

HEALTH INFINITY**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	Health Infinity	
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)	Part I - Medical Expenses Section (Mandatory/Base Cover)	
		In-patient Hospitalization Treatment- Medical Expenses incurred due to admission to a Hospital for Illness or Accidental Bodily Injury, longer than 24 consecutive hours.	Section C.I.1
		Pre-Hospitalization - up to 60 days prior to date of admission in hospital	Section C.I.2
		Post-Hospitalization- up to 90 days from date of discharge from the hospital	Section C.I.3
		Road Ambulance – max. up to ₹ . 5000/- per hospitalization	Section C.I.4
		Day Care Procedures - Medical Expenses incurred due to admission to a Hospital for Illness or Accidental Bodily Injury, for duration less than 24 consecutive hours as listed on Annexure I in Policy wordings	Section C.I.5
		Preventive Health Check Up - Free Preventive Health check-up after block of every 3 continuous renewals of Health Infinity Policy with Us as per limits specified in policy wordings	Section C.I.6
		Modern Treatment Methods and Advancement in Technologies – Medical expenses incurred during admissible hospitalization, towards following procedures: a) Uterine Artery Embolization and HIFU b) Balloon Sinuplasty c) Deep Brain stimulation d) Oral chemotherapy e) Immunotherapy- Monoclonal Antibody to be given as injection f) Intra vitreal injections g) Robotic surgeries h) Stereotactic radio surgeries i) Bronchical Thermoplasty j) Vaporisation of the prostate (Green laser treatment or holmium laser treatment) k) IONM -(Intra Operative Neuro Monitoring) l) Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for hematological conditions to be covered	
6	Exclusions (What the policy does not cover)	Standard Exclusions applicable to all covers 1. Any hospital admission primarily for investigation diagnostic purpose (Excl04) 2. Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. (Excl05) 3. Obesity/Weight Control (Excl06) 4. Change-of-gender treatments (Excl07) 5. Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) etc. (Excl08)	Section D

		<p>6. Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports (Excl 09)</p> <p>7. Expenses for treatment arising from Insured committing or attempting to commit a breach of law with criminal intent. (Excl10)</p> <p>8. Excluded Providers (Excl11)</p> <p>9. Treatment for Alcoholism, drug or substance abuse. (Excl12)</p> <p>10. Treatments received in health hydros, nature cure clinics, etc. where admission is arranged wholly or partly for domestic reasons. (Excl 13)</p> <p>11. Dietary supplements and substances unless prescribed as part of hospitalization claim or day care procedure. (Excl14)</p> <p>12. Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries. (Excl15)</p> <p>13. Expenses related to any unproven treatment, services and supplies. (Excl16)</p> <p>14. Expenses related to sterility and infertility. (Excl17)</p> <p>15. Medical Treatment Expenses traceable to pregnancy and its complications. (Excl 18) (applicable to Silver plan only)</p> <p>General exclusions</p> <p>1. Cosmetic dental procedures unless due to Accidental Injury.</p> <p>2. Medical expenses where Inpatient care and medical supervision is not required</p> <p>3. War, invasion, acts of foreign enemies</p> <p>4. Any Medical expenses incurred due to Act of Terrorism will be covered under the Policy</p> <p>5. Circumcision unless required for the treatment of Illness or Accidental bodily injury,</p> <p>6. The cost of external durable medical equipment except Cost of Artificial Limbs, cost of prosthetic devices implanted during surgical procedure like Pacemaker, orthopedic implants, etc.etc.</p> <p>7. External medical equipment of any kind used at home as post Hospitalization</p> <p>8. Congenital external diseases or defects or anomalies, growth hormone therapy, stem cell implantation or surgery except for Hematopoietic stem cells for bone marrow transplant for hematological conditions.</p> <p>9. Intentional self-injury</p> <p>10. Vaccination or inoculation</p> <p>11. Treatment for any other system other than modern medicine (also known as Allopathy) and AYUSH therapies</p> <p>12. All non-medical Items as per Annexure II in policy wordings</p> <p>13. Any treatment received outside India</p>	
7	<p>Waiting Period</p> <ul style="list-style-type: none"> Time period during which specified disease/treatment are not covered It is counted from beginning of the policy coverage 	<p>Initial Waiting period: 30days for all illnesses (Not applicable in case of continuous renewal or accidents)</p> <p>Specific Waiting period: Applicable to Part I Medical Expenses Section (Mandatory/Base Cover) 24 Months Waiting period:</p> <ol style="list-style-type: none"> Any type gastrointestinal ulcers Cataracts, Any type of fistula Macular Degeneration Benign prostatic hypertrophy Hernia of all types All types of sinuses Fissure in ano Haemorrhoids, piles Hydrocele Dysfunctional uterine bleeding 	Section D- I.

		<p>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 with exception of Malignant tumor or growth 19. Parkinson's Disease 20. Alzheimer's Disease</p> <p>36 months waiting period 1. Joint replacement surgery 2. Surgery for vertebral column disorders (unless necessitated due to an accident) 3. Surgery to correct deviated nasal septum 4. Hypertrophied turbinate 5. Congenital internal diseases or anomalies 6. 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>Pre-existing diseases: 36 months</p>	
8	<p>Financial Limits of Coverage i. Sublimit (it is a pre defined limit and the insurance company will not pay any amount in excess of this limit) ii. Co-payment (it is a specified amount /percentage of the admissible claim amount to be paid by policy holder/insured) iii. Deductible (it is a specified amount: Upto which an insurance company will not pay any claim and</p>	<p>The policy will pay only up to the limits specified hereunder for the following diseases/procedures:</p> <p>Sub limits - Not applicable</p> <p>Co-payment - Not applicable</p> <p>Deductible – Not applicable</p> <p>Other Limits – 1. All Hospitalization expenses during the Policy period as per the Policy coverage, terms conditions, definitions & exclusions are covered upto 100 times the room rent limit. However if the claim approved amount exceeds 100 times the room rent limit opted (in a single claim or multiple claims) then a co -payment of 15%/20%/25% as opted would apply on the claim amount. The co-payment would apply on the claim amount exceeding 100 times of the room rent limit and not on the Complete claim. 2. The Maximum limit of indemnity for Listed Modern Treatments , specified in Annexure III, would be 100 times of the room rent limit. Claim amount exceeding 100 times of the room rent limit would be not be admissible under the policy</p>	Section E. 22

	Which will be deducted from total claim amount (if claim amount is more than the specified amount) iv. Any other limit (as applicable)		
9	Claims/claims procedure	<p>Cashless Claim process (applicable only for Hospitalization Expenses Section) Cashless treatment is only available at Network Hospitals</p> <ul style="list-style-type: none"> You or Your representative must intimate Us 48 hours before the planned Hospitalization and within 24 hours of emergency hospitalization and request pre-authorization by way of the written form We will review each claim for Medical Expenses, coverage and accordingly issue an authorization letter either to You or the Network Hospital. <p>Reimbursement claim process (Applicable for all sections)</p> <ul style="list-style-type: none"> Applicable for claims where treatment is taken at a Non network hospital OR If we have denied your claim as per Cashless Claims Procedure. You or Your representative must intimate Us 48 hours before the planned Hospitalization and within 48 hours of emergency hospitalization You or someone claiming on Your behalf must promptly and in any event within 30 days of discharge from a Hospital give Us the documentation In the event of the death of the insured person, someone claiming on his behalf must inform Us in writing immediately and send Us a copy of the post mortem report (if any) within 30 days. The Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document. <p>Turnaround time(TAT) for claim settlement (Applicable only for Hospitalization Expenses Section)</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 <p>TAT for cashless final bill authorization: Within 120 Mins</p> <p>Weblinks Network hospital and Black listed hospital list https://www.bajajallianz.com/branch-locator.html</p> <p>Helpline numbers Tollfree: 1800-103-2529</p> <p>Downloading /getting claim forms Health Insurance Claim Process Accident Insurance Claim (bajajallianz.com)</p>	Section E 33. A & B
10	Policy Servicing	<p>Call centre number(Toll free): 1800-209-5858</p> <p>Details of Company officials: Branch-wise GRO details can be found on the below link.</p>	

		https://www.bajajallianz.com/download-documents/other-information/GRO-List.pdf	
11	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 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
12	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 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</p> <p>Change in Sum Insured: sum insured can be changed (increased/decreased) only at the time of renewal subject to underwriting by the company. For increase in Sum insured , the waiting periods if any shall start afresh only for the enhance portion of the sum insured</p> <p>Moratorium period: After the expiry of Moratorium Period no health insurance policy shall be contestable except for proven fraud and permanent exclusions specified in the policy contract The moratorium would be applicable for the sum insured of the first policy and subsequently completion of 60 continuous months would be applicable from date of enhancement of sums insured only on the enhanced limits</p>	Section E

Bajaj Allianz General Insurance Co. Ltd.

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



13	Your Obligations	Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement Disclosure of other material information during the policy period.	
Legal Disclaimer Note: The information must be read in conjunction with the product brochure and policy document. In case of any conflict between the CIS and the policy document, the terms and conditions mentioned in the policy document shall prevail.			

Declaration by policy holder

I have read the above and confirm having noted the details

Place

Date:

Signature of Policy holder

Note: Web link for downloading the product related documents

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

EXTRA CARE PLUS

CUSTOMER INFORMATION SHEET

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

Sl No	Title	Description	Policy Clause Number
1	Name of Insurance Product	EXTRA CARE PLUS	
2	Policy Number	Kindly refer to Your Policy schedule	
3	Type of Insurance	Kindly refer to Your Policy schedule	
4	Sum Insured (Basis)	Kindly refer to Your Policy schedule	
5	Policy Coverage (What the Policy Covers)	<p>Coverages</p> <p>Medical Expenses</p> <ol style="list-style-type: none"> In patient Hospitalization expenses in excess of the aggregate deductible, incurred due to admission to a Hospital for Illness or Accidental Bodily Injury, longer than 24 consecutive hours. Pre-Hospitalization - up to 60 days prior to date of admission in hospital Post-Hospitalization- up to 90 days from date of discharge from the hospital Day Care Treatment - Medical Expenses in excess of the aggregate deductible, incurred due to admission to a Hospital for Illness or Accidental Bodily Injury, for duration less than 24 consecutive hours as listed on Annexure I in Policy wordings Modern Treatment Methods and Advancement in Technologies – Medical expenses incurred during admissible hospitalization, towards following procedures: <ol style="list-style-type: none"> Uterine Artery Embolization and HIFU Balloon Sinuplasty Deep Brain stimulation Oral chemotherapy Immunotherapy- Monoclonal Antibody to be given as injection Intra vitreal injections Robotic surgeries Stereotactic radio surgeries Bronchical Thermoplasty Vaporisation of the prostate (Green laser treatment or holmium lasertreatment) IONM -(Intra Operative Neuro Monitoring) Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for hematological conditions to be covered <p>Maternity Expenses - Medical expenses towards pregnancy (delivery/termination) subject to the specified sub-limit, limited to maximum 2 deliveries or termination(s)</p> <p>Ambulance Expense - max. up to ₹ 3,000/- per Hospitalization</p> <p>Organ Donor Expenses - Medical expenses incurred towards organ donor's treatment for harvesting of the donated organ</p> <p>Free Medical Check Up – Free Preventive Health check up at the end of every 3 continuous policy years as per limits specified in policy wordings</p> <p>Optional Coverages</p> <p>Air Ambulance Cover - Ambulance transportation in an airplane or helicopter for rapid transportation from the site of first occurrence of the illness / accident to the nearest hospital during policy period which directly</p>	<p>Section C I</p> <p>Section C.I.1</p> <p>Section C.I.2</p> <p>Section C.I.3</p> <p>Section C.I.4</p> <p>Section C.I.5</p> <p>Section C. II</p> <p>Section C. II.1</p>

		and independently of all other causes results in emergency life threatening health conditions, subject to a maximum limit as specified	
6	Exclusions (What the policy does not cover)	<p>General Exclusions</p> <p>Standard Exclusions</p> <ol style="list-style-type: none"> Any hospital admission primarily for investigation diagnostic purpose (Excl04) Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. (Excl05) Obesity/Weight Control (Excl06) Change-of-gender treatments (Excl07) Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) etc. (Excl08) Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports (Excl 09) Expenses for treatment arising from Insured committing or attempting to commit a breach of law with criminal intent. (Excl10) Excluded Providers (Excl11) Treatment for Alcoholism, drug or substance abuse. (Excl12) Treatments received in health spas, nature cure clinics, etc. where admission is arranged wholly or partly for domestic reasons. (Excl 13) Dietary supplements and substances unless prescribed as part of hospitalization claim or day care procedure. (Excl14) Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries. (Excl15) Expenses related to any unproven treatment, services and supplies. (Excl16) Expenses related to sterility and infertility. (Excl17) <p>Specific Exclusions</p> <ol style="list-style-type: none"> Claim(s) amount falling within Aggregate Deductible limit as opted and mentioned on the policy schedule Any Medical Expenses of the new born baby Dental treatment or surgery of any kind unless requiring hospitalisation and as a result of accidental Bodily Injury to natural teeth. The cost of spectacles, contact lenses, hearing aids, crutches etc War, invasion, acts of foreign enemies Circumcision unless required for the treatment of Illness or Accidental bodily injury External medical equipment of any kind used at home as post-hospitalization Intentional self-injury Vaccination or inoculation All non-medical Items as per Annexure II in policy wordings Any treatment received outside India Treatment for any other system other than modern medicine (also known as Allopathy) Venereal disease or any sexually transmitted disease or sickness. Congenital external diseases or defects or anomalies, growth hormone therapy, stem cell implantation or surgery except for Hematopoietic stem cells for bone marrow transplant for hematological conditions. 	Section D. II, IV
7	Waiting Period • Time period during which specified	<p>Initial Waiting period: 30days for all illnesses (Not applicable in case of continuous renewal or accidents)</p> <p>Specific Waiting period: 12 months waiting period</p>	Section D- I.

	disease/treatment are not covered • It is counted from beginning of the policy coverage	<table><tr><td>1. Any types of gastric or duodenal ulcers</td><td>2. Benign prostatic hypertrophy</td></tr><tr><td>3. All types of sinuses</td><td>4. Haemorrhoids</td></tr><tr><td>5. Dysfunctional uterine bleeding</td><td>6. Endometriosis</td></tr><tr><td>7. Stones in the urinary and biliary systems</td><td>8. Surgery on ears / tonsils / adenoids /paranasal sinuses</td></tr><tr><td>9. Surgery for intervertebral disc disorders</td><td>10.Cataracts</td></tr><tr><td>11.Hernia of all types</td><td>12.Fistulae, Fissure in ano</td></tr><tr><td>13.Hydrocele</td><td>14.Fibromyoma</td></tr><tr><td>15.Hysterectomy</td><td>16.Surgery for any skin ailment</td></tr><tr><td>17.Surgery on all internal or external tumours / cysts/ nodules/ polyps of any kind including breast lumps with exception of Malignant tumor or growth.</td><td>18.All Joint Replacement surgeries</td></tr><tr><td>19.Internal Congenital</td><td></td></tr></table> <p>Pre-existing diseases: 12 months</p> <p>Waiting Period for Maternity Expenses - 12 months continuous period has elapsed since the inception of the first Extra Care Plus with Us</p>	1. Any types of gastric or duodenal ulcers	2. Benign prostatic hypertrophy	3. All types of sinuses	4. Haemorrhoids	5. Dysfunctional uterine bleeding	6. Endometriosis	7. Stones in the urinary and biliary systems	8. Surgery on ears / tonsils / adenoids /paranasal sinuses	9. Surgery for intervertebral disc disorders	10.Cataracts	11.Hernia of all types	12.Fistulae, Fissure in ano	13.Hydrocele	14.Fibromyoma	15.Hysterectomy	16.Surgery for any skin ailment	17.Surgery on all internal or external tumours / cysts/ nodules/ polyps of any kind including breast lumps with exception of Malignant tumor or growth.	18.All Joint Replacement surgeries	19.Internal Congenital		
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8	Financial Limits of Coverage i.Sublimit (it is a predefined limit and the insurance company will not pay any amount in excess of this limit) ii.Co-payment (it is a specified amount /percentage of the admissible claim amount to be paid by policy holder/ insured) iii.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) iv.Any other limit (as applicable)	<p>The policy will pay only up to the limits specified hereunder for the following diseases/procedures:</p> <p>Sub limits - Road Ambulance - max. up to ₹ 3,000/- per Hospitalization</p> <p>Co-payment – Not Applicable</p> <p>Deductible – Any claim under this policy shall be payable by the Company only if the aggregate of covered Reasonable Medical Expenses during the policy period exceeds the aggregate deductible limit provided in the Policy Schedule, subject to a maximum of Sum Insured.</p> <p>Other Limits – Not Applicable</p>	<p>Section C.I.3</p> <p>Section C</p>																				

9	Claims/claims procedure	<p>Cashless Claim process Cashless treatment is only available at Network Hospitals</p> <ul style="list-style-type: none"> You or Your representative must intimate Us 72 hours before the planned Hospitalization and within 24 hours of emergency hospitalization and request pre-authorization by way of the written form We will review each claim for Medical Expenses, coverage and accordingly issue an authorization letter either to You or the Network Hospital. <p>Reimbursement claim process</p> <ul style="list-style-type: none"> Applicable for claims where treatment is taken at a Non network hospital OR If we have denied your claim as per Cashless Claims Procedure. You or Your representative must intimate Us 48 hours before the planned Hospitalization and within 48 hours of emergency hospitalization You or someone claiming on Your behalf must promptly and in any event within 30 days of discharge from a Hospital give Us the documentation The Company shall settle or reject the claim within 45days from the date of receipt of last necessary document. <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 numbers Tollfree: 1800-103-2529</p> <p>Downloading /getting claim forms Health Insurance Claim Process Accident Insurance Claim (bajajallianz.com)</p>	Section E 30 a. b.
10	Policy Servicing	<p>Call centre number(Toll free): 1800-209-5858</p> <p>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</p>	
11	Grievances /Complaints	<p>Grievance Redressal Procedure:</p> <ol style="list-style-type: none"> Toll-free number 1-800-209- 5858 or 020-30305858, Say “Hi” on WhatsApp on +91 7507245858 Branches for resolution of your grievances /complaints, the Branch details can be found on our website: www.bajajallianz.com/branch-locator.html Register your grievances / complaints on our website: www.bajajallianz.com/about-us/customer-service.html E-mail <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 	Section E.17

		<ul style="list-style-type: none"> • 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 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 	
12	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 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</p> <p>Change in Sum Insured: sum insured can be changed (increased/decreased) only at the time of renewal subject to underwriting by the company. For increase in Sum insured , the waiting periods if any shall start afresh only for the enhance portion of the sum insured</p> <p>Moratorium period: After the expiry of Moratorium Period no health insurance policy shall be contestable except for proven fraud and permanent exclusions specified in the policy contract The moratorium would be applicable for the sum insured of the first policy and subsequently completion of 60 continuous months would be applicable from date of enhancement of sums insured only on the enhanced limits</p>	Section E
13	Your Obligations	<p>Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement</p> <p>Disclosure of other material information during the policy period.</p>	
<p>Legal Disclaimer Note: The information must be read in conjunction with the product brochure and policy document. In case of any conflict between the CIS and the policy document, the terms and conditions mentioned in the policy document shall prevail.</p>			

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>

Bajaj Allianz General Insurance Co. Ltd.

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

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

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

Issuing Office:

**Benefit Illustration in respect of Policies offered on Individual & Family Floater basis**

0	Coverage opted on Individual Basis covering each member of the family separately (at a single point in time)		Coverage opted on individual basis covering multiple members of the family under as single policy (Sum Insured is available for each member of the family)				Coverage opted on floater basis with overall Sum Insured (Only one sum insured is available for the entire family)			
	Premium (for zone A)	Sum Insured	Premium (for zone A)	Discount	Premium after discount	Sum Insured	Premium or consolidated premium for all members of family (for Zone A)	Floater discount if any	Premium after discount	Sum Insured/Deductible
55	NA	NA	NA	NA	NA	NA	7,525	NA		1,000,000/500,000
50	NA	NA	NA	NA	NA	NA				
20	NA	NA	NA	NA	NA	NA				
18	NA	NA	NA	NA	NA	NA				
NA			NA				Total premium when policy is opted on floater basis is Rs 7,525 (No discount applicable)			
NA			NA				Sum Insured/Deductible of Rs 1,000,000/500,000 is available for the entire family			
Note: Premium rates specified in the above illustration shall be standard premium rates without considering any loading. Also, the premium rates shall be exclusive of taxes applicable.										

HEALTH GUARD**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	Health Guard	
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)	In-patient Hospitalization Treatment - Medical Expenses incurred due to admission to a Hospital for Illness or Accidental Bodily Injury, longer than 24 consecutive hours.	Section C1
		Pre-Hospitalization - up to 60 days prior to date of admission in hospital	Section C2
		Post-Hospitalization- up to 90 days from date of discharge from the hospital	Section C3
		Road Ambulance - max. up to ₹ 20,000/- per Policy Year	Section C4
		Day Care Procedures - Medical Expenses incurred due to admission to a Hospital for Illness or Accidental Bodily Injury, for duration less than 24 consecutive hours as listed on Annexure I in Policy wordings	Section C5
		Organ Donor Expenses - Medical expenses incurred towards organ donor's treatment for harvesting of the donated organ	Section C6
		Convalescence Benefit – Lumpsum pay-out in case Insured's admissible Hospitalization exceeding 10 consecutive days	Section C7
		Daily Cash Benefit for Accompanying an Insured Child - Daily Cash Benefit of ₹ 500/day max up to 10 days per Policy Year for hospitalization of minor (under age of 12 years)	Section C8
		Sum Insured Reinstatement Benefit – in case Sum Insured and Cumulative Bonus or Super Cumulative Bonus (if any) is exhausted during the Policy Year, then the base Sum Insured will be restored one time	Section C9
		Preventive Health Check Up – Free Preventive Health check up at the end of every 3 continuous policy years as per limits specified in policy wordings	Section C10
		Bariatric Surgery Cover - In patient Hospitalization medical expenses for undergoing bariatric surgery Eligibility (age 18 years and older): 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	Section C11
		Wellness Benefits - wellness discount subject to Insured fulfilling the mentioned criteria during the preceding Policy Year.	Section C12
		AYUSH Hospitalization Expenses - Hospital admission longer than 24 consecutive hours in a recognised AYUSH Hospital	Section C13
Covers Applicable for Gold and Platinum Plan only			

		Maternity Expenses - Medical expenses towards pregnancy (delivery/termination) subject to the specified sub-limit, limited to maximum 2 deliveries or termination(s)	Section C14
		New Born Baby Cover - Coverage for new born baby within the limit of the Sum Insured available under the Maternity Expenses section will be considered subject to a claim being accepted within the limit of the Sum Insured available under the Maternity Expenses section, subject to Maternity claim being accepted by Us.	Section C15
		Covers Applicable for Platinum Plan only	
		Recharge Benefit – 20% increase in Base Sum insured max up to ₹ 5 Lacs SI ,In event of claim amount exceeding the limit of indemnity	Section C17
		Optional Cover Air Ambulance (available for SI 5Lacs and above) Cost incurred on ambulance transportation in an airplane or helicopter for Emergency life threatening health conditions which require immediate and rapid ambulance transportation from the site of first occurrence of the Illness /Accident to the nearest Hospital.	Section C18
		Voluntary Aggregate Deductible We shall pay Reasonable & Customary Medical Expenses in respect of an admissible Hospitalization claim in excess of the Annual Aggregate Deductible limit Rs. 50000 /Rs.100000 /Rs.200000 /Rs.300000 opted, subject to the Inpatient Hospitalization Treatment section sum insured	Section C19
6	Cumulative Bonus	Silver and Gold Plans - 10% increase in base sum insured per claim free policy Year limited to 10 years and 100% of base Sum Insured of first "Health Guard" policy with Us	Section E 24
		Platinum Plan Super Cumulative Bonus – 50% increase in base sum insured per claim free policy Year for first 2 years and later 10% of base Sum Insured per claim free policy year for next 5 years, Max up to 150% base Sum insured	Section C16
7	Exclusions (What the policy does not cover)	EXCLUSIONS Standard Exclusions <ul style="list-style-type: none"> Any hospital admission primarily for investigation diagnostic purpose (Excl04) Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. (Excl05) Obesity/Weight Control (Excl06) – Change-of-gender treatments (Excl07) Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) etc. (Excl08) Expenses for treatment arising from Insured committing or attempting to commit a breach of law with criminal intent. (Excl10) Treatment for Alcoholism, drug or substance abuse. (Excl12) Treatments received in health hydros, nature cure clinics, etc. where admission is arranged wholly or partly for domestic reasons. (Excl 13) Dietary supplements and substances unless prescribed as part of hospitalization claim or day care procedure. (Excl14) Excluded Providers (Excl11)(Treatments received in health hydros etc., arranged wholly or partly for domestic reasons. (Excl13) Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries. (Excl15) Expenses related to any unproven treatment, services and supplies. (Excl16) Expenses related to sterility and infertility. (Excl17) Medical Treatment Expenses traceable to pregnancy and its complications. (Excl 18) (applicable to Silver plan only) 	Standard Exclusions Section D II & Specific Exclusion DII

		<p>Specific Exclusions</p> <ol style="list-style-type: none">1. Cosmetic dental procedures unless due to Accidental Injury.2. Medical expenses where Inpatient care and medical supervision is not required3. War, invasion, acts of foreign enemies4. The cost of external durable medical equipment except Cost of Artificial Limbs, cost of prosthetic devices implanted during surgical procedure like Pacemaker, orthopaedic implants, etc.5. External medical equipment of any kind used at home as post Hospitalization6. Congenital external diseases or defects or anomalies, growth hormone therapy, stem cell implantation or surgery except for Hematopoietic stem cells for bone marrow transplant for hematological conditions.7. Intentional self-injury8. Vaccination or inoculation9. All non-medical Items as per Annexure II in policy wordings10. Any treatment received outside India11. Circumcision unless required for the treatment of Illness or Accidental bodily injury.																													
8	<p>Waiting Period</p> <p>Time period during which specified disease/treatment are not covered It is counted from beginning of the policy coverage</p>	<p>Initial Waiting period: 30 days for all illnesses</p> <p>Specific Waiting period: 24 months for below listed procedures</p> <table><tr><td>1. Any type gastrointestinal ulcers</td><td>2. Cataracts,</td></tr><tr><td>3. Any type of fistula</td><td>4. Macular Degeneration</td></tr><tr><td>5. Benign prostatic hypertrophy</td><td>6. Hernia of all types</td></tr><tr><td>7. All types of sinuses</td><td>8. Fissure in Ano</td></tr><tr><td>9. Hemorrhoids, piles</td><td>10. Hydrocele</td></tr><tr><td>11. Dysfunctional uterine bleeding</td><td>12. Fibromyoma</td></tr><tr><td>13. Endometriosis</td><td>14. Hysterectomy</td></tr><tr><td>15. Uterine Prolapse</td><td>16. Stones in the urinary and biliary systems</td></tr><tr><td>17. Surgery on ears/tonsils/adenoids/ paranasal sinuses</td><td>18. Surgery on all Non-malignant internal or external tumours /cysts/ nodules/ polyps of any kind including breast lumps.</td></tr><tr><td>19. Mental Illness</td><td>20. Diseases of gall bladder including cholecystitis</td></tr><tr><td>21. Pancreatitis</td><td>22. All forms of Cirrhosis</td></tr><tr><td>23. Gout and rheumatism</td><td>24. Tonsillitis</td></tr><tr><td>25. Surgery for varicose veins and varicose ulcers</td><td>26. Chronic Kidney Disease</td></tr><tr><td>27. Alzheimer's Disease</td><td></td></tr></table> <p>36 months – for below listed procedures</p> <ol style="list-style-type: none">1. Joint replacement surgery,2. Surgery for vertebral column disorders (unless necessitated due to an accident)3. Surgery to correct deviated nasal septum4. Hypertrophied turbinate5. Congenital internal diseases or anomalies6. Treatment for correction of eye sight due to refractive error recommended by Ophthalmologist for medical reasons with refractive error greater or equal to 7.57. Bariatric Surgery8. Parkinson's Disease9. Genetic disorders	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. Hemorrhoids, 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 Non-malignant 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. Tonsillitis	25. Surgery for varicose veins and varicose ulcers	26. Chronic Kidney Disease	27. Alzheimer's Disease		<p>Standard Exclusions Section D- I.</p>
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		<p>Pre-existing diseases waiting period: 36 months</p> <p>Waiting Period for Maternity Expenses (Applicable only for Gold and Platinum Plan) 72 months is applicable for Maternity claims since the inception of the first Health Guard Policy with Us.</p>																																									
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 admissible claim amount to be paid by policy holder/insured)</p> <p>.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)</p> <p>.Any other limit (as applicable)</p>	<p>The policy will pay only up to the limits specified hereunder for the following diseases/procedures:</p> <p>Sub limits</p> <table><tr><th>Plan/Covers</th><th>Limit/Category</th></tr><tr><td>Room Rent Limit **</td><td></td></tr><tr><td>Silver Plan</td><td>1% of SI per Day</td></tr><tr><td>Gold & Platinum Plans (SI ₹ 3 - ₹7.5L)</td><td>Single Private AC room</td></tr><tr><td>Gold & Platinum Plans (SI ₹10 Lacs & Above)</td><td>At Actuals</td></tr><tr><td>Cataract Limit</td><td>20% of SI for each eye, max up to ₹1,00,000/-</td></tr><tr><td>Bariatric Surgery</td><td>Silver Plan 25% Gold and Platinum Plans - 50% of SI max up to ₹5 lac</td></tr><tr><td>Air Ambulance (Optional)</td><td><table><tr><th>SI</th><th>AA limit</th></tr><tr><td>5L to 10L</td><td>5L</td></tr><tr><td>15L to 45 L</td><td>5L/10L/15 L/20 L/25L</td></tr><tr><td>50L to 1 Cr</td><td>5L/10L/15 L/20 L/25L/50 L</td></tr></table></td></tr></table> <p>** Proportionate deduction shall be applicable on all expenses other than cost of Pharmacy/medicines, consumables, implants, medical devices & diagnostics in case of admission to a room at rates exceeding the limit specified as per Sum insured and Plan opted.</p> <p>Co payments</p> <table><tr><th>Co-payment</th><th>Limit</th></tr><tr><td>Voluntary co-payment</td><td>10%/ 20% of admissible claim amount</td></tr><tr><td>Zone Co-payment</td><td>20% on admissible claim amount, in case Zone C premiums paid but treatment taken at Zone A city 5% on admissible claim amount, in case Zone C premiums paid but treatment taken is at Zone B city</td></tr></table> <p>Deductible</p> <table><tr><th>Deductible</th><th>options</th></tr><tr><td>Voluntary Deductible</td><td>Rs. 50000 /Rs.100000 /Rs.200000 /Rs.300000</td></tr></table> <p>Other Limits: The limits against the covers mentioned below are over and above the In-patient Hospitalisation sum insured</p> <table><tr><th>Name of Limit</th><th>Limit</th></tr><tr><td>Convalescence Benefit (per PolicyYear)</td><td>• Silver Plan - Rs.5,000 • Gold and Platinum Plan - ₹5,000 for Sum Insured up to ₹5 lacs - ₹7,500 for Sum Insured ₹7.5lacs and above</td></tr><tr><td>Daily Cash Benefit for Accompanying an</td><td>₹500 per day maximum up to 10 days</td></tr></table>	Plan/Covers	Limit/Category	Room Rent Limit **		Silver Plan	1% of SI per Day	Gold & Platinum Plans (SI ₹ 3 - ₹7.5L)	Single Private AC room	Gold & Platinum Plans (SI ₹10 Lacs & Above)	At Actuals	Cataract Limit	20% of SI for each eye, max up to ₹1,00,000/-	Bariatric Surgery	Silver Plan 25% Gold and Platinum Plans - 50% of SI max up to ₹5 lac	Air Ambulance (Optional)	<table><tr><th>SI</th><th>AA limit</th></tr><tr><td>5L to 10L</td><td>5L</td></tr><tr><td>15L to 45 L</td><td>5L/10L/15 L/20 L/25L</td></tr><tr><td>50L to 1 Cr</td><td>5L/10L/15 L/20 L/25L/50 L</td></tr></table>	SI	AA limit	5L to 10L	5L	15L to 45 L	5L/10L/15 L/20 L/25L	50L to 1 Cr	5L/10L/15 L/20 L/25L/50 L	Co-payment	Limit	Voluntary co-payment	10%/ 20% of admissible claim amount	Zone Co-payment	20% on admissible claim amount, in case Zone C premiums paid but treatment taken at Zone A city 5% on admissible claim amount, in case Zone C premiums paid but treatment taken is at Zone B city	Deductible	options	Voluntary Deductible	Rs. 50000 /Rs.100000 /Rs.200000 /Rs.300000	Name of Limit	Limit	Convalescence Benefit (per PolicyYear)	• Silver Plan - Rs.5,000 • Gold and Platinum Plan - ₹5,000 for Sum Insured up to ₹5 lacs - ₹7,500 for Sum Insured ₹7.5lacs and above	Daily Cash Benefit for Accompanying an	₹500 per day maximum up to 10 days	Section E 23
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10	Claims/claims procedure	<p>Cashless Claim process Cashless treatment is only available at Network Hospitals</p> <ul style="list-style-type: none">You or Your representative must intimate Us 48 hours before the planned Hospitalization and within 24 hours of emergency hospitalization and request pre-authorization by way of the written formWe will review each claim for Medical Expenses, coverage and accordingly issue an authorisation letter either to You or the Network Hospital. <p>Reimbursement claim process</p> <ul style="list-style-type: none">Applicable for claims where treatment is taken at a Non network hospital OR If we have denied your claim as per Cashless Claims Procedure.You or Your representative must intimate Us 48 hours before the planned Hospitalization and within 48 hours of emergency hospitalizationYou or someone claiming on Your behalf must promptly and in any event within 30 days of discharge from a Hospital give Us the documentationThe Company shall settle or reject the claim within 45days from the date of receipt of last necessary document. <p>You or someone claiming on Your behalf must promptly and in any event within 30 days of discharge from a Hospital give Us the documentation listed out in policy wordings and any additional information We ask, for Our obligation to make payment for it.</p> <p>Turnaround time(TAT) for claim settlement:</p> <ol style="list-style-type: none">Turnaround time (TAT) for claim settlement: 30 Working DaysTAT for preauthorization of cashless facility: Within 120 MinsTAT 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 33 A & B						
11	Policy Servicing	<p>Call centre number(Toll free): 1800-209-5858</p> <p>Details of Company officials: Branch-wise GRO details can be found on the below link.</p>							

		https://www.bajajallianz.com/download-documents/other-information/GRO-List.pdf	
12	Grievances /Complaints	<p>Grievance Redressal Procedure:</p> <ol style="list-style-type: none"> Toll-free number 1-800-209- 5858 or 020-30305858, Say "Hi" on WhatsApp on +91 7507245858 Branches for resolution of your grievances /complaints, the Branch details can be found on our website: www.bajajallianz.com/branch-locator.html Register your grievances / complaints on our website www.bajajallianz.com/about-us/customer-service.html E-mail <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 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 	Section E 16
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 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</p> <p>Change in Sum Insured: sum insured can be changed (increased/decreased) only at the time of renewal subject to underwriting by the company. For increase in Sum insured, the waiting periods if any shall start afresh only for the enhance portion of the sum insured</p> <p>Moratorium period: After the expiry of Moratorium Period no health insurance policy shall be contestable except for proven fraud and permanent exclusions specified in the policy contract. The moratorium would be applicable for the sum insured of the first policy and subsequently completion of 60 continuous months would be applicable from date of enhancement of sums insured only on the enhanced limits</p>	Section D
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.

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>

Benefit Illustration in respect of Policies offered on Individual & Family Floater basis

Age of the members to be insured	Coverage opted on Individual Basis covering each member of the family separately (at a single point in time)		Coverage opted on individual basis covering multiple members of the family under as single policy (Sum Insured is available for each member of the family)				Coverage opted on floater basis with overall Sum Insured (Only one sum insured is available for the entire family)			
	Premium (for zone A)	Sum Insured	Premium (for zone A)	Discount	Premium after discount	Sum Insured	Premium or consolidated premium for all members of family (for Zone A)	Floater discount if any	Premium after discount	Sum Insured
45	17,653	300,000	17,653	15%	15,005	300,000	31,751	NA		300,000
40	14,805	300,000	14,805	15%	12,584	300,000				
21	11,244	300,000	11,244	15%	9,557	300,000				
18	6,894	300,000	6,894	15%	5,860	300,000				
Total Premium (for Zone A) for all members of the family is Rs 50,596 , when each member is covered separately (no discount applicable).			Total Premium (for Zone A) for all members of the family is Rs 43006 , when they are covered under a single policy. (Family Discount Applicable).				Total premium (for Zone A) when policy is opted on floater basis is Rs 31,751 (no discount applicable).			
Sum Insured available for each individual is Rs 300,000			Sum Insured available for each family member is Rs 300,000				Sum Insured of Rs 300,000 is available for the entire family			
Note: Premium rates specified in the above illustration shall be standard premium rates without considering any loading. Also, the premium rates shall be exclusive of taxes applicable.										

CRITICAL ILLNESS INSURANCE

CUSTOMER INFORMATION SHEET

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

Sl No	Title	Description	Policy Clause Number												
1	Name of Insurance Product	CRITICAL ILLNESS INSURANCE													
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)	<div>Coverages</div> <div>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 lump sum Critical Illness Benefit, for conditions specified in table below:</div> <table><tr><td>1. Myocardial Infarction (First Heart Attack of specific severity)</td></tr><tr><td>2. Open Chest CABG</td></tr><tr><td>3. Stroke Resulting in Permanent Symptoms</td></tr><tr><td>4. Cancer of Specified Severity</td></tr><tr><td>5. Kidney Failure Requiring Regular Dialysis</td></tr><tr><td>6. Major Organ Transplantation</td></tr><tr><td>7. Multiple Sclerosis with Persisting Symptoms</td></tr><tr><td>8. Surgery of Aorta</td></tr><tr><td>9. Primary (Idiopathic) Pulmonary Hypertension</td></tr><tr><td>10. Permanent Paralysis of Limbs</td></tr><tr><td>11. Neuro Surgery</td></tr><tr><td>12. Joint Replacement</td></tr></table>	1. Myocardial Infarction (First Heart Attack of specific 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 Transplantation	7. Multiple Sclerosis with Persisting Symptoms	8. Surgery of Aorta	9. Primary (Idiopathic) Pulmonary Hypertension	10. Permanent Paralysis of Limbs	11. Neuro Surgery	12. Joint Replacement	Section C
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11. Neuro Surgery															
12. Joint Replacement															
6	Exclusions (What the policy does not cover)	<div>Specific Exclusions</div> <div>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,</div> <div>2. Any sexually transmitted diseases or any condition directly or indirectly caused by or associated with Human T-Cell Lymphotropic Virus type III etc.</div> <div>3. Treatment arising from or traceable to pregnancy etc.</div> <div>4. Occupational diseases.</div> <div>5. War, invasion, acts of foreign enemies, civil war, insurrection, terrorism etc</div> <div>6. Naval or military operations of the armed forces or airforce and participation in operations etc.</div> <div>7. Any natural peril (including but not limited to storm, tempest, avalanche, earthquake, volcanic eruptions, hurricane).</div> <div>8. Radioactive contamination.</div> <div>9. Consequential losses of any kind, loss of gain, business interruption, market loss etc.</div> <div>10.Intentional self-injury and/or the use or misuse of intoxicating drugs and/or alcohol.</div>	Section D												

7	Waiting Period Time period during which specified disease/treatment are not covered	Initial Waiting period: Any Critical Illness diagnosed within the first 90 days of the date of commencement of the first Policy with Us Survival Period: Insured should survive for 30 days as mentioned in the policy schedule from the diagnosis and fulfilment of the critical illness definition before the claim benefit will be paid	Section D Section C
8	Financial Limits of Coverage i. Sublimit (it is a pre defined limit and the insurance company will not pay any amount in excess of this limit) ii. Co-payment (it is a specified amount /percentage of the admissible claim amount to be paid by policy holder/insured) iii. 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))	The policy will pay only up to the limits specified hereunder for the following diseases/procedures: Sub limits : Not Applicable Co-payment : Not Applicable Deductible – Not applicable	

	iv. Any other limit (as applicable)		
9	Claims/claims procedure	<p>Claim Procedure</p> <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. Claim documents to be submitted</p> <p>Turnaround time(TAT) for claim settlement: 1. Turnaround time (TAT) for claim settlement: 30 Working Days</p> <p>Helpline numbers Tollfree: 1800-103-2529</p> <p>Downloading /getting claim forms Health Insurance Claim Process Accident Insurance Claim (bajajallianz.com)</p>	Section E 24.
10	Policy Servicing	<p>Call centre number(Toll free): 1800-209-5858</p> <p>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</p>	
11	Grievances /Complaints	<p>Grievance Redressal Procedure:</p> <ol style="list-style-type: none"> Toll-free number 1-800-209- 5858 or 020-30305858, Say "Hi" on WhatsApp on +91 7507245858 Branches for resolution of your grievances /complaints, the Branch details can be found on our website: www.bajajallianz.com/branch-locator.html Register your grievances / complaints on our website: www.bajajallianz.com/about-us/customer-service.html E-mail <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 If you are still not satisfied with the decision of the Insurance Company, you may approach the Insurance Ombudsman, established by the Central 	Section E.12

		Government for redressal of grievance. Detailed process along with list of Ombudsman offices are available at www.cioins.co.in/ombudsman.html	
12	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 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</p> <p>Change in Sum Insured: sum insured can be changed (increased/decreased) only at the time of renewal subject to underwriting by the company. For increase in Sum insured , the waiting periods if any shall start afresh only for the enhance portion of the sum insured</p> <p>Moratorium period: After the expiry of Moratorium Period no health insurance policy shall be contestable except for proven fraud and permanent exclusions specified in the policy contract The moratorium would be applicable for the sum insured of the first policy and subsequently completion of 60 continuous months would be applicable from date of enhancement of sums insured only on the enhanced limits</p>	Section E
13	Your Obligations	<p>Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement</p> <p>Disclosure of other material information during the Policy Period.</p>	
<p>Legal Disclaimer Note: The information must be read in conjunction with the product brochure and policy document. In case of any conflict between the CIS and the policy document, the terms and conditions mentioned in the policy document shall prevail.</p>			

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>