



GENERAL

BAJAJ

CARINGLY YOURS



Bajaj General
HOSPITAL CASH DAILY ALLOWANCE

***COMPLETE HEALTH PROTECTION FOR
YOU AND FAMILY***



About Bajaj General Insurance Limited

(formerly known as Bajaj Allianz General Insurance Co. Ltd.)

Bajaj General Insurance Limited (formerly known as Bajaj Allianz General Insurance Company Limited) is one of India's leading, most trusted and dynamic private general insurance companies. It is a subsidiary of Bajaj Finserv Limited, India's leading and most diversified financial services group.

Bajaj General offers a broad portfolio of innovative and customer-focused insurance solutions, spanning motor, health, and home insurance, along with specialised products such as pet insurance, wedding insurance, event protection, cyber insurance, and rural insurance. From safeguarding your health and home to protecting your travels and life's most important moments, Bajaj General aims to be a constant partner in your journey. Bajaj General equally offers a comprehensive and a well-diversified range of products, including fire, marine, engineering, liability and surety insurance to corporates and SME's. The company also participates in various government schemes with a focus on financial inclusion. The company is also known for its robust risk selection capabilities, digital adoption and product innovation.

Established in 2001, the company has grown its footprint to nearly 1,500 towns and cities across India, ensuring easy access and a close connection to its customers. This access is enabled through the largest distribution network, spanning across individual agents, point-of-sales personnel, banks, NBFCs, motor dealers, brokers and the company's proprietary sales force.

It holds an [ICRA]AAA rating from ICRA Limited, reflecting the highest level of confidence in its financial strength and stability. With a strong legacy, a forward-looking mindset, and an unwavering focus on its 'Customer-First' philosophy, Bajaj General remains committed to protecting what matters most, empowering individuals, families, and businesses to live with confidence and peace of mind.

The Bajaj General Advantage



HAT : In-house Claim Administration



Global expertise



Premium paid is exempt under IT section 80D



Innovative packages to match individual needs



Quick disbursement claims

What is a Hospital Cash Daily Allowance Policy?

Hospital Cash Daily Allowance Policy guards you and your family against the trauma that you face because of increased financial burden during hospitalization. This policy pays a daily benefit amount to take care of the incidental expenses during hospitalisation period.

Who can be covered under the policy?

- Self, Spouse, Dependent Children, Grandchildren, Parents, Sister, Brother, Father In law, Mother In law, Aunt, Uncle

What is the entry age?

- Entry age for Adult from 18 yrs - 65 yrs
- Entry age for dependent children is 3 months to 21 yrs

What is renewal age?

Under normal circumstances, lifetime renewal benefit is available under the policy except on the grounds of fraud, misrepresentation or moral hazard.

What are the Sum Insured Options available?

Sum Insured options available are

- Rs 500 per day
 - Rs 1000 per day
 - Rs 2000 per day
 - Rs 2500 per day
- Cover is available for 30 days and 60 days per policy period.

What is the Policy Period?

- 1 year, 2 years or 3 years

Long Term Policy Discount:

- a. 4 % discount is applicable if policy is opted for 2 years
- b. 8 % discount is applicable if policy is opted for 3 years

What is the premium paying term?

Policy can be paid on installment basis-Annual, Half Yearly, Quarterly or Monthly

Key Features:

The policy can be taken along with any other health insurance schemes, ESIS, CGHS etc.
The benefits pay able are for each day of hospitalization

- The benefitis doubled incase of ICU admission (for maximum 7 days)
- Photocopy of discharge card, along with copies of reports, bills and prescriptions corresponding required for claims processing.
- Income Tax benefit on the premium paid as per section 80D of the Income Tax Act
- 5% family discount applicable if 2 or more family members are covered under the same policy. The family discount will be offered for both new policies as well as for renewal policies.

What are the exclusions under the policy?

I. Waiting Period

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 Hospital Cash Daily Allowance 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 12 months of continuous coverage after the date of inception of the first Hospital Cash Daily Allowance 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. Treatment of cataracts	1. Haemorrhoids
2. Benign Prostatic Hypertrophy	2. Fissure in ano
3. Hysterectomy	3. Stones in the Urinary and Biliary systems
4. Menorrhagia	4. Surgery on ears
5. Fibromyoma	5. Tonsils or Sinuses
6. D&C	6. Skin and all internal tumours/cysts/nodules/
7. Endometriosis	polyps of any kind including breast lumps
8. Hernia of all types	7. Gastric or Duodenal ulcer
9. Hydrocele	8. Backache
10. Fistulae	9. Prolapsed Intervertebral disc

3. 30-day waiting period (Excl03) :

- 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.
- b. This exclusion shall not, however apply if the Insured has Continuous Coverage for more than twelve months.
- c. The within referred waiting period is made applicable to the enhanced Sum Insured in the event of granting higher Sum Insured subsequently.

II. General Exclusions :

1. Investigation & Evaluation (Excl04) :

- i. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded
- ii. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded

2. Rest Cure, rehabilitation and respite care (Excl05) :

Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:

- 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 non-skilled persons.
- ii. Any services for people who are terminally ill to address medical, physical, social, emotional and spiritual needs

3. Obesity/Weight Control (Excl06) :

Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:

- i. Surgery to be conducted is upon the advice of the Doctor
- ii. The surgery/Procedure conducted should be supported by clinical protocols
- iii. The member has to be 18 years of age or older and
- iv. Body Mass Index (BMI);

- Greater than or equal to 40 or
- 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 Type2 Diabetes

4. 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.

5. 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.

6. 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

7. 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 policy holders 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.

8. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof.(Excl12)

9. 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)

10. 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)
11. Refractive Error (Excl15) Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries.
12. **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.
13. **Sterility and Infertility (Excl17)**
Expenses related to sterility and infertility. This includes: a) Any type of contraception, sterilization b) Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI c) Gestational Surrogacy d) Reversal of sterilization
14. **Maternity (Excl 18) :**
 - a. Medical Treatment Expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy.
 - b. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.

Specific Exclusions

- i. 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.
- ii. 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.

- iii. Intentional self-injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol)

Note: This list is only indicative, please refer policy wordings for complete list.

When can I enhance my sum insured?

- Sum Insured enhancement can be done at renewals.
- For enhancement of sum insured, fresh proposal form along with the renewal notice should be submitted

Free Look Period

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 30 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

- i. 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
- ii. 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
- iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period

Grace period

- In case of our own renewal a grace period of 30 days is permissible and the Policy will be considered as continuous for the purpose of one year waiting period.
- Any medical expenses incurred as a result of disease condition/ Accident contracted during the break period will not be admissible under the policy

Condition for renewal of the contract

The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the insured person.

- i. The Company shall endeavor to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.
- ii. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years.
- iii. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.
- 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.
- v. No loading shall apply on renewals based on individual claims experience.

Cancellation

A. Cancellation by the Policyholder

The Policyholder can cancel this Policy by providing a written notice of 7 days. In such a case, the Company will refund the premium for the unexpired policy period as detailed below:

1. Cancellation of policy where full premium received at policy inception -
Annual Policy: The premium refund for the unexpired risk period will be on a pro-rata basis, provided no claim has been made during the policy year.
Multi-year Policy:
For any policy year where the risk date has not yet started, the premium will be refunded without any deduction.
For any policy year where the risk has started, the premium will be refunded on a pro-rata basis for that policy year, provided no claim has been made during the policy year and in full for future policy years.
2. Cancellation of policy where Premium Received on Instalment Basis

The premium refund for the unexpired risk period will be on a pro-rata basis, provided no claim has been made during the policy year.

B. Additional Deductions

Not with standing the above, if (i) the risk under the Policy has already commenced, or (ii) only a part of the insurance coverage has commenced, and the option of Policy cancellation is exercised by the Policyholder, then expenses incurred by the Company on medical examination of the Policyholder will also be deducted before refunding of premium.

C. Cancellation by the Company

The Company may cancel the Policy at any time on the grounds of misrepresentation, non-disclosure of material facts, or fraud by the Policyholder/insured person, by providing 15 days' written notice. There will be no refund of premium for cancellations on these grounds.

Portability Conditions

The insured person 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 person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability.

For Detailed Guidelines on portability, kindly refer the link
https://www.irdai.gov.in/ADMINCMS/cms/Circulars_List.aspx?mid=3.2.3

Migration

The insured person 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 benefit product/plan offered by the company, the insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on migration.

For Detailed Guidelines on migration, kindly refer the link
https://www.irdai.gov.in/ADMINCMS/cms/Circulars_List.aspx?mid=3.2.3

Revision/ Modification of the policy:

The Company, with prior approval of IRDAI, may revise or modify the terms of the policy including the premium rates. The insured person shall be notified three months before the changes are effected.

Withdrawal of Policy

- i. In the likelihood of this product being withdrawn in future, the Company will intimate the insured person about the same 90 days prior to expiry of the policy.
- ii. Insured Person will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period. as per IRDAI guidelines, provided the policy has been maintained without a break.

Annual Premium chart:

Family discount: 5%

Premium for 30 days cover						
Options	Sum Insured	90 days - 25 yrs	26 days - 40 yrs	41-50 yrs	51-55 yrs	56 yrs & above
A	500/-	250	400	650	900	1200
B	1000/-	300	600	900	1300	1800
C	2000/-	600	850	1700	2800	3600
D	2500/-	800	1,100	2600	3500	4600

Premium for 60 days cover						
Options	Sum Insured	90 days - 25 yrs	26 days - 40 yrs	41-50 yrs	51-55 yrs	56 yrs & above
A	500/-	300	525	850	1200	1600
B	1000/-	500	825	1800	2400	3000
C	2000/-	1000	1500	3600	4400	4800
D	2500/-	1350	1800	4200	5000	5800

Section 41 of Insurance Act 1938 as amended by Insurance Laws Amendment Act, 2015 (Prohibition of Rebates)

No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a Policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurers. Any person making default in complying with the provision of this section shall be liable for a penalty which may extend to 10 lakh rupees.



BAJAJ GENERAL INSURANCE LIMITED
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FOR ANY QUERY (TOLL FREE)
1800-209-0144 /1800-209-5858



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For more details on risk factors, Terms and Conditions, please read the sales brochure before concluding a sale.

Note: It is mandatory to keep updated your policy with your correct contact details and bank account details, to process any of your service requests faster and hassle-free. To update your contact details i.e., Mobile No., Email ID, PAN Card, and Bank Account details, please use chatbot, visit our website, contact your agent or nearest branch.

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Policy holders can download Caringly Yours for one -touch access Available on  