in">bimalokpal.bhopal@ecoi.co.in</a></p>	<p>Madhya Pradesh                  Chattisgarh.</p>
<p><b>BHUBANESHWAR - Shri/Smt.....</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@ecoi.co.in">bimalokpal.bhubaneswar@ecoi.co.in</a></p>	<p>Orissa.</p>
<p><b>CHANDIGARH - Dr. Dinesh Kumar Verma</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@ecoi.co.in">bimalokpal.chandigarh@ecoi.co.in</a></p>	<p>Punjab,                  Haryana,                  Himachal Pradesh,                  Jammu &amp; Kashmir,                  Chandigarh.</p>

**Bajaj Allianz General Insurance Company Limited**

Bajaj Allianz House, Airport Road, Yerawada, Pune - 411 006. Reg. No.: 113  
 For more details, log on to: [www.bajajallianz.com](http://www.bajajallianz.com) | E-mail: [bagichelp@bajajallianz.co.in](mailto:bagichelp@bajajallianz.co.in) or  
 Call at: Sales - 1800 209 0144 / Service - 1800 209 5858 (Toll Free No.)

*Caringly yours*

**BAJAJ | Allianz**

	<p><b>CHENNAI - Shri M. Vasantha Krishna</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@ecoi.co.in">bimalokpal.chennai@ecoi.co.in</a></p>	<p>Tamil Nadu,          Pondicherry Town and          Karaikal (which are part of Pondicherry).</p>	
	<p><b>DELHI - Shri/Smt.....</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@ecoi.co.in">bimalokpal.delhi@ecoi.co.in</a></p>	<p>Delhi.</p>	
	<p><b>GUWAHATI - Shri Kiriti .B. Saha</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@ecoi.co.in">bimalokpal.guwahati@ecoi.co.in</a></p>	<p>Assam,          Meghalaya,          Manipur,          Mizoram,          Arunachal Pradesh,          Nagaland and Tripura.</p>	
	<p><b>HYDERABAD - Shri I. Suresh Babu</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 - 67504123 / 23312122          Fax: 040 - 23376599          Email: <a href="mailto:bimalokpal.hyderabad@ecoi.co.in">bimalokpal.hyderabad@ecoi.co.in</a></p>	<p>Andhra Pradesh,          Telangana,          Yanam and          part of Territory of Pondicherry.</p>	
	<p><b>JAIPUR - Smt. Sandhya Baliga</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@ecoi.co.in">Bimalokpal.jaipur@ecoi.co.in</a></p>	<p>Rajasthan.</p>	
	<p><b>ERNAKULAM - Ms. Poonam Bodra</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@ecoi.co.in">bimalokpal.ernakulam@ecoi.co.in</a></p>	<p>Kerala,          Lakshadweep,          Mahe-a part of Pondicherry.</p>	
	<p><b>KOLKATA - Shri/Smt.....</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@ecoi.co.in">bimalokpal.kolkata@ecoi.co.in</a></p>	<p>West Bengal,          Sikkim,          Andaman &amp; Nicobar Islands.</p>	

		<p><b>LUCKNOW -Shri/Smt.....</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@ecoi.co.in">bimalokpal.lucknow@ecoi.co.in</a></p> <p><b>MUMBAI - Shri Milind A. Kharat</b>                  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: <a href="mailto:bimalokpal.mumbai@ecoi.co.in">bimalokpal.mumbai@ecoi.co.in</a></p> <p><b>NOIDA - Shri/Smt.....</b>                  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: <a href="mailto:bimalokpal.noida@ecoi.co.in">bimalokpal.noida@ecoi.co.in</a></p> <p><b>PATNA - Shri/Smt.....</b>                  Office of the Insurance Ombudsman,                  1st Floor, Kalpana Arcade Building,,                  Bazar Samiti Road,                  Bahadurpur,                  Patna 800 006.                  Tel.: 0612-2680952                  Email: <a href="mailto:bimalokpal.patna@ecoi.co.in">bimalokpal.patna@ecoi.co.in</a></p> <p><b>PUNE - Shri/Smt.....</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@ecoi.co.in">bimalokpal.pune@ecoi.co.in</a></p>	<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> <p>Goa,                  Mumbai Metropolitan Region                  excluding Navi Mumbai &amp; Thane.</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>Bihar,                  Jharkhand.</p> <p>Maharashtra,                  Area of Navi Mumbai and Thane                  excluding Mumbai Metropolitan Region.</p>	
13	<b>Insured's Rights</b>	<p><b>Free Look:</b>                  The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy.                  The insured person shall be allowed free look period of fifteen days from date of receipt of the policy document to review the terms and conditions of the policy, and to return the same if not acceptable.                  If the insured has not made any claim during the Free Look Period, the insured shall be entitled to</p> <ul style="list-style-type: none"> <li>• a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges or</li> <li>• where the risk has already commenced and the option of return of the policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or</li> <li>• Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period;</li> </ul>	Part D	

		<p><b>Portability</b>                  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  <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></p> <p><b>Migration</b>                  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  <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></p>	
14	<b>Insured's Obligations</b>	Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may result in claim not being paid.	Part 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.			