

HEALTH PRIME (GROUP)**Rider for Group Health Products**
Prospectus Cum Policy Wordings**PART A: PREAMBLE**

Whereas in addition to the proposal for Base Certificate of Insurance, the Insured Beneficiary described in the Base Certificate of Insurance (hereinafter called the 'Insured Beneficiary' ") has made to Bajaj Allianz General Insurance Company Limited (hereinafter called the "Company" or "Insurer" or or "We" or "Insurance Company") an additional proposal or an additional Proposal as mentioned in the transcript of the additional Proposal of Insured Beneficiary for Base Certificate of Insurance and proposal of/transcript of the Proposal of Insured Beneficiary which shall be the basis of this Health Prime (Group) Rider for Group Health Products ["Rider"] and is deemed to be incorporated herein containing certain undertakings, declarations, information/particulars and statements, which is hereby agreed to be the basis of this Health Prime (Group) Rider for Group Health Products and be considered as incorporated herein, for the Health Prime (Group) Rider Health Products insurance contract hereinafter contained and has paid the additional premium specified in the Rider as consideration for this Health Prime (Group) Rider for Group Health Products, now the Company agrees, always subject to the Standard Terms and Conditions of Base Policy and the Base COI, and subject to the following terms, conditions, exclusions, and limitations and in excess of the amount of the Deductible, to additionally indemnify/pay the Insured Beneficiary under COI against such loss/expenses, as is herein provided, and such loss/expenses is actually incurred by Insured Beneficiary within the Cover Period in the manner and to the extent during the Rider Period hereinafter.

The term **Insured Beneficiary** in this document refers to the individual group members who will be treated as Insured Beneficiary to whom Certificate of Insurance is issued/to be issued and the term **Proposer /Policy Holder/ Group Manager / Group Organizer** in this document refers to Person/ Organization who has signed the proposal form/MOU and in whose name the Group Policy is issued. Also, the term **Insurer/ We/Us/ Our/ Company** in this document refers to Bajaj Allianz General Insurance Company Ltd.

PART B: DEFINITIONS**Standard Definitions-**

All other DEFINITIONS as defined in the respective opted Base COI Wordings read with Base Policy are applicable mutatis mutandis, to this Rider.

The words used in these Riders but not defined herein shall bear the same definition/meaning as in the opted Base COI read with Base Policy.

Specific Definitions-**COI- means Certificate of Insurance**

General Practitioner - General practitioners (GPs) is a Doctor/Medical Practitioner/Physician who did not specialize in any field of medicine after successful completion of graduation from medical school and treat all common medical conditions, refer patients to hospitals and other medical services for urgent and Specialist treatment. Provided such General Practitioner qualifies the National Exit Test held under section 15 of National Medical Commission Act, 2019 and is granted a license to practice medicine and shall have his/her name and qualifications enrolled in the National Register or a State Register, as the case may be maintained under National Medical Commission Act, 2019. Provided that a person who has been registered in the Indian Medical Register maintained under the Indian Medical Council Act, 1956 (102 of 1956) (i) prior to 02nd September 2019, and (ii) before the National Exit Test becomes operational under sub-section (3) of section 15 of National Medical Commission Act, 2019, shall be deemed to have been registered under National Medical Commission Act, 2019 and be enrolled in the National Register maintained under National Medical Commission Act, 2019.

Specialist - A specialist is a Physician/ is a Doctor/Medical Practitioner who has completed advanced education and training in a specific field of medicine. e.g Cardiologist, Gastroenterologist, ENT specialist, Gynaecologist, Paediatrician etc., Provided such Specialist qualifies the National Exit Test held under section 15 of National Medical Commission Act, 2019 and is granted a license to practice medicine and shall have his/her name and qualifications enrolled in the National Register or a State Register, as the case may be maintained under National Medical Commission Act, 2019. Provided that a person who has been registered in the Indian Medical Register maintained under the Indian Medical Council Act, 1956 (102 of 1956) (i) prior to 02nd September 2019, and (ii) before the National Exit Test becomes operational under sub-section (3) of section 15 of National Medical Commission Act, 2019, shall be deemed to have been registered under National Medical Commission Act, 2019 and be enrolled in the National Register maintained under National Medical Commission Act, 2019.

Rider: means the Rider insurance contract as in these Rider insurance contract wordings which may be opted by Insured Beneficiary for him/her and/or the Insured members under Base COI,

Rider Period: means period mentioned in Rider COI which shall be in consonance of and co-terminate with the Cover Period under Base COI.

Insured Member/s: means the family members of Insured Beneficiary covered under Base COI.

Service Provider/s: means the service providers engaged/named by the Insurer for providing the risk covers mentioned in this Riders.

PART C . OPERATIVE PARTS**What We will indemnify/pay for-**

In consideration of Insured Beneficiary's payment of additional premium to the Company and realization/receipt thereof by the Company, it is hereby agreed to indemnify/pay Insured Beneficiary or Insured Members covered under the Rider, as the case may be, in respect of an admissible claims, any or all of the following covers subject to the Sum Insured, limits, terms, conditions and definitions, exclusions and in excess of the amount of the Deductible, contained or otherwise expressed in the Rider read with the Base Certificate of Insurance read with Base Policy.

I. Who can opt for the Health Prime Rider?

Only Insured Beneficiary who have opted for the Company's Group Health Policy (Base Policy) with Base COI can buy this Rider for Insured Beneficiary himself and or his family members who are covered under COI ["Insured member/s"]. This Rider has 9 plans/Options.

HEALTH PRIME (GROUP)

II. Rider Period:

1 year for non-loan linked policies and up to maximum 5 years in case of loan/credit linked policies as per Loan tenure, as opted by Insured Beneficiary and mentioned in Rider and this Rider Period shall be as per the tenure of the Base COI viz. if Base COI is for 1 year then the Rider Period shall be for 1 year and if Base COI is for 2 years then the Rider Period shall be for 2 years etc.,

PART D. SCOPE OF COVER:

If Insured Beneficiary opt for this Optional Covers, We will pay Customary and Reasonable Medical Expenses incurred for below listed coverage during the Rider Period up to the Sum Insured as specified in the Rider or up to the limit of indemnity as specified in the Rider:

- a. Tele Consultation Cover
- b. Investigations Cover – Pathology & Radiology Cover
- c. Doctor Consultation Cover
- d. Annual Preventive Health Check-up cover

Note:

During every Policy Year under Rider Period, under Cover Period as per Base Certificate of Insurance, Insured Beneficiary(ies) and Insured Members will be eligible for coverage as per the plan selected from the below table.

Plan must be opted separately for Insured Beneficiary/each Insured Beneficiary Member covered under this Rider even if the Base COI is Individual Sum Insured plan or floater plan under any of the Group Health Base Policy. This cover will be applicable each year for Rider with Rider Period more than 1 year.

Options available in this Rider:

INDIVIDUAL POLICY						
Benefits	Option 1	Option 2 (In INR)	Option 3 (In INR)	Option 4 (In INR)	Option 5 (In INR)	Option 6 (In INR)
Tele Consultation Cover	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
	(GPs)	(All Specialties)				
Investigations Cover – Pathology & Radiology Expenses	NA	1500	3000	5000	7000	15000
Doctor Consultation Cover	NA	NA	1000	2000	3000	
Annual Preventive Health Check -up cover	Yes	Yes	Yes	Yes	Yes	Yes
	(1 Voucher)	(1 Voucher)	(1 Voucher)	(1 Voucher)	(1 Voucher)	(1 Voucher)

FAMILY FLOATER			
Benefits	Family Floater Option 1	Family Floater Option 2	Family Floater Option 3
Tele Consultation Cover	Unlimited (All Specialties)	Unlimited (All Specialties)	Unlimited (All Specialties)
Investigations Cover – Pathology & Radiology Expenses	10,000	20,000	25,000
Doctor Consultation Cover	Yes	Yes	Yes
Annual Preventive Health Check -up cover	(2 Voucher)	(2 Voucher)	(2 Voucher)

Section 1. Tele Consultation Cover

Coverage:

If the Insured Beneficiary and or Insured Member is suffering from any illness or injury he / she can consult **Medical Practitioner/ Physician/Doctor** listed on the Digital platform of concerned service provider's application via video, audio, or chat channel.

This cover shall be in compliance with the Telemedicine Practice Guidelines dated 25th of March 2020 and as amended from time to time.

Section 2. Doctor Consultation Cover

Coverage:

- a) If the Insured Beneficiary and or Insured Member is suffering from any illness or injury he / she can consult Medical Practitioner/ Physician/Doctor in person from prescribed network centers or the Insured Beneficiary can consult Medical Practitioner/ Physician/Doctor outside prescribed network centers up to the limit as specified under this Rider read with Base Certificate of Insurance.]

Section 3. Investigations Cover – Pathology & Radiology Expenses

Coverage:

- a) If the Insured Beneficiary is suffering from any illness or injury he / she can avail the service for investigations for pathology or radiology from prescribed network centers or outside prescribed network centers up the limit as specified under this Rider read with Base Certificate of Insurance.

HEALTH PRIME (GROUP)

Section 4. Annual Preventive Health Check -up cover:

Coverage:

1. The Insured Beneficiary and or Insured Member can avail the free Preventive health checkup once in every Policy Year under Rider read with Base COI as per the list given below.
 - i. Hemogram & ESR
 - ii. Liver function test
 - iii. Urine routine
 - iv. Blood sugar - Fasting
 - v. HbA1C
 - vi. Lipid profile
 - vii. Blood urea
 - viii. Serum creatinine
 - ix. T3/T4/TSH
 - x. ECG
2. The health check-up can be availed on a cashless basis in the prescribed list of hospitals or diagnostic centers.
3. List of prescribed hospitals or diagnostic centers can be accessed from the Insurer's website or the Health application.
4. The free health check-up benefit must be availed within the Rider Period only under the Base COI, cover cannot be extended after the expiry of the Rider Period read with Base COI.

PART E: SPECIFIC EXCLUSIONS APPLICABLE TO ALL SECTIONS

Exclusions for Tele Consultation Cover

1. Tele consultation outside the Digital platform of service provider's application/website video/audio/chat consultation, in-clinic/physical consultation is not covered under the Rider under Base COI.
2. Teleconsultation benefit is not transferrable to any other Insured Member unless the Insured Member is covered under the Base COI & has opted this Rider.
3. If the Tele Consultation is not availed in the policy year during the Rider Period under Base COI, the benefit cannot be carried forward to the subsequent policy year during the Rider Period.
4. Reimbursement of teleconsultation benefit is not covered.
5. Initial 30 days waiting period is applicable on teleconsultation required for illness during the first year of Rider Period. This waiting period is not applicable for renewals without break.

Exclusions for Doctor Consultation Cover:

1. Other expenses of investigations, medicines, procedures or any medical, non-medical items are not covered.
2. If the Doctor consultation cover is not availed in the policy year under Rider issued under Base COI the benefit cannot be carried forward to the subsequent policy year after renewal.
3. Initial 30 days waiting period is applicable for consultation required for illness during the first year of this Rider. This waiting period is not applicable for renewals without break.

Exclusions for Investigations Cover – Pathology & Radiology expenses

1. If the Investigation cover is not availed in the respective policy year under Rider issued under Base COI the benefit cannot be carried forward to the subsequent policy year after renewal of Base COI.
2. Initial 30 days waiting period is applicable for investigations Cover- Pathology & Radiology expenses related to illness during the first year of Rider issued under Base COI. This waiting period is not applicable for renewals without break.

Exclusions for Annual Preventive Health Check -up cover

1. Preventive health check-up cannot be availed outside the prescribed list of hospitals or diagnostic centers.
2. Home collection facility will available only at selected locations. For locations where home sample collection is not available, the customer will have to physically go and take the tests.
3. The complete list of tests as given above has to be completed in a single appointment.
4. If the health check-up is not availed in the policy year during the Rider Period under Base COI the benefit cannot be carried forward to the subsequent policy year during the Rider Period after renewal.
5. Reimbursement of preventive health check-up expenses is excluded from the scope of the Rider under Base COI.
6. Initial 30 days waiting period is applicable for investigations related to illness during the first year of Rider Period under Base COI. This waiting period is not applicable for renewals without break.

PART F: STANDARD GENERAL CONDITIONS APPLICABLE TO ALL SECTIONS

All Standard Terms and Conditions and General conditions of opted Base Policy read with Base Certificate of Insurance are applicable mutatis mutandis, to all Coverage under these Riders for Group Health Products.

1. Cancellation of Riders:-

All the Standard Terms and Conditions as to Cancellation of Base COI and Base Policy shall mutatis mutandis apply to the Cancellation of Riders.

2. Grievance Redressal Procedure

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

1. Our toll-free number 1-800-209- 5858 or 020-30305858, say Say "Hi" on WhatsApp on +91 7507245858
2. Branches for resolution of your grievances / complaints, the Branch details can be found on our website www.bajajallianz.com/branch-locator.html
3. Register your grievances / complaints on our website www.bajajallianz.com/about-us/customer-service.html
4. E-mail
a) Level 1: Write to bagichelp@bajajallianz.co.in and for senior citizens to seniorcitizen@bajajallianz.co.in

HEALTH PRIME (GROUP)

- b) Level 2: In case you are not satisfied with the response given to you at Level 1 you may write to our Grievance Redressal Officer at ggro@bajajallianz.co.in
- c) Level 3: If in case, your grievance is still not resolved, and you wish to talk to our care specialist, please give a missed call on +91 80809 45060 OR SMS To 575758 and our care specialist will call you back
- 5. If you are still not satisfied with the decision of the Insurance Company, you may approach the Insurance Ombudsman, established by the Central Government for redressal of grievance. Detailed process along with list of Ombudsman offices are available at www.cioins.co.in/ombudsman.html

The contact details of the Ombudsman offices are mentioned in Annexure I:

PART F: SPECIFIC CONDITIONS APPLICABLE TO ALL SECTIONS

All Standard Terms and Conditions and General conditions of opted Base Policy read with Base Certificate of Insurance are applicable mutatis mutandis, to all Coverage under these Riders for Group Health Products.

3. Opting Rider-

This Rider for Group Health Products cannot be opted during mid-term of Base COI.
Any discount applicable, on Base COI will not be applicable on this Rider.

4. Service Delivery Process specific to Rider-

Doctor consultation Service Delivery process

Doctor Consultation service can be availed 2 ways, as given

A. Reimbursement Service Delivery

I. Digital platform of service provider App / Service provider Website

- a) Start by downloading the Digital platform of service provider app / Sign-up on the Service provider website.
- b) Sign-up using the registered mobile number
- c) Under my "Health Plans", select the product "Health Prime"
- d) Select doctor consultation benefit option
- e) Enter the necessary details and upload the invoice
- f) Share bank account details and upload a cancelled cheque
- g) Submit the claim

II. Emailing to Customer Service

- a) Email to Service provider or call on customer care no. of service provider
- b) Attach a scanned copy of the invoice with all details clearly visible
- c) Mention details like hospital/clinic name, patient name, and bill amount
- d) Share bank details (account number, bank name, IFSC, primary account holder name) and upload a cancelled cheque

Tele-consultation Service Delivery Process:

I. Digital platform of service provider App / Service provider Website

- a) Start by downloading the Digital platform of service provider app / visiting the Service provider website
- b) Sign-up using the registered mobile number
- c) Under my "Health Plans", select the product "Health Prime"
- d) Select teleconsultation benefit option
- e) Select the Doctor of choice from the Doctor list
- f) Select the date and time of choice
- g) Submit the details.
- h) The Insured Beneficiary will receive the link to join the call 15 mins before the consultation
- i) The Doctor will join the call on scheduled day and time

Investigations Cover – Pathology & Radiology Service Delivery Process

I. Digital platform of service provider App / Service provider Website

- a) Start by downloading the Digital platform of service provider App / Sign-up on the Service provider website
- b) Sign-up using the registered mobile number
- c) Under my "Health Plans", select the product "Health Prime"
- d) Select laboratory & radiology benefit option
- e) Enter the necessary details and upload the invoice
- f) Share bank account details and upload a cancelled cheque
- g) Submit the claim

II. Emailing to Customer Service

- a) Email to Email to Service provider or call on customer care no. of service provider.
- b) Attach a scanned copy of the invoice with all details clearly visible
- c) Mention details like hospital/lab name, patient name, and bill amount
- d) Share bank details (account number, bank name, IFSC, primary account holder name) and upload a cancelled cheque

Free Preventive Health Check -up Service Delivery process

I. Digital platform of service provider App / Service provider Website

- a) Start by downloading the Digital platform of service provider App / Log in to the Service provider website
- b) Sign-up using the registered mobile number
- c) Under my "Health Plans", select the product "Health Prime"
- d) Select preventive health check-up option
- e) Select the hospital/ diagnostic centre as per Your choice

HEALTH PRIME (GROUP)

- f) Enter the date of availing service
- g) SMS with voucher link shared on the registered mobile number
- h) Share the voucher code to avail cashless Preventive Health Check -up Service Delivery process

II. Emailing to Customer Service

- a) Email to Email to Service provider or call on customer care no. of service provider.
- b) Mention details like hospital/lab name, customer name, and date
- c) The customer care executive will call to confirm the customer's identity using OTP
- d) SMS with voucher link shared on the registered mobile number
- e) Share the voucher code to avail cashless Preventive Health Check -up Service Delivery process.

Doctor Consultation & Investigation services-**B. Cashless Service Delivery****I. Digital platform of service provider App / Service provider Website**

- a) Start by downloading the Digital platform of service provider App / Sign-up on the Service provider website
- b) Sign-up using the registered mobile number
- c) Under my "Health Plans", select the product "Health Prime"
- d) Select Doctor Consultation & Investigation benefit option with cashless mode
- e) Select "Doctor Consultation" or "Pathology & Radiology Cover"
- f) Select the doctor/hospital/lab of choice within the Digital platform of service provider
- g) Select the date of redemption and enter the amount to be utilized
- h) Review and submit

5. Discounts:**Long Term Policy Discount:**

Below discount shall be applicable if Insured Beneficiary opts for long term rider period as per Base COI.

Term (Years)	2 years	3 years	4 years	5 years
Discount	4%	7%	10%	12%

Note- This will not apply to policies where premium is paid in instalments.

6. Withdrawal of Rider:

- a. If Base Policy is withdrawn by Company, then this Rider shall also stand withdrawn automatically without any separate notice/intimation.
- b. In the likelihood of this product being withdrawn in future, the Company will intimate the Insured Beneficiary about the same 90 days prior to expiry of the Base COI.

7. Instalment Premium

Instalment premium option of Base COI shall mutatis mutandis apply to the Installment Premium for additional premiu for this Rider.

Annexure I:

Office Details	Jurisdiction of Office Union Territory, District
AHMEDABAD - Shri Kuldip Singh Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@cioins.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.

HEALTH PRIME (GROUP)

Office Details	Jurisdiction of Office Union Territory, District
BENGALURU - Office of the Insurance Ombudsman, Jeevan Soudha Building,PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in	Karnataka.
BHOPAL - Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@cioins.co.in	Madhya Pradesh Chattisgarh.
BHUBANESHWAR - Shri Suresh Chandra Panda Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@cioins.co.in	Orissa.
CHANDIGARH - Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@cioins.co.in	Punjab, Haryana(excluding Gurugram, Faridabad, Sonepat and Bahadurgarh) Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh.

HEALTH PRIME (GROUP)

Office Details	Jurisdiction of Office Union Territory, District
CHENNAI - Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@cioins.co.in	Tamil Nadu, Tamil Nadu Puducherry Town and Karaikal (which are part of Puducherry).
DELHI - Shri Sudhir Krishna Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@cioins.co.in	Delhi & Following Districts of Haryana - Gurugram, Faridabad, Sonepat & Bahadurgarh.
GUWAHATI - Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@cioins.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
HYDERABAD - Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@cioins.co.in	Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.
JAIPUR - Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363	Rajasthan.

HEALTH PRIME (GROUP)

Office Details	Jurisdiction of Office Union Territory, District
Email: bimalokpal.jaipur@cioins.co.in	
ERNAKULAM - Ms. Poonam Bodra Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@cioins.co.in	Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.
KOLKATA - Shri P. K. Rath Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 Email: bimalokpal.kolkata@cioins.co.in	West Bengal, Sikkim, Andaman & Nicobar Islands.
LUCKNOW -Shri Justice Anil Kumar Srivastava Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@cioins.co.in	Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Babraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajganj, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
MUMBAI - Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 69038821/23/24/25/26/27/28/29/30/31 Fax: 022 - 26106052 Email: bimalokpal.mumbai@cioins.co.in	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.

HEALTH PRIME (GROUP)

Office Details	Jurisdiction of Office Union Territory, District
NOIDA - Shri Chandra Shekhar Prasad Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in	State of Uttarakhand and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
PATNA - Shri N. K. Singh Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building,, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@cioins.co.in	Bihar, Jharkhand.
PUNE - Shri Vinay Sah Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@cioins.co.in	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.