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Issuing Office:

HEALTH GUARD
Policy Wordings

SECTION A) PREAMBLE

Whereas the **Insured** described in the Policy Schedule hereto (hereinafter called the '**Insured Person**') has made to Bajaj Allianz General Insurance Company Limited (hereinafter called the "Company" or "Insurer" or "Insurance Company") a proposal or Proposal as mentioned in the transcript of the Proposal, which shall be the basis of this Contract and is deemed to be incorporated herein, containing certain undertakings, declarations, information/particulars and statements, which is hereby agreed to be the basis of this Contract and be considered as incorporated herein, for the insurance Contract hereinafter contained and has paid the premium specified in the Policy Schedule hereto as consideration for such insurance Contract, now the Company agrees, subject always to the Policy Schedule and the following terms, conditions, exclusions, and limitations of the Policy, and in excess of the amount of the Deductible, to indemnify the **Insured Person** in the manner and to the extent hereinafter stated.

SECTION B) DEFINITIONS- STANDARD DEFINITIONS

1. **Accident, Accidental:**
   An **Accident** means sudden, unforeseen and involuntary event caused by external, visible and violent means.

2. **Any one Illness:**
   Any one **Illness** means continuous Period of **Illness** and includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment was taken.

3. **AYUSH Hospital:**
   An AYUSH Hospital is a healthcare facility wherein medical/surgical/para-surgical treatment procedures and interventions are carried out by AYUSH **Medical Practitioner**(s) comprising of any of the following:
   a) Central or State Government AYUSH Hospital; or
   b) Teaching hospital attached to AYUSH College recognized by the Central Government/Central Council of Indian Medicine/Central Council for Homeopathy or
   c) AYUSH Hospital, standalone or co-located with in-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH **Medical Practitioner** and must comply with all the following criterion:
      i. Having at least 5 in-patient beds;
      ii. Having qualified AYUSH **Medical Practitioner** in charge round the clock;
      iii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out
      iv. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.

4. **AYUSH Day Care Centre:**
   AYUSH Day Care Centre means and includes Community Health Centre (CHC), Primary Health Centre (PHC), Dispensary, Clinic, Polyclinic or any such health Centre which is registered with the local authorities, wherever applicable and having facilities for carrying out treatment procedures and medical or surgical/para-surgical interventions or both under the supervision of registered AYUSH **Medical Practitioner** (s) on day care basis without in-patient services and must comply with all the following criterion:
      i. Having qualified registered AYUSH **Medical Practitioner**(s) in charge;
      ii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
      iii. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.

5. **"AYUSH treatment"** refers to the medical and / or hospitalization treatments given under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems.

6. **"Break in policy"** means the period of gap that occurs at the end of the existing Policy term/installment premium due date, when the premium due for renewal on a given Policy or installment premium due is not paid on or before the premium renewal date or Grace period.

7. **Cashless facility:**
   Cashless facility means a facility extended by the Insurer to the **Insured Person** where the payments, of the costs of treatment undergone by the **Insured Person** in accordance with the Policy terms and conditions, are directly made to the

network provider by the Insurer to the extent pre-authorization is approved.

8. **Condition Precedent:**
Condition Precedent means a Policy term or condition upon which the Insurer's liability under the Policy is conditional upon.

9. **Congenital Anomaly:**
Congenital Anomaly means condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.
   a. Internal Congenital Anomaly- Congenital anomaly which is not in the visible and accessible parts of the body
   b. External Congenital Anomaly- Congenital anomaly which is in the visible and accessible parts of the body

10. **Co-Payment:**
A co-payment means a cost-sharing requirement under a health insurance Policy that provides that the Policyholder/**Insured Person** will bear a specified percentage of the admissible claim amount. A co-payment does not reduce the **Sum Insured**.

11. **Cumulative Bonus:**
Cumulative Bonus means any increase or addition in the **Sum Insured** granted by the insurer without an associated increase in premium.

12. **Day Care Centre:**
A Day Care Centre means any institution established for day care treatment of **Illness** and / or injuries or a medical set-up with a hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified **Medical Practitioner** AND must comply with all minimum criteria as under: -
   i. has qualified nursing staff under its employment,
   ii. has qualified **Medical Practitioner**(s) in charge,
   iii. has a fully equipped operation theatre of its own where surgical procedures are carried out
   iv. maintains daily records of patients and will make these accessible to the Insurance Company's authorized personnel.

13. **Day Care Treatment:**
Day care treatment means medical treatment, and/or surgical procedure which is:
   i. undertaken under General or Local Anesthesia in a hospital/Day Care Centre in less than 24 hrs. because of technological advancement, and
   ii. Which would have otherwise required a hospitalization of more than 24 hours. Treatment normally taken on an out-patient basis is not included in the scope of this definition.

14. **Dental Treatment:**
Dental treatment means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery.

15. **Disclosure to information norm:**
The Policy shall be void and all premium paid thereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.

16. **Emergency Care:**
Emergency Care means management of an **Illness** or **Injury** which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a **Medical Practitioner** to prevent death or serious long-term impairment of the **Insured Person**'s health.

17. **Grace Period:**
Grace period means the specified period of time immediately following the premium due date during which premium payment can be made to renew or continue a Policy in force without loss of continuity benefits pertaining to waiting periods and coverage of pre-existing diseases.
Coverage is not available for the period for which no premium is received.
The Grace period for payment of the premium for all types of insurance policies shall be: fifteen days (15) where premium payment mode is monthly and thirty days (30) in all other cases.
Coverage shall be available during the Grace period, if the premium is paid in Instalments during the Policy Period on due date.

18. **Hospital:**
A hospital means any institution established for in-patient care and day care treatment of **Illness** and/or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and

Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:

i. has qualified nursing staff under its employment round the clock;
ii. has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
iii. has qualified **Medical Practitioner**(s) in charge round the clock;
iv. has a fully equipped operation theatre of its own where surgical procedures are carried out;
v. maintains daily records of patients and makes these accessible to the Insurance Company's authorized personnel.

19. Hospitalization:
Hospitalization means admission in a Hospital for a minimum period of 24 consecutive In-patient Care hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.

20. Illness:
Illness means sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.

a. Acute condition - Acute condition is a disease, **Illness** or **Injury** that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/**Illness**/**Injury** which leads to full recovery.
b. Chronic condition – A chronic condition is defined as a disease, **Illness**, or **Injury** that has one or more of the following characteristics:
   i. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests
   ii. it needs ongoing or long-term control for relief of symptoms
   iii. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
   iv. it continues indefinitely
   v. it recurs or is likely to recur.

21. Injury:
Injury means accidental physical bodily harm excluding **Illness** or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a **Medical Practitioner**.

22. Inpatient Care:
Inpatient care means treatment for which the **Insured Person** has to stay in a hospital for more than 24 hours for a covered event.

23. Intensive Care Unit:
Intensive care unit means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated **Medical Practitioner**(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.

24. ICU Charges:
ICU (Intensive Care Unit) Charges means the amount charged by a Hospital towards ICU expenses which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivist charges.

25. Kidney Failure Requiring Regular Dialysis:
End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (hemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a Specialist **Medical Practitioner**.

26. Maternity expenses:
Maternity expenses mean;

a. medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during **hospitalization**);
b. expenses towards lawful medical termination of pregnancy during the Policy Period.

27. Medical Advice:
Medical advice means any consultation or advice from a **Medical Practitioner** including the issuance of any prescription or follow up prescription.

28. Medical Expenses:
Medical Expenses means those expenses that an **Insured Person** has necessarily and actually incurred for medical treatment on account of **Illness** or **Accident** on the advice of a **Medical Practitioner**, as long as these are no more than would have been payable if the **Insured Person** had not been Insured and no more than other hospitals or **Medical Practitioner**s in the same locality would have charged for the same medical treatment.

29. Medical Practitioner/Doctor/ Physician:
Medical Practitioner means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy or Ayurvedic and or such other authorities set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within its scope and jurisdiction of license and acceptable to Us.

30. Medically Necessary Treatment:
Medically necessary treatment means any treatment, tests, medication, or stay in hospital or part of a stay in hospital which
i. is required for the medical management of the **Illness** or **Injury** suffered by the **Insured Person**;
ii. must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
iii. must have been prescribed by a **Medical Practitioner**,
iv. must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

31. Migration:
means a facility provided to policyholders (including all members under family cover and group policies), to transfer the credits gained for Pre-existing diseases and Specific waiting periods from one health insurance policy to another with the same insurer.

32. Moratorium
After completion of sixty continuous months of coverage (including Portability and Migration) in health insurance policy, no policy and claim shall be contestable by the insurer on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. This period of sixty continuous months is called as Moratorium period. The Moratorium would be applicable for the sums insured of the first policy. Wherever, the sum insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limits.

33. Network Provider:
Network Provider means hospitals or health care providers enlisted by an insurer, TPA or jointly by an Insurer and TPA to provide medical services to an insured by a cashless facility.

34. New Born Baby:
Newborn baby means baby born during the Policy Period and is aged up to 90 days.

35. Non- Network Provider:
Non-Network provider means any hospital, **Day Care Centre** or other provider that is not part of the network.

36. Notification of Claim:
Notification of claim means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.

37. OPD treatment:
OPD treatment means one in which the **Insured Person** visits a clinic / hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a **Medical Practitioner**. The **Insured Person** is not admitted as a day care or in-patient.

38. Portability:
"Portability" means a facility provided to the health insurance policyholders (including all members under family cover), to transfer the credits gained for, Pre-existing diseases and Specific waiting periods from one insurer to another insurer.

39. Pre-Existing Disease:
Pre- existing disease means any condition, ailment or **Injury** or disease

a. That is/are diagnosed by a Physician not more than 36 months prior to the date of commencement of the policy issued by the insurer Or
b. For which medical advice or treatment was recommended by, or received from, a Physician, not more than 36 months prior to the date of commencement of the policy.

40. Pre-hospitalization Medical Expenses:
Pre-hospitalization **Medical Expenses** means **Medical Expenses** incurred during predefined number of days preceding the hospitalization of the **Insured Person**, provided that:
a. Such **Medical Expenses** are incurred for the same condition for which the **Insured Person**'s Hospitalization was required, and
b. The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.

41. Post-hospitalization Medical Expenses:
Post-hospitalization **Medical Expenses** means **Medical Expenses** incurred during predefined number of days immediately after the **Insured Person** is discharged from the hospital provided that:
a. Such **Medical Expenses** are for the same condition for which the **Insured Person**'s hospitalization was required, and
b. The inpatient hospitalization claim for such hospitalization is admissible by the Insurance Company.

42. Qualified Nurse:
Qualified nurse means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.

43. Reasonable and Customary charges:
Reasonable and Customary charges mean the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the **Illness** / **Injury** involved.

44. Renewal:
Renewal means the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of gaining credit for pre-existing diseases, time-bound exclusions and for all waiting periods.

45. Room rent:
Room Rent means the amount charged by a Hospital towards Room and Boarding expenses and shall include the associated **Medical Expenses**.

46. Surgery or Surgical Procedure:
Surgery or Surgical Procedure means manual and / or operative procedure (s) required for treatment of an **Illness** or **Injury**, correction of deformities and defects, diagnosis and cure of diseases, relief from suffering and prolongation of life, performed in a hospital or **Day Care Centre** by a **Medical Practitioner**.

47. Specific waiting period
means a period up to 36 months from the commencement of a health insurance policy during which period specified diseases/treatments (except due to an accident) are not covered. On completion of the period, diseases/treatments shall be covered provided the policy has
been continuously renewed without any break.

48. Unproven/Experimental treatment:
Unproven/Experimental treatment means treatment, including drug Experimental therapy, which is not based on established medical practice in India, is treatment experimental or unproven.

49. Aggregate Deductible-
Aggregate deductible is a cost sharing requirement under this policy that provides the company will not be liable for a specified rupee amount of the covered expenses, which will apply before any benefits are payable by the company. A deductible does not reduce the sum insured. The deductible is applicable in aggregate towards hospitalization expenses incurred during the policy period

SECTION B) DEFINITIONS- SPECIFIC DEFINITIONS

1. Act of Terrorism:

Means an act or thing by any person or group(s) of persons, whether acting alone or on behalf of or in connection with or in connivance with or at the instance or instigation of any person or group(s) or organization(s) or associations(s), who are committed or proclaimed to be committed for political, religious or ideological purposes, whether such person or group(s) of persons or organization(s) or association(s) are or are not banned any law, in such a manner or with intent to threaten the unity, integrity, security or sovereignty of India Or to strike terror in the people or any section of the people by using bombs, dynamite or other explosive substances or inflammable substances or firearms or other lethal weapons or poisons or noxious gases or other chemicals or by any other substances (whether biological or otherwise) of a hazardous nature or by any other means whatsoever, with intend to cause, or likely to cause, death or, or injuries to any person or persons or loss of, or damage to, or destruction of, property or disruption of any supplies or services essential to the life of the community or causes damage or destruction of any property or equipment used or intended to be used for the defense of India or in connection with any other purposes of the Government of India, any State Government or an of their agencies, or detains any person and threatens to kill or injure such person in order to compel the Government or any other person to do or abstain from doing any act. Provided further that for the above acts appropriate criminal prosecution has been initiated by police and charge sheet has been filed incompetent court of criminal jurisdiction, either under special law or under general law.

2. **Bajaj Allianz Network Hospitals / Network Hospitals/Network Providers**:
Bajaj Allianz Network Hospitals / Network Hospitals means the Hospitals which have been empaneled by the Insurer as per the latest version of the list of Hospitals maintained by the Insurer, which is available to You on request. For updated list please visit our website.

3. **Bajaj Allianz Diagnostic Centre:**
Bajaj Allianz Diagnostic Centre means the diagnostic centers which have been empaneled by us as per the latest version of the schedule of diagnostic centers maintained by Us, which is available to You on request.

4. **Dependent child:**
A child is considered a dependent for insurance purposes until his 35th birthday (even if not enrolled in an educational institution) provided he is financially dependent, on the proposal.

5. **Endorsement:**
means any writing on a Policy Schedule or Policy, in addition to its normal wording which supplements or modifies its terms. It may be added when Policy is prepared, or subsequently. Provided however any Service Level Agreement [SLA] or Agreement/MOU laying down various service levels shall not be treated as Endorsement.

6. **Family or Family Members:**
For the purpose of Individual **Sum Insured** Policy- includes the **Insured Person**; his/her lawfully wedded spouse and dependent children, parents, Sister, Brother, Parents-in- law, Aunt, Uncle, Grandchildren.
For the purpose of Family Floater- includes the **Insured Person**; his/her lawfully wedded spouse and dependent children. For Parents separate floater Policy can be taken.

7. **Limit of Indemnity:**
Limit of Indemnity represents our maximum liability to make payment for each and every claim per person and collectively for all persons mentioned in the Schedule during the Policy Period and in the aggregate for the person(s) named in the schedule during the Policy Period, and means the amount stated in the Schedule against each Cover.

8. **Medical Consumable:**
Medical consumables and equipment include syringes, needles, sutures, staples, packaging, tubing, catheters, medical gloves, gowns, masks, adhesives and seal- ants for wound dressing and a whole host of other devices and tools used with a hospital or surgical environment.

9. **Named Insured/ Insured / Insured Person:**
Insured Person means the persons, or his Family Members, named in the Schedule provided that an **Insured Person** or his Family Members has attained the age of 3 months and is not older than 65 years of age at the commencement of the Policy Period.

10. **Obesity:** means abnormal or excessive fat accumulation that may impair health. Obesity is measured in Body Mass Index.
Body mass index (BMI) is a simple index of weight-for-height that is commonly used to classify overweight and obesity in adults. It is defined as a person's weight in kilograms divided by the square of his height in meters (kg/m2).
The WHO definition is:
    - BMI greater than or equal to 25 is overweight

- BMI greater than or equal to 30 is obesity

11. **Policy or Contract** means the Proposal, the Policy Schedule, along with these Terms and Conditions issued to the **Insured Person** and any annexures and/or Endorsements attaching to and / or forming part thereof either at the commencement of Policy Period or during the Policy Period.

12. **Policy Schedule or Schedule** means the Policy Schedule and any annexure or Endorsements to it, if any, as issued by the Company, which forms part of Policy.

13. **Policy Period** means period from risk inception date [RID] to risk end date [RED], as mentioned in the Policy Schedule.

14. **Policy Year** means the period of 12 months. In case of long-term Policy for more than one year, then each year viz. 1st year, 2nd year, 3rd year etc., shall be treated as a separate Policy Year.

15. **Single Private room**:
Single Private Room means a single occupancy air-conditioned room with an attached washroom/toilet. Such room must be the most economical of all accommodation available as single occupancy in that hospital and excludes a suite.

16. **Schedule** means the schedule and any annexure to it.

17. **You, Your, Yourself, Your Family** named in the Policy Schedule means the **Insured Person** or **Insured Person**'s Family Members who are beneficiaries that We insure as set out in the Schedule.

18. **We, Our, Ours** means the Bajaj Allianz General Insurance Company Limited.

SECTION C) COVERAGE

- **Types of Policy**
  - Health Guard-Individual
  - Health Guard-Family Floater

- **Tenure of Policy:**
  - Health Guard-Individual: 1year, 2 years or 3 years
  - Health Guard-Family Floater: 1year, 2 years or 3 years

- **Scope of cover:**
The Company hereby agrees to pay in respect of an admissible claim, any or all of the following covers subject to the **Sum Insured**, limits, terms, conditions and definitions, exclusions contained or otherwise expressed in this Policy.

1. **In-patient Hospitalization Treatment:**
If You are hospitalized on the advice of a **Medical Practitioner** as defined under Policy because of **Illness** or Accidental Bodily **Injury** sustained or contracted during the Policy Period, then We will pay You, Reasonable and Customary **Medical Expenses** incurred subject to

i. Room rent and Boarding expenses as provided by the Hospital/Nursing Home subject to below limits
   - **Silver Plan**
   - Up to 1% of **Sum Insured** per day (Excluding Cumulative Bonus)

   - **Gold Plan and Platinum Plan**
   - **Sum Insured** 3 lacs to 7.5 lacs- maximum eligible room is Single Private Air-Conditioned room
   - **Sum Insured** 10 Lacs and above - eligible for any room category

ii. If admitted in ICU, the Company will pay up to actual ICU expenses provided by Hospital.
iii. Nursing Expenses as provided by the hospital
iv. Surgeon, Anesthetist, **Medical Practitioner**, Consultants, Specialists Fees.
v. Anesthesia, Blood, Oxygen, Operation Theatre Charges, surgical appliances, Medicines & Drugs, Dialysis, Chemotherapy, Radiotherapy, cost of Artificial Limbs, cost of prosthetic devices implanted during surgical procedure like Pacemaker, orthopedic implants, infra cardiac valve replacements, vascular stents.
vi. Relevant laboratory diagnostic tests, X-ray and such similar expenses that are medically necessary prescribed by the treating **Medical Practitioner**.

Note:

(a) In case of admission to a room at rates exceeding the limits as mentioned under (i), the reimbursement of all other expenses incurred at the Hospital, with the exception of cost of Pharmacy/medicines, consumables, implants, medical devices & diagnostics, shall be payable in the same proportion as the admissible rate per day bears to the actual rate per day of room rent charges

(b) Proportionate deductions shall not apply in respect of the Hospitals which do not follow differential billings or for those expenses in respect of which differential billing is not adopted based on the room category

2. Pre-Hospitalization:
The **Medical Expenses** incurred during the 60 days immediately before You Were Hospitalized, provided that: Such **Medical Expenses** were incurred for the same **Illness/Injury** for which subsequent Hospitalization was required, and We have accepted an inpatient Hospitalization claim under **In-patient Hospitalization Treatment**. (Section C. 1)

3. Post-Hospitalization:
The **Medical Expenses** incurred during the 90 days immediately after You were discharged post Hospitalization provided that: Such costs are incurred in respect of the same **Illness/Injury** for which the earlier Hospitalization was required, and We have accepted an inpatient Hospitalization claim under **In-patient Hospitalization Treatment**. (Section C. 1)

4. Road Ambulance:
We will pay the reasonable cost to a maximum of ₹ 20,000/- per Policy Year incurred on an ambulance offered by a healthcare or ambulance service provider for transferring You to the nearest Hospital with adequate emergency facilities for the provision of health services following an Emergency.
We will also reimburse the expenses incurred on an ambulance offered by a healthcare or ambulance service provider for transferring You from the Hospital where You were admitted initially to another hospital with higher medical facilities.
Claim under this section shall be payable by Us only when:

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

Subject otherwise to the terms, conditions and exclusions of the Policy.
This benefit will be applicable each year for policies with term more than 1 year.

5. Day Care Procedures:
We will pay You the **Medical Expenses** as listed above under Section C. 1- **In-patient Hospitalization Treatment** for Day care procedures / Surgeries taken as an inpatient in a hospital or day care center but not in the outpatient department. Refer Annexure I of Policy Wordings for list of Day Care Procedures.

6. Organ Donor Expenses:
We will pay expenses towards organ donor's treatment for harvesting of the donated organ, provided that,

1. The organ donor is any person whose organ has been made available in accordance and in compliance with THE TRANSPLANTATION OF HUMAN ORGANS (AMENDMENT) BILL, 2011and the organ donated is for the use of the **Insured Person**, and
2. We have accepted an inpatient Hospitalization claim for the **Insured Person** under **In-patient Hospitalization Treatment** (Section C.1).

7. Convalescence Benefit:
In the event of **Insured Person** Hospitalized for a disease/**Illness/Injury** for a continuous period exceeding 10 days, We will pay benefit amount as per the plan opted subject to below limits.

- Silver Plan
  - Rs. 5,000 per Policy Year

- Gold and Platinum Plan
  - ₹ 5,000 for **Sum Insured** up to ₹ 5 lacs
  - ₹ 7,500 for **Sum Insured** 7.5 lacs and above per Policy Year.

This benefit will be triggered provided that the hospitalization claim is accepted under Section C.1-**In-patient Hospitalization Treatment**. Payment under this benefit will not reduce the base **Sum Insured** mentioned in policy Schedule.

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

8. Daily Cash Benefit for Accompanying an Insured Child:
We will pay Daily Cash Benefit of ₹ 500 per day maximum up to 10 days during each Policy Year for reasonable accommodation expenses in respect of one parent/ legal guardian, to stay with any minor Insured (under the Age of 12), provided the hospitalization claim is paid under Section C.1-**In-patient Hospitalization Treatment**. Payment under this benefit will not reduce the base **Sum Insured** mentioned in policy Schedule. This benefit will be applicable each year for policies with term more than 1 year.

9. Sum Insured Reinstatement Benefit:
If Section C1. **In-patient Hospitalization Treatment Sum Insured** and Cumulative Bonus or Super Cumulative Bonus (if any) is exhausted due to claims registered and paid during the Policy Year, then it is agreed that 100% of the Base **Sum Insured** specified under **In-patient Hospitalization Treatment** would be reinstated for the particular Policy Year provided that:

i. The reinstated **Sum Insured** will be triggered only after the **In-patient Hospitalization Treatment Sum Insured** inclusive of the Cumulative Bonus or Super Cumulative Bonus (If applicable) has been completely exhausted during the Policy Year;
ii. The reinstated **Sum Insured** can be used for claims made by the Insured in respect of the benefits stated in **In-patient Hospitalization Treatment**.
iii. If the claimed amount is higher than the Balance **Sum Insured** inclusive of the Cumulative Bonus or Super Cumulative Bonus (If applicable) under the policy, then this benefit will not be triggered for the same claim, however **Sum Insured** reinstatement would be triggered for subsequent claims for the same member or other insured members.
iv. This benefit is- applicable only once during each Policy Year and will not be carried forward to the subsequent Policy Year/renewals if the benefit is not utilized.
v. This benefit is applicable only once in life time of **Insured Person** covered under this Policy for claims regarding CANCER and KIDNEY FAILURE REQUIRING REGULAR DIALYSIS as defined under the Policy, however the insured member is eligible for re-instatement benefit every year for other admissible conditions.
vi. This benefit will be applicable each year for long term policies.
vii. Additional premium would not be charged for reinstatement of the **Sum Insured**.
viii. In case of Family Floater policy, Reinstatement of **Sum Insured** will be available for all **Insured Persons** in the Policy Understanding **Sum Insured** Reinstatement made easy-

	Sum Insured at the beginning of the year	**Accumulated Cumulative Bonus**	**Sum Insured with CB**	**Hospitalization Amount**	**Reinstated Sum Insured**	**Payable Claim Amount**	**Balance Sum Insured**
1st Claim	300,000	10%	330,000	350,000	0	330,000	0
2nd Claim	-	-	-	200,000	300,000	200,000	100,000
3rd Claim	-	-	-	200,000	0	100,000	0

10. Preventive Health Check Up:
At the end of block of every continuous period as mentioned in coverage during which You have held Our Health Guard Policy, You are eligible for a free Preventive Health checkup. We will reimburse the amount as per the plan opted, subject to below limits

- Silver Plan
  - 1% of the **Sum Insured** maximum up to ₹ 2000/- for each **Insured Person** in Individual Policy during the block of 3 years

- Gold Plan
  - 1% of the **Sum Insured** max up to ₹ 5000/- for each **Insured Person** in Individual Policy during the block of 3 years.

- Platinum Plan
  - 1% of the **Sum Insured** max up to ₹ 5000/- for each **Insured Person** in Individual Policy during the block of 2 years. This benefit can be availed by proposer & spouse only under Floater **Sum Insured** Policies.

You may approach Us for the arrangement of the Health Checkup. For the avoidance of doubt, We shall not be liable for any other ancillary or peripheral costs or expenses (including but not limited to those for transportation, accommodation or sustenance).
Contact Email id- healthcheck@bajajallianz.co.in
Note: Payment under this benefit will not reduce the base **Sum Insured** mentioned in Policy Schedule.

11. Bariatric Surgery Cover:

If You are hospitalized on the advice of a **Medical Practitioner** because of Conditions mentioned below which required You to undergo Bariatric Surgery during the Policy Period, then We will pay You, Reasonable and Customary Expenses related to Bariatric Surgery
Eligibility:
For adults aged 18 years or older, presence of severe documented in contemporaneous clinical records, defined as any of the following: Body Mass Index (BMI);

a. greater than or equal to 40 or
b. greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
   i. Obesity-related cardiomyopathy
   ii. Coronary heart disease
   iii. Severe Sleep Apnea
   iv. Uncontrolled Type 2 Diabetes

Our obligation to make payment in respect of Bariatric Surgery after the expiry of the 36 months period, shall be restricted to 25% of the Sum Insured in Silver Plan and 50% of the Sum Insured subject to maximum of Rs 5 lac in Gold and Platinum Plan.

12. Wellness Benefits:

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

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

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

Wellness Eligibility Criteria:

1. Wellness discount is applicable for members age 25 years and above
2. If the insured member meets 4/5 out of 8 criteria, he/she is eligible for 5% discount, 6/7 out of 8 criteria he /she is eligible for 7.5% discount & meets with 8 criteria he / she is eligible for 10% discount.
3. If an **Insured Person** meets 8 out of 8 above mentioned parameters and in addition, he/she walks for 10000 steps for 20 days every month then they will be eligible for additional discount of 2.5%.
4. In Floater Policies, discount will be offered basis the average of number of Parameters Achieved by all Insured members age 25 years & above.

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

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

13. AYUSH Hospitalization

If You are Hospitalized for not less than 24 hrs., in any **AYUSH Hospital** which is a government hospital or in any institute recognized by government and/or accredited by Quality Council of India/National Accreditation Board on Health on the advice of a **Medical Practitioner** because of **Illness** or Accidental Bodily **Injury** sustained or contracted during the Policy Period then we will pay you: In-patient Treatment **Medical Expenses** for Ayurvedic and Homeopathic treatment:

- Room rent, boarding expenses
- Nursing care
- Consultation fees
- Medicines, drugs and Medical consumables,
- Ayurvedic and Homeopathic treatment procedures
- Our maximum liability per Policy Year is up to the limit of "In-patient Hospitalization Treatment" Sum Insured as specified in the Policy Schedule.
- This benefit will be applicable each year for policies with term more than 1 year. The claim will be admissible under the Policy provided that,

(i) The **Illness/Injury** requires inpatient admission and the procedure performed on the **Insured Person** cannot be carried out on out-patient basis

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

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

a. Our maximum liability per delivery or termination shall be limited to the amount specified in the Policy Schedule as per **Sum Insured** opted.
b. We will pay the **Medical Expenses** of pre-natal and post-natal hospitalization (90 days post-delivery) per delivery or termination up to the maternity limit.
c. Waiting period of 72 months as mentioned in the Policy Schedule would apply from the date of issuance of the first Health Guard Policy with Us,
d. If the **Insured Person** is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage where **Insured Person** is having policy with Maternity Expense benefit.
e. Fresh Waiting period of 72 months as mentioned in the Policy Schedule would apply for all the policies issued with continuity from other Health Indemnity product/plans of Our Company where maternity expenses are not covered.
f. Any complications arising, within 90 days post-delivery, out of or as a consequence of maternity/child birth will be covered up to the maternity limit.
g. Payment under this benefit will not reduce the base **Sum Insured** mentioned in policy Schedule.

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

Coverage for new born baby will be considered subject to a claim being accepted under Maternity Expenses (Section C 14). We will pay the following expenses within the limit of the **Sum Insured** available under the Maternity Expenses section.

We will pay for,

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

COVERS APPLICABLE FOR PLATINUM PLAN ONLY

16. Super Cumulative Bonus:

This benefit would be extended if You renew Your "Health Guard" with Us without any break and there has been no

claim in the preceding year,

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

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

17. Recharge Benefit:

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

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

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

OPTIONAL COVERS –

18. Air Ambulance (Optional available for SI 5Lacs and above)

In consideration of payment of additional premium by the Proposer to the Company and realization thereof by the Company,, We will indemnify You against the expenses incurred for rapid ambulance transportation in an airplane or helicopter from the site of first occurrence of the **Illness** / **Accident** to the nearest hospital during Policy Period necessitated due to emergency life threatening health conditions provided such hospitalization claim is admissible under "Health Guard" Policy.

The claim would be reimbursed up to the actual expenses subject to a maximum **Sum Insured** limits as specified under the Air Ambulance Cover in the Policy Schedule, subject otherwise to all other terms, conditions and Exclusions of the Policy.

Specific Conditions applicable to Air Ambulance Cover

a. Return transportation to the **Insured Person**'s home by air ambulance is excluded.
b. Such air ambulance should have valid license to operate as such by competent authorities of the Government/s.

Air Ambulance Cover Sub limit options

Base Sum Insured	5L	7.5L	10L	15L	20L	25L	30L	35L	40L	45L	50L	75L	1Cr
Air Ambulance CoverSum Insured limit	5L			5L/10L/15 L/20 L/25L							5L/10L/15 L/20 L/25L/50 L		

SECTION D) EXCLUSIONS UNDER THE POLICY - STANDARD EXCLUSIONS

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

1. Pre-existing Diseases waiting period (Excl01):

a. Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 36 months of continuous coverage after the date of inception of the first Health Guard Policy with us.
b. In case of enhancement of **Sum Insured** the exclusion shall apply afresh to the extent of **Sum Insured** increase.
c. If the **Insured Person** is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations then waiting period for the same would be reduced to the extent of prior coverage.
d. Coverage under the Policy after the expiry of 36 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Us.

2. Specified disease/procedure waiting period (Excl02):

a. Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of 24 months of continuous coverage after the date of inception of the first Health Guard Policy with Us. This exclusion shall not be applicable for claims arising due to an **Accident**.
b. In case of enhancement of **Sum Insured** the exclusion shall apply afresh to the extent of **Sum Insured** increase.
c. If any of the specified disease/procedure falls under the waiting period specified for Pre-Existing diseases, then the longer of the two waiting periods shall apply.
d. The waiting period for listed conditions shall apply even if contracted after the Policy or declared and accepted without a specific exclusion.
e. If the **Insured Person** is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.
f. List of specific diseases/procedures is as below

1. Any type gastrointestinal ulcers	2. Cataracts,
3. Any type of fistula	4. Macular Degeneration
5. Benign prostatic hypertrophy	6. Hernia of all types
7. All types of sinuses	8. Fissure in ano
9. 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 internal or external tumors/cysts/ nodules/polyps of any kind including breast lumps with exception of
19. Mental Illness	20. Diseases of gall bladder including
21. Pancreatitis	22. All forms of Cirrhosis
23. Gout and rheumatism	24. Tonsillitis
25. Surgery for varicose veins and varicose	26. Chronic Kidney Disease
27. Alzheimer's Disease	

3. Any Medical Expenses incurred during the first three consecutive annual periods during which You have the benefit of a Health Guard Policy with Us in connection with:

a. Joint replacement surgery,
b. Surgery for vertebral column disorders (unless necessitated due to an **Accident**)
c. Surgery to correct deviated nasal septum
d. Hypertrophied turbinate
e. Congenital internal diseases or anomalies
f. Treatment for correction of eye sight due to refractive error recommended by Ophthalmologist for medical reasons with refractive error greater or equal to 7.5
g. Bariatric Surgery
h. Parkinson's Disease
i. Genetic disorders

4. 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 (Applicable for Silver, Gold and Platinum Plan)

1. **Investigation & Evaluation (Excl04):**
   a. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded
   b. 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:
   1. Surgery to be conducted is upon the advice of the Doctor
   2. The surgery/Procedure conducted should be supported by clinical protocols
   3. The member has to be 18 years of age or older and
   4. 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 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 Person**. 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 policyholders are not admissible. However, in case of life threatening situations or following an **Accident**, expenses up to the stage of stabilization are payable but not the complete claim.

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

9. **Treatments received in heath hydro's**, 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 dioptres.

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

III. General Exclusions (Applicable for Silver Plan)

14. Maternity (Excl18) (Applicable for Silver Plan only):
   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.

SECTION D) EXCLUSIONS UNDER THE POLICY - SPECIFIC EXCLUSIONS

I. Waiting Period for Maternity Expenses (Applicable only for Gold and Platinum Plan)

1. Any treatment arising from or traceable to pregnancy, child birth including cesarean section and/or any treatment related to pre and postnatal care and complications arising out of Pregnancy and Childbirth until 72 months continuous period has elapsed since the inception of the first Health Guard Policy with US. However, this exclusion will not apply to Ectopic Pregnancy proved by diagnostic means and certified to be life threatening by the attending **Medical Practitioner**.

II. General Exclusions (Applicable for Silver, Gold and Platinum Plan)

1. Any dental treatment that comprises of cosmetic surgery, dentures, dental prosthesis, dental implants, orthodontics, surgery of any kind unless as a result of Accidental Bodily **Injury** to natural teeth and also requiring hospitalization.
2. **Medical Expenses** where Inpatient care is not warranted and does not require supervision of qualified nursing staff and qualified **Medical Practitioner** round the clock
3. War, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, commotion, unrest, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalization or requisition of or damage by or under the order of any government or public local authority. Any **Medical Expenses** incurred due to Act of Terrorism will be covered under the Policy.
4. The cost of spectacles, contact lenses, hearing aids, crutches, dentures, artificial teeth and all other external appliances and/or devices whether for diagnosis or treatment except for Cost of Artificial Limbs, cost of prosthetic devices implanted during surgical procedure like Pacemaker, orthopedic implants, infra cardiac valve replacements, vascular stents etc.
5. External medical equipment of any kind used at home as post Hospitalization care including cost of instrument used in the treatment of Sleep Apnoea Syndrome (C.P.A.P), Continuous Peritoneal Ambulatory Dialysis (C.P.A.D) and Oxygen concentrator for Bronchial Asthmatic condition.
6. 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-**Injury** (including but not limited to the use or misuse of any intoxicating drugs or alcohol)
8. Vaccination or inoculation unless forming a part of post bite treatment or if medically necessary and forming a part of treatment recommended by the treating **Medical Practitioner**.
9. All non-medical Items as per Annexure II
10. Any treatment received outside India is not covered under this Policy.
11. Circumcision unless required for the treatment of **Illness** or Accidental bodily **Injury**.
12. Treatment for any other system other than modern medicine (allopathy) and AYUSH therapies

SECTION E) GENERAL TERMS AND CLAUSES - STANDARD GENERAL TERMS AND CLAUSES

1. Disclosure of information:
The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation,

mis description or non-disclosure of any material fact by the policyholder.

2. Condition Precedent to Admission of Liability:
The terms and conditions of the policy must be fulfilled by the **Insured Person** for the Company to make any payment for claim(s) arising under the policy

3. Claim Settlement. (provision for Penal interest):

i. The Company shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.
ii. In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.
iii. However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at
the earliest, in any case not later than 30 days from the date of receipt of last necessary document- In such cases, the Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document.
iv. In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the policyholder at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

4. Complete Discharge:
Any payment to the policyholder, **Insured Person** or his/ her nominees or his/ her legal representative or assignee or to the Hospital, as the case may be, for any benefit under the policy shall be a valid discharge towards payment of claim by the Company to the extent of that amount for the particular claim

5. Multiple Policies:

i. In case of multiple policies taken by an **Insured Person** during a period from one or more insurers to indemnify treatment costs, the **Insured Person** shall have the right to require a settlement of his/her claim in terms of any of his/her policies. In all such cases the insurer chosen by the **Insured Person** shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen policy.
ii. Insured person having multiple policies shall also have the right to prefer claims under this policy for the amounts disallowed under any other policy / policies even if the **Sum Insured** is not exhausted. Then the insurer shall independently settle the claim subject to the terms and conditions of this policy.
iii. If the amount to be claimed exceeds the **Sum Insured** under a single policy, the **Insured Person** shall have the right to choose insurer from whom he/ she wants to claim the balance amount.
iv. Where an **Insured Person** has policies from more than one insurer to cover the same risk on indemnity basis, the **Insured Person** shall only be indemnified the treatment costs in accordance with the terms and conditions of the chosen policy.

6. Fraud:

i. If any claim made by the **Insured Person**, is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the **Insured Person** or anyone acting on his/her behalf to obtain any benefit under this policy, all benefits under this policy and the premium paid shall be forfeited.
ii. Any amount already paid against claims made under this policy but which are found fraudulent later shall be repaid by all recipient(s)/policyholder(s), who has made that particular claim, who shall be jointly and severally liable for such repayment to the insurer.
iii. For the purpose of this clause, the expression "fraud" means any of the following acts committed by the **Insured Person** or by his agent or the hospital/ doctor/any other party acting on behalf of the **Insured Person**, with intent to deceive the insurer or to induce the insurer to issue an insurance policy:
    a. the suggestion, as a fact of that which is not true and which the **Insured Person** does not believe to be true;
    b. the active concealment of a fact by the **Insured Person** having knowledge or belief of the fact;
    c. any other act fitted to deceive; and
    d. any such actor omission as the law specially declares to be fraudulent

The Company shall not repudiate the claim and / or forfeit the policy benefits on the ground of Fraud, if the **Insured Person** / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are within the knowledge of the insurer

7. 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 - Notwithstanding 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.

8. 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 at least 30 days before the policy renewal date as per IRDAI guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the company, the **Insured 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://irdai.gov.in/document-detail?documentId=393128
(Please note referred link is of the IRDAI website and subject to change from time to time.)

9. Portability:

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 least45 days 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 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://irdai.gov.in/document-detail?documentId=393128
(Please note referred link is of the IRDAI website and subject to change from time to time.)

10. Renewal of Policy:

1. **Your** Policy shall be renewable except on grounds of established fraud or non-disclosure or misrepresentation by **You**, provided this policy is not withdrawn and also subject to conditions stated at **"Moratorium Period"** of this **Schedule**.
2. **We** shall not deny the renewal of this policy on the ground that **You** have made a claim or claims in the preceding policy years, except for benefit based policies where the policy terminates following payment of the benefit covered under the policy like critical illness policy.
3. **We** shall condone a delay in renewal up to the **Grace Period** from the due date of renewal without considering such condonation as a **Break in Policy**.
4. For this policy, the loadings on renewal premium shall be at portfolio and not based upon any individual policy claim experience. However, discount in premium may be provided by **Us** to **You** for good claims experience.
5. **We** shall not resort to fresh underwriting by calling for medical examination, fresh proposal form etc. at renewal stage where there is no change in Sum Insured offered. Provided that where there is an improvement in the risk profile, **We** may endeavour to recognize that for removal of loadings at the point of renewal.

11. 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.

12. Moratorium Period:

After completion of sixty continuous months of coverage (including portability and migration) in this Policy, no Policy and Claim shall be contestable by **Us** on grounds of non-disclosure, misrepresentation, except on grounds of established fraud.

This period of sixty months is called as **Moratorium Period**. The Moratorium would be applicable for the **Sums Insured** of the first policy issued to **You** for this product.

Wherever, the **Sum Insured** is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of **Sum Insured** only on the enhanced limits.

This policy would however be subject to all limits, sub limits, co-payments, deductibles as per the policy contract.

13. Premium Payment in Instalments (Wherever applicable):

If the **Insured Person** has opted for Payment of Premium on an instalment basis i.e. Annual (for long term polices only), Half Yearly, Quarterly or Monthly, as mentioned in the Policy Schedule/Certificate of Insurance, the following Conditions shall apply (notwithstanding any terms contrary elsewhere in the policy)

i. The grace period of fifteen days (where premium is paid on a monthly instalments) and thirty days (where premium is paid in quarterly/half-yearly/annual instalments) is available on the premium due date, to pay the premium.
ii. If the policy is renewed during grace period, all the credits (sum insured, No Claim Bonus, Specific Waiting periods, waiting periods for pre-existing diseases, Moratorium period etc.) accrued under the policy shall be protected.
iii. If the premium is paid in instalments during the policy period, coverage will be available for the grace period also.
iv. The insured person will get the accrued continuity benefit in respect of the "Waiting Periods", "Specific Waiting Periods" in the event of payment of premium within the stipulated grace Period.
v. No interest will be charged If the instalment premium is not paid on due date.
vi. In case of instalment premium due not received within the grace period, the policy will get cancelled.
vii. In the event of a claim, all subsequent premium instalments shall immediately become due and payable.
viii. The company has the right to recover and deduct all the pending installments from the claim amount due under the policy.

14. Possibility of Revision of Terms of the Policy including the Premium Rates:

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.

15. 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 Thirty 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 Person** has not made any claim during the Free Look Period, the **Insured Person** 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

16. Grievance Redressal Procedure:

The company has always been known as a forward-looking customer centric organization. It takes immense pride in its approach of "Caringly Yours". To provide you with top-notch service on all fronts, the company has provided with multiple platforms via which you can always reach out to us at below mentioned touch points

1. Our toll-free number 1-800-209- 5858 or 020-30305858, say Say "Hi" on WhatsApp on +91 7507245858.
2. Branches for resolution of your grievances / complaints, the Branch details can be found on our website www.bajajallianz.com/branch-locator.html
3. Register your grievances / complaints on our website www.bajajallianz.com/about-us/customer-service.html
4. **E-mail:**
   a. Level 1: bagichelp@bajajallianz.co.in and for senior citizens to seniorcitizen@bajajallianz.co.in
   b. 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
   c. 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 80809 45060 OR SMS To 575758 and our care specialist will call you back.
5. 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 The contact details of the Ombudsman offices are mentioned in Annexure V

17. Nomination:

The policyholder is required at the inception of the policy to make a nomination for the purpose of payment of claims under the policy in the event of death of the policyholder. Any change of nomination shall be communicated to the company in writing and such change shall be effective only when an endorsement on the policy is made. In the event of death of the policyholder, the Company will pay the nominee {as named in the Policy Schedule/Policy Certificate/Endorsement (if any) and in case there is no subsisting nominee, to the legal heirs or legal representatives of the policyholder whose discharge shall be treated as full and final discharge of its liability under the policy.

SECTION E) GENERAL TERMS AND CLAUSES – SPECIFIC TERMS AND CLAUSES

17. Cancellation:

The policyholder may cancel this policy by giving 7 days' written notice and in such an event, the Company shall refund premium for the unexpired policy period as detailed below.

- Cancellation for premium received on annual basis or full premium received at policy inception are as under

a. Annual policy – Premium refunded for unexpired risk would be on pro rata basis
b. Multi-year policy
   i. Premium for any policy year where the risk date is yet to start would be refunded without any deduction
   ii. Premium for policy year where risk has started then premium will be refunded on pro-rata basis for that policy year and full for future policy years.

- Cancellation for premium received on instalment basis shall be refunded for unexpired risk on pro rata basis

18. Conditions Precedent:

Where this Policy requires You to do or not to do something, then the complete satisfaction of that requirement by You or someone claiming on Your behalf is a precondition to any obligation We have under this Policy. If Your someone claiming on Your behalf fails to completely satisfy that requirement, then We may refuse to consider Your claim.

19. Insured:

Only those persons named as the insured in the Policy Schedule shall be covered under this Policy. Cover under this Policy shall be withdrawn from any **Insured Person** upon such **Insured Person** giving 14 days written notice to be received by Us.

20. Communications:

Any communication meant for Us must be in writing and be delivered to Our address shown in the Schedule. Any communication meant for You will be sent by Us to Your address shown in the Schedule.

21. Paying a Claim:

i. You agree that We need only make payment when You or some one claiming on Your behalf has provided Us with necessary documentation and information.
ii. If the insurer, for any reasons decides to reject the claim under the Policy the reasons regarding the rejection shall be communicated to the **Insured Person** in writing within 30 days of the receipt of documents. The **Insured Person** may take recourse to the Grievance Redressal procedure stated under Policy.

22. Basis of Claims Payment:

i. If You suffer a relapse within 45 days of the date when You last obtained medical treatment or consulted a **Medical Practitioner** and for which a claim has been made, then such relapse shall be deemed to be part of the same claim.
ii. The day care procedures listed are subject to the exclusions, terms and conditions of the Policy and will not be treated as independent coverage under the Policy.
iii. Notwithstanding what is mentioned in clause 12 of SECTION E) GENERAL TERMS AND CLAUSES - STANDARD GENERAL TERMS AND CLAUSES or any other clauses of this Policy:
   a) In-patient Treatment for Mental **Illness**: (As specified in Annexure IV) shall be covered up to Base **Sum Insured** subject to Policy Terms, Conditions, coverages, Waiting Period and exclusions.
   b) Modern Treatment Methods and Advancement in Technologies (as per list in Annexure III) shall be covered up to Base **Sum Insured**, subject to Policy Terms, Conditions, coverages, Waiting Period and exclusions.
iv. We shall make payment in Indian Rupees only.

23. Cost Sharing and Sub limits:

i. **Voluntary co-payment:** If opted voluntarily by You, You shall bear 10%/ 20% of co-payment for each and every claim payable under the **In-patient Hospitalization Treatment** section and Our liability, if any, shall only be in excess

of that sum. Voluntary Co payment will not be applied on the claim related to procedures for which sublimit is already applied as per policy terms and conditions

ii. **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 of ₹ 50,000 / ₹ 100000 / ₹ 200000 / ₹ 300000, as opted by You , subject to the "**In-patient Hospitalization Treatment"** section **Sum Insured**, terms, conditions and definitions, exclusions contained or otherwise. The deductible is applicable in aggregate towards all claims falling under "**In-patient Hospitalization Treatment" Sum Insured** incurred during the policy period.
This Deductible will not be applied on the claim admissible under Maternity and New Born Baby Cover.

iii. **Cataract Limit :** Our obligation to make payment in respect of surgeries for cataracts (after the expiry of the 24 months period referred to in Exclusion 02) above, shall be restricted to 20% of the **Sum Insured** for each eye, subject to maximum of Rs 1,00,000/- for each of You.

iv. **Bariatric Surgery Limit:** Our obligation to make payment in respect of Bariatric Surgery after the expiry of the 36 months period, shall be restricted to 25% of the **Sum Insured** in Silver Plan and 50% of the **Sum Insured** subject to maximum of Rs 5 lac in Gold and Platinum Plan.

v. **Maternity Limit:** Maternity is covered under Gold & Platinum plan only
   a. For **Sum Insured** 3 lacs up to 7.5 lacs the limit for Normal delivery is ₹ 15000 & ₹ 25000 for caesarian delivery.
   b. For **Sum Insured** Above ₹ 7.5 lacs the limit for Normal delivery is ₹ 25000 & ₹ 35000 for caesarian delivery.

24. Cumulative Bonus for Silver and Gold Plan:
If You renew Your " Health Guard" with Us without any break and there has been no claim in the preceding year, We will increase the Limit of Indemnity by 10% of base **Sum Insured** per annum, but:

i. The maximum cumulative increase in the Limit of Indemnity for Silver and Gold will be limited to 10 years and 100% of base **Sum Insured** of Your first "Health Guard" with Us.

ii. This clause does not alter the annual character of this insurance

iii. If a claim is made in any year where a cumulative increase has been applied, then the increased Limit of Indemnity in the Policy Period of the subsequent "Health Guard" shall be reduced by 10%, savethat the limit of indemnity applicable to Yourfirst " Health Guard" with Us shall be preserved.

25. Nationality:
- Indian nationals residing in India would be considered for this Policy.
- This Policy can be opted by Non-Resident Indians also and premium paid in Indian currency

26. Endorsements:
This Policy constitutes the complete contract of insurance. This Policy cannot be changed by anyone (including an insurance agent or broker) except by the Insurer. Any change that the Insurer make will be evidenced by a written Endorsement signed and stamped by the Insurer.

27. Discounts:

i. **Family Discount:** 10% family discount shall be offered if 2 eligible Family Members are covered under a single Policy and 15 % if more than 2 of any of the eligible Family Members are covered under a single Policy. Moreover, this family discount will be offered for both new policies as well as for renewal policies. Family discount is not applicable to Health Guard Floater Policies.

ii. **Employee Discount:** 20% discount on published premium rates to employees of Bajaj Allianz & its group companies, this discount is applicable only if the Policy is booked in direct code.

iii. **Online/Direct Business Discount:** Discount of 5% will be offered in this product for policies underwritten through direct/online channel.
Note: this discount is not applicable for Employees who get employee discount

iv. **Co-pay Discount:**
   a. If opted voluntarily and mentioned on the Policy Schedule that a Co-payment is effective by the **Insured Person** then **Insured Person** will be eligible of additional 10% or 20% discount on the Policy premium.
   b. If a claim has been admitted under Section C 1)**In-patient Hospitalization Treatment** then, the **Insured Person** shall bear 10% or 20% respectively of the eligible claim amount payable under this section and Our liability, if any, shall only be in excess of that sum and would be subject to the **Sum Insured**.

v. **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
Note: This will not apply to policies where premium is paid in instalments.

vi. **Room Rent capping discount:**
If You opt for this cover You will be entitled for a per day room rent limit of 1.5% of hospitalization **Sum Insured** up to maximum ₹ 7,500 per day. By opting for this cover You will be eligible for discount on premium as per below grid-

Base SI	Gold Plan	Platinum Plan
₹ 300,000 and above	5%	8%

Note:

a. The room rent does not include nursing charges.

b. If the availed room category is higher than the eligible room category or if the room rent opted exceeds the eligible room rent then, a proportionate co- payment would be applied on all the expenses of the hospitalization except for cost of Medical consumables and Medicines.

vii. Wellness Discount

As detailed in Section C. 12, depending on number of parameters met by **Insured Person** during a policy year discount will be offered on subsequent renewal premium. Note- If an Insured meets 8 out of 8 abovementioned parameters and he/she walks for 10000 steps for 20 days every month then they will be eligible for additional discount of 2.5%.

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

Note- If an **Insured Person** meets 8 out of 8 above mentioned parameters and he/she walks for 10000 steps for 20 days every month then they will be eligible for additional discount of 2.5%.

viii. Zone Discount

a. If You opt for coverage under Zone B, then You will be eligible for 20% discount on the premium

b. If You opt for coverage under Zone C, then You will be eligible for 30% discount on the premium

28. Premium payment Zone:

i. Zone A

Delhi / NCR, Mumbai including (Navi Mumbai, Thane and Kalyan), Hyderabad and Secunderabad, Kolkata, Ahmedabad, Vadodara and Surat.

ii. Zone B

Rest of India apart, from the states/UTs/cities classified under Zone A and Zone C, are classified as Zone B.

iii. Zone C

Andaman & Nicobar Islands, Arunachal Pradesh, Bihar, Chandigarh, Chattisgarh, Goa, Himachal Pradesh, Jammu & Kashmir, Jharkhand, Manipur, Meghalaya, Mizo- ram,Nagaland, Odisha, Punjab, Sikkim, Tripura, Uttarakhand

Note:-

- Policyholders paying Zone A premium rates can avail treatment allover India without any co-payment.
- Those, who pay Zone B premium rates and avail treatment in Zone A city will have to pay 15% co-payment on admissible claim amount.
- Those, who pay Zone C premium rates and avail treatment in Zone A city will have to pay 20% co-payment on admissible claim amount.
- Those, who pay Zone C premium rates and avail treatment in Zone B city will have to pay 5% co-payment on admissible claim amount
- This Co – payment will not be applicable for Accidental Hospitalization cases.
- Policyholder residing in Zone B and Zone C can choose to pay premium for Zone A and avail treatment all over India without any co-payment.
- If opted for coverage under Zone B, then **Insured Person** will be eligible for 20% discount on the premium.
- If opted for coverage under Zone C, then **Insured Person** will be eligible for 30% discount on the premium

29. Sum Insured Enhancement:

i. The **Insured Person** can apply for enhancement of **Sum Insured** at the time of renewal. You can apply for enhancement of **Sum Insured** by submitting a fresh proposal form to the Company.

ii. The acceptance of enhancement of **Sum Insured** would be at the discretion of the Company, based on the health condition of the **Insured Person**(s) & claim history of the Policy.

iii. All waiting periods as defined in the Policy shall apply for this enhanced **Sum Insured** limit from the effective date of enhancement of such **Sum Insured** considering such Policy Period as the first Policy with the Company.

30. Inclusion of members under the Policy:
Where an **Insured Person** is added to this Policy, either by way of Endorsement or at the time of renewal, the pre-existing disease clause, exclusions and waiting periods will be applicable considering such Policy Year as the first year of Policy with the Company for the **Insured Person**

31. Territorial Limits & Governing Law

i. We cover **Medical Expenses** for treatment availed within India only. Our liability to make any payment shall be to make payment within India and in Indian Rupees only.
ii. The Policy constitutes the complete contract of insurance. No change or alteration shall be valid or effective unless approved in writing by Us, which approval shall be evidenced by an Endorsement on the Schedule.
iii. The construction, interpretation and meaning of the provisions of this Policy shall be determined in accordance with Indian law. The section headings of this Policy are included for descriptive purposes only and do not form part of this Policy for the purpose of its construction or interpretation.

32. Arbitration and Reconciliation
Arbitration Clause shall not be applicable

SECTION E) GENERAL TERMS AND CLAUSES -OTHER TERMS AND CLAUSES

33. Claims Procedure
All Claims will be settled by In house claims settlement team of the Company and no TPA is engaged. However the Company reserves to engage TPA at any time, at the sole discretion of the Company.
If You meet with any Accidental Bodily **Injury** or suffer an **Illness** that may result in a claim, then as a condition precedent to Our liability, You must comply with the following:

A. Cashless Claims Procedure:
Cashless treatment is only available at Network Hospitals. In order to avail of cashless treatment, the following procedure must be followed by You:

i. For planned treatment or Hospitalization, prior to taking treatment and/or incurring **Medical Expenses** at a Network Hospital, You or Your representative must intimate Us 48 hours before the planned Hospitalization and request pre-authorization by way of the written form.
ii. After considering Your request and after obtaining any further information or documentation We have sought, We may, if satisfied, send You or the Network Hospital, an authorization letter. The authorization letter, the ID card issued to You along with this Policy and any other information or documentation that We have specified must be produced to the Network Hospital identified in the pre-authorization letter at the time of Your admission to the same.
iii. If the procedure above is followed, You will not be required to directly pay for the bill amount in the Network Hospital that We are liable under Section C1-In- Patient Hospitalization Treatment above and the original bills and evidence of treatment in respect of the same shall be left with the Network Hospital. Pre- authorization does not guarantee that all costs and expenses will be covered. We reserve the right to review each claim for **Medical Expenses** and accordingly coverage will be determined according to the terms and conditions of this Policy.
iv. In case any treatment or procedure is to be taken on an Emergency basis, You or Your representative must intimate Us in writing immediately within 24 hours of hospitalization.

B. Reimbursement Claims Procedure:
If Pre-authorization as per Cashless Claims Procedure above is denied by Us or if treatment is taken in a Hospital other than a Network Hospital or if You do not wish to avail cashless facility, then:

i. You or some one claiming on Your behalf must inform Us in writing immediately within 48 hours of hospitalization in case of emergency hospitalization and 48 hours prior to hospitalization in case of planned hospitalization
ii. You must immediately consult a **Medical Practitioner** and follow the advice and treatment that he recommends.
iii. You must take reasonable steps or measures to minimize the quantum of any claim that may be made under this Policy.
iv. You must have Yourself examined by Our medical advisors if We ask for this, and as often as We consider this to be necessary at our cost
v. You or someone claiming on Your behalf must promptly and in any event within 30 days of discharge from a Hospital give Us the documentation as listed out in greater detail below and other information We ask for to investigate the claim or Our obligation to make payment for it.
vi. In the event of the death of the **Insured Person**, someone claiming on his behalf must inform Us in writing immediately and send Us a copy of the post mortem report (if any) within 30 days.
vii. If the original documents are submitted with the co-insurer, the Xerox copies attested by the co-insurer should be submitted

*** Note:** In case You are claiming for the same event under an indemnity based Policy of another insurer and are required to submit the original documents related to Your treatment with that particular insurer, then You may provide Us with the attested Xerox copies of such documents along with a declaration from the particular insurer specifying the availability of the original copies of the specified treatment documents with it.
****Note:** Waiver of conditions (i) and (vi) may be considered in extreme cases of hardship where it is proved to Our satisfaction that under the circumstances in which You were placed, it was not possible for You or any other person to give notice or file claim within the prescribed time limit.

List of Claim documents:

- Claim form with NEFT details & cancelled cheque duly signed by **Insured Person**
- Original/Attested copies of Discharge Summary / Discharge Certificate / Death Summary with Surgical & anesthetics notes
- Attested copies of Indoor case papers, if available
- Original/Attested copies Final Hospital Bill with break up of surgical charges, surgeon's fees, OT charges etc
- Original Paid Receipt against the final Hospital Bill.
- Original bills towards Investigations done / Laboratory Bills.
- Original/Attested copies of Investigation Reports against Investigations done.
- Original bills and receipts paid for the transportation from Registered Ambulance Service Provider. Treating **Medical Practitioner** certificate to transfer the Injured person to a higher medical Centre for further treatment (if Applicable).
- Cashless settlement letter or other company settlement letter
- First consultation letter for the current ailment.
- In case of implant surgery, invoice & sticker.

Please send the documents on below address Bajaj Allianz General Insurance Company Ltd. 2nd Floor, Bajaj Finserv Building,
Behind Weikfield IT park,
Off Nagar Road, Viman Nagar
Pune 411014| Toll free: 1800-209-5858, 1800-209-0144

Annexure I-
List of Day Care Procedures

ENT	General Surgery
1 Stapedotomy	204 Infected Keloid Excision
2 Myringoplasty(Type I	205 Incision of a pilonidal sinus /
3 Revision stapedectomy	206 Axillary lymphadenectomy
4 Labyrinthectomy for severe	207 Wound debridement and Cover
5 Stapedectomy under GA	208 Abscess-Decompression
6 Ossiculoplasty	209 Cervical lymphadenectomy
7 Myringotomy with Grommet	210 infected sebaceous cyst
8 Tympanoplasty (Type III)	211 Inguinal lymphadenectomy
9 Stapedectomy under LA	212 Incision and drainage of Abscess
10 Revision of the fenestration	213 Suturing of lacerations
11 Tympanoplasty (Type IV)	214 Scalp Suturing
12 Endolymphatic Sac Surgery	215 Infected lipoma excision
13 Turbinectomy	216 Maximal anal dilatation
14 Removal of Tympanic Drain	217 Piles
15 Endoscopic Stapedectomy	A)Injection Sclerotherapy
16 Fenestration of the inner ear	B)Piles banding
17 Incision and drainage of	218 Liver Abscess- catheter drainage
18 Septoplasty	219 Fissure in Ano- fissurectomy
19 Vestibular Nerve section	220 Fibroadenoma breast excision

20 Thyroplasty Type I	221 OesophagealvaricesSclerotherapy
21 Pseudocyst of the Pinna -	222 ERCP - pancreatic duct stone
22 Incision and drainage -	223 Perianal abscess I&D
23 Tympanoplasty (Type II)	224 Perianal hematoma Evacuation
24 Keratosis removal under GA	225 Fissure in anosphincterotomy
25 Reduction of fracture of	226 UGI scopy and
26 Excision and destruction of	227 Breast abscess I& D
27 Conchoplasty	228 Feeding Gastrostomy
28 Thyroplasty Type II	229 Oesophagoscopy and biopsy of
29 Tracheostomy	230 UGI scopy and injection of
30 Excision of Angioma Septum	231 ERCP - Bile duct stone removal
31 Turbinoplasty	232 Ileostomy closure
32 Incision & Drainage of Retro	233 Colonoscopy
33 UvuloPalatoPharyngoPlasty	234 Polypectomy colon
34 Palatoplasty	235 Splenic abscesses Laparoscopic
35 Tonsillectomy without	236 UGI SCOPY and Polypectomy
36 Adenoidectomy with	237 Rigid Oesophagoscopy for FB
37 Adenoidectomy without	238 Feeding Jejunostomy
38 Vocal Cord lateralisation	239 Colostomy
39 Incision & Drainage of Para	240 Ileostomy
40 Transoral incision and	241 colostomy closure
41 Tonsillectomywith	242 Submandibular salivary duct stone
42 Tracheoplasty Ophthalmology	243 Pneumatic reduction of
43 Incision of tear glands	244 Varicoseveins legs - Injection
44 Other operation on the tear	245 Rigid Oesophagoscopy for
45 Incision of diseased eyelids	246 Pancreatic Pseudocysts
46 Excision and destruction of	247 ZADEK's Nail bed excision
47 Removal of foreign body	248 Subcutaneous mastectomy
48 Corrective surgery of the	249 Excision of Ranula under GA
49 Operations forpterygium	250 Rigid Oesophagoscopy for dilation
50 Corrective surgery of	251 Eversion of Sac
51 Removal of foreign body	a) Unilateral
52 Biopsy of tear gland	b)Bilateral
53 Removal of Foreign body	252 Lord's plication
54 Incision of the cornea	253 Jaboulay's Procedure
55 Other operations on the	254 Scrotoplasty
56 Operation on the canthus	255 Surgical treatment of varicocele
57 Removal of foreign body	256 Epididymectomy
58 Surgery for cataract	257 Circumcision for Trauma
59 Treatment of retinal lesion	258 Meatoplasty
60 Removal of foreign body	259 Intersphincteric abscess incision and
Oncology	260 Psoas Abscess Incision and
61 IV Push Chemotherapy	261 Thyroid abscess Incision and
62 HBI-Hemibody Radiotherapy	262 TIPS procedure for portal
63 Infusional Targetedtherapy	263 Esophageal Growth stent
64 SRT-Stereotactic Arc	264 PAIR Procedure of Hydatid Cyst
65 SC administration of Growth	265 Tru cut liver biopsy
66 Continuous Infusional	266 Photodynamic therapy or
67 Infusional Chemotherapy	267 Excision of Cervical RIB

68 CCRT-Concurrent Chemo +	268 laparoscopic reduction of
69 2D Radiotherapy	269 Microdochectomy breast
70 3D Conformal Radiotherapy	270 Surgery for fracture Penis
71 IGRT- Image Guided	271 Sentinel node biopsy
72 IMRT- Step & Shoot	272 Parastomal hernia
73 Infusional Bisphosphonates	273 Revision colostomy
74 IMRT- DMLC	274 Prolapsed colostomy- Correction
75 Rotational Arc Therapy	275 Testicular biopsy
76 Tele gamma therapy	276 laparoscopic cardiomyotomy(
77 FSRT-Fractionated SRT	277 Sentinel node biopsy malignant
78 VMAT-Volumetric Modulated	278 laparoscopic pyloromyotomy(
79 SBRT-Stereotactic Body	Orthopedics
80 Helical Tomotherapy	279 Arthroscopic Repair of ACL tear
81 SRS-Stereotactic	280 Closed reduction of minor Fractures
82 X-Knife SRS	281 Arthroscopic repair of PCL tear knee
83 Gammaknife SRS	282 Tendon shortening
84 TBI- Total Body Radiotherapy	283 Arthroscopic Meniscectomy - Knee
85 intraluminal Brachytherapy	284 Treatment of clavicle dislocation
86 Electron Therapy	285 Arthroscopicmeniscus repair
87 TSET-Total Electron Skin	286 Haemarthrosis knee- lavage
88 Extracorporeal Irradiation of	287 Abscess knee joint drainage
89 Telecobalt Therapy	288 Carpal tunnel release
90 Telecesium Therapy	289 Closed reduction of minor
91 Externalmould	290 Repair of knee cap tendon
92 Interstitial Brachytherapy	291 ORIF with K wire fixation- small
93 Intracavity Brachytherapy	292 Release of midfoot joint
94 3D Brachytherapy	293 ORIF with plating- Small long bones
95 Implant Brachytherapy	294 Implant removal minor
96 Intravesical Brachytherapy	295 K wire removal
97 Adjuvant Radiotherapy	296 POP application
98 Afterloading Catheter	297 Closed reduction and external
99 Conditioning Radiothearpy for	298 Arthrotomy Hip joint
100 Extracorporeal Irradiation to	299 Syme's amputation
101 Radical chemotherapy	300 Arthroplasty
102 Neoadjuvant radiotherapy	301 Partial removal of rib
103 LDR Brachytherapy	302 Treatment of sesamoid bone
104 Palliative Radiotherapy	303 Shoulder arthroscopy/ surgery
105 Radical Radiotherapy	304 Elbow arthroscopy
106 Palliative chemotherapy	305 Amputation of metacarpal bone
107 Template Brachytherapy	306 Release of thumb contracture
108 Neoadjuvant chemotherapy	307 Incision of foot fascia
109 Adjuvant chemotherapy	308 calcaneum spur hydrocort injection
110 Induction chemotherapy	309 Ganglion wrist hyalase injection
111 Consolidation	310 Partial removal of metatarsal
112 Maintenance chemotherapy	311 Repair / graft of foot tendon
113 HDR Brachytherapy	312 Revision/Removal of Kneecap
Plastic Surgery	313 Amputation follow-up surgery
114 Construction skin pedicle	314 Exploration of ankle joint
115 Gluteal pressureulcer-	315 Remove/graft leg bone lesion

116 Muscle-skin graft, leg	316 Repair/graft achilles tendon
117 Removal of bone for graft	317 Remove of tissue expander
118 Muscle-skin graft duct	318 Biopsy elbow joint lining
119 Removal cartilage graft	319 Removal of wrist prosthesis
120 Myocutaneous flap	320 Biopsy finger joint lining
121 Fibro myocutaneous flap	321 Tendon lengthening
122 Breast reconstruction	322 Treatment of shoulder dislocation
123 Sling operation for facial	323 Lengthening of hand tendon
124 Split Skin Grafting under	324 Removal of elbow bursa
125 Wolfe skin graft	325 Fixation of knee joint
126 Plastic surgery to the floor	326 Treatment of foot dislocation
Urology	327 Surgery of bunion
127 AV fistula - wrist	328 intra articular steroid injection
128 URSL with stenting	329 Tendontransfer procedure
129 URSLwith lithotripsy	330 Removal of knee cap bursa
130 CystoscopicLitholapaxy	331 Treatment of fracture of ulna
131 ESWL	332 Treatment of scapula fracture
132 Haemodialysis	333 Removal of tumor of arm/ elbow
133 Bladder Neck Incision	334 Repair of ruptured tendon
134 Cystoscopy & Biopsy	335 Decompress forearm space
135 Cystoscopy and removal of	336 Revision of neck muscle (Torticollis
136 Suprapubiccystostomy	337 Lengthening of thigh tendons
137 percutaneous nephrostomy	338 Treatment fracture of radius & ulna
139 Cystoscopy and "SLING"	339 Repair of knee joint Paediatric
140 TUNA- prostate	340 Excision Juvenile polyps rectum
141 Excision of urethral	341 Vaginoplasty
142 Removal of urethral Stone	342 Dilatation of accidental
143 Excision of urethral	343 PresacralTeratomas Excision
144 Mega-ureter reconstruction	344 Removal of vesical stone
145 Kidney renoscopy and	345 Excision Sigmoid Polyp
146 Ureter endoscopy and	346 SternomastoidTenotomy
147 Vesicoureteric reflux	347 Infantile Hypertrophic Pyloric
148 Surgery forpelvi ureteric	348 Excision of soft tissue
149 Andersonhynesoperation	349 Mediastinal lymph node biopsy
150 Kidney endoscopy and	350 High Orchidectomy for testis
151 Paraphimosis surgery	351 Excision of cervical teratoma
152 **Injury** prepuce-	352 Rectal-Myomectomy
153 Frenular tearrepair	353 Rectal prolapse (Delorme's
154 Meatotomy for meatal	354 Orchidopexy for undescended
155 surgery for fournier's	355 Detorsion of torsion Testis
156 surgery filarial scrotum	356 lap.Abdominal exploration in
157 surgery for watering can	357 EUA + biopsy multiple fistula in ano
158 Repair of penile torsion	358 Cystic hygroma - Injection treatment
159 Drainage of prostate	359 Excision of fistula-in-ano
160 Orchiectomy	Gynaecology
161 Cystoscopy and removal of	360 Hysteroscopic removal of myoma
Neurology	361 D&C
162 Facial nerve physiotherapy	362 Hysteroscopic resection of septum
163 Nerve biopsy	363 thermal Cauterisation of Cervix

164 Muscle biopsy	364 MIRENA insertion
165 Epidural steroid injection	365 Hysteroscopicadhesiolysis
166 Glycerol rhizotomy	366 LEEP
167 Spinal cord stimulation	367 Cryocauterisation of Cervix
168 Motor cortex stimulation	368 Polypectomy Endometrium
169 Stereotactic Radiosurgery	369 Hysteroscopic resection of fibroid
170 Percutaneous Cordotomy	370 LLETZ
171 Intrathecal Baclofen therapy	371 Conization
172 Entrapment neuropathy	372 polypectomy cervix
173 Diagnostic cerebral	373 Hysteroscopic resection of
174 VP shunt	374 Vulval wart excision
175 Ventriculoatrialshunt	375 Laparoscopic paraovarian cyst
Thoracic surgery	376 uterine artery embolization
176 Thoracoscopy and Lung	377 Bartholin Cyst excision
177 Excision of cervical	378 Laparoscopic cystectomy
178 Laser Ablation of Barrett's	379 Hymenectomy(imperforate Hymen)
179 Pleurodesis	380 Endometrial ablation
180 Thoracoscopy and pleural	381 vaginal wall cyst excision
181 EBUS + Biopsy	382 Vulval cyst Excision
182 Thoracoscopy ligation	383 Laparoscopic paratubal cyst
183 Thoracoscopy assisted	384 Repair of vagina (vaginal atresia)
Gastroenterology	385 Hysteroscopy, removal of myoma
184 Pancreatic pseudocyst EUS	386 TURBT
185 RF ablation for	387 Ureterocoele repair - congenital
186 ERCP and papillotomy	388 Vaginal mesh For POP
187 Esophagoscope and	389 Laparoscopic Myomectomy
188 EUS + submucosal	390 Surgery for SUI
189 Construction of	391 Repair recto- vagina fistula
190 EUS + aspiration	392 Pelvic floor repair(excluding Fistula
191 Small bowel endoscopy	393 URS + LL
192 Colonoscopy ,lesion	394 Laparoscopic oophorectomy
193 ERCP	Critical care
194 Colonscopy stenting of	395 Insert non- tunnel CV cath
195 Percutaneous Endoscopic	396 Insert PICC cath (peripherally
196 EUS and pancreatic pseudo	397 Replace PICC cath (peripherally
197 ERCP and	398 Insertion catheter, intra anterior
198 Proctosigmoidoscopy	399 Insertion of Portacath
199 ERCP and sphincterotomy	
200 Esophageal stent	
201 ERCP + placement of	
202 Sigmoidoscopy w / stent	
203 US + coeliac node biopsy	

(i) The standard exclusions and waiting periods are applicable to all of the above procedures depending on the medical condition/disease under treatment. Only 24 hours hospitalization is not mandatory.

Annexure II:
List I: List of Non-Medical Items

SL	Item	
1	BABY FOOD	Not Payable
2	BABY UTILITIES CHARGES	Not Payable
3	BEAUTY SERV ICES	Not Payable
4	BELTS/ BRACES	Not Payable
5	BUDS	Not Payable
6	COLD PACK/HOT PACK	Not Payable
7	CARRY BAGS	Not Payable
8	EMAIL I INTERNET CHARGES	Not Payable
9	FOOD CHARGES (OTHER THAN PATIENT's DIETPROVIDED BY	Not Payable
10	LEGGINGS	Essential in bariatric and varicose vein surgery and should be considered for these conditions where surgery itself is
11	LAUNDRY CHARGES	Not Payable
12	MINERAL WATER	Not Payable
13	SANITARY PAD	Not Payable
14	TELEPHONE CHARGES	Not Payable
15	GUEST SERVICES	Not Payable
16	CREPE BANDAGE	Not Payable

17	DIAPER OF ANY TYPE	Not Payable
18	EYELET COLLAR	Not Payable
19	SLINGS	Not Payable
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	Not Payable
21	SERVICECHARGES WHERE	Not Payable
22	TELEVISION CHARGES	Not Payable
23	SURCHA RGES	Not Payable
24	ATTENDANT CHARGES	Not Payable
25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF	Not Payable
26	BIRTH CERTIFICATE	Not Payable
27	CERTIFICATE CHARGES	Not Payable
28	COURIER CHARGES	Not Payable
29	CONVEYANCE CHARGES	Not Payable
30	MEDICAL CERTIFICATE	Not Payable
31	MEDICAL RECORDS	Not Payable
32	PHOTOCOPIES CHARGES	Not Payable
33	MORTUARY CHARGES	Not Payable
34	WALKING AIDS CHARGES	Not Payable
35	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)	Not Payable
36	SPACER	Not Payable
37	SPIROMETRE	Not Payable
38	NEBULIZER KIT	Not Payable
39	STEAM INHALER	Not Payable
40	ARMSLING	Not Payable
41	THERMOMETER	Not Payable
42	CERVICAL COLLAR	Not Payable
43	SPLINT	Not Payable
44	DIABETIC FOOT WEAR	Not Payable
45	KNEEBRACES (LONG/ SHORT/	Not Payable
46	KNEE IMMOBILIZER/S HOULDER	Not Payable
47	LUMBOSACRAL BELT	Not Payable
48	NIMBUSBED OR WATER OR	Not Payable
49	AMBULANCE COLLAR	Not Payable
50	AMBULANCE EQUIPMENT	Not Payable
51	ABDOMINAL BINDER	Not Payable
52	PRIVATE NURSES CHARGES - SPECIAL	Not Payable
53	SUGAR FREE TABLETS	Not Payable
54	CREAMS POWDERS LOTIONS (Toiletries	Not Payable
55	ECG ELECTRODES	Not Payable
56	GLOVES	Not Payable
57	NEBULISATION KIT	Not Payable
58	ANY KITWITH NO DETAILS MENTIONED [DELIVERYKIT,	Not Payable
59	KIDNEY TRAY	Not Payable
60	MASK	Not Payable
61	OUNCE GLASS	Not Payable
62	OXYGEN MASK	Not Payable
63	PELVIC TRACTION BELT	Not Payable

64	PAN CAN	Not Payable
65	TROLLY COVER	Not Payable
66	UROMETER , URINE JUG	Not Payable
68	VASOFIX SAFETY	Not Payable

List ll - Items that are to be subsumed into Room Charges

S.	Item
1	BABY CHARGES (UNLESS SPECIFIED /INDICATED)
2	HANDWASH
3	SHOE COVER
4	CAPS
5	CARDLE CHARGES
6	COMB
7	EAU-DE-COLOGNE/ROOM FRESHNERS
8	FOOT COVER
9	GOWN
1	SLIPPERS
1	TISSUE PAPPER
1	TOOTH PASTE
1	TOOTH BRUSH
1	BED PAN
1	FACE MASK
1	FLEXI MASK
1	HAND HOLDER
1	SPUTUM CUP
1	DISINEFCTANT LOTIONS
2	LUXURY TAX
2	HVAC
2	HOUSE KEEPING CHARGES
2	AIR CONDITIONER CHARGES
2	IM IV INJECTION CHARGES
2	CLEAN SHEET
2	BLANKET/WARMER BLANKET
2	ADMISSION KIT
2	DIABETIC CHART CHARGES
2	DOCUMENTATION CHARGES/ADMINISTRATIVE EXPENSES
3	DISCHARGE PROCEDURE CHARGES
3	DAILY CHART CHARGES
3	ENTRANCE PASS / VISITORS PASS CHARGES
3	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE
3	FILE OPENING CHARGES
3	INCTDENTAL EXPENSES / MtSC. CHARGES (NOT EXPLATNED)
3	PATIENT IDENTIFICATION BAND / NAME TAG
3	PULSEOXYMETER CHARGES

List lll- Items that are to be subsumed into Procedure Charges

S.	Item
1	HAIR REMOVAL CREAM

2	DISPOSABLES RAZORS CHARGES(for site preparations)
3	EYE PAD
4	EYE SHEILD
5	CAMERA COVER
6	DVD ,CD CHARGES
7	GAUSE SOFT
8	GAUZE
9	WARD AND THEATRE BOOKING CHARGES
10	ARTHROSCOPE AND ENDOSCOPY INSTRUMENTS
11	MICROSCOPE COVER
12	SURGICAL BLADES,HARMONICSCALPEL,SHAVER
13	SURGICAL DRILL
14	EYE KIT
15	EYE DRAPE
16	X-RAY FILM
17	BOYLES APPARATUS CHARGES
18	COTTON
19	COTTON BANDAGE
20	SURGICAL TAPE
21	APRON
22	TORNIQUET
23	ORTHOBUNDLE, GYNAEC BUNDLE

List IV - Items that are to be subsumed into costs of treatment

S.	Item
1	ADMISSION/REGISTRATION CHARGES
2	HOSPITALIZATION FOR EVALUATION/DIAGNOSTIC PURPOSE
3	URINE CONTAINER
4	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES
5	BIPAP MACHINE
6	CPAP/CAPD EQUIPMENTS
7	INFUSION PUMP-COST
8	HYDROGEN PERPOXIDE\SPIRIT\DISINFECTION ETC
9	NUTTRITION PLANNING CHARGES - DIETICIAN CHARGES - DIET CHARGES
10	HIV KIT
11	ANTISEPTIC MOUTHWASH
12	LOZENGES
13	MOUTH PAINT
14	VACCINATION CHARGES
15	ALCOHOL SWABES
16	SCRUB SOLUTION / STERILLIUM
17	GLUCOMETER & STRIPS
18	URINE BAG

Annexure III:
Modern Treatment Methods and Advancement in Technologies

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 prostrate (Green laser treatment or holmium laser treatment)
K	IONM -(Intra Operative Neuro Monitoring)
L	Stemcelltherapy: Hematopoietic stemcells for bone marrowtransplant for

Annexure IV:
ICD specific for Mental Illness

ICD Cod	ICD Description
F00	Dementia in Alzheimer disease
F02	Dementia in other diseases classified elsewhere
F03	Unspecified dementia
F05	Delirium, not induced by alcohol and other psychoactive substances
F07	Personality and behavioural disorders due to brain disease, damage and dysfunction
F09	Unspecified organic or symptomatic mental disorder
F20	Schizophrenia
F21	Schizotypal disorder
F22	Persistent delusional disorders
F23	Acute and transient psychotic disorders
F24	Induced delusional disorder
F25	Schizoaffective disorders
F31	Bipolar affective disorder
F32	Depressive episode
F33	Recurrent depressive disorder
F40	Phobic anxiety disorders

Annexure V:
Contact details of the Ombudsman offices

Office Details	Jurisdiction of Office Union Territory, District)
AHMEDABAD - Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, AHMEDABAD – 380 001. Tel.: 079 – 25501201 /02 /05/06 Email: bimalokpal.ahmedabad@cioins.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu
BENGALURU - Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Soudha Building,PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in	Karnataka.
BHOPAL - Insurance Ombudsman Office of the Insurance Ombudsman, 1st floor, “Jeevan Shikha",	Madhya Pradesh Chattisgarh.

Office Details	Jurisdiction of Office Union Territory, District)
60-B,Hoshangabad Road, Opp. Gayatri Mandir, Bhopal – 462 011. Tel.: 0755 - 2769201 / 2769202 Email: bimalokpal.bhopal@cioins.co.in	
BHUBANESHWAR – Insurance Ombudsman Office of the Insurance Ombudsman, 62, Forest park, Bhubaneswar – 751 009. Tel.: 0674 – 2596461 / 2596455 Email: bimalokpal.bhubaneswar@cioins.co.in	Orissa.
CHANDIGARH - Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Deep Building SCO 20-27, Ground Floor Sector- 17 A, Chandigarh – 160 017. Tel.: 0172 – 4646394 / 2706468 Email: bimalokpal.chandigarh@cioins.co.in	Punjab, Haryana (excluding Gurugram, Faridabad, Sonepat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir,Ladakh & Chandigarh.
CHENNAI - Insurance Ombudsman Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24333678 Email: bimalokpal.chennai@cioins.co.in	Tamil Nadu, Puducherry Town and Karaikal (which are part of Puducherry)
DELHI – Insurance Ombudsman Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23237539 Email: bimalokpal.delhi@cioins.co.in	Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonepat & Bahadurgarh.
GUWAHATI - Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@cioins.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
HYDERABAD - Insurance Ombudsman Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004.	Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.

Office Details	Jurisdiction of Office Union Territory, District)
Tel.: 040 - 23312122 Email: bimalokpal.hyderabad@cioins.co.in	
JAIPUR - Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 –2740363 / 2740798 Email: bimalokpal.jaipur@cioins.co.in	Rajasthan.
KOCHI– Insurance Ombudsman Office of the Insurance Ombudsman, 10th Floor, Jeevan Prakash,LIC Building, Opp to Maharaja's College Ground, M.G.Road, Kochi - 682 011. Tel.: 0484 - 2358759 Email: bimalokpal.ernakulam@cioins.co.in	Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.
KOLKATA – Insurance Ombudsman Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 7th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124341 Email: bimalokpal.kolkata@cioins.co.in	West Bengal, Sikkim, Andaman & Nicobar Islands.
LUCKNOW – Insurance Ombudsman Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 4002082 / 3500613 Email: bimalokpal.lucknow@cioins.co.in	Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, Fatehpur, Pratapgarh, Jaunpur,Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar..
MUMBAI - Insurance Ombudsman Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 69038800/ 27/ 29/ 31/ 32/ 33 Email: bimalokpal.mumbai@cioins.co.in	Goa, Mumbai Metropolitan Region (excluding Navi Mumbai & Thane).

Office Details	Jurisdiction of Office Union Territory, District)
NOIDA - Insurance Ombudsman Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in	State of Uttarakhand and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kannauj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam Buddh nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
PATNA – Insurance Ombudsman Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in	Bihar, Jharkhand.
PUNE - Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020- 24471175 Email: bimalokpal.pune@cioins.co.in	Maharashtra, Areas of Navi Mumbai and Thane (excluding Mumbai Metropolitan Region).

Note: Address and contact number of Governing Body of Insurance Council:
Council for Insurance Ombudsmen, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W),Mumbai - 400 054.
E-mail: inscoun@cioins.co.in, Tel: 022 -69038800/69038812, Website: https://www.cioins.co.in