

BAJAJ ALLIANZ HEALTH ENSURE

HEALTH IS SURE
WITH HEALTH ENSURE



Caringly yours



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Introduction

We all want to give the best of facilities to our families and their sound health is of supreme importance to us hence we want to have the best when it comes to Health Insurance.

Bajaj Allianz's Health Ensure Policy comes with new comprehensive benefits at competitive premiums and is a perfect product to care of medical expenses for you and your family in case of unfortunate event of hospitalisation for illness/injury.

Special features of Health Ensure

- For the purpose of Individual Sum Insured policy- includes the insured; his/her lawfully wedded spouse, and dependent children, Grandchildren, Parents, Sister, Brother, Father In law, Mother In law, Aunt, Uncle.
- For the purpose of Family Floater- includes the insured; his/her lawfully wedded spouse and dependent children. For Parents and parents In laws separate floater policy can be taken
- No pre-policy medical tests up to 50 years of age (subject to clean proposal form)
- Pre-existing disease covered after 24 months from your first Health Ensure Policy
- Pre 30 days and post 60 days hospitalisation expenses cover
- Emergency road ambulance cover
- Day care procedures
- Free preventive health check up
- Income tax benefit under 80 D of the IT Act on premiums paid for this policy
- Ayurvedic and Homeopathic Hospitalisation Cover
- Organ Donor Expenses
- 5% Cumulative bonus for each claim free year

What are the Sum Insured options available under the policy?

- Sum Insured Options Under Individual Policy-
Rs. 50,000, Rs. 75,000, Rs. 1 Lac, Rs. 1.5 Lacs, Rs. 2 Lacs, Rs. 3 Lacs, Rs. 4 Lacs, Rs. 5 Lacs, Rs. 10 Lacs
- Sum Insured Options Under Floater Policy-
Rs. 2 Lacs, Rs. 3 Lacs, Rs. 4 Lacs, Rs. 5 Lacs, Rs. 10 Lacs

What is Entry age under this policy?

- Minimum Entry age for Self, Spouse, Parents, Sister, Brother, Parents In law, Aunt Uncle - 18 years
- Maximum Entry Age for Self, Spouse, Parents, Sister, Brother, Parents In law, Aunt Uncle - Lifetime
- Minimum Entry age for Dependent Child/Grandchild - 3 months
- Maximum Entry Age for Dependent Child/Grandchild - 30 years

What is Renewal Age?

- Under normal circumstances, lifetime renewal benefit is available under the policy, except on the grounds of Your moral hazard, misrepresentation, non- cooperation or fraud (Subject to policy is renewed annually with us within the Grace period of 30 days from date of Expiry).
- For dependent children, Policy is renewable up to 35 years. After the completion of maximum renewal age of dependent children, the policy would be renewed for lifetime. However a Separate proposal form should be submitted to us at the time of renewal with the insured member as proposer

Eligibility

- Indian nationals residing in India would be considered for this policy.
- This policy can be opted by Non-Resident Indians also, provided premium is paid in Indian currency & by Indian Account only
- Sum Insured for Self (i.e. Proposer) cannot be less than any of his/her family members

What is the Policy period?

- Policy can be taken for 1year/2years OR 3years.

What is Premium paying term?

- Premium can also be paid on installment basis- Annual (for long term policies), Half yearly, Quarterly or Monthly

Is this a floater policy / individual policy?

- Policy provides Individual as well as Floater sum insured options

Who can be covered under Health Ensure Policy?

- For the purpose of Individual Sum Insured policy- includes the insured; his/her lawfully wedded spouse, and dependent children, Grandchildren, Parents, Sister, Brother, Father In law, Mother In law, Aunt, Uncle.
- For the purpose of Family Floater- includes the insured; his/her lawfully wedded spouse and dependent children. For Parents and parents In laws separate floater policy can be taken

COVERAGE

1. In-patient Hospitalisation Treatment

If You are hospitalized on the advice of a Doctor 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 below:

- i) Room Rent, Boarding and Nursing Expenses as provided by the Hospital maximum of 1% of Sum Insured per day or up to Rs. 5000/-, whichever is lower.
- ii) ICU Charges- If admitted in ICU, we will pay ICU Charges as provided by the Hospital subject to maximum of 2% of Sum Insured per day or up to Rs. 10000/-, whichever is lower.
- iii) Fees of Surgeon, Anesthetist, Medical Practitioner, Consultants and Specialists Doctors.
- iv) Operation Theatre Charges, Anesthesia, Blood, Oxygen, 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, relevant laboratory diagnostic tests, X-ray and such similar expenses that are medically necessary.

Note: 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

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-Hospitalisation

The Medical Expenses incurred during the 30 days immediately before you were Hospitalised, provided that: Such Medical Expenses were incurred for the same illness/injury for which subsequent Hospitalisation was required, and We have accepted an inpatient Hospitalisation claim under Inpatient Hospitalisation Treatment.

3. Post-Hospitalisation

The Medical Expenses incurred during the 60 days immediately after You were discharged post Hospitalisation provided that such costs are incurred in respect of the same illness/injury for which the earlier Hospitalisation was required, and We have accepted an inpatient Hospitalisation claim under Inpatient Hospitalisation Treatment.

4. Road Ambulance

We will pay the reasonable cost to a maximum of Rs. 1000/- per Hospitalisation 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:

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

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

5. Day Care Procedures

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

6. Organ Donor Expenses:

We will pay expenses towards organ donor's treatment for harvesting of the donated organ, provided that,

- i. The organ donor is any person whose organ has been made available in accordance and in compliance with THE TRANSPLANTATION OF HUMAN ORGANS (AMENDMENT) BILL, 2011 and the organ donated is for the use of the Insured Person, and
- ii. We have accepted an inpatient Hospitalisation claim for the insured member under In Patient Hospitalisation Treatment.

Specific exclusions applicable to Organ Donor Expenses:

1. Claims which have NOT been admitted under In Patient Hospitalisation Treatment
2. Claims not in compliance with THE TRANSPLANTATION OF HUMAN ORGANS (AMENDMENT) BILL, 2011
3. The organ donors Pre and Post-Hospitalisation expenses.

7. Preventive Health Check Up

At the end of block of every continuous period of 3 years during which You have held Our Health Ensure policy, You are eligible for a free Preventive Health checkup. We will reimburse the amount equal to 1% of the sum insured max up to Rs. 1500/- for each member in Individual policy during the block of 3 years. This benefit can be availed by proposer & spouse only under Floater Sum Insured Policies however the amount will not exceed 1% of sum insured max up to Rs. 1500/-.

You may approach us for the arrangement of the Health Checkup. For the avoidance of doubt, We shall be liable for medical check-up expenses and any other cost incurred such as for transportation, accommodation, food or sustenance shall not be payable by us.

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

8. Ayurvedic / Homeopathic Hospitalisation Expenses

If You are Hospitalised for not less than 24 hrs, in an Ayurvedic / Homeopathic Hospital which is a government hospital or in any institute recognized by government and/or accredited by Quality Council of India/National Accreditation Board on Health and/or Teaching hospitals of AYUSH colleges recognized by Central Council of Indian Medicine (CCIM) and Central Council of Homeopathy (CCH) and/or AYUSH Hospitals on the advice of a Doctor 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:

- i. Room Rent and Boarding as provided by the Hospital maximum of 1% of Sum Insured per day or up to Rs. 5000/-, whichever is lower.
- ii. Nursing care

- iii. Consultation fees
- iv. Medicines, drugs and consumables,
- v. Ayurvedic and Homeopathic treatment procedures

Note: 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 medicines and consumables, shall be payable in the same proportion as the admissible rate per day bears to the actual rate per day of room rent charges.

Our maximum liability is up to 20% of Sum Insured per policy year. This benefit will be applicable annually for policies with term more than 1 year.

The claim will be admissible under the policy provided that,

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

EXCLUSIONS UNDER THE POLICY

A. Waiting Period

1. Pre-existing Diseases waiting period (Excl01)

- a. Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 24 months of continuous coverage after the date of inception of the first Health Ensure Policy with us.
- b. In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of Sum Insured increase.
- c. If the Insured is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations then waiting period for the same would be reduced to the extent of prior coverage.
- d. Coverage under the Policy after the expiry of 24 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Us.

2. Specified disease/procedure waiting period (Excl02)

- a. Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of 12 / 24 months of continuous coverage after the date of inception of the first Health Ensure Policy with Us. This exclusion shall not be applicable for claims arising due to an accident.
- b. In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of Sum Insured increase.
- c. If any of the specified disease/procedure falls under the waiting period specified for Pre-Existing diseases, then the longer of the two waiting periods shall apply.
- d. The waiting period for listed conditions shall apply even if contracted after the Policy or declared and accepted without a specific exclusion.
- e. If the Insured is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.
- f. List of specific diseases/procedures is as below:
 - I. 12 Months Waiting period:

1. Any types of gastric or duodenal ulcers	2. Surgery of varicose veins and varicose ulcers
3. Hydrocele	4. Undescended testes
5. Congenital internal diseases	6. Surgery for any skin ailment

ii. 24 Months Waiting Period:

1. Benign prostatic hypertrophy	10. Fistulae, Fissure in ano
2. All types of sinuses	11. Fibromyoma
3. Haemorrhoids	12. Hysterectomy
4. Dysfunctional uterine bleeding	13. Surgery on all internal or external tumours/ cysts/ nodules/polyps of any kind including breast lumps.
5. Endometriosis	
6. Stones in the urinary and biliary systems	14. Any kind of Malignant tumor or growth
7. Surgery on ears/tonsils/ adenoids/ paranasal sinuses	15. Mental Illness
8. Cataracts,	16. Parkinson's Disease
9. Hernia of all types	17. Alzheimer Disease

3. A waiting period of 48 months from the first Health Ensure Policy inception date will be applicable to the medical and surgical treatment of illness surgical procedures mentioned below.

- Joint replacement surgery
- Surgery for vertebral column disorders (unless necessitated due to an accident)
- Surgery to correct deviated nasal septum
- Hypertrophied turbinate
- Gout and Rheumatism
- 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

4. 30-day waiting period (Excl03)

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

B. General Exclusion:

- 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.
- Medical expenses where Inpatient care is not warranted and does not require supervision of qualified nursing staff and qualified medical practitioner round the clock. This exclusion is however not applicable for any day care treatment taken for the accidental bodily injury in a day care centre/ hospital

3. War, invasion, acts of foreign enemies, hostilities (whether war be declared or not) [except for compelling the Government or any other person to do or abstain from doing any act as defined under the definition of Terrorist act], 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 Acts of Terrorism will be covered under the policy.

4. Investigation & Evaluation (Excl04)

- a) Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded even if the same requires confinement at a Hospital.
- b) Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.

5. Rest Cure, rehabilitation and respite care (Excl05)

- a) 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.

6. 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

7. Change-of-gender treatments (Excl07)

Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.

8. Cosmetic or plastic Surgery (Excl08)

Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.

9. Hazardous or Adventure Sports (Excl09)

Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse

rating or scuba diving, hand gliding, sky diving, deep-sea diving.

10. Breach of law (Excl10)

Expenses for treatment directly arising from or consequent upon any Insured committing or attempting to commit a breach of law with criminal intent.

11. Excluded Providers (Excl11)

Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.

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

13. Treatments received in health spas, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. (Excl13)

14. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure. (Excl14)

15. Refractive Error (Excl15)

Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres.

16. Unproven Treatments (Excl16)

Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.

17. 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

18. Maternity (Excl18)

- 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.

19. Circumcision unless required for the treatment of illness or accidental bodily injury,

20. 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.

21. External medical equipment of any kind used at home as post hospitalisation 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
- 22. Intentional self-injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol)
- 23. 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 doctor.
- 24. All non-medical Items as per Annexure II provided in Policy Wordings
- 25. Any treatment received outside India is not covered under this policy.

Pre-policy checkup for the policy

- Applicable only for new proposals
- No Medical tests up to 50years, subject to no adverse health conditions
- Medical tests are applicable for members 51 years and above.
- Pre-policy checkup would be arranged at our empanelled diagnostic centers.
- The validity of the test reports would be 30 days from date of medical examination.
- If pre-policy checkup would be conducted in our paneled diagnostic centre, 50% of the medical tests charges would be reimbursed, subject to acceptance of proposal and policy issuance

Age of the person to be insured	Sum Insured	Medical Examination
Up to 50 years	All Sum Insured options	No Medical Tests*
51 years and above	All Sum Insured options	Medical Tests required as listed below: Full Medical Report, CBC, Urine R, ECG, Lipid profile, Fasting BSL, HbA1c, SGOT, SGPT, Sr Creatinine

*Subject to no adverse health conditions

Discounts under the policy:

- i. 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 office code
(Note: Online/Direct Customer Discount is not applicable to Employees)
- ii. Online Discount/Direct Customer Discount: 5% discount is extended for the policies purchased online/ through website and to direct customers.
(Note: Employee Discount is not applicable to Online/Direct Customers)
- iii. Long Term Policy Discount:
This will not apply to policies where premium is paid in instalments.
 - 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.

Loading due to adverse Health Conditions:

- The loading would be applicable on per individual basis for the proposals with adverse health conditions given below: Hypertension, Diabetes, Obesity, Cholesterol Disorder, Cardiovascular diseases, or multiple risk factors.

Condition	Loading on premium of the Individual
Diabetes	5%
Hypertension	5%
Cholesterol Disorder	5%
Obesity	5%
Cardiovascular diseases	5%

- For Multiple conditions cumulative loading would be applied on the published premium.
- The maximum risk loading applicable for an individual shall not exceed 25% of the published premiums, for overall risk per person.
- These loadings are applied from Commencement Date of the Policy including subsequent renewal(s) with Us or on the receipt of the request of increase in Sum Insured (for the increased Sum Insured).
- We will inform You about the applicable risk loading through a counter offer letter. You need to revert to Us with consent and additional premium (if any), within 15 days of the issuance of such counter offer letter. In case, you neither accept the counter offer nor revert to Us within 15 days, We shall cancel Your application and refund the premium paid within next 7 days.
- Please note that We will issue Policy only after getting Your consent.

Enhancement of Sum Insured

- The Insured member 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.
- The acceptance of enhancement of Sum Insured would be at the discretion of the company, based on the health condition of the insured members & claim history of the policy.
- 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

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 fifteen days from date of receipt of the policy document to review the terms and conditions of the policy, and to return the same if not acceptable.

If the insured has not made any claim during the Free Look Period, the insured shall be entitled to

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

Additional benefits

• Cumulative Bonus

Cumulative Bonus is applicable only for In Patient Hospitalisation Treatment Section.

- If You renew Your Health Ensure Policy with Us without any break in the Policy Period and there has been no

claim in the preceding year, then We will increase the Limit of Indemnity by 5% of Sum Insured per annum as Cumulative Bonus. In case long term policy is purchased, the cumulative bonus applicable to policy will automatically be increased by 5% after the completion of every Policy year, in case of no claim is lodged under the Policy.

- ii. The maximum cumulative increase in the Limit of Indemnity will be limited to 25% of Sum Insured.
- iii. In event of a claim under the Policy in a policy year, the cumulative bonus would be decreased by 5% after the completion of Policy year. There will be no impact on the Sum Insured, only the accrued cumulative bonus will be decreased.

- **Income Tax Benefit as per Sec 80 D of the IT Act on the premiums paid for this policy**

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.

Renewal of the policy

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

- i) The Company shall endeavor to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.
- ii) Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years.
- iii) Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.
- iv) At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in policy. Coverage is not available during the grace period.
- v) No loading shall apply on renewals based on individual claims experience

Cancellation

- I. The policyholder may cancel this policy by giving 15 days' written notice and in such an event, the Company shall refund premium for the unexpired policy period as detailed below.

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

Cancellation grid for premium received on instalment basis and refund is as under

The premium will be refunded as per the below table:

Period in Risk (from latest instalment date)	Premium Refund	Premium Refund	Premium Refund
	% of Monthly Premium	% of quarterly Premium	% of Half Yearly Premium
Within 15 days from 1st Installment date	As per Free Look Period Condition		
Exceeding 15 days but less than or equal to 3 months	No Refund		30%
Exceeding 3 months but less than or equal to 6 months			0%

Note:

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

Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the insured person under the policy.

- The Company may cancel the policy at any time on grounds of misrepresentation non-disclosure of material facts, fraud by the insured person by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.

Portability

The Insured beneficiary will have the option to port the policy to other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed Insured beneficiary will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability.

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

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.

Migration:

The Insured beneficiary will have the option to migrate the policy to other health insurance products/plans offered by the company by applying for migration of the policy atleast 30 days before the policy renewal date as per IRDAI guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the company, the Insured beneficiary will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on migration.

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

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.

PREMIUM CHART

There are Two Zones for Premium payment

Zone A

“Following cities has been clubbed in Zone A:-

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

Zone B

Rest of India apart from Zone A cities are classified as Zone B.

Note:-

Policyholders paying Zone A premium rates can avail treatment all over India without any co-payment.

But, those, who pay zone B premium rates and avail treatment in Zone A city will have to pay 20% co-payment on admissible claim amount. This Co – payment will not be applicable for Accidental Hospitalization cases.”

Policyholder residing in Zone B can choose to pay premium for Zone A and avail treatment all over India without any co-payment.

Premiums are exclusive of GST

Premium for Zone A (Individual)

Age / SI	50,000	75,000	1,00,000	1,50,000	2,00,000	3,00,000	4,00,000	5,00,000	10,00,000
0.3Mo-20	1265	1630	2000	2557	2835	3315	3921	4622	5786
21-25	1326	1709	2095	2679	2969	3472	4108	4842	6062
26-30	1487	1916	2350	3004	3329	3894	4607	5432	6800
31-35	1559	2009	2464	3150	3491	4083	4832	5697	7131
36-40	1787	2304	2871	3670	4066	4757	5630	6639	8311
41-45	2088	2722	3430	4383	4854	5681	6724	7931	9928
46-50	2676	3519	4458	5696	6308	7383	8741	10311	12907
51-55	3530	4554	5591	7142	7908	9257	10962	12932	16189
56-60	4938	6371	7823	9993	11061	12951	15339	18098	22655
61-65	6775	8742	10735	13711	15174	17769	21048	24836	31089
66-70	9102	11745	14423	18420	20384	23871	28279	33371	41773
71-75	10326	13325	16364	20898	23126	27083	32085	37863	47396
Above 75	11795	15222	18693	23873	26417	30938	36652	43254	54143

Premium for Zone B (Individual)

Age / SI	50,000	75,000	1,00,000	1,50,000	2,00,000	3,00,000	4,00,000	5,00,000	10,00,000
0.3Mo-20	1012	1304	1600	2046	2268	2652	3137	3698	4629
21-25	1061	1367	1676	2143	2375	2778	3286	3874	4850
26-30	1190	1533	1880	2403	2663	3115	3686	4345	5440
31-35	1247	1608	1971	2520	2793	3267	3865	4557	5705
36-40	1430	1843	2297	2936	3253	3805	4504	5311	6648
41-45	1670	2177	2744	3506	3884	4544	5379	6345	7942
46-50	2140	2815	3567	4557	5046	5906	6993	8249	10326
51-55	2824	3643	4473	5714	6326	7406	8770	10346	12951
56-60	3951	5097	6258	7994	8849	10361	12271	14479	18124
61-65	5420	6993	8588	10968	12139	14215	16838	19869	24871
66-70	7281	9396	11538	14736	16307	19097	22623	26697	33418
71-75	8261	10660	13091	16719	18501	21667	25668	30291	37917
Above 75	9436	12177	14954	19098	21134	24750	29321	34603	43315

Premium Chart for Floater Sum Insured

1 Adult + 1 Child

Age / SI	Zone A					Zone B				
	2,00,000	3,00,000	4,00,000	5,00,000	10,00,000	2,00,000	3,00,000	4,00,000	5,00,000	10,00,000
18-25	4597	5376	6359	7496	9384	3678	4300	5087	5997	7507
26-30	4882	5709	6754	7962	9968	3905	4567	5403	6370	7974
31-35	5010	5859	6932	8172	10231	4008	4687	5546	6538	8185
36-40	5465	6393	7564	8919	11165	4372	5114	6051	7135	8932
41-45	6197	7249	8579	10116	12664	4957	5799	6863	8093	10131
46-50	7632	8931	10572	12468	15608	6106	7145	8457	9975	12486
51-55	9028	10566	12509	14754	18470	7222	8452	10007	11803	14776
56-60	12605	14756	17474	20615	25806	10084	11805	13979	16492	20645
61-65	17014	19920	23593	27837	34846	13611	15936	18874	22270	27877
66-70	22407	26238	31079	36673	45906	17926	20990	24863	29338	36725
71-75	24745	28979	34331	40514	50713	19796	23183	27464	32411	40571
Above 75	28266	33103	39217	46282	57933	22613	26483	31374	37025	46347

1 Adult + 2 Children

Age / SI	Zone A					Zone B				
	2,00,000	3,00,000	4,00,000	5,00,000	10,00,000	2,00,000	3,00,000	4,00,000	5,00,000	10,00,000
18-25	5812	6797	8040	9477	11865	4650	5437	6432	7582	9492
26-30	6054	7080	8376	9874	12361	4843	5664	6701	7899	9889
31-35	6163	7208	8527	10052	12584	4930	5766	6822	8042	10067
36-40	6550	7661	9064	10686	13377	5240	6129	7251	8549	10702
41-45	7171	8388	9926	11703	14651	5737	6711	7941	9363	11721
46-50	8481	9923	11744	13850	17338	6785	7938	9396	11080	13870
51-55	9909	11595	13725	16188	20264	7927	9276	10980	12950	16212
56-60	13057	15282	18095	21345	26720	10445	12226	14476	17076	21376
61-65	17719	20744	24566	28983	36280	14175	16595	19653	23186	29024
66-70	23279	27256	32282	38090	47681	18623	21805	25826	30472	38144
71-75	26364	30875	36576	43164	54031	21091	24700	29261	34531	43225
Above 75	30115	35269	41783	49309	61723	24092	28215	33426	39448	49379

1 Adult + 3 Children

Age / SI	Zone A					Zone B				
	2,00,000	3,00,000	4,00,000	5,00,000	10,00,000	2,00,000	3,00,000	4,00,000	5,00,000	10,00,000
18-25	7000	8186	9683	11414	14290	5600	6549	7747	9132	11432
26-30	7220	8443	9988	11774	14739	5776	6754	7990	9419	11792
31-35	7318	8559	10125	11936	14942	5855	6847	8100	9548	11954
36-40	7669	8970	10612	12510	15661	6135	7176	8489	10008	12529
41-45	8233	9629	11394	13433	16816	6586	7703	9115	10746	13453
46-50	9421	11021	13043	15379	19253	7537	8817	10434	12303	15402
51-55	10797	12633	14953	17634	22075	8638	10107	11962	14107	17660
56-60	13871	16234	19220	22670	28379	11097	12987	15376	18136	22703
61-65	18549	21713	25712	30333	37971	14839	17371	20570	24266	30377
66-70	24665	28884	34217	40379	50545	19732	23107	27374	32303	40436
71-75	27983	32771	38822	45815	57349	22386	26217	31058	36652	45879
Above 75	31964	37435	44349	52337	65513	25572	29948	35479	41870	52411

Premium Chart for Floater Sum Insured (Exclusive of Taxes as applicable)

1 Adult + 4 Children

Age / SI	Zone A					Zone B				
	2,00,000	3,00,000	4,00,000	5,00,000	10,00,000	2,00,000	3,00,000	4,00,000	5,00,000	10,00,000
18-25	8201	9590	11344	13372	16740	6561	7672	9075	10698	13392
26-30	8407	9831	11630	13710	17163	6726	7865	9304	10968	13730
31-35	8500	9940	11759	13862	17353	6800	7952	9407	11089	13883
36-40	8830	10326	12216	14402	18029	7064	8261	9773	11521	14423
41-45	9359	10946	12951	15269	19114	7487	8757	10361	12215	15291
46-50	10475	12253	14500	17097	21403	8380	9803	11600	13678	17122
51-55	11768	13768	16295	19215	24054	9414	11014	13036	15372	19244
56-60	14733	17241	20410	24072	30134	11786	13793	16328	19258	24108
61-65	19426	22744	26941	31791	39794	15541	18195	21553	25432	31835
66-70	26092	30555	36197	42715	53469	20874	24444	28957	34172	42775
71-75	29602	34667	41068	48465	60666	23681	27733	32855	38772	48533
Above 75	33814	39600	46914	55365	69303	27051	31680	37531	44292	55443

2 Adults

Age / SI	Zone A					Zone B				
	2,00,000	3,00,000	4,00,000	5,00,000	10,00,000	2,00,000	3,00,000	4,00,000	5,00,000	10,00,000
18-25	4595	5373	6356	7493	9380	3676	4298	5085	5994	7504
26-30	5151	6025	7128	8404	10521	4121	4820	5703	6723	8417
31-35	5401	6318	7476	8814	11034	4321	5054	5981	7051	8828
36-40	6291	7360	8711	10272	12859	5033	5888	6969	8218	10287
41-45	7511	8790	10405	12271	15361	6009	7032	8324	9817	12289
46-50	9760	11423	13525	15954	19972	7808	9139	10820	12763	15977
51-55	12236	14323	16962	20010	25049	9788	11459	13569	16008	20039
56-60	17115	20039	23734	28003	35054	13692	16031	18987	22403	28043
61-65	23479	27493	32567	38429	48104	18783	21995	26054	30743	38484
66-70	31541	36936	43756	51635	64635	25232	29549	35005	41308	51708
71-75	35783	41906	49645	58586	73335	28627	33525	39716	46869	58668
Above 75	40875	47870	56711	66927	83776	32700	38296	45369	53541	67021

2 Adults + 1 Child

Age / SI	Zone A					Zone B				
	2,00,000	3,00,000	4,00,000	5,00,000	10,00,000	2,00,000	3,00,000	4,00,000	5,00,000	10,00,000
18-25	5893	6891	8152	9609	12030	4714	5513	6521	7687	9624
26-30	6376	7457	8822	10401	13020	5101	5965	7058	8320	10416
31-35	6593	7711	9124	10757	13466	5275	6169	7299	8605	10773
36-40	7366	8616	10196	12022	15050	5893	6893	8157	9618	12040
41-45	8515	9963	11792	13906	17408	6812	7970	9433	11125	13926
46-50	10709	12532	14836	17499	21906	8567	10026	11869	13999	17524
51-55	12967	15177	17970	21198	26536	10374	12142	14376	16959	21229
56-60	18119	21212	25121	29638	37100	14495	16970	20097	23710	29680
61-65	24620	28827	34144	40288	50432	19696	23062	27315	32231	40345
66-70	32968	38607	45735	53971	67559	26374	30886	36588	43177	54047
71-75	37402	43802	51890	61236	76653	29922	35042	41512	48989	61322
Above 75	42724	50036	59277	69955	87566	34179	40028	47421	55964	70053

Premium Chart for Floater Sum Insured (Exclusive of Taxes as applicable)

2 Adults + 2 Children

Age / SI	Zone A					Zone B				
	2,00,000	3,00,000	4,00,000	5,00,000	10,00,000	2,00,000	3,00,000	4,00,000	5,00,000	10,00,000
18-25	7107	8311	9831	11589	14508	5686	6649	7865	9271	11607
26-30	7547	8827	10443	12311	15411	6038	7061	8354	9848	12329
31-35	7746	9059	10718	12635	15818	6196	7247	8574	10108	12654
36-40	8450	9884	11695	13789	17262	6760	7907	9356	11031	13809
41-45	9498	11111	13150	15506	19411	7598	8889	10520	12404	15529
46-50	11580	13550	16039	18916	23680	9264	10840	12831	15133	18944
51-55	13858	16219	19202	22649	28352	11087	12975	15361	18119	22682
56-60	18663	21852	25881	30537	38226	14931	17481	20705	24430	30581
61-65	25604	29981	35514	41906	52457	20483	23985	28411	33525	41966
66-70	34394	40278	47715	56307	70483	27516	32223	38172	45046	56387
71-75	39021	45698	54136	63887	79971	31217	36558	43309	51110	63977
Above 75	44573	52201	61842	72982	91356	35659	41761	49474	58386	73085

2 Adults + 3 Children

Age / SI	Zone A					Zone B				
	2,00,000	3,00,000	4,00,000	5,00,000	10,00,000	2,00,000	3,00,000	4,00,000	5,00,000	10,00,000
18-25	8308	9715	11492	13547	16959	6646	7772	9194	10837	13567
26-30	8721	10200	12066	14224	17807	6977	8160	9653	11379	14246
31-35	8908	10418	12325	14529	18189	7126	8334	9860	11623	14551
36-40	9569	11192	13243	15613	19545	7655	8954	10594	12490	15636
41-45	10554	12346	14610	17226	21565	8443	9877	11688	13781	17252
46-50	12510	14637	17324	20430	25575	10008	11710	13859	16344	20460
51-55	14728	17235	20403	24064	30124	11782	13788	16322	19251	24099
56-60	19440	22758	26955	31804	39812	15552	18207	21564	25443	31849
61-65	26666	31225	36987	43645	54633	21333	24980	29590	34916	43707
66-70	35821	41949	49694	58643	73407	28657	33559	39755	46915	58726
71-75	40640	47594	56382	66537	83288	32512	38075	45106	53230	66631
Above 75	46422	54367	64408	76010	95146	37138	43493	51526	60808	76117

2 Adults + 4 Children

Age / SI	Zone A					Zone B				
	2,00,000	3,00,000	4,00,000	5,00,000	10,00,000	2,00,000	3,00,000	4,00,000	5,00,000	10,00,000
18-25	9522	11135	13172	15526	19437	7618	8908	10537	12421	15550
26-30	9918	11599	13722	16176	20250	7935	9279	10977	12940	16200
31-35	10097	11808	13969	16468	20616	8077	9446	11175	13174	16492
36-40	10730	12550	14849	17506	21915	8584	10040	11879	14005	17532
41-45	11674	13655	16158	19052	23850	9339	10924	12927	15241	19080
46-50	13548	15850	18759	22121	27693	10838	12680	15007	17697	22154
51-55	15673	18340	21709	25603	32050	12538	14672	17367	20482	25640
56-60	20262	23715	28078	33120	41460	16209	18972	22462	26496	33168
61-65	27728	32469	38460	45383	56809	22182	25975	30768	36307	45448
66-70	37248	43620	51674	60979	76331	29799	34896	41339	48784	61065
71-75	42259	49489	58628	69188	86606	33807	39592	46903	55350	69285
Above 75	48272	56532	66974	79038	98936	38617	45226	53579	63230	79149

Claim Process

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 or Your representative:

- i. Prior to taking treatment and/or incurring Medical Expenses at a Network Hospital, You must call Us and request pre-authorisation by way of the written form.
- ii. In case of Planned hospitalization , You/the insured person/ insured representative shall intimate such admission within 48 hours of such hospitalisation
- iii. In case of Emergency hospitalization , You/the insured person/ insured representative shall intimate such admission within 24 hours of such hospitalisation
- iv. On receipt of your pre-authorization form duly filled and signed by you, our representative then within 2 hours will respond with Approval, Rejection or an more information
- v. After considering Your request and after obtaining any further information or documentation We have sought, We may, if satisfied, send You or the Network Hospital, an authorisation letter. The authorisation letter, the ID card issued to You along with this Policy and any other information or documentation that We have specified must be produced to the Network Hospital identified in the pre-authorization letter at the time of Your admission to the same.
- vi. 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 In-Patient Hospitalisation Treatment and the original bills and evidence of treatment in respect of the same shall be left with the Network Hospital. Pre-authorisation does not guarantee that all costs and expenses will be covered. We reserve the right to review each claim for Medical Expenses and accordingly coverage will be determined according to the terms and conditions of this Policy.

Reimbursement Claims Procedure:

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

*Note: In case You are claiming for the same event under an indemnity based policy of another insurer and are required to submit the original documents related to Your treatment with that particular insurer, then You may provide Us with the attested Xerox copies of such documents along with a declaration from the particular insurer specifying the availability of the original copies of the specified treatment documents with it.

**Note: Waiver of conditions (i) 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
- Original/Attested copies of Discharge Summary / Discharge Certificate / Death Summary with Surgical & anesthetics notes
- Attested copies of Indoor case papers (Optional)
- 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 Doctor 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.
- In cases where a fraud is suspected, we may call for any additional document(s) in addition to the documents listed above
- AADHAR No. & PAN Card/ Form 60 of proposer

Note- Aadhar and PAN/Form 60 of the deceased policyholder would not be insisted upon for settlement of death claim to the nominee or legal heirs, however Aadhar and PAN/Form 60 of the nominee or legal heirs is mandatory

Please send the documents on below address

Bajaj Allianz General Insurance Company

2nd Floor, Bajaj Finserv Building, Behind Weikfield IT park, Off Nagar Road, Viman Nagar, Pune 411014

Toll free: 1800-103-2529, 1800-22-5858

Paying a Claim

- i. You agree that We need only make payment when You or someone claiming on Your behalf has provided Us with necessary documentation and information.
- ii. We will make payment to You or Your Nominee. If there is no Nominee and You are incapacitated or deceased, We will pay Your heir, executor or validly appointed legal representative and any payment We make in this way will be a complete and final discharge of Our liability to make payment.
- iii. On receipt of all the documents and on being satisfied with regard to the admissibility of the claim as per policy terms and conditions, we shall offer a settlement of the claim to the insured. Upon acceptance of an offer of settlement by the insured, the payment of the amount due shall be made within 7 days from the date of acceptance of the offer by the insured. We will settle the claim within thirty (30) days of the receipt of the last necessary document. In the cases of delay in the payment, the insurer shall be liable to pay interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed by it.
- iv. 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 in writing within 30 days of the receipt of documents. The insured may take recourse to the Grievance Redressal procedure stated under policy.

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 Doctor 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. Our obligation to make payment in respect of illness/surgeries listed below will be restricted to (after the expiry of the 24 months period from commencement of your first Health Ensure Policy)

Coverages	Sub-limit
Mental Illness	25% of Sum Insured or 2 Lac whichever is lower
Modern Treatment Methods and Advancement in Technologies (as per list in Annexure III)	50% of Sum Insured or 5 Lacs whichever is lower

- iv. We shall make payment in Indian Rupees only.
- v. Modern Treatment Methods and Advancement in Technologies are covered up to sub limit as mentioned above, subject to policy terms, conditions, coverage, waiting periods and exclusions

Process to buy this policy?

1. Discuss the policy benefits, coverage and premium details with your insurance advisor or visit our website (www.bajajallianz.com) for details
2. Actively seek information on the charges and exclusions under the policy
3. Fill the proposal form stating your personal details and health profile
4. Ensure that the information given in the form is complete and accurate
5. The Policy Schedule, Policy Wordings, Cashless Cards and Health Guide will be sent to your mailing address mentioned on the proposal form

Contact:

Health Administration Team,

Bajaj Allianz General Insurance Co. Ltd. 2nd floor, Bajaj Finserv Building, Behind Weikfield IT Park, Off Nagar Road, Viman Nagar-Pune - 411 014.

For sales and Renewal-1800-209-0144 • For service-1800-209-5858 / 1800-102-5858 / 020-30305858

Cashless facility offered through network hospitals of Bajaj Allianz only. Cashless facility at 5500+ Network hospitals PAN India. Please visit our website for list of network hospitals and network Diagnostic Centers, Website: www.bajajallianz.com or get in touch with 24*7 helpline number: **1800-103-2529** (toll free) / **020-30305858**

Grievance Redressal Cell for Senior Citizens

Senior Citizen Cell for Insured Person who are Senior Citizens

'Good things come with time' and so for our customers who are above 60 years of age we have created special cell to address any health insurance related query. Our senior citizen customers can reach us through the below dedicated channels to enable us to service them promptly

Health toll free number: **1800-103-2529** • Exclusive Email address: seniorcitizen@bajajallianz.co.in

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

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

Disclaimer: The above information is only indicative in nature and for more details on the coverage, terms and exclusions, please get in touch with nearest office of Bajaj Allianz General Insurance Co. Ltd.



BAJAJ ALLIANZ GENERAL INSURANCE CO. LTD.
BAJAJ ALLIANZ HOUSE, AIRPORT ROAD, YERAWADA,
PUNE - 411006. IRDA REG NO.: 113.



FOR ANY QUERY (TOLL FREE)
1800-209-0144 /1800-209-5858



www.bajajallianz.com



bagichelp@bajajallianz.co.in

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

CIN: U66010PN2000PLC015329 | UIN- BAJHLIP21127V032021

BJAZ-B-0312/5-Oct-20