

## GLOBAL HEALTH CARE

**42. Additional conditions as to Migration and or Portability:**

- Migration and or Portability will be allowed only if the Insured is having the existing health policy which covers both the Domestic and International health cover.
- If the Insured has an existing Domestic Health Indemnity Policy and wants to opt for Global Health Care Policy, then the Global Health Care Policy will be provided but accrued continuity benefits such as cumulative bonus, waiver of Waiting Period as per IRDAI guidelines, provided the Policy has been maintained without a break will be available only for Domestic Health Indemnity Covers.

**43. Discounts**

- 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.
- 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.
- Family Discount: 5% family discount shall be offered if 2 or more eligible Family Members are covered under a single Policy.
- Voluntary Deductible: The customer can opt for aggregate deductible on International Inpatient Benefits and avail discount as below.

Deductible	Imperial Plan	Imperial Plus Plan
USD 500	5%	4%
USD 1000	9%	6%

**SECTION E) GENERAL TERMS AND CLAUSES - STANDARD GENERAL TERMS AND CLAUSES****44. Claims Procedure for Domestic Cover**

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 Cashless Facility 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:

- 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-authorisation by way of the written form.
- 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.
- 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 A1-Inpatient Hospitalization Treatment above 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.
- 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-authorisation 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:

- 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
- You must immediately consult a Medical Practitioner and follow the advice and treatment that he recommends.
- You must take reasonable steps or measures to minimize the quantum of any claim that may be made under this Policy.
- 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.

## GLOBAL HEALTH CARE

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

**45. Claims Procedure for International Cover- Reimbursement Claims and Pre-authorization Process for International Cover****A. Medical claims**

Before submitting a claim to Us, please pay attention to the following points:

- **Claiming deadline:** You must submit all claims no later than 30 days after the date of discharge from the Hospital.
- **Claim Submission:** You must submit a separate claim for each person claiming and for each medical condition being claimed for.
- **Supporting documents:** When You send Us copies of supporting documents (e.g. medical receipts), please make sure You keep the originals. We have the right to request original supporting documents/receipts for auditing purposes up to 12 months after settling Your claim. We may also request proof of payment by You (e.g. a bank or credit card statement) for medical bills You have paid. We advise that You keep copies of all correspondence with Us as We cannot be held responsible for correspondence that fails to reach Us for any reason outside of Our control.
- **Deductibles:** If the amount You are claiming is less than the Deductible figure in Your plan, You can Send Us each claim every time You receive treatment. Once You reach the Deductible amount, We'll start reimbursing You.  
 Attach all supporting receipts and/or invoices with Your claim.

## GLOBAL HEALTH CARE

- **Currency:** Please specify the currency You wish to be paid in. On rare occasions, We may not be able to make a payment in that currency due to international banking regulations. If this happens, We will identify a suitable alternative currency. If We have to make a conversion from one currency to another, We will use the exchange rate that applied on the date the invoices were issued, or on the date that We pay Your claim. Please note that We reserve the right to choose which currency exchange rate to apply.
- **Reimbursement:** We will only reimburse (within the limit of Your Policy) eligible costs after considering any Treatment Guarantee requirements, Deductibles or co-payments outlined in the Table of Benefits.  
**Reasonable and customary cost:** We will only reimburse charges that are reasonable and customary in accordance with standard and generally accepted medical procedures. If We consider a claim to be inappropriate, We reserve the right to decline Your claim or reduce the amount We pay.
- **Deposits:** If You have to pay a deposit in advance of any medical treatment, We will reimburse this cost only after treatment has taken place. This is only applicable where deposit amount was deducted from the final bill issued by the medical provider to us.
- **Providing information:** You and Your dependants agree to help Us get all the information We need to process a claim. We have the right to access all medical records and to have direct discussions with the medical provider or the treating Doctor. We may, at Our own expense, request a medical examination by Our Doctors if We think it's necessary. All information will be treated confidentially. We reserve the right to withhold benefits if You or Your dependants do not support Us in getting the information We need.

**B. Seeking treatment?**

We understand that seeking treatment can be stressful. Follow the steps below so We can look after the details – while You concentrate on getting better.

**Check Your level of cover**

First, check that Your plan covers the treatment You are seeking. Your Table of Benefits will confirm what is covered. However, You can always call Our Helpline if You have any queries.

24/7 International Helpline number +353 1 630 1301

**Some treatments require Our pre-approval**

Certain benefits under this policy for International Cover would require You to seek pre-approval at least 72 hours prior to admission or availing the benefit in case of planned treatments. The pre-approval process helps Us assess each case, organize everything with the Hospital before Your arrival and make direct payment of Your Hospital bill easier, where possible. If You make a claim without obtaining Our pre-approval the following will apply:

- If the treatment received is subsequently proven to be medically unnecessary, We reserve the right to decline Your claim in accordance with the policy terms and conditions
- If the treatment is subsequently proven to be medically necessary, we will process the claim basis on reasonable and customary expenses up to 80% of the coverage, subject to the policy terms and conditions.

List of coverage which require prior approval are as below.

- In-patient Hospitalization Treatment (Section C, Part B,I-1)
- Day Care Procedures (Section C, Part B,I-5)
- Living Donor Medical Costs (Section C, Part B,I-6)
- Mental Illness Treatment (Section C, Part B,I-9)
- Accommodation costs for one parent staying in Hospital with an Insured child under 18 years of age (Applicable to Imperial Plus Plan only) (Section C, Part B,I-11)
- Palliative care (Applicable to Imperial Plus Plan only) (Section C, Part B,I-16)

**Claiming for Your out-patient, dental and other expenses**

If Your treatment *does not require Our pre-approval*, You can simply pay the bill and claim the expenses from Us. In this case, follow these steps:

1. Receive Your medical treatment and pay the medical provider.
2. Get an invoice from Your medical provider. *(This should state Your name, treatment date(s), the diagnosis/medical condition that You received treatment for, the date of onset of symptoms, the nature of the treatment and the fees charged.)*
3. Claim back Your eligible costs via Our MyHealth app or online portal ([www.allianzcare.com/en/myhealth](http://www.allianzcare.com/en/myhealth)). Simply enter a few key details, add Your invoice(s) and press 'submit'.

## GLOBAL HEALTH CARE

**Getting Inpatient treatment**

Download a Treatment Guarantee Form from Our website: [www.allianzcare.com/members](http://www.allianzcare.com/members) (Link provided is subject to change. Final version to be communicated to members upon Policy issuance)

Complete the form and send it to Us **at least five working days** before treatment. You can send it by email, fax or post to the address shown on the form.

We contact the Hospital to organise payment of Your bill directly, where possible.

We can also take Treatment Guarantee Form details over the phone if treatment is taking place within 72 hours.

Please note that We may decline Your claim if pre-approval is not obtained.

**If it's an Emergency:**

Get the Emergency treatment You need and call Us if You need any advice or support.

If You are Hospitalised, either You, Your Doctor, one of Your dependants or a colleague needs to call Our Helpline (within 48 hours of the Emergency) to inform Us of the Hospitalisation. We can take Treatment Guarantee Form details over the phone when You call Us.

24/7 International Helpline number +353 1 630 1301

**46. 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 You or someone claiming on Your behalf fails to completely satisfy that requirement, then We may refuse to consider Your claim.

**47. Insured**

Only the Insured mentioned in the Policy Schedule shall be covered under the Policy. Cover under the Policy shall be withdrawn from Insured upon such Insured giving 15 days written notice to be received by Us.

**48. Additional Conditions for Fraud:** in case of Fraud, the premium paid shall be forfeited**49. Communications**

Any communication meant for Us must be in writing and be delivered to Our address shown in the Policy Schedule.

Any communication meant for You will be sent by Us to Your address shown in the Policy Schedule.

**50. Claim Assistance-**

In event of a claim during the Insured's overseas trip, He/She shall contact on Our toll-free numbers or email ids available on Policy Wording. We provide assistance through Our In house Team or may seek assistance from overseas assistance partners.

**51. Nationality:**

Indian nationals residing in India would be considered for this Policy.

**52. Additional conditions for Arbitration:**

- i. If any dispute or difference shall arise as to the quantum to be paid under the Policy, (liability being otherwise admitted) such difference shall independently of all other questions, be referred to the decision of a sole arbitrator to be appointed in writing by the parties here to or if they cannot agree upon a single arbitrator within thirty days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators and arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act 1996, as amended by Arbitration and Conciliation (Amendment) Act, 2015 (No. 3 of 2016).
- ii. It is clearly agreed and understood that no difference or dispute shall be preferable to arbitration as herein before provided, if the Company has disputed or not accepted liability under or in respect of the Policy.
- iii. It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon the Policy that award by such arbitrator/arbitrators of the amount of expenses shall be first obtained.
- iv. It is also hereby further expressly agreed and declared that if the Insurer shall disclaim/repudiate the claim and the liability to the Insured/Insured's Legal Heirs for any claim under the Policy issued to the Insured, and such claim shall not, within 12 calendar months from the date of such disclaimer/repudiation have been made the subject matter of a suit or proceeding before a competent Court of law in India or any other competent statutory forum/tribunal in India, then all benefits/indemnities under the Policy shall be forfeited and the rights of Insured shall stand extinguished and the liability of the Insurer shall also stand discharged.

## GLOBAL HEALTH CARE

- v. The seat and venue of the Arbitration shall be Pune. This condition remains valid, should the Policy become void.
- vi. In the event that the Arbitration provisions shall be held to be invalid then all such disputes or differences shall be referred to the exclusive jurisdiction of the Indian Courts subject to other Terms and Conditions of the Policy.

**53. Additional Grievance Redressal Procedure****Welcome to Bajaj Allianz and Thank You for choosing Us as Your Insurer.**

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](http://www.bajajallianz.com/branch-locator.html)
3. Register Your grievances / complaints on Our website [www.bajajallianz.com/about-Us/customer-service.html](http://www.bajajallianz.com/about-Us/customer-service.html)
4. E-mail
  - a) Level 1 Write to [bagichelp@bajajallianz.co.in](mailto:bagichelp@bajajallianz.co.in) and for senior citizens to [seniorcitizen@bajajallianz.co.in](mailto: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](mailto: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](http://www.cioins.co.in/ombudsman.html)

**Grievance Redressal Cell for Senior Citizens**

Senior Citizen Cell for Insured Beneficiary 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](mailto:seniorcitizen@bajajallianz.co.in)

**Complaints and dispute resolution procedure for International Cover**

Our Helpline is always the first number to call if You have any comments or complaints. If We can't resolve the problem on the phone, please email or write to Us:

[For designer Phone icon] +353 1 630 1301

[For designer Email icon:] [client.services@allianzworldwidecare.com](mailto:client.services@allianzworldwidecare.com)

[For designer Address Icon:] Customer Advocacy Team, Allianz Care, 15 Joyce Way, Park West Business Campus, Nangor Road, Dublin 12, Ireland.

We will handle Your complaint according to Our internal complaint management procedure. For details see:

[For designer web icon:] [www.allianzcare.com/complaints-procedure](http://www.allianzcare.com/complaints-procedure)

You can also contact Our Helpline to obtain a copy of this procedure.

The contact details of the ombudsman offices are mentioned below

Office Details	Jurisdiction of Office Union Territory, District)
<b>AHMEDABAD -</b> 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: <a href="mailto:bimalokpal.ahmedabad@cioins.co.in">bimalokpal.ahmedabad@cioins.co.in</a>	Gujarat, Dadra & Nagar Haveli, Daman and Diu