

		<p>Insured Child under 12 years</p> <p>Preventive Health Check Up</p> <p>Maternity (Applicable under Gold & Platinum plans only)</p>	<p>Available at the end of every 3 continuous policy years</p> <ul style="list-style-type: none"> Silver Plan - 1% of the Sum Insured maximum up to ₹2000/- Gold Plan - 1% of the Sum Insured max up to ₹5000/- Platinum Plan - 1% of the Sum Insured max up to ₹5000/-. This benefit can be availed by proposer & spouse only under Floater Sum Insured Policies. <p>SI ₹3 lacs to ₹7.5 lacs Normal delivery - ₹15000, C-section - ₹ 25000</p> <p>SI above ₹7.5 lacs Normal delivery - ₹25000, C-section - ₹ 35000</p>	
10	Claims/claims procedure	<p>Cashless Claim process Cashless treatment is only available at Network Hospitals</p> <ul style="list-style-type: none"> You or Your representative must intimate Us 48 hours before the planned Hospitalization and within 24 hours of emergency hospitalization and request pre-authorization by way of the written form We will review each claim for Medical Expenses, coverage and accordingly issue an authorisation letter either to You or the Network Hospital. <p>Reimbursement claim process</p> <ul style="list-style-type: none"> Applicable for claims where treatment is taken at a Non network hospital OR If we have denied your claim as per Cashless Claims Procedure. You or Your representative must intimate Us 48 hours before the planned Hospitalization and within 48 hours of emergency hospitalization You or someone claiming on Your behalf must promptly and in any event within 30 days of discharge from a Hospital give Us the documentation The Company shall settle or reject the claim within 45days from the date of receipt of last necessary document. <p>You or someone claiming on Your behalf must promptly and in any event within 30 days of discharge from a Hospital give Us the documentation listed out in policy wordings and any additional information We ask, for Our obligation to make payment for it.</p> <p>Turnaround time(TAT) for claim settlement:</p> <ol style="list-style-type: none"> Turnaround time (TAT) for claim settlement: 30 Working Days TAT for preauthorization of cashless facility: Within 120 Mins TAT for cashless final bill authorization: Within 120 Mins <p>Weblinks Network hospital and Black listed hospital list https://www.bajajallianz.com/branch-locator.html</p> <p>Helpline Number Tollfree: 1800-103-2529</p> <p>Downloading /getting claim forms Downloading /getting claim forms Health Insurance Claim Process Accident Insurance Claim (bajajallianz.com)</p>		Section E 33 A & B
11	Policy Servicing	<p>Call centre number(Toll free): 1800-209-5858</p> <p>Details of Company officials: Branch-wise GRO details can be found on the below link.</p>		

		https://www.bajajallianz.com/download-documents/other-information/GRO-List.pdf	
12	Grievances /Complaints	<p>Grievance Redressal Procedure:</p> <ol style="list-style-type: none"> Toll-free number 1-800-209- 5858 or 020-30305858, Say "Hi" on WhatsApp on +91 7507245858 Branches for resolution of your grievances /complaints, the Branch details can be found on our website: www.bajajallianz.com/branch-locator.html Register your grievances / complaints on our website www.bajajallianz.com/about-us/customer-service.html E-mail <ul style="list-style-type: none"> Level 1: bagichelp@bajajallianz.co.in and for senior citizens to seniorcitizen@bajajallianz.co.in Level 2: In case you are not satisfied with the response given to you at Level 1 you may write to our Grievance Redressal Officer at ggro@bajajallianz.co.in Level 3: If in case, your grievance is still not resolved, and you wish to talk to our care specialist, please give a missed call on +91 8080945060 OR SMS To 575758 and our care specialist will call you back If you are still not satisfied with the decision of the Insurance Company, you may approach the Insurance Ombudsman, established by the Central Government for redressal of grievance. Detailed process along with list of Ombudsman offices are available at www.cioins.co.in/ombudsman.html 	Section E 16
13	Things to remember	<p>Free Look Cancellation: Insured has an option of cancelling his/her policy up to 30 days from the first inception of policy with Us, subject to rest terms and conditions.</p> <p>Policy Renewal: Except on grounds of fraud , moral hazard or mis representation or non-co-operation, renewal of your policy shall not be denied</p> <p>Migration and Portability: At renewal Insured has an option to migrate his /her policy to other policy with us or port the policy to another insurer subject to terms and conditions specified under Migration and Portability guidelines For detailed guidelines on Migration and Portability, kindly refer the link https://irdai.gov.in/document-detail?documentId=393128 beneficiary will have the option to port the policy to other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any ,at least 45 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed Insured beneficiary will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability</p> <p>Change in Sum Insured: sum insured can be changed (increased/decreased) only at the time of renewal subject to underwriting by the company. For increase in Sum insured, the waiting periods if any shall start afresh only for the enhance portion of the sum insured</p> <p>Moratorium period: After the expiry of Moratorium Period no health insurance policy shall be contestable except for proven fraud and permanent exclusions specified in the policy contract. The moratorium would be applicable for the sum insured of the first policy and subsequently completion of 60 continuous months would be applicable from date of enhancement of sums insured only on the enhanced limits</p>	Section D
14	Your Obligations	<p>Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement</p>	

Bajaj Allianz General Insurance Co. Ltd.

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



Legal Disclaimer Note: The information must be read in conjunction with the product brochure and policy document. In case of any conflict between the CIS and the policy document, the terms and conditions mentioned in the policy document shall prevail.

Declaration by policy holder

I have read the above and confirm having noted the details

Place

Date:

Signature of Policy holder

Note: Web link for downloading the product related documents

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

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

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

CRITICAL ILLNESS INSURANCE

CUSTOMER INFORMATION SHEET

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

Sl No	Title	Description	Policy Clause Number												
1	Name of Insurance Product	CRITICAL ILLNESS INSURANCE													
2	Policy Number	Kindly refer to Your Policy schedule													
3	Type of Insurance	Kindly refer to Your Policy schedule													
4	Sum Insured (Basis)	Kindly refer to Your Policy schedule													
5	Policy Coverage (What the Policy Covers)	<p>Coverages</p> <p>If the Insured is diagnosed as suffering from a Critical Illness which first occurs or manifests itself during the Policy Period, and if the Insured survives for a minimum of 30 days from the date of diagnosis, the Company shall pay a lump sum Critical Illness Benefit, for conditions specified in table below:</p> <table><tr><td>1. Myocardial Infarction (First Heart Attack of specific severity)</td></tr><tr><td>2. Open Chest CABG</td></tr><tr><td>3. Stroke Resulting in Permanent Symptoms</td></tr><tr><td>4. Cancer of Specified Severity</td></tr><tr><td>5. Kidney Failure Requiring Regular Dialysis</td></tr><tr><td>6. Major Organ Transplantation</td></tr><tr><td>7. Multiple Sclerosis with Persisting Symptoms</td></tr><tr><td>8. Surgery of Aorta</td></tr><tr><td>9. Primary (Idiopathic) Pulmonary Hypertension</td></tr><tr><td>10. Permanent Paralysis of Limbs</td></tr><tr><td>11. Neuro Surgery</td></tr><tr><td>12. Joint Replacement</td></tr></table>	1. Myocardial Infarction (First Heart Attack of specific severity)	2. Open Chest CABG	3. Stroke Resulting in Permanent Symptoms	4. Cancer of Specified Severity	5. Kidney Failure Requiring Regular Dialysis	6. Major Organ Transplantation	7. Multiple Sclerosis with Persisting Symptoms	8. Surgery of Aorta	9. Primary (Idiopathic) Pulmonary Hypertension	10. Permanent Paralysis of Limbs	11. Neuro Surgery	12. Joint Replacement	Section C
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10. Permanent Paralysis of Limbs															
11. Neuro Surgery															
12. Joint Replacement															
6	Exclusions (What the policy does not cover)	<p>Specific Exclusions</p> <ol style="list-style-type: none">Any Critical Illness for which care, treatment, or advice was recommended by or received from a Physician, or which first manifested itself or was contracted before the start of the Policy Period,Any sexually transmitted diseases or any condition directly or indirectly caused by or associated with Human T-Cell Lymphotropic Virus type III etc.Treatment arising from or traceable to pregnancy etc.Occupational diseases.War, invasion, acts of foreign enemies, civil war, insurrection, terrorism etcNaval or military operations of the armed forces or airforce and participation in operations etc.Any natural peril (including but not limited to storm, tempest, avalanche, earthquake, volcanic eruptions, hurricane).Radioactive contamination.Consequential losses of any kind, loss of gain, business interruption, market loss etc.Intentional self-injury and/or the use or misuse of intoxicating drugs and/or alcohol.	Section D												

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

	iv. Any other limit (as applicable)		
9	Claims/claims procedure	<p>Claim Procedure</p> <ol style="list-style-type: none"> You or someone claiming on Your behalf must inform Us in writing immediately within 48 hours of diagnosis of any of the listed Critical Illnesses. You must immediately consult a Doctor and follow the advice and treatment that he recommends. You must have Yourself examined by Our medical advisors if We ask for this, and as often as We consider this to be necessary at Our cost. You or someone claiming on Your behalf must promptly and in any event within 30 days of diagnosis of any of the listed Critical Illnesses/discharge from the Hospital (if admitted) give Us the documentation as per the claims documents list specified below. <p>*Note Waiver of conditions (a) and (d) may be considered in extreme cases of hardship where it is proved to the satisfaction of the Company that under the circumstances in which the insured was placed it was not possible from him or any other person to give notice or file claim within the prescribed time limit. Claim documents to be submitted</p> <p>Turnaround time(TAT) for claim settlement: 1. Turnaround time (TAT) for claim settlement: 30 Working Days</p> <p>Helpline numbers Tollfree: 1800-103-2529</p> <p>Downloading /getting claim forms Health Insurance Claim Process Accident Insurance Claim (bajajallianz.com)</p>	Section E 24.
10	Policy Servicing	<p>Call centre number(Toll free): 1800-209-5858</p> <p>Details of Company officials: Branch-wise GRO details can be found on the below link. https://www.bajajallianz.com/download-documents/other-information/GRO-List.pdf</p>	
11	Grievances /Complaints	<p>Grievance Redressal Procedure:</p> <ol style="list-style-type: none"> Toll-free number 1-800-209- 5858 or 020-30305858, Say "Hi" on WhatsApp on +91 7507245858 Branches for resolution of your grievances /complaints, the Branch details can be found on our website: www.bajajallianz.com/branch-locator.html Register your grievances / complaints on our website: www.bajajallianz.com/about-us/customer-service.html E-mail <ul style="list-style-type: none"> Level 1: bagichelp@bajajallianz.co.in and for senior citizens to seniorcitizen@bajajallianz.co.in Level 2: In case you are not satisfied with the response given to you at Level 1 you may write to our Grievance Redressal Officer at ggro@bajajallianz.co.in Level 3: If in case, your grievance is still not resolved, and you wish to talk to our care specialist, please give a missed call on +91 8080945060 OR SMS To 575758 and our care specialist will call you back If you are still not satisfied with the decision of the Insurance Company, you may approach the Insurance Ombudsman, established by the Central 	Section E.12