

Women Specific Critical Illness

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	Women Specific Critical Illness	
2	Policy Number	Kindly refer to Your Policy schedule	
3	Type of Insurance	Kindly refer to Your Policy schedule	
4	Sum Insured (Basis)	Kindly refer to Your Policy schedule	
5	Policy Coverage (What the Policy Covers)	Coverages If the Insured is 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, as specified- I. Critical Illness Cover II. Congenital Disability Benefit III. Children Education Bonus IV. Loss of Job	Section C
		I. Critical Illness Cover <ul style="list-style-type: none"> Breast Cancer Fallopian Tube Cancer Uterine/Cervical Cancer Ovarian Cancer Vaginal Cancer Permanent Paralysis of Limbs Multi-trauma Burns 	
		II. Congenital Disability Benefit <ul style="list-style-type: none"> Down's syndrome Congenital cyanotic heart disease Cleft Palate with or without cleft lip Spina bifida 	
		III. Children Education Bonus In the event of a Claim being admissible under Section I (Critical Illness) the policy will pay Children's Education Bonus for future education of the children (one or more). The amount payable under this section would be restricted to Rs 25000/- for one or more child put together.	Section C III

		<p>IV. Loss of Job In the event of the insured person losing her job within a period of 3 months of the date of diagnosis of any of the Critical Illness as covered in the policy, the policy will pay an amount of Rs 25000/- towards loss of employment. For a claim to be admissible under this section the claim under Section I should be admissible.</p> <p>Specific Exclusions Loss of Job due to voluntary resignation from service is excluded.</p>	Section C IV
6	Cumulative Bonus	Not Applicable	
7	Exclusions (What the policy does not cover)	<p>Specific Exclusions</p> <ol style="list-style-type: none"> Any Critical Illness for which care, treatment, or advice was recommended by or received from a Physician contracted before the start of the Policy Period, Any sexually transmitted diseases or any condition directly or indirectly caused by or associated with Human T-Cell Lymphotropic Virus type III etc. Treatment arising from or traceable to pregnancy etc. Occupational diseases. War, invasion, acts of foreign enemies, civil war, insurrection, terrorism etc Naval or military operations of the armed forces or air force and participation in operations etc. Any natural peril (including but not limited to storm, tempest, avalanche, earthquake, volcanic eruptions, hurricane). Radioactive contamination. Consequential losses of any kind, loss of gain, business interruption, market loss etc. Intentional self-injury and/or the use or misuse of intoxicating drugs and/or alcohol. 	Section D
8	<p>Waiting Period Time period during which specified disease/treatment are not covered It is counted from beginning of the policy coverage</p>	Initial Waiting period: Any Critical Illness diagnosed within the first 90 days of the date of commencement of the Policy is excluded.	Section D
9	<p>Financial Limits of Coverage Sublimit (it is a pre-defined limit and the insurance company will not pay any amount in excess of this limit)</p> <p>.Co-payment (it is a specified amount /percentage of the</p>	<p>Not Applicable</p> <p>Not Applicable</p>	

	admissible claim amount to be paid by policy holder/insured) .Deductible (it is a specified amount: Upto which an insurance company will not pay any claim and Which will be deducted from total claim amount (if claim amount is more than the specified amount)	Not Applicable	
10	Claims/claims procedure	Claim Settlement Process <ol style="list-style-type: none"> You or someone claiming on Your behalf must inform Us in writing immediately within 48 hours of diagnosis of any of the listed Critical Illnesses. You must immediately consult a Doctor and follow the advice and treatment that he recommends. 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. You or someone claiming on Your behalf must promptly and in any event within 30 days of diagnosis of any of the listed Critical Illnesses/discharge from the Hospital (if admitted) give Us the documentation as per the claims documents list specified below. <p>*Note : Waiver of conditions (a) and (d) may be considered in extreme cases of hardship where it is proved to the satisfaction of the Company that under the circumstances in which the insured was placed it was not possible from him or any other person to give notice or file claim within the prescribed time limit.</p> <p>Turnaround time(TAT) for claim settlement:</p> <ol style="list-style-type: none"> Turnaround time (TAT) for claim settlement: 30 Working Days TAT for preauthorization of cashless facility: Within 120 Mins TAT for cashless final bill authorization: Within 120 Mins <p>Weblinks Network hospital and Black listed hospital list https://www.bajajallianz.com/branch-locator.html </p> <p>Helpline Number Tollfree: 1800-103-2529 </p> <p>Downloading /getting claim forms Downloading /getting claim forms Health Insurance Claim Process Accident Insurance Claim (bajajallianz.com) </p>	Section E 27
11	Policy Servicing	Call centre number(Toll free): 1800-209-5858 Details of Company officials: Branch-wise GRO details can be found on the below link. https://www.bajajallianz.com/download-documents/other-information/GRO-List.pdf	

12	Grievances /Complaints	<p>Grievance Redressal Procedure:</p> <p>a) Toll-free number 1-800-209- 5858 or 020-30305858, Say “Hi” on WhatsApp on +91 7507245858</p> <p>b) Branches for resolution of your grievances /complaints, the Branch details can be found on our website: www.bajajallianz.com/branch-locator.html</p> <p>Register your grievances / complaints on our website www.bajajallianz.com/about-us/customer-service.html</p> <p>c) E-mail</p> <ul style="list-style-type: none"> • Level 1: bagichelp@bajajallianz.co.in and for senior citizens to seniorcitizen@bajajallianz.co.in • Level 2: In case you are not satisfied with the response given to you at Level 1 you may write to our Grievance Redressal Officer at ggro@bajajallianz.co.in • Level 3: If in case, your grievance is still not resolved, and you wish to talk to our care specialist, please give a missed call on +91 8080945060 OR SMS To 575758 and our care specialist will call you back <p>d) If you are still not satisfied with the decision of the Insurance Company, you may approach the Insurance Ombudsman, established by the Central Government for redressal of grievance. Detailed process along with list of Ombudsman offices are available at www.cioins.co.in/ombudsman.html</p>	Section E 17
13	Things to remember	<p>Free Look Cancellation: Insured has an option of cancelling his/her policy up to 30 days from the first inception of policy with Us , subject to rest terms and conditions.</p> <p>Policy Renewal : Except on grounds of fraud , moral hazard or mis representation or non-co-operation, renewal of your policy shall not be denied</p> <p>Migration and Portability: At renewal Insured has an option to migrate his /her policy to other policy with us or port the policy to another insurer subject to terms and conditions specified under Migration and Portability guidelines For detailed guidelines on Migration and Portability, kindly refer the link https://irdai.gov.in/document-detail?documentId=393128 beneficiary will have the option to port the policy to other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any ,at least 45days before, but not earlier than 60days from the policy renewal date as per IRDAI guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed Insured beneficiary will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability</p> <p>Change in Sum Insured: sum insured can be changed (increased/decreased) only at the time of renewal subject to underwriting by the company. For increase in Sum insured , the waiting periods if any shall start afresh only for the enhance portion of the sum insured</p> <p>Moratorium period: After the expiry of Moratorium Period no health insurance policy shall be contestable except for proven fraud and permanent exclusions specified in the policy contract</p> <p>The moratorium would be applicable for the sum insured of the first policy and subsequently completion of 60 continuous months would be applicable from date of enhancement of sums insured only on the enhanced limits</p>	Section E7 Section E10 Section E11 Section E14 Section E16
14	Your Obligations	<p>Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement</p>	

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.

Bajaj Allianz General Insurance Co. Ltd.

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

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

Issuing Office:

**Declaration by policy holder**

I have read the above and confirm having noted the details

Place

Date:

Signature of Policy holder

Note:

Web link for downloading the product related documents

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