Health Guard Silver Plan

Customer Information Sheet (CIS)

Bajaj Allianz Total Health Secure Goal

UIN : BAJHLIP19087V011819

Issuing Office :

HEALTH GUARD SILVER PLAN CUSTOMER INFORMATION SHEET

Description is illustrative and not exhaustive.

Sr no.	TITLE	DESCRIPTION	REFER TO POLICY CLAUSE NUMBER
1.	Product Name	Health Guard	
2.	What am I covered for?	1. In-patient Hospitalisation Treatment If You are hospitalized on the advice of a Doctor, as defined under policy, because of Illness or Accidental Bodily Injury sustained or contracted during the Policy Period, then We will pay You, Reasonable and Customary Medical Expenses incurred subject to i. Room, Boarding and Nursing Expenses as provided by the Hospital/Nursing Home up to 1%of Sum Insured per day (Excluding Cumulative Bonus) or actual, whichever is lower. ii. If admitted in ICU, we will pay up to actual expenses provided by Hospital. iii. Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialists Fees. iv. Anesthesia, Blood, Oxygen, Operation Theatre Charges, surgical appliances, Medicines & Drugs, Dialysis, Chemotherapy, Radiotherapy, cost of Artificial Limbs, cost of prosthetic devices implanted during surgical procedure like Pacemaker, orthopedic implants, infra cardiac valve replacements, vascular stents, 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 1.(i), the reimbursement of all other expenses incurred at the Hospital, with the exception of cost of medicines, shall be payable in the same proportion as the admissible rate per day bears to the actual rate per day of room rent charges	Policy Wordings A
		2. Pre-Hospitalisation The Medical Expenses incurred during the 60 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 90 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 20000/- per policy year incurred on an ambulance offered by a healthcare or ambulance service provider for transferring You to the nearest Hospital with adequate emergency facilities for the provision of health services following an Emergency. We will also reimburse the expenses incurred on an ambulance offered by a healthcare or ambulance service provider for transferring You from the Hospital where you were admitted initially to another hospital with higher medical facilities. Claim under this section shall be payable by Us only when: i. Such life threatening emergency condition is certified by the Medical Practitioner, and ii. We have accepted Your Claim under "In-patient Hospitalisation Treatment" or "Day Care Procedures" section of the Policy. Subject otherwise to the terms, conditions and exclusions of the Policy. This benefit will be applicable 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. Indicative list of Day Care Procedures is given in the annexure I of Policy wordings.	

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		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, 2011and 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	
		7. Convalescence Benefit In the event of insured hospitalised for a disease/ illness/ injury for a continuous period exceeding 10 days, We will pay benefit amount of Rs. 5,000 per policy year. This benefit will be triggered provided that the hospitalization claim is accepted under In Patient Hospitalisation Treatment. This benefit will be applicable annually for policies with term more than 1 year.	
		8. Daily Cash Benefit for Accompanying an Insured Child We will pay Daily Cash Benefit of Rs. 500 per day maximum up to 10 days during each policy year for reasonable accommodation expenses in respect of one parent/legal guardian, to stay with any minor Insured Person (under the Age of 12), provided the hospitalization claim is paid under Inpatient Hospitalisation Treatment. This benefit will be applicable annually for policies with term more than 1 year.	
		9. Sum Insured Reinstatement Benefit If Inpatient Hospitalization Treatment Sum Insured and cumulative bonus (if any) is exhausted due to claims lodged during the Policy year, then it is agreed that 100% of the Sum Insured specified under Inpatient Hospitalization Treatment be reinstated for the particular Policy year provided that: 1. The reinstated Sum Insured will be triggered only after the Inpatient Hospitalization Treatment Sum Insured inclusive of the Cumulative Bonus(If applicable) has been completely exhausted during the policy year; 2. The reinstated Sum Insured can be used for claims made by the Insured Person in respect of the benefits stated in Inpatient Hospitalization Treatment. 3. If the claimed amount is higher than the Balance Sum Insured inclusive of the Cumulative Bonus (If applicable) under the policy, then this benefit will not be triggered for such claims 4. The reinstated Sum Insured would be triggered only for subsequent claims made by the Insured Person. In case of relapse within 45 days, this benefit will not trigger 5. This benefit is applicable only once during each policy year & will not be carried forward to the subsequent policy year/ renewals if the benefit is not utilized. 6. This benefit is applicable only once in life time of Insured Person covered under this policy for claims regarding CANCER OF SPECIFIED SEVERITY and KIDNEY FAILURE REQUIRING REGULAR DIALYSIS as defined under the policy. 7. This benefit will be applicable annually for policies with term more than 1 year. 8. Additional premium would not be charged for reinstatement of the Sum Insured. 9. Incase Family Floater policy, Reinstatement of Sum Insured will be available for all Insured Persons in the Policy.	
		10. Preventive Health Check Up At the end of block of every continuous period of 3 years during which You have held Our Health Guard 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. 2000/- 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. You may approach us for the arrangement of the Health Check up. For the avoidance of doubt, We shall not be liable for any other ancillary or peripheral costs or expenses (including but not limited to those for transportation, accommodation or sustenance).	
3.	What are the major exclusions in the policy?	5. Any treatment arising from or traceable to pregnancy, child birth including cesarean section and/or any treatment related to pre and postnatal care and complications arising out of Pregnancy and Childbirth. However this exclusion will not apply to Ectopic Pregnancy proved by diagnostic means and certified to be life threatening by the attending medical practitioner. 6. Any dental treatment that comprises cosmetic surgery, dentures, dental prosthesis, dental implants, orthodontics, orthognathic surgery, jaw alignment or treatment for the temporomandibular (jaw) joint, or upper and lower jaw bone surgery and surgery related to the temporomandibular (jaw) unless neces sitated by an acute traumatic injury or cancer and also requiring Hospitalisation 7. Medical expenses where Inpatient care is not warranted and does not require supervision of qualified nursing staff and qualified medical practitioner round the clock	Policy Wordings- Section C

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		8. 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. 9. Circumcision unless required for the treatment of Illness or Accidental bodily injury, 10. Cosmetic or aesthetic treatments of any description, treatment or surgery for change of life/gender. 11. Any form of plastic surgery unless necessary for the treatment of cancer, burns or accidental Bodily Injury 12. The cost of spectacles, contact lenses, hearing aids, crutches, artificial limbs, dentures, artificial teeth and all other external appliances and/or devices whether for diagnosis or treatment except for intrinsic fixtures used for orthopedic treatments such as plates and K-wires. 13. 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. 14. Convalescence, general debility, rest cure, congenital external diseases or defects or anomalies, genetic disorders, stem cell implantation or surgery, or growth hormone therapy. 15. Intentional self-injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol) 16. Ailments requiring treatment due to use or abuse of any substance, drug or alcohol and treatment for de-addiction. 17. Any condition directly or indirectly caused by or associated with Human Immunodeficiency Virus or Variant/ mutant viruses and or any syndrome or condition of a similar kind commonly referred to as AIDS. 18. Medical Expenses relating to any hospitalisation primarily and specifically for diagnostic, X-ray or laboratory examinations and investigations 19. 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. 20. Any fertility, sub fertility, Infertility, sterility, erectile dysfunction, impotence, assisted conception operation or sterilization procedure. 21. Vitamins, tonics, nutritional supplements unless forming part of the treatment for injury or disease as certified by the attending Doctor 22. Experimental, unproven or non-standard treatment 23. Treatment for any other system other than modern medicine (also known as Allopathy). 24. Weight management services and treatment related to weight reduction programmes including treatment of obesity and treatment for arising direct or indirect complications of Obesity. 25. Treatment for any mental illness or psychiatric illness, Parkinson's Disease. 26. All non-medical Items as per Annexure II of policy wordings. 27. Any treatment received outside India is not covered under this policy.	
4.	Waiting periods	1. Benefits will not be available for Any Pre-existing condition, ailment or injury, until 36 months of continuous coverage have elapsed, after the date of inception of the first Health Guard policy, provided the preexisting disease / ailment / injury is disclosed on the proposal form. The above exclusion 1 shall cease to apply if You have maintained a Health Guard policy with Us for a continuous period of a full 36 months without break from the date of Your first Health Guard policy. In case of enhancement of Sum Insured, this exclusion shall apply afresh only to the extent of the amount by which the limit of indemnity has been increased (i.e. enhanced Sum Insured) and if the policy is a renewal of Health Guard policy with Us without break in cover.	Policy Wordings – Section C

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<table>
<tr><td></td><td></td><td>2. We will also not pay for claims arising out of or howsoever connected to the following for the first 24 months of Health Guard policy,
<table>
<tr><td>1. Any types of gastric or duodenal ulcers,</td><td>9. Cataracts,</td></tr>
<tr><td>2. Benign prostatic hypertrophy</td><td>10. Hernia of all types</td></tr>
<tr><td>3. All types of sinuses</td><td>11. Fistulae, Fissure in ano</td></tr>
<tr><td>4. Haemorrhoids</td><td>12. Hydrocele</td></tr>
<tr><td>5. Dysfunctional uterine bleeding</td><td>13. Fibromyoma</td></tr>
<tr><td>6. Endometriosis</td><td>14. Hysterectomy</td></tr>
<tr><td>7. Stones in the urinary and biliary systems</td><td>15. Surgery for any skin ailment</td></tr>
<tr><td>8. Surgery on ears/tonsils/adenoids/paranasal sinuses</td><td>16. Surgery on all internal or external tumours/ cysts/ nodules/polyps of any kind including breast lumps with exception of Malignant tumor or growth.</td></tr>
</table>
This exclusion shall apply for a continuous period of 36 months from the date of Your Health Guard policy, if the above referred illness were present at the time of commencement of the policy and if You had declared such illness at the time of proposing the policy for the first time.
In case of enhancement of Sum Insured, the waiting periods shall apply afresh only to the extent of the amount by which the limit of indemnity has been increased (i.e. enhanced Sum Insured) and if the policy is a renewal of Health Guard policy with Us without break in cover.</td><td></td></tr>
<tr><td></td><td></td><td>3. Any Medical Expenses incurred during the first 36 months during which You have the benefit of a Health Guard policy with Us in connection with:
• Joint replacement surgery,
• Surgery for prolapsed inter vertebral disc (unless necessitated due to an accident)
• Surgery to correct deviated nasal septum
• Hypertrophied turbinate
• Congenital internal diseases or anomalies
• Treatment for correction of eye sight due to refractive error recommended by Ophthalmologist for medical reasons</td><td></td></tr>
<tr><td></td><td></td><td>4. Any disease contracted and /or medical expenses incurred in respect of any disease /illness by the insured during the first 30 days from the commencement of the policy, except for accidental injuries.</td><td></td></tr>
<tr><td>5.</td><td>Payout basis</td><td>Indemnity Basis:
• In-patient Hospitalisation Treatment
• Pre-Hospitalisation
• Post-Hospitalisation
• Road Ambulance
• Day Care Procedures
• Organ Donor Expenses:
• Sum Insured Reinstatement Benefit:
• Preventive Health Check Up

Benefit Basis:
• Convalescence Benefit:
• Daily Cash Benefit for Accompanying an Insured Child</td><td>Policy Wordings Section A</td></tr>
<tr><td>6.</td><td>Cost sharing</td><td>In case of a claim, this policy requires you to share the following costs:
Expenses exceeding the following Sub-limits
i. Room charges beyond 1% of Sum Insured
ii. 10% or 20% of each claim under Inpatient Hospitalisation Treatment as Co-payment if voluntarily opted by the Insured</td><td>Policy Wordings Section D</td></tr>
</table>

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<table>
<tr><td>7.</td><td>Renewal Conditions</td><td>i. Under normal circumstances, renewal will not be refused except on the grounds of Yourmoral hazard, misrepresentation, fraud, or your non cooperation. (Subject to policy is renewed annually with us within the Grace period of 30 days from date of Expiry)
ii. In case of our own renewal, a grace period of 30 days is permissible and the Policy will be considered as continuous for the purpose of all waiting periods. However, any treatment availed for an Illness or Accident sustained or contracted during the break period will not be admissible under the Policy.
iii. For renewals received after completion of 30 days grace period, a fresh application of health insurance should be submitted to Us, it would be processed as per a new business proposal.
iv. 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. Suitable credit of continuity/ waiting periods for all the previous policy years would be extended in the new policy, provided the policy has been maintained without a break
v. Premium payable on renewal and on subsequent continuation of cover are subject to change with prior approval from IRDAI.</td><td>Policy Wordings Section D 11. Renewal and Cancellation</td></tr>
<tr><td rowspan="2">8</td><td rowspan="2">Renewal Benefits</td><td>1. Cumulative Bonus:
If You renew Your " Health Guard" with Us without any break and there has been no claim in the preceding year, We will increase the Limit of Indemnity by 10% of base sum insured per annum, but:
i. The maximum cumulative increase in the Limit of Indemnity will be limited to 10 years and 100% of base sum insured of Your first "Health Guard Policy" with Us.
ii. This clause does not alter the annual character of this insurance
iii. If a claim is made in any year where a cumulative increase has been applied, then the increased Limit of Indemnity in the policy period of the subsequent " Health Guard Policy" shall be reduced by 10%, save that the limit of indemnity applicable to Your first " Health Guard Policy" with Us shall be preserved.</td><td>Policy Wordings Section D 7</td></tr>
<tr><td>2. Preventive Health Check Up
At the end of block of every continuous period of 3 years during which You have held Our Health Guard 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. 2000/- 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.
You may approach us for the arrangement of the Health Check up. For the avoidance of doubt, We shall not be liable for any other ancillary or peripheral costs or expenses (including but not limited to those for transportation, accommodation or sustenance).</td><td>Policy Wording Section A 10</td></tr>
<tr><td>9</td><td>Cancellation</td><td>i. We may cancel this insurance by giving You at least 15 days written notice, and if no claim has been made then We shall refund a pro-rata premium for the unexpired Policy Period. Under normal circumstances, Policy will not be cancelled except for reasons of mis-representation, fraud, non-disclosure of material facts or Your non-cooperation.
ii. You may cancel this insurance by giving Us at least 15 days written notice, and if no claim has been made then We shall refund premium on short term rates for the unexpired Policy Period as per the rates detailed below.
<table>
<tr><th rowspan="2">Period in Risk</th><th colspan="3">Premium Refund</th></tr>
<tr><th>Policy Period 1 Year</th><th>Policy Period 2 Year</th><th>Policy Period 3 Year</th></tr>
<tr><td>Within 15 Days</td><td colspan="3">Pro Rata Refund</td></tr>
<tr><td>Exceeding 15 days but less than 3 months</td><td>65.00%</td><td>75.00%</td><td>80.00%</td></tr>
<tr><td>Exceeding 3 months but less than 6 months</td><td>45.00%</td><td>65.00%</td><td>75.00%</td></tr>
<tr><td>Exceeding 6 months but less than 12 months</td><td>0.00%</td><td>45.00%</td><td>60.00%</td></tr>
<tr><td>Exceeding 12 months but less than 15 months</td><td rowspan="6"></td><td>30.00%</td><td>50.00%</td></tr>
<tr><td>Exceeding 15 months but less than 18 months</td><td>20.00%</td><td>45.00%</td></tr>
<tr><td>Exceeding 18 months but less than 24 months</td><td>0.00%</td><td>30.00%</td></tr>
<tr><td>Exceeding 24 months but less than 27 months</td><td rowspan="3"></td><td>20.00%</td></tr>
<tr><td>Exceeding 27 months but less than 30 months</td><td>15.00%</td></tr>
<tr><td>Exceeding 30 months but less than 36 months</td><td>0.00%</td></tr>
</table>
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".</td><td>Policy Wordings Section D 11. Renewal and Cancellation</td></tr>
</table>

(LEGAL DISCLAIMER) NOTE: The information must be read in conjunction with the product brochure and policy document. In case o f any conflict between the Policy Brochure/Prospectus and the policy document the terms and conditions mentioned in the policy document shall prevail.

Health Guard Silver Plan

HEALTH GUARD SILVER PLAN

POLICY WORDINGS

Preamble

Our agreement to insure You is based on Your Proposal to Us, which is the basis of this agreement, and Your payment of the premium. This Policy records the entire agreement between Us and sets out what We insure, how We insure it, and what Weexpect of You and what You can expect of Us.

Types of Policy

- " Health Guard-Individual"
- " Health Guard-Family Floater"

Policy period

- " Health Guard-Individual": 1 year, 2 years or 3 years
- " Health Guard-Family Floater":1 year, 2 years or 3 years

Scope of cover

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

A. COVERAGE

1. **In-patient Hospitalisation Treatment**

If You are hospitalized on the advice of a Doctor as defined under policy because of Illness or Accidental Bodily Injury sustained or contracted during the Policy Period, then We will pay You, Reasonable and Customary Medical Expenses incurred subject to

i. Room, Boarding and Nursing Expenses as provided by the Hospital/Nursing Home up to 1% of Sum Insured per day (Excluding Cumulative Bonus) or actual, whichever is lower.
ii. If admitted in ICU, we will pay up to actual expenses provided by Hospital.
iii. Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialists Fees.
iv. Anesthesia, Blood, Oxygen, Operation Theatre Charges, surgical appliances, Medicines & Drugs, Dialysis, Chemotherapy, Radiotherapy, cost of Artificial Limbs, cost of prosthetic devices implanted during surgical procedure like Pacemaker, orthopedic implants, infra cardiac valve replacements, vascular stents, 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 1.(i) , the reimbursement of all other expenses incurred at the Hospital, with the exception of cost of medicines, shall be payable in the same proportion as the admissible rate per day bears to the actual rate per day of room rent charges.

2. **Pre-Hospitalisation**

The Medical Expenses incurred during the 60 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. (Section A1)

3. **Post-Hospitalisation**

The Medical Expenses incurred during the 90 days immediately after Youwere 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. (Section A1)

4. **Road Ambulance**

We will pay the reasonable cost to a maximum of Rs 20000/- per policy year incurred on an ambulance offered by a healthcare or ambulance service provider for transferring You to the nearest Hospital with adequate emergency facilities for the provision of health services following an Emergency.

We will also reimburse the expenses incurred on an ambulance offered by a healthcare or ambulance service provider for transferring You from the Hospital where you were admitted initially to another hospital with higher medical facilities.
Claim under this section shall be payable by Us only when:

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

Subject otherwise to the terms, conditions and exclusions of the Policy.

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

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5. Day Care Procedures
We will pay you the medical expenses as listed above under Section A1 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. Indicative 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, 2011and 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 (section A1).

7. Convalescence Benefit
In the event of insured hospitalised for a disease/illness/injury for a continuous period exceeding 10 days, We will pay benefit amount of Rs. 5,000 per policy year.
This benefit will be triggered provided that the hospitalization claim is accepted under Section A1-In Patient Hospitalisation Treatment.
This benefit will be applicable annually for policies with term more than 1 year.

8. Daily Cash Benefit for Accompanying an Insured Child
We will pay Daily Cash Benefit of Rs. 500 per day maximum up to 10 days during each policy year for reasonable accommodation expenses in respect of one parent/legal guardian, to stay with any minor Insured Person (under the Age of 12), provided the hospitalization claim is paid under Section A1 Inpatient Hospitalisation Treatment.
This benefit will be applicable annually for policies with term more than 1 year.

9. Sum Insured Reinstatement Benefit
If Section A1 Inpatient Hospitalization Treatment Sum Insured and cumulative bonus (if any) is exhausted due to claims lodged during the Policy year, then it is agreed that 100% of the Sum Insured specified under Inpatient Hospitalization Treatment be reinstated for the particular Policy year provided that:
1. The reinstated Sum Insured will be triggered only after the Inpatient Hospitalization Treatment Sum Insured inclusive of the Cumulative Bonus(If applicable) has been completely exhausted during the policy year;
2. The reinstated Sum Insured can be used for claims made by the Insured Person in respect of the benefits stated in Inpatient Hospitalization Treatment.
3. If the claimed amount is higher than the Balance Sum Insured inclusive of the Cumulative Bonus(If applicable) under the policy, then this benefit will not be triggered for such claims
4. The reinstated Sum Insured would be triggered only for subsequent claims made by the Insured Person.In case of relapse within 45 days, this benefit will not trigger
5. This benefit is applicable only once during each policy year& will not be carried forward to the subsequent policy year/ renewals if the benefit is not utilized.
6. This benefit is applicable only once in life time of Insured Person covered under this policy for claims regarding CANCER OF SPECIFIED SEVERITY and KIDNEY FAILURE REQUIRING REGULAR DIALYSIS as defined under the policy.
7. This benefit will be applicable annually for policies with term more than 1 year.
8. Additional premium would not be charged for reinstatement of the Sum Insured.
9. Incase Family Floater policy, Reinstatement of Sum Insured will be available for all Insured Persons in thePolicy.

10. Preventive Health Check Up
At the end of block of every continuous period of 3 years during which You have held Our Health Guard 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. 2000/- 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.
You may approach us for the arrangement of the Health Check up. For the avoidance of doubt, We shall not be liable for any other ancillary or peripheral costs or expenses (including but not limited to those for transportation, accommodation or sustenance).

B. Definitions

1. Accident, Accidental
An accident is a sudden, unforeseen and involuntary event caused by external, visible and violent means.

2. Act of Terrorism
Whoever
a. With intent to threaten the unity, integrity, security or sovereignty of India or to strike terror in the people or any section of the people does any act or thing by using bombs, dynamite or other explosive substances or inflammable substances or firearms or other lethal weapons or poisons or noxious

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gases or other chemicals or by any other substances (whether biological or otherwise) of a hazardous nature or by any other means whatsoever, in such a manner as to cause or likely to cause, death of or injuries to any person or persons or loss of or damage to or destruction of property or disruption of any supplies or services essential to the life of the community or causes damage or destruction of any property or equipment used or intended to be used for the defense of India or in connection with any other purposes of the Government of India, any state government or any of their agencies or detains any person and threatens to kill or injure such person in order to compel the Government or any other person to do or abstain from doing any act

b. Is or continues to be a member of an association declared unlawful under the Unlawful Activities (Prevention) Act 1967, (37 of 1967), or voluntarily does an act aiding or promoting in any manner the objects of such association and in either case is in possession of any unlicensed firearms, ammunition, explosives or other instrument or substances capable of causing mass destruction and commits any act resulting in loss of human life or grievous injury to any person or causes significant damage to any property, commits a terrorist act.

3. Any one illness

Any one illness means continuous period of illness and includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment was taken.

4. BajajAllianz Network Hospitals / Network Hospitals

Bajaj Allianz Network Hospitals / Network Hospitals means the Hospitals which have been empanelled by Us as per the latest version of the schedule of Hospitals maintained by Us, which is available to You on request.For updated list please visit our website.

5. Bajaj Allianz Diagnostic Centre

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

6. Cancer of Specified Severity

I. A malignant tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukemia, lymphoma and sarcoma.

II. The following are excluded –

i. All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN - 2 and CIN-3.

ii. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;

iii. Malignant melanoma that has not caused invasion beyond the epidermis;

iv. All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0

v. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;

vi. Chronic lymphocytic leukaemia less than RAI stage 3

vii. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,

viii. All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;

ix. All tumors in the presence of HIV infection.

7. Cashless facility

"Cashless facility" means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the network provider by the insurer to the extent pre-authorization approved.

8. Co-Payment

Co-payment means a cost sharing requirement under a health insurance policy that provides that the policyholder/insured will bear a specified percentage of the admissible claims amount. A co-payment does not reduce the Sum Insured.

9. Condition Precedent

Condition Precedent means a policy term or condition upon which the Insurer's liability under the policy is conditional upon.

10. Congenital Anomaly

Congenital Anomaly refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.

a. Internal Congenital Anomaly- Congenital anomaly which is not in the visible and accessible parts of the body

b. External Congenital Anomaly- Congenital anomaly which is in the visible and accessible parts of the body

11. Contribution

Contribution is essentially the right of an insurer to call upon other insurers liable to the same insured to share the cost of an indemnity claim on a ratable proportion of Sum Insured. This clause shall not apply to any Benefit offered on fixed benefit basis.

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

13. Day care centre
A day care centre means any institution established for day care treatment of illness and/or injuries or a medical setup with a hospital and which has been registered with the local authorities, wherever applicable, and is under supervision of a registered and qualified medical practitioner AND must comply with all minimum criterion as under –
i. has qualified nursing staff under its employment;
ii. has qualified medical practitioner/s in charge;
iii. has fully equipped operation theatre of its own where surgical procedures are carried out;
iv. maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.

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

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

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

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

18. Emergency Care
Emergency care means management for an illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a medical practitioner to prevent death or serious long term impairment of the insured person's health.

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

20. Grace Period
Grace period means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of pre existing diseases. Coverage is not available for the period for which no premium is received.

21. Hospital
A hospital means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:
--has qualified nursing staff under its employment round the clock;
--has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
--has qualified medical practitioner(s) in charge round the clock;
--has a fully equipped operation theatre of its own where surgical procedures are carried out;
--maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.

22. Hospitalisation
Means admission in a Hospital for a minimum period of 24 In patient Care consecutive hours except for specified procedures/ treatments, where such admission could be for a period of less than 24consecutive hours.

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23. Illness

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

a. Acute condition - Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ illness/ injury which leads to full recovery

b. Chronic condition - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:
   1. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests
   2. it needs ongoing or long-term control or relief of symptoms
   3. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
   4. it continues indefinitely
   5. it recurs or is likely to recur

24. Inpatient Care

Inpatient care means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.

25. Injury/ Bodily Injury

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

26. Intensive Care Unit

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

27. Kidney Failure Requiring Regular Dialysis

End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (haemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.

28. Limit of Indemnity

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

29. Medical Advise

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

30. Medical expenses

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

31. Medical Practitioner/ Physician/ Doctor

Medical Practitioner means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within its scope and jurisdiction of license.

32. Medically Necessary

Medically necessary treatment is defined as any treatment, tests, medication, or stay in hospital or part of a stay in hospital which
- is required for the medical management of the illness or injury suffered by the insured;
- must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
- must have been prescribed by a medical practitioner,
- must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

33. Named Insured/ Insured:

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

34. Non- Network

Any hospital, day care centre or other provider that is not part of the network.

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

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

37. **Portability**
Portability means transfer by an individual health insurance policyholder (including family cover) of the credit gained for pre-existing conditions and time-bound exclusions if he/she chooses to switch from one insurer to another.

38. **Pre-Existing Disease**
Pre-Existing Disease means any condition, ailment or injury or related condition(s) for which there were signs or symptoms, and / or were diagnosed, and / or for which medical advice / treatment was received within 48 months prior to the first policy issued by the insurer and renewed continuously thereafter.

39. **Pre-hospitalization Medical Expenses**
Pre-hospitalization Medical Expenses means medical expenses incurred during pre-defined number of days preceding the hospitalization of the Insured Person, provided that:
   i. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and
   ii. The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.

40. **Post-hospitalization Medical Expenses**
Post-hospitalization Medical Expenses means medical expenses incurred during pre-defined number of days immediately after the insured person is discharged from the hospital provided that:
   i. Such Medical Expenses are for the same condition for which the insured person's hospitalization was required, and
   ii. The inpatient hospitalization claim for such hospitalization is admissible by the insurance company.

41. **Qualified Nurse**
Qualified nurse is a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.

42. **Reasonable and Customary Charges**
Reasonable and Customary charges means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness / injury involved

43. **Room rent**
Room Rent means the amount charged by a Hospital towards Room and Boarding expenses and shall include the associated medical expenses.

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

45. **Surgery or Surgical Procedure**
Surgery or Surgical Procedure means manual and / or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief from suffering and prolongation of life, performed in a hospital or day care centre by a medical practitioner.

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

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

48. **You, Your, Yourself, Your Family** named in the schedule means the person or persons that We insure as set out in the Schedule.

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

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C. EXCLUSIONS UNDER THE POLICY

We shall not be liable to make any payment for any claim directly or indirectly caused by, based on, arising out of or attributable to any of the following:

1. Benefits will not be available for Any Pre-existing condition, ailment or injury, until 36 months of continuous coverage have elapsed, after the date of inception of the first Health Guard policy, provided the preexisting disease / ailment / injury is disclosed on the proposal form.
   The above exclusion 1 shall cease to apply if You have maintained a Health Guard policy with Us for a continuous period of a full 36 months without break from the date of Your first Health Guard policy.
   In case of enhancement of Sum Insured, this exclusion shall apply afresh only to the extent of the amount by which the limit of indemnity has been increased (i.e. enhanced Sum Insured) and if the policy is a renewal of Health Guard policy with Us without break in cover.

2. We will also not pay for claims arising out of or howsoever connected to the following for the first 24 months of Health Guard policy,

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

   This exclusion shall apply for a continuous period of 36 months from the date of Your Health Guard policy, if the above referred illness were present at the time of commencement of the policy and if You had declared such illness at the time of proposing the policy for the first time.
   In case of enhancement of Sum Insured, the waiting periods shall apply afresh only to the extent of the amount by which the limit of indemnity has been increased (i.e. enhanced Sum Insured) and if the policy is a renewal of Health Guard policy with Us without break in cover.

3. Any Medical Expenses incurred during the first 36 months during which You have the benefit of a Health Guard policy with Us in connection with:
   Joint replacement surgery,
   Surgery for prolapsed inter vertebral disc (unless necessitated due to an accident)
   Surgery to correct deviated nasal septum
   Hypertrophied turbinate
   Congenital internal diseases or anomalies
   Treatment for correction of eye sight due to refractive error recommended by Ophthalmologist for medical reasons.

4. Any disease contracted and /or medical expenses incurred in respect of any disease /illness by the insured during the first 30 days from the commencement of the policy, except for accidental injuries.

5. Any treatment arising from or traceable to pregnancy, child birth including cesarean section and /or any treatment related to pre and postnatal care and complications arising out of Pregnancy and Childbirth.
   However this exclusion will not apply to Ectopic Pregnancy proved by diagnostic means and certified to be life threatening by the attending medical practitioner.

6. Any dental treatment that comprises cosmetic surgery, dentures, dental prosthesis, dental implants, orthodontics, orthognathic surgery, jaw alignment or treatment for the temporomandibular (jaw) joint, or upper and lower jaw bone surgery and surgery related to the temporomandibular (jaw) unless necessitated by an acute traumatic injury or cancer and also requiring Hospitalisation

7. Medical expenses where Inpatient care is not warranted and does not require supervision of qualified nursing staff and qualified medical practitioner round the clock

8. 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.

9. Circumcision unless required for the treatment of Illness or Accidental bodily injury,

10. Cosmetic or aesthetic treatments of any description, treatment or surgery for change of life/gender.

11. Any form of plastic surgery unless necessary for the treatment of cancer, burns or accidental Bodily Injury

12. The cost of spectacles, contact lenses, hearing aids, crutches, artificial limbs, dentures, artificial teeth and all other external appliances and/or devices whether for diagnosis or treatment except for intrinsic fixtures used for orthopedic treatments such as plates and K-wires.

13. 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.

14. Convalescence, general debility, rest cure, congenital external diseases or defects or anomalies, genetic disorders, stem cell implantation or surgery, or growth hormone therapy.

15. Intentional self-injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol)

16. Ailments requiring treatment due to use or abuse of any substance, drug or alcohol and treatment for de-addiction.

17. Any condition directly or indirectly caused by or associated with Human Immunodeficiency Virus or Variant/mutant viruses and or any syndrome or condition of a similar kind commonly referred to as AIDS.

18. Medical Expenses relating to any hospitalisation primarily and specifically for diagnostic, X-ray or laboratory examinations and investigations

19. 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.

20. Any fertility, sub fertility, Infertility, sterility, erectile dysfunction, impotence, assisted conception operation or sterilization procedure.

21. Vitamins, tonics, nutritional supplements unless forming part of the treatment for injury or disease as certified by the attending Doctor

22. Experimental, unproven or non-standard treatment

23. Treatment for any other system other than modern medicine (also known as Allopathy).

24. Weight management services and treatment related to weight reduction programmes including treatment of obesity and treatment for arising direct or indirect complications of Obesity.

25. Treatment for any mental illness or psychiatric illness, Parkinson's Disease.

26. All non-medical Items as per Annexure II

27. Any treatment received outside India is not covered under this policy.

D. Conditions

1. **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.

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

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

4. **Claims Procedure**
All Claims will be settled by In house claims settlement team of the company and no TPA is engaged.

If You meet with any Accidental Bodily Injury or suffer an Illness that may result in a claim, then as a condition precedent to Our liability, You must comply with the following:

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

i. Prior to taking treatment and/or incurring Medical Expenses at a Network Hospital, You or your representative must call Us and request pre-authorisation by way of the written form.

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ii. After considering Your request and after obtaining any further information or documentation We have sought, We may, if satisfied, send You or the Network Hospital, an 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.

iii. If the procedure above is followed, You will not be required to directly pay for the bill amount in the Network Hospital that We are liable under Section A1In-Patient Hospitalisation 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.

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:

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
- 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.

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

5. 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 within a period of 30 days 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. 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.

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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.

6. 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. If opted voluntarily by you, You shall bear 10% / 20% of co-payment for each and every claim payable under the Inpatient Hospitalization Treatment section and Our liability, if any, shall only be in excess of that sum.
iii. 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.
iv. Our obligation to make payment in respect of surgeries for cataracts (after the expiry of the 24 months period referred to in Exclusion C2) above, shall be restricted to 20% of the Sum insured for each eye.
v. We shall make payment in Indian Rupees only.

7. Cumulative Bonus:

If You renew Your " Health Guard" with Us without any break and there has been no claim in the preceding year, We will increase the Limit of Indemnity by 10% of base sum insured per annum, but:

i. The maximum cumulative increase in the Limit of Indemnity will be limited to 10 years and 100% of base sum insured of Your first "Health Guard Policy" with Us.
ii. This clause does not alter the annual character of this insurance
iii. If a claim is made in any year where a cumulative increase has been applied, then the increased Limit of Indemnity in the policy period of the subsequent "Health Guard Policy" shall be reduced by 10%, save that the limit of indemnity applicable to Your first " Health Guard Policy" with Us shall be preserved.

8. Fraud

If You make or progress any claim knowing it to be false or fraudulent in any way, then this Policy will be void and all claims or payments due under it shall be lost and the premium paid shall become forfeited.

9. Other Insurance/ Contribution

If two or more policies are taken by You during a period from one or more insurers to indemnify treatment costs, We shall not apply the contribution clause, but You shall have the right to require a settlement of your claim in terms of any of your policies.
In all such cases the insurer who has issued the chosen policy shall be obliged to settle the claim without insisting on the contribution clause as long as the claim is within the limits of and according to the terms of the chosen policy.
If the amount to be claimed exceeds the sum insured under a single policy after considering the deductibles or co-pay, you shall have the right to choose insurers by whom the claim to be settled. In such cases, the insurer may settle the claim with contribution clause.
Except in benefit policies, in cases where You have policies from more than one insurer to cover the same risk on indemnity basis, You shall only be indemnified the hospitalization costs in accordance with the terms and conditions of the policy

10. Entry Age and Renewal Age

Cover	Member	Eligible Entry Age	Renewal
"Health Guard"	Self, Spouse, Parents, Sister, Brother, In laws, Aunt, Uncle.	18 years to 65 years	lifetime renewals**
	Dependent Children,Grandchildren.	3 months to 30 years	35 Years*

* After the completion of maximum renewal age of dependent children, the policy would be renewed for lifetime, subject to Separate proposal form should be submitted to us at the time of renewal with the insured member as proposer and subsequently the policy should be renewed annually with us and within the Grace period of 30 days from date of Expiry. Continuity for all the waiting periods shall be extended in the new policy.
** Subject to policy is renewed annually with us within the Grace period of 30 days from date of Expiry

<u>Eligibility:</u>

- Indian nationals residing in India would be considered for this policy.
- This policy can be opted by Non-Resident Indians also; however the policy will be issued during their stay in India& premium paid in Indian currency & by Indian Account only
- Copy of any one of the below KYC documents will have to be submitted along with the Proposal form: Voters ID Card, Driving License, Passport, PAN Card
- Sum Insured for Self (i.e. Proposer) cannot be less than any of his/her family members.

11. Renewal & Cancellation

i. Under normal circumstances, renewal will not be refused except on the grounds of Your moral hazard, misrepresentation, fraud, or your non cooperation. (Subject to policy is renewed annually with us within the Grace period of 30 days from date of Expiry)
ii. In case of our own renewal, a grace period of 30 days is permissible and the Policy will be considered as continuous for the purpose of all waiting periods. However, any treatment availed for an Illness or Accident sustained or contracted during the break period will not be admissible under the Policy.
iii. For renewals received after completion of 30 days grace period, a fresh application of health insurance should be submitted to Us, it would be processed as per a new business proposal.

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iv. 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. Suitable credit of continuity/waiting periods for all the previous policy years would be extended in the new policy, provided the policy has been maintained without a break

v. Premium payable on renewal and on subsequent continuation of cover are subject to change with prior approval from IRDAI.

vi. We may cancel this insurance by giving You at least 15 days written notice, and if no claim has been made then We shall refund a pro-rata premium for the unexpired Policy Period. Under normal circumstances, Policy will not be cancelled except for reasons of mis-representation, fraud, non-disclosure of material facts or Your non-cooperation.

vii. You may cancel this insurance by giving Us at least 15 days written notice, and if no claim has been made then We shall refund premium on short term rates for the unexpired Policy Period as per the rates detailed below.

Period in Risk	Premium Refund		
	Policy Period 1 Year	Policy Period 2 Year	Policy Period 3 Year
Within 15 Days	Pro Rata Refund		
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 bumet 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%

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".

12. **Free Look Period**

You have a period of 15 days (30 days in case this policy is issued as a "Combi Product" and solicited under the provisions of IRDA Guidelines on Distance Marketing^ of Insurance Products)from the date of receipt of the first policy document to review the terms and conditions of this Policy. If You have any objections to any of the terms and conditions, You have the option of canceling the Policy stating the reasons for cancellation. Provided however Free Look option, if exercised, shall be applicable to all two individual policies under this 'Combi Product' as a whole and not to each individual policy.

If you have not made any claim during the Free look period, you shall be entitled to refund of premium subject to,

- a deduction of the expenses incurred by Us on Your medical examination, stamp duty charges, if the risk has not commenced,
- a deduction of the stamp duty charges, medical examination charges & proportionate risk premium for period on cover, If the risk has commenced
- a deduction of such proportionate risk premium commensurating with the risk covered during such period ,where only a part of risk has commenced
- Free look period is not applicable for renewal policies.

^Distance marketing is done through website and tele-calling

13. **Portability Conditions**

a. **Retail Policies:** As per the Portability Guidelines issued by IRDAI, applicable benefits shall be passed on to insured persons who were holding similar retail health insurance policies of other non-life insurers. The pre-policy medical examination requirements and provisions for such cases shall remain similar to non-portable cases.

b. **Group Policies:** As per the Portability Guidelines issued by IRDAI, applicable benefits shall be passed on to insured persons who were insured under Our Group Health Policy and are availing Our individual Health Policy. However, such benefits shall be applicable only in the event of discontinuation/ non-renewal of the Group Health Policy (applicable for both employer-employee relationships and non-employer-employee relationships) and/or the particular insured person leaving the group on account of resignation/ retirement (applicable for employer-employee relationships) or termination of relationship with the Group Administrator (applicable for non-employer-employee relationships). The pre-policy medical examination requirements and provisions for such cases shall remain similar to non-portable cases.

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

15. **Revision/ Modification of the policy**

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There is a possibility of revision/ modification of terms, conditions, coverages and/or premiums of this product at any time in future, with appropriate approval from IRDAI. In such an event of revision/modification of the product, intimation shall be set out to all the existing insured members at least 3 months prior to the date of such revision/modification comes into the effect

16. Migration of policy

- The insured can opt for migration of policy to our other similar or closely similar products at the time of renewal.
- The premium will be charged as per Our Underwriting Policy for such chosen new product, and all the guidelines, terms and condition of the chosen product shall be applicable.
- Suitable credit of continuity/waiting periods for all the previous policy years would be extended in the new policy, provided the policy has been maintained without a break

17. Withdrawal of Policy

There is possibility of withdrawal of this product at any time in future with appropriate approval from IRDAI, as We reserve Our right to do so with a intimation of 3 months to all the existing insured members. In such an event of withdrawal of this product, at the time of Your seeking renewal of this Policy, You can choose, among Our available similar and closely similar Health insurance products. Upon Your so choosing Our new product, You will be charged the Premium as per Our Underwriting Policy for such chosen new product, as approved by IRDAI.
Provided however, if You do not respond to Our intimation regarding the withdrawal of the product under which this Policy is issued, then this Policy shall be withdrawn and shall not be available to You for renewal on the renewal date and accordingly upon Your seeking renewal of this Policy, You shall have to take a Policy under available new products of Us subject to Your paying the Premium as per Our Underwriting Policy for such available new product chosen by You and also subject to Portability condition.

18. Discounts

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

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

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

iv. Long Term Policy Discount:

a. 4 % discount is applicable if policy is opted for 2 years
b. 8 % discount is applicable if policy is opted for 3 years

19. Premium payment Zone:

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 allover 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.

20. Sum Insured Enhancement:

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

21. Inclusion of members under the policy

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

22. Territorial Limits & Governing Law

i. We cover insured events arising during the Policy Period, as well as treatment availed, within India only. Our liability to make any payment shall be to make payment within India and in Indian Rupees only.
ii. The Policy constitutes the complete contract of insurance. No change or alteration shall be valid or effective unless approved in writing by Us, which

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approval shall be evidenced by an endorsement on the Schedule.

iii. The construction, interpretation and meaning of the provisions of this Policy shall be determined in accordance with Indian law. The section headings of this Policy are included for descriptive purposes only and do not form part of this Policy for the purpose of its construction or interpretation.

23. Arbitration and Reconciliation

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 decision of a sole arbitrator in writing by the parties or if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration, the same shall be referred to a panel of the arbitrators comprising of two arbitrators, one 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. The law of the arbitration will be Indian law, and the seat of the arbitration and venue for all hearings shall be within India.

ii. It is clearly agreed and understood that no difference or dispute shall be referable to arbitration as herein before provided, if We have disputed or not accepted liability under or in respect of this Policy.

iii. It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this Policy that award by such arbitrator/arbitrators of the amount of the loss or damage shall be first obtained.

iv. If these arbitration provisions are held to be invalid, then all such disputes or differences shall be referred to the exclusive jurisdiction of the Indian Courts.

24. Grievance Redressal Procedure

Welcome to Bajaj Allianz and Thank You for choosing us as your insurer.
Please read your policy and schedule.
The policy and policy schedule set out the terms of your contract with us. Please read your policy and policy schedule carefully to ensure that the cover meets your needs.
We do our best to ensure that our customers are delighted with the service they receive from Bajaj Allianz. If you are dissatisfied we would like to inform you that we have a procedure for resolving issues. Please include your policy number in any communication. This will help us deal with the issue more efficiently. If you don't have it, please call our Branch office.
Initially, we suggest you contact the Branch Manager/ Regional Manager of the local office which has issued the policy. The address and telephone number will be available in the policy. Naturally, we hope the issue can be resolved to your satisfaction at the earlier stage itself. But if you feel dissatisfied with the suggested resolution of the issue after contacting the local office, please e-mail or write to:

Bajaj Allianz General Insurance Co. Ltd
GE Plaza, Airport Road
Yerawada, Pune 411006
E-mail: customercare@bajajallianz.co.in
Call : 1800-225858 (free calls from BSNL/MTNL lines only)
1800-1025858 (free calls from Bharti users – mobile /landline) or020-30305858

Grievance Redressal Cell for Senior Citizens
Senior Citizen Cellfor 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

If you are still not satisfied, you can approach the Insurance Ombudsman in the respective area for resolving the issue. The contact details of the Ombudsman offices are mentioned below:

Note: Address and contact number of Governing Body of Insurance Council
Secretary General - Governing Body of Insurance Council
JeevanSevaAnnexe, 3rd Floor, S.V. Road, Santacruz (W), Mumbai - 400 054
Tel No: 022-2610 6889, 26106245, Fax No. : 022-26106949, 2610 6052, E-mail ID: inscoun@vsnl.net

Cashless facility offered through network hospitals of Bajaj Allianz only.Cashless facility at 3300+ Network hospitals PAN India.
Please visit our website for list of network hospitals and network Diagnostic Centres , Website: www.bajajallianz.com or get in touch with 24*7 helpline number: 1800-103-2529 (toll free) / 020-30305858

Annexure I

Indicative list of Day Care Procedures:

1. Suturing - CLW -under LA or GA	66. Incision and excision of tissue in the perianal region
2. Surgical debridement of wound	67. Surgical treatment of anal fistula
3. Therapeutic Ascitic Tapping	68. Surgical treatment of hemorrhoids
4. Therapeutic Pleural Tapping	69. Sphincterotomy/Fissurectomy
5. Therapeutic Joint Aspiration	70. Laparoscopic appendicectomy

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6. Aspiration of an internal abscess under ultrasound guidance	71. Laparoscopic cholecystectomy
7. Aspiration of hematoma	72. TURP (Resection prostate)
8. Incision and Drainage	73. Varicose vein stripping or ligation
9. Endoscopic Foreign Body Removal - Trachea /-pharynx-larynx/ bronchus	74. Excision of dupuytren's contracture
10. Endoscopic Foreign Body Removal -Oesophagus/ stomach /rectum.	75. Carpal tunnel decompression
11. True cut Biopsy - breast/- liver/- kidney-Lymph Node/-Pleura/-lung/-Muscle biopsy/-Nerve biopsy/Sy-novial biopsy/-Bone trephine biopsy/-Pericardial biopsy	76. Excision of granuloma
12. Endoscopic ligation/banding	77. Arthroscopic therapy
13. Sclerotherapy	78. Surgery for ligament tear
14. Dilatation of digestive tract strictures	79. Surgery for meniscus tear
15. Endoscopic ultrasonography and biopsy	80. Surgery for hemoarthrosis/pyoarthrosis
16. Nissen fundoplication for Hiatus Hernia /Gastro esophageal reflux disease	81. Removal of fracture pins/nails
17. Endoscopic placement/removal of stents	82. Removal of metal wire
18. Endoscopic Gastrostomy	83. Incision of bone, septic and aseptic
19. Replacement of Gastrostomy tube	84. Closed reduction on fracture, luxation or epiphyseolysis with osetosynthesis
20. Endoscopic polypectomy	85. Suture and other operations on tendons and tendon sheath
21. Endoscopic decompression of colon	86. Reduction of dislocation under GA
22. Therapeutic ERCP	87. Cataract surgery
23. Brochoscopic treatment of bleeding lesion	88. Excision of lachrymal cyst
24. Brochoscopic treatment of fistula /stenting	89. Excision of pterigium
25. Bronchoalveolar lavage & biopsy	90. Glaucoma Surgery
26. Tonsillectomy without Adenoidectomy	91. Surgery for retinal detachment
27. Tonsillectomy with Adenoidectomy	92. Chalazion removal (Eye)
28. Excision and destruction of lingual tonsil	93. Incision of lachrymal glands
29. Foreign body removal from nose	94. Incision of diseased eye lids
30. Myringotomy	95. Excision of eye lid granuloma
31. Myringotomy with Grommet insertion	96. Operation on canthus & epicanthus
32. Myringoplasty /Tympanoplasty	97. Corrective surgery for entropion&ectropion
33. Antral wash under LA	98. Corrective surgery for blepharoptosis
34. Quinsy drainage	99. Foreign body removal from conjunctiva
35. Direct Laryngoscopy with or w/o biopsy	100. Foreign body removal from cornea
36. Reduction of nasal fracture	101. Incision of cornea
37. Mastoidectomy	102. Foreign body removal from lens of the eye
38. Removal of tympanic drain	103. Foreign body removal from posterior chamber of eye
39. Reconstruction of middle ear	104. Foreign body removal from orbit and eye ball
40. Incision of mastoid process & middle ear	105. Excision of breast lump /Fibro adenoma
41. Excision of nose granuloma	106. Operations on the nipple
42. Blood transfusion for recipient	107. Incision/Drainage of breast abscess
43. Therapeutic Phlebotomy	108. Incision of pilonidal sinus
44. Haemodialysis/Peritoneal Dialysis	109. Local excision of diseased tissue of skin and subcutaneous tissue
45. Chemotherapy	110. Simple restoration of surface continuity of the skin and subcutaneous tissue
46. Radiotherapy	111. Free skin transportation, donor site
47. Coronary Angioplasty (PTCA)	112. Free skin transportation recipient site
48. Pericardiocentesis	113. Revision of skin plasty

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49. Insertion of filter in inferior vena cava	114. Destruction of the diseases tissue of the skin and subcutaneous tissue
50. Insertion of gel foam in artery or vein	115. Incision, excision, destruction of the diseased tissue of the tongue
51. Carotid angioplasty	116. Glossectomy
52. Renal angioplasty	117. Reconstruction of the tongue
53. Tumor embolisation	118. Incision and lancing of the salivary gland and a salivary duct
54. TIPS procedure for portal hypertension	119. Resection of a salivary duct
55. Endoscopic Drainage of Pseudopancreatic cyst	120. Reconstruction of a salivary gland and a salivary duct
56. Lithotripsy	121. External incision and drainage in the region of the mouth, jaw and face
57. PCNS (Percutaneous nephrostomy)	122. Incision of hard and soft palate
58. PCNL (percutaneous nephrolithotomy)	123. Excision and destruction of the diseased hard and soft palate
59. Suprapubiccytostomy	124. Incision, excision and destruction in the mouth
60. Tran urethral resection of bladder tumor	125. Surgery to the floor of mouth
61. Hydrocele surgery	126. Palatoplasty
62. Epididymectomy	127. Transoral incision and drainage of pharyngeal abscess
63. Orchidectomy	128. Dilatation and curettage
64. Herniorrhaphy	129. Myomectomies
65. Hernioplasty	130. Simple Oophorectomies

Note:
Above mentioned list is a indicative list of procedures, any other surgeries/procedures requiring less than 24 hours hospitalisation due to technological advances will also be covered under this policy provided such procedures comply with the standard definition of Day Care Centre and Day Care treatment mentioned in the definitions.

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

Annexure II:- List of Non-Medical Items

S. NO	List of Expenses Generally Excluded ("Non-Medical") in Hospital Indemnity Policy -	SUGGESTIONS	S. NO	List of Expenses Generally Excluded ("Non-Medical") in Hospital Indemnity Policy -	SUGGESTIONS
TOILETRIES/COSMETICS/ PERSONAL COMFORT OR CONVENIENCE ITEMS			ADMINISTRATIVE OR NON-MEDICAL CHARGES		
1	HAIR REMOVAL CREAM	Not Payable	107	ADMISSION KIT	Not Payable
2	BABY CHARGES (UNLESS SPECIFIED/INDICATED)	Not Payable	108	BIRTH CERTIFICATE	Not Payable
3	BABY FOOD	Not Payable	109	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES	Not Payable
4	BABY UTILITES CHARGES	Not Payable	110	CERTIFICATE CHARGES	Not Payable
5	BABY SET	Not Payable	111	COURIER CHARGES	Not Payable
6	BABY BOTTLES	Not Payable	112	CONVENYANCE CHARGES	Not Payable
7	BRUSH	Not Payable	113	DIABETIC CHART CHARGES	Not Payable
8	COSY TOWEL	Not Payable	114	DOCUMENTATION CHARGES / ADMINISTRA-TIVE EXPENSES	Not Payable
9	HAND WASH	Not Payable	115	DISCHARGE PROCEDURE CHARGES	Not Payable
10	M01STUR1SER PASTE BRUSH	Not Payable	116	DAILY CHART CHARGES	Not Payable
11	POWDER	Not Payable	117	ENTRANCEPASS / VISITORS PASS CHARGES	Not Payable
12	RAZOR	Payable	118	EXPENSES RELATED TO PRE-SCRIPTION ON DISCHARGE	To be claimed by patient under Post Hosp where admissible
13	SHOE COVER	Not Payable	119	FILE OPENING CHARGES	Not Payable

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14	BEAUTY SERVICES	Not Payable	120	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)	Not Payable
15	BELTS/ BRACES	Essential and may be paid specifically for cases who have undergone surgery o f thoracic o r lumbar spine.	121	MEDICAL CERTIFICATE	Not Payable
16	BUDS	Not Payable	122	MAINTENANCE CHARGES	Not Payable
17	BARBER CHARGES	Not Payable	123	MEDICAL RECORDS	Not Payable
18	CAPS	Not Payable	124	PREPARATION CHARGES	Not Payable
19	COLD PACK/HOT PACK	Not Payable	125	PHOTOCOPIES CHARGES	Not Payable
20	CARRY BAGS	Not Payable	126	PATIENT IDENTIFICATION BAND / NAME TAG	Not Payable
21	CRADLE CHARGES	Not Payable	127	WASHING CHARGES	Not Payable
22	COMB	Not Payable	128	MEDICINE BOX	Not Payable
23	DISPOSABLES RAZORS CHARGES (for site preparations)	Payable	129	MORTUARY CHARGES	Payable upto 24 hrs, shifting charges not payable
24	EAU-DE-COLOGNE / ROOM FRESHNERS	Not Payable	130	MEDICO LEGAL CASE CHARGES (MLC CHARGES)	
25	EYE PAD	Not Payable			
26	EYE SHEILD	Not Payable	EXTERNAL DURABLE DEVICES		
27	EMAIL / INTERNET CHARGES	Not Payable	131	WALKING AIDS CHARGES	Not Payable
28	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)	Not Payable	132	BIPAP MACHINE	Not Payable
29	FOOT COVER	Not Payable	133	COMMODE	Not Payable
30	GOWN	Not Payable	134	CPAP/ CAPD EQUIPMENTS	Device not payable
31	LEGGINGS	Essential in bariatric and varicose vein surgery and should be considered for these conditions where surgery itself is payable.	135	INFUSION PUMP - COST	Device not payable
32	LAUNDRY CHARGES	Not Payable	136	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOS-PITAL)	Not Payable
33	MINERAL WATER	Not Payable	137	PULSEOXYMETER CHARGES	Device not payable
34	OIL CHARGES	Not Payable	138	SPACER	Not Payable
35	SANITARY PAD	Not Payable	139	SPIROMETRE	Device not payable
36	SLIPPERS	Not Payable	140	S P0 2PRO B E	Not Payable
37	TELEPHONE CHARGES	Not Payable	141	NEBULIZER KIT	Not Payable
38	TISSUE PAPER	Not Payable	142	STEAM INHALER	Not Payable
39	TOOTH PASTE	Not Payable	143	ARMSLING	Not Payable
40	TOOTH BRUSH	Not Payable	144	THERMOMETER	Not Payable (paid by patient)
41	GUEST SERVICES	Not Payable	145	CERVICAL COLLAR	Not Payable
42	BED PAN	Not Payable	146	SPLINT	Not Payable
43	BED UNDER PAD CHARGES	Not Payable	147	DIABETIC FOOT WEAR	Not Payable
44	CAMERA COVER	Not Payable	148	KNEE BRACES (LONG/ SHORT/ HINGED)	Not Payable
45	CLINIPLAST	Not Payable	149	KNEE IMMOBILIZER/SHOUL-DER IMMOBILIZER	Not Payable
46	CREPE BANDAGE	Not Payable/ Payable by the patient	150	LUMBOSACRAL BELT	Essential and should be paid specifically for cases who have undergone surgery of lumbar spine.
47	CURAPORE	Not Payable	151	NIMBUS BED OR WATER OR AIR BED CHARGES	Payable for any ICU patient requiring more than 3 days in ICU, all patients with paraplegia /quadriplegia for any reason and at reasonable cost of approximately Rs 200/day

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48	DIAPER OF ANY TYPE	Not Payable	152	AMBULANCE COLLAR	Not Payable
49	DVD, CD CHARGES	Not Payable (However if CD is specifically sought by Insure r /T PA then payable)	153	AMBULANCE EQUIPMENT	Not Payable
50	EYELET COLLAR	Not Payable	154	MICROSHEILD	Not Payable
51	FACE MASK	Not Payable	155	ABDOMINAL BINDER	Essential and should be paid in post surgerypatients of major abdominal surgery including TAH, LSCS, incisional hernia repair, exploratory laparotomy for intestinal obstruct ion, liver transplant etc.
52	FLEXI MASK	Not Payable			
53	GAUSE SOFT	Not Payable	ITEMS PA YABLE IF SUPPORTED BY A PRESCRIPTION		
54	GAUZE	Not Payable	156	BETADINE \ HYDROGEN PEROXIDE\SPIRIT\DISINFEC-TANTS ETC	May be payable when prescribed for patient , not payable for hospital use in OT o r ward o r for dressings in hospital
55	HAND HOLDER	Not Payable	157	PRIVATE NURSES CHARGES-SPECIAL NURSING CHARGES	Post hospitalization nursing charges not Payable
56	HANSAPLAST/ADHESIVE BANDAGES	Not Payable	158	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES- DIET CHARGES	Patient Diet provided by hospital is payable
57	INFANT FOOD	Not Payable	159	SUGAR FREE Tablets	Payable -S u g a r free variants of admissible medicines are not excluded
58	SLINGS	Reasonable costs for one sling in case o f upper arm fractures should be considered	160	CREAMS POWDERS LO-TIONS (Toileteries are not payable only prescribed medical pharmaceuticals payable)	Payable when prescribed
			161	Digestion gels	Payable when prescribed
ITEMS SPECIFICALLY EXCLUDED IN THE POLICIES			162	ECG ELECTRODES	Upto 5 electrodes are required for every case visiting OT or ICU. For longer stay in ICU, may require a change and at least one set every second day must be payable.
59	WEIGHT CONTROL PROGRAMS/ SUPPLIES/ SERVICES	Exclusion in policy unless otherwise specified	163	GLOVES	Sterilized Gloves payable / unsterilized gloves not payable
60	COST OF SPECTACLES/ CONTACT LENSES/ HEARING AIDS ETC.,	Exclusion in policy unless otherwise specified	164	HIV KIT	Payable - payable Pre op e ra t iv e screening
61	DENTAL TREATMENT EXPENSES THAT DO NOT REQUIRE HOSPITALISATION	Exclusion in policy unless otherwise specified	165	LISTERINE/ ANTISEPTIC MOUTHWASH	Payable when prescribed
62	HORMONE REPLACEMENT THERAPY	Exclusion in policy unless otherwise specified	166	LOZENGES	Payable when prescribed
63	HOME VISIT CHARGES	Exclusion in policy unless otherwise specified	167	MOUTH PAINT	Payable when prescribed
64	INFERTILITY/ SUBFERTILITY/ ASSISTED CONCEPTION PROCEDURE	Exclusion in policy unless otherwise specified	168	NEBULISATION KIT	If used during hospitalization is payable reasonably
65	OBESITY (INCLUDING MORBID OBESITY) TREATMENT IF EXCLUDED IN POLICY	Exclusion in policy unless otherwise specified	169	NOVARAPID	Payable when prescribed
66	PSYCHIATRIC & PSYCHOSOMATIC DISORDERS	Exclusion in policy unless otherwise specified	170	VOLINI GEL/ ANALGESIC GEL	Payable when prescribed
67	CORRECTIVE SURGERY FOR REFRACTIVE ERROR	Exclusion in policy unless otherwise specified	171	ZYTEE GEL	Payable when prescribed
68	TREATMENT OF SEXUALLY TRANSMITTED DISEASES	Exclusion in policy unless otherwise specified	172	VACCINATION CHARGES	Routine Vaccination not Payable / Post Bite Vaccination Payable

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69	DONOR SCREENING CHARGES	Exclusion in policy unless otherwise specified			
70	ADMISSION/REGISTRATION CHARGES	Exclusion in policy unless otherwise specified	PART OF HOSPITAL'S OWN COSTS AND NOT PA YA BLE		
71	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE	Exclusion in policy unless otherwise specified	173	AHD	Not Payable - P a r t of Hospital's internal Cost
72	EXPENSES FOR INVESTIGATION/ TREATMENT IRRELEVANT TO THE DISEASE FOR WHICH ADMITTED OR DIAGNOSED	Not Payable - Exclusion in policy unless otherwise specified	174	ALCOHOL SWABES	Not Payable - P a r t of Hospital's internal Cost
73	ANY EXPENSES WHEN THE PATIENT IS DIAGNOSED WITH RETRO VIRUS + OR SUFFERING FROM /HIV/ AIDS ETC IS DETECTED/ DIRECTLY OR INDIRECTLY	Not payable as per HIV/AIDS exclusion	175	SCRUB SOLUTION/STERIL-LIUM	Not Payable - P a r t of Hospital's internal Cost
74	STEM CELL IMPLANTATION/ SURGERY and storage	Not Payable except Bone Marrow Transplantation where covered by policy			
			OTHERS		
ITEMS WHICH FORM PART OF HOSPITAL SERVICES WHERE SEPARA TE CONSUMABLES ARE NOT PA YABLE BUT THE SER VICE IS			176	VACCINE CHARGES FOR BABY	Not Payable
75	WARD AND THEATRE BOOKING CHARGES	Payable under OT Charges ,not payable separately	177	AESTHETIC TREATMENT / SURGERY	Not Payable
76	ARTHROSCOPY & ENDOSCOPY INSTRUMENTS	Rental charged by the hospital payable. Purchase of Instruments not payable.	178	TPA CHARGES	Not Payable
77	MICROSCOPE COVER	Payable under OT Charges , not separately	179	VISCO BELT CHARGES	Not Payable
78	SURGICAL BLADES,HARMONIC SCALPEL,SHAVER	Payable under OT Charges , not separately	180	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]	Not Payable
79	SURGICAL DRILL	Payable under OT Charges , not separately	181	EXAMINATION GLOVES	Not Payable
80	EYE KIT	Payable under OT Charges ,not separately	182	KIDNEY TRAY	Not Payable
81	EYE DRAPE	Payable under OT Charges ,not separately	183	MASK	Not Payable
82	X-RAY FILM	Payable under Radiology Charges, not as consumable	184	OUNCE GLASS	Not Payable
83	SPUTUM CUP	Payable under Investigation Charges, not as consumable	185	OUTSTATION CONSUL-TANT'S/ SURGEON'S FEES	Not payable, except for telemedicine consultations w here covered by policy
84	BOYLES APPARATUS CHARGES	Part o f OT Charges , not separately	186	OXYGEN MASK	Not Payable
85	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	Part o f Cost of Blood, not payable	187	PAPER GLOVES	Not Payable
86	Antiseptic or disinfetant lotions	Not Payable -Part of Dressing Charges	188	PELVIC TRACTION BELT	Should be payable in case o f PI VI) requiring traction as this is generally not reused
87	BAND AIDS, BANDAGES, STERLILE INJECTIONS, NEEDLES, SYRINGES	Not Payable - Part of Dressing charges	189	REFERAL DOCTOR'S FEES	Not Payable
88	COTTON	Not Payable -Part of Dressing Charges	190	ACCU CHECK (Glucom-etery/ Strips)	Not payable pre hospitalisation or post hospitalisation / Reports and Charts required / Device not payable

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89	COTTON BANDAGE	Not Payable- Part of Dressing Charges	191	PAN CAN	Not Payable
90	MICROPORE/ SURGICAL TAPE	Not Payable-Payable by the patient when prescribed , otherwise included as Dressing Charges	192	SOFNET	Not Payable
91	BLADE	Not Payable	193	TROLLY COVER	Not Payable
92	APRON	Not Payable -Part of Hospital Services/ Disposable linen to be part of OT/ICU charges	194	UROMETER, URINE JUG	Not Payable
93	TORNIQUET	Not Payable (service is charged by hospitals, consumables can not be separately charged)	195	AMBULANCE	Payable-Ambulance from home to hospital or inter hospital shifts is payable/ RTA as specific requirement is payable
94	ORTHOBUNDLE, GYNAEC BUNDLE	Part o f Dressing Charges	196	TEGADERM / VASOFIX SAFETY	Payable - maximum o f 3 in 48 hrs an d then 1 in 24 hrs
95	URINE CONTAINER	Not Payable	197	URINE BAG	Payable w here medically necessary till a reasonable cost - maximum 1 per 24hrs
			198	SOFTOVAC	Not Payable
ELEMENTS OF ROOM CHARGE			199	STOCKINGS	Essential for case like CABG etc. where it should be paid.
96	LUXURY TAX	Actual tax levied by government is payable. P a r t of room charge for sub limits			
97	HVAC	Part o f room charge not payable separately			
98	HOUSE KEEPING CHARGES	Part of room charge not payable separately			
99	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED	Part of room charge notpayable separately			
100	TELEVISION & AIR CONDITIONER CHARGES	Payable under room charges not if separately levied			
101	SURCHARGES	Part of Room Charge , Not payable separately			
102	ATTENDANT CHARGES	Not Payable - P a r t of Room Charges			
103	M IV INJECTION CHARGES	Part of nursing charges, not payable			
104	CLEAN SHEET	Part of Laundry/Housekeeping not payable separately			
105	EXTRA DIET OF PATIENT(OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)	Patient Diet provided by hospital is payable			
106	BLANKET/WARMER BLANKET	Not Payable- part of room charges			

Health Guard Gold Plan

Cusomer Information Sheet (CIS)

Bajaj Allianz Total Health Secure Goal

UIN : BAJHLIP19087V011819

HEALTH GUARD GOLD PLAN CUSTOMER INFORMATION SHEET

Issuing Office :

Description is illustrative and not exhaustive.

Sr no.	TITLE	DESCRIPTION	REFER TO POLICY CLAUSE NUMBER
1	Product Name	Health Guard	
2	What am I covered for?	**1. In-patient Hospitalisation Treatment** If You are hospitalized on the advice of a Doctor, as defined under policy, because of Illness or Accidental Bodily Injury sustained or contracted during the Policy Period, then We will pay You, Reasonable and Customary Medical Expenses incurred subject to i. Room, Boarding and Nursing Expenses as provided by the Hospital/Nursing Home without any sublimit. ii. If admitted in ICU, we will pay up to actual expenses provided by Hospital. iii. Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialists Fees. iv. Anesthesia, Blood, Oxygen, Operation Theatre Charges, surgical appliances, Medicines & Drugs, Dialysis, Chemotherapy, Radiotherapy, cost of Artificial Limbs, cost of prosthetic devices implanted during surgical procedure like Pacemaker, orthopedic implants, infra cardiac valve replacements, vascular stents, relevant laboratory diagnostic tests, X-ray and such similar expenses that are medically necessary.	Policy Wordings A 1 to 14
		2. Pre-Hospitalisation The Medical Expenses incurred during the 60 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 90 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 20000/- per policy year incurred on an ambulance offered by a healthcare or ambulance service provider for transferring You to the nearest Hospital with adequate emergency facilities for the provision of health services following an Emergency. We will also reimburse the expenses incurred on an ambulance offered by a healthcare or ambulance service provider for transferring You from the Hospital where you were admitted initially to another hospital with higher medical facilities. Claim under this section shall be payable by Us only when: i. Such life threatening emergency condition is certified by the Medical Practitioner, and ii. We have accepted Your Claim under "In-patient Hospitalisation Treatment" or "Day Care Procedures" section of the Policy. Subject otherwise to the terms, conditions and exclusions of the Policy. This benefit will be applicable 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. Indicative 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, 2011and 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	
		7. Convalescence Benefit: In the event of insured hospitalised for a disease/illness/injury for a continuous period exceeding 10 days, We will pay benefit amount of Rs. 5,000 for Sum Insured up to Rs. 5lacs and Rs. 7500 for Sum Insured 7.5lacsand above per policy year. This benefit will be triggered provided that the hospitalization claim is accepted under In Patient Hospitalisation Treatment. This benefit will be applicable annually for policies with term more than 1 year.	

HEALTH GUARD GOLD PLAN CUSTOMER INFORMATION SHEET

8. **Daily Cash Benefit for Accompanying an Insured Child**
We will pay Daily Cash Benefit of Rs. 500 per day maximum up to 10 days during each policy year for reasonable accommodation expenses in respect of one parent/legal guardian, to stay with any minor Insured Person (under the Age of 12), provided the hospitalization claim is paid under Inpatient Hospitalisation Treatment.
This benefit will be applicable annually for policies with term more than 1 year.

9. **Sum Insured Reinstatement Benefit:**
If Inpatient Hospitalization Treatment Cover Sum Insured and Cumulative Bonus (if any) is exhausted due to claims lodged during the Policy year, then it is agreed that 100% of the Sum Insured specified under Inpatient Hospitalization Treatment be reinstated for the particular Policy year provided that:
   1. The reinstated Sum Insured will be triggered only after the Inpatient Hospitalization Treatment Sum Insured inclusive of the Cumulative Bonus(If applicable) has been completely exhausted during the policy year;
   2. The reinstated Sum Insured can be used for claims made by the Insured Person in respect of the benefits stated in Inpatient Hospitalization Treatment.
   3. If the claimed amount is higher than the Balance Sum Insured inclusive of the Cumulative Bonus(If applicable) under the policy, then this benefit will not be triggered for such claims
   4. The reinstated Sum Insured would be triggered only for subsequent claims made by the Insured Person.In case of relapse within 45 days, this benefit will not trigger
   5. This benefit is applicable only once during each policy year& will not be carried forward to the subsequent policy year/ renewals if the benefit is not utilized.
   6. This benefit is applicable only once in life time of Insured Personcovered under this policy for claims regarding CANCER OF SPECIFIED SEVERITY and KIDNEY FAILURE REQUIRING REGULAR DIALYSIS as defined under the policy.
   7. This benefit will be applicable annually for policies with term more than 1 year.
   8. Additional premium would not be charged for reinstatement of the Sum Insured.
   9. Incase Family Floater policy, Reinstatement of Sum Insuredwill be available for all Insured Persons in thePolicy.

10. **Preventive Health Check Up**
At the end of block of every continuous period of 3 policy years during which You have held Our Health Guard 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. 5000/- 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.
You may approach us for the arrangement of the Health Checkup. For the avoidance of doubt, We shall not be liable for any other ancillary or peripheral costs or expenses (including but not limited to those for transportation, accommodation or sustenance).

11. **Ayurvedic / Homeopathic Hospitalisation Expenses**
If Youare 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 Healthon the advice of a Doctor because of Illness or AccidentalBodily Injury sustained or contracted during the Policy Period then We will pay You:
<u>In-patient Treatment- Medical Expenses for Ayurvedic and Homeopathic treatment:</u>
   - Room rent, boarding expenses
   - Nursing care
   - Consultation fees
   - Medicines, drugs and consumables,
   - Ayurvedic and Homeopathic treatment procedures

   Our maximum liability maximum is up to Rs. 20000 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,
   The illness/injury requires inpatient admission and the procedure performed on the insured cannot be carried out on out-patient basis

HEALTH GUARD GOLD PLAN CUSTOMER INFORMATION SHEET

		12. Maternity Expenses We will pay the Medical Expenses for the delivery of a baby (including caesarean section) and/or expenses related to medically recommended and lawful termination of pregnancy, limited to maximum 2 deliveries or termination(s) or either, during the lifetime of the insured person, provided that, i. Our maximum liability per delivery or termination shall be limited to the amount specified in the policy Schedule as per Sum Insured opted. ii. From Sum insured Rs. 3lacs to Rs. 7.5 lacs is restricted to Rs. 15000 for normal delivery and Rs. 25000 for caesarean section and from Sum insured Rs. 10 lacs to Rs. 50lacs is restricted to Rs. 25000 for normal delivery and Rs. 35000 for caesarean section iii. We will pay the Medical Expenses of pre-natal and post-natal hospitalization per delivery or termination upto the amount stated in the policy Schedule. iv. Waiting period of 72 months from the date of issuance of the first policy with us, provided that the policy has been renewed continuously renewed with us without break for you. Fresh waiting period of 72 months would apply for all the policies which are issued with continuity under portability guidelines either from our existing Health Product or any other Non-Health or Standalone Health Insurance Company. v. We will not cover Ectopic pregnancy under this benefit (although it shall be covered under In patient Hospitalisation Treatment) Any complications arising out of or as a consequence of maternity/child birth will be covered within the limit of Sum Insured available under this benefit.	
		13. New Born Baby Cover Coverage for new born baby will be considered subject to a valid claim being accepted under Maternity Expenses. We will pay the following expenses within the limit of the Sum Insured available under the Maternity Expenses section. We will pay for, i. Medical Expenses towards treatment of your new born baby while you are hospitalised as an inpatient for delivery for the hospitalisation, ii. Hospitalisation charges incurred on the new born baby during post birth including any complications shall be covered up to a period of 90 days from the date of birth and within limit of the Sum Insured under Maternity Expenses without payment of any additional premium iii. Mandatory Vaccinations of the new born baby up to 90 days, as recommended by the Indian Pediatric Association will be covered under the Maternity ExpensesSum Insured.	
		14. Bariatric Surgery Cover If You are hospitalized on the advice of a Doctor because of Conditions mentioned below which required you to undergo Bariatric Surgery during the Policy period, then We will pay You, Reasonable and Customary Expenses related to Bariatric Surgery Eligibility: For adults aged 18 years or older, presence of severe obesity documented in contemporaneous clinical records, defined as any of the following: BMI greater than and equal to 40in conjunctions with any of the following severe comorbidities: 1. Coronary heart disease; or 2. Medically refractory hypertension (blood pressure greater than 140 mm Hg systolic and/or 90 mm Hg diastolic despite concurrent use of 3 anti-hypertensive agents of different classes); or 3. Type 2 diabetes mellitus **Special Conditions applicable to Bariatric Surgery Cover** • This benefit is subject to a waiting period of 36 months from the date of first commencement of this policy and continuous renewal thereof with the Company. Fresh waiting period of 36 months would apply for all the policies which are issued with continuity under portability guidelines either from our existing Health Product or any other Non-Health or Standalone Health Insurance Company.. • Policies which are issued with continuity under portability guidelines either from our existing Health Product or any other Non-Health or Standalone Health Insurance Company will have to wait for 36 months from issuance of Health Guard policy to avail this benefit. • Our maximum liability will be restricted to 50% of Sum insured maximum up to Rs. 5lac. • Bariatric surgery performed for Cosmetic reasons is excluded. • The indication for the procedure should be found appropriate by two qualified surgeons and the insured person shall obtain prior approval for cashless treatment from the Company.	
3	What are the major exclusions in the policy?	6. Any dental treatment that comprises cosmetic surgery, dentures, dental prosthesis, dental implants, orthodontics, orthognathic surgery, jaw alignment or treatment for the temporomandibular (jaw) joint, or upper and lower jaw bone surgery and surgery related to the temporomandibular (jaw) unless necessitated by an acute traumatic injury or cancer and also requiring Hospitalisation 7. Medical expenses where Inpatient care is not warranted and does not require supervision of qualified nursing staff and qualified medical practitioner round the clock	Policy Wordings- Section C

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		8. 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. 9. Circumcision unless required for the treatment of Illness or Accidental bodily injury, 10. Cosmetic or aesthetic treatments of any description, treatment or surgery for change of life/gender. 11. Any form of plastic surgery unless necessary for the treatment of cancer, burns or accidental Bodily Injury 12. The cost of spectacles, contact lenses, hearing aids, crutches, artificial limbs, dentures, artificial teeth and all other external appliances and/or devices whether for diagnosis or treatment except for intrinsic fixtures used for orthopedic treatments such as plates and K-wires. 13. 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. 14. Convalescence, general debility, rest cure, congenital external diseases or defects or anomalies, genetic disorders, stem cell implantation or surgery, or growth hormone therapy. 15. Intentional self-injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol) 16. Ailments requiring treatment due to use or abuse of any substance, drug or alcohol and treatment for de-addiction. 17. Any condition directly or indirectly caused by or associated with Human Immunodeficiency Virus or Variant/mutant viruses and or any syndrome or condition of a similar kind commonly referred to as AIDS. 18. Medical Expenses relating to any hospitalisation primarily and specifically for diagnostic, X-ray or laboratory examinations and investigations 19. 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. 20. Any fertility, sub fertility, Infertility, sterility, erectile dysfunction, impotence, assisted conception operation or sterilization procedure. 21. Vitamins, tonics, nutritional supplements unless forming part of the treatment for injury or disease as certified by the attending Doctor 22. Experimental, unproven or non-standard treatment 23. Weight management services and treatment related to weight reduction programmes including treatment of obesity 24. Treatment for any mental illness or psychiatric illness, Parkinson's Disease. 25. All non-medical Items as per Annexure II of Policy Wordings 26. Any treatment received outside India is not covered under this policy.	
4	Waiting periods	1. Benefits will not be available for Any Pre-existing condition, ailment or injury, until 36 months of continuous coverage have elapsed, after the date of inception of the first Health Guard policy, provided the preexisting disease / ailment / injury is disclosed on the proposal form. The above exclusion 1 shall cease to apply if You have maintained a Health Guard policy with Us for a continuous period of a full 36 months without break from the date of Your first Health Guard policy. In case of enhancement of Sum Insured, this exclusion shall apply afresh only to the extent of the amount by which the limit of indemnity has been increased (i.e. enhanced Sum Insured) and if the policy is a renewal of Health Guard policy with Us without break in cover.	Policy Wordings – Section C

HEALTH GUARD GOLD PLAN CUSTOMER INFORMATION SHEET

<table>
<tr><td></td><td></td><td>
2. We will also not pay for claims arising out of or howsoever connected to the following for the first 24 months of Health Guard policy,
<table>
<tr><td>1. Any types of gastric or duodenal ulcers,</td><td>9. Cataracts,</td></tr>
<tr><td>2. Benign prostatic hypertrophy</td><td>10. Hernia of all types</td></tr>
<tr><td>3. All types of sinuses</td><td>11. Fistulae, Fissure in ano</td></tr>
<tr><td>4. Haemorrhoids</td><td>12. Hydrocele</td></tr>
<tr><td>5. Dysfunctional uterine bleeding</td><td>13. Fibromyoma</td></tr>
<tr><td>6. Endometriosis</td><td>14. Hysterectomy</td></tr>
<tr><td>7. Stones in the urinary and biliary systems</td><td>15. Surgery for any skin ailment</td></tr>
<tr><td>8. Surgery on ears/tonsils/adenoids/ paranasal sinuses</td><td>16. Surgery on all internal or external tumours/ cysts/ nodules/polyps of any kind including breast lumps with exception of Malignant tumor or growth.</td></tr>
</table>
This exclusion shall apply for a continuous period of 36 months from the date of Your Health Guard policy, if the above referred illness were present at the time of commencement of the policy and if You had declared such illness at the time of proposing the policy for the first time.
In case of enhancement of Sum Insured, the waiting periods shall apply afresh only to the extent of the amount by which the limit of indemnity has been increased (i.e. enhanced Sum Insured) and if the policy is a renewal of Health Guard policy with Us without break in cover.
3. Any Medical Expenses incurred during the first 36 months during which You have the benefit of a Health Guard policy with Us in connection with:
• Joint replacement surgery,
• Surgery for prolapsed inter vertebral disc (unless necessitated due to an accident)
• Surgery to correct deviated nasal septum
• Hypertrophied turbinate
• Congenital internal diseases or anomalies
• Treatment for correction of eye sight due to refractive error recommended by Ophthalmologist for medical reasons.
• Bariatric Surgery
4. Any disease contracted and /or medical expenses incurred in respect of any disease /illness by the insured during the first 30 days from the commencement of the policy, except for accidental injuries.
5. Any treatment arising from or traceable to pregnancy, child birth including cesarean sectionand/or any treatment related to pre and postnatal care and complications arising out of Pregnancy and Childbirth until 72 months continuous period has elapsed since the inception of the first Health Guard Policy with US. However this exclusion will not apply to Ectopic Pregnancy proved by diagnostic means and certified to be life threatening by the attending medical practitioner.
</td><td></td></tr>
<tr><td>5</td><td>Payout basis</td><td>
Indemnity Basis:
• In-patient Hospitalisation Treatment
• Pre-Hospitalisation
• Post-Hospitalisation
• Road Ambulance
• Day Care Procedures
• Organ Donor Expenses:
• Sum Insured Reinstatement Benefit:
• Preventive Health Check Up
• Ayurvedic / Homeopathic Hospitalisation Expenses
• Maternity Expenses
• New Born Baby Cover
• Bariatric Surgery Cover

Benefit Basis:
• Convalescence Benefit:
• Daily Cash Benefit for Accompanying an Insured Child
</td><td>Policy Wordings Section A</td></tr>
<tr><td>6</td><td>Cost sharing</td><td>In case of a claim, this policy requires you to share the following costs:
i 10% or 20% of each claim under Inpatient Hospitalisation Treatment as Co-payment if voluntarily opted by the Insured</td><td>Policy Wordings Section D</td></tr>
</table>

HEALTH GUARD GOLD PLAN CUSTOMER INFORMATION SHEET

<table>
<tr><td>7</td><td>Renewal Conditions</td><td>i. Under normal circumstances, renewal will not be refused except on the grounds of Your moral hazard, misrepresentation, fraud, or your non-cooperation. (Subject to policy is renewed annually with us within the Grace period of 30 days from date of Expiry)
ii. In case of our own renewal, a grace period of 30 days is permissible and the Policy will be considered as continuous for the purpose of all waiting periods. However, any treatment availed for an Illness or Accident sustained or contracted during the break period will not be admissible under the Policy.
iii. For renewals received after completion of 30 days grace period, a fresh application of health insurance should be submitted to Us, it would be processed as per a new business proposal.
iv. 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. Suitable credit of continuity/waiting periods for all the previous policy years would be extended in the new policy, provided the policy has been maintained without a break
v. Premium payable on renewal and on subsequent continuation of cover are subject to change with prior approval from IRDAI.</td><td>Policy Wordings Section D 11. Renewal and Cancellation</td></tr>
<tr><td rowspan="2">8</td><td rowspan="2">Renewal Benefits</td><td>1. Cumulative Bonus:

If You renew Your " Health Guard" with Us without any break and there has been no claim in the preceding year, We will increase the Limit of Indemnity by 10% of base sum insured per annum, but:
i. The maximum cumulative increase in the Limit of Indemnity will be limited to 10 years and 100% of base sum insured of Your first "Health Guard" with Us.
ii. This clause does not alter the annual character of this insurance
iii. If a claim is made in any year where a cumulative increase has been applied, then the increased Limit of Indemnity in the policy period of the subsequent "Health Guard" shall be reduced by 10%, save that the limit of indemnity applicable to Your first " Health Guard" with Us shall be preserved.</td><td>Policy Wordings Section D 7</td></tr>
<tr><td>2. Preventive Health Check Up
At the end of block of every continuous period of 3 years during which You have held Our Health Guard 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. 5000/- 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.
You may approach us for the arrangement of the Health Check up. For the avoidance of doubt, We shall not be liable for any other ancillary or peripheral costs or expenses (including but not limited to those for transportation, accommodation or sustenance).</td><td>Policy Wording Section A 10</td></tr>
<tr><td>9</td><td>Cancellation</td><td>1. We may cancel this insurance by giving You at least 15 days written notice, and if no claim has been made then We shall refund a pro-rata premium for the unexpired Policy Period. Under normal circumstances, Policy will not be cancelled except for reasons of mis-representation, fraud, non-disclosure of material facts or Your non-cooperation.
You may cancel this insurance by giving Us at least 15 days written notice, and if no claim has been made then We shall refund premium on short term rates for the unexpired Policy Period as per the rates detailed below.
<table>
<tr><th rowspan="2">Period in Risk</th><th colspan="3">Premium Refund</th></tr>
<tr><th>Policy Period 1 Year</th><th>Policy Period 2 Year</th><th>Policy Period 3 Year</th></tr>
<tr><td>Within 15 Days</td><td colspan="3">Pro Rate Refund</td></tr>
<tr><td>Exceeding 15 days but less than 3 months</td><td>65.00%</td><td>75.00%</td><td>80.00%</td></tr>
<tr><td>Exceeding 3 months but less than 6 months</td><td>45.00%</td><td>65.00%</td><td>75.00%</td></tr>
<tr><td>Exceeding 6 months but less than 12 months</td><td>0.00%</td><td>45.00%</td><td>60.00%</td></tr>
<tr><td>Exceeding 12 months but less than 15 months</td><td rowspan="6"></td><td>30.00%</td><td>50.00%</td></tr>
<tr><td>Exceeding 15 months but less than 18 months</td><td>20.00%</td><td>45.00%</td></tr>
<tr><td>Exceeding 18 months but less than 24 months</td><td>0.00%</td><td>30.00%</td></tr>
<tr><td>Exceeding 24 months but less than 27 months</td><td rowspan="3"></td><td>20.00%</td></tr>
<tr><td>Exceeding 27 months but less than 30 months</td><td>15.00%</td></tr>
<tr><td>Exceeding 30 months but less than 36 months</td><td>0.00%</td></tr>
</table>
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".</td><td>Policy Wordings Section D 11. Renewal and Cancellation</td></tr>
</table>

(LEGAL DISCLAIMER) NOTE: The information must be read in conjunction with the product brochure and policy document. In case of any conflict between the Policy Brochure/Prospectus and the policy document the terms and conditions mentioned in the policy document shall prevail.

Health Guard Gold Plan

HEALTH GUARD GOLD PLAN

POLICY WORDINGS

Preamble

Our agreement to insure **You** is based on **Your** Proposal to **Us**, which is the basis of this agreement, and **Your** payment of the premium. This Policy records the entire agreement between **Us** and sets out what **We** insure, how **We** insure it, and what **We** expect of **You** and what **You** can expect of **Us**.

Types of Policy

- " Health Guard-Individual"
- " Health Guard-Family Floater"

Policy period

- " Health Guard-Individual": 1 year, 2 years or 3 years
- " Health Guard-Family Floater": 1 year, 2 years or 3 years

Scope of cover

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

A. COVERAGE

1. **In-patient Hospitalisation Treatment**

   If You are hospitalized on the advice of a Doctor as defined under policy because of Illness or Accidental Bodily Injury sustained or contracted during the Policy Period, then We will pay You, Reasonable and Customary Medical Expenses incurred subject to

i. Room, Boarding and Nursing Expenses as provided by the Hospital/Nursing Home without any sublimit.
ii. If admitted in ICU, we will pay up to actual expenses provided by Hospital.
iii. Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialists Fees.
iv. Anesthesia, Blood, Oxygen, Operation Theatre Charges, surgical appliances, Medicines & Drugs, Dialysis, Chemotherapy, Radiotherapy, cost of Artificial Limbs, cost of prosthetic devices implanted during surgical procedure like Pacemaker, orthopedic implants, infra cardiac valve replacements, vascular stents, relevant laboratory diagnostic tests, X-ray and such similar expenses that are medically necessary.

2. **Pre-Hospitalisation**

   The Medical Expenses incurred during the 60 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. (Section A1)

3. **Post-Hospitalisation**

   The Medical Expenses incurred during the 90 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. (Section A1)

4. **Road Ambulance**

   We will pay the reasonable cost to a maximum of Rs 20000/- per policy year incurred on an ambulance offered by a healthcare or ambulance service provider for transferring You to the nearest Hospital with adequate emergency facilities for the provision of health services following an Emergency.

   We will also reimburse the expenses incurred on an ambulance offered by a healthcare or ambulance service provider for transferring You from the Hospital where you were admitted initially to another hospital with higher medical facilities.
   Claim under this section shall be payable by Us only when:

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

   Subject otherwise to the terms, conditions and exclusions of the Policy.

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

5. **Day Care Procedures**

   We will pay you the medical expenses as listed above under Section A1 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. Indicative 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,

HEALTH GUARD GOLD PLAN

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 (section A1).

7. Convalescence Benefit

In the event of insured hospitalised for a disease/illness/injury for a continuous period exceeding 10 days, We will pay benefit amount of Rs. 5,000 for Sum Insured up to Rs. 5 lacs and Rs. 7500 for Sum Insured 7.5 lacs and above per policy year.
This benefit will be triggered provided that the hospitalization claim is accepted under Section A1- In Patient Hospitalisation Treatment.
This benefit will be applicable annually for policies with term more than 1 year.

8. Daily Cash Benefit for Accompanying an Insured Child

We will pay Daily Cash Benefit of Rs. 500 per day maximum up to 10 days during each policy year for reasonable accommodation expenses in respect of one parent/legal guardian, to stay with any minor Insured Person (under the Age of 12), provided the hospitalization claim is paid under Section A1 Inpatient Hospitalisation Treatment.
This benefit will be applicable annually for policies with term more than 1 year.

9. Sum Insured Reinstatement Benefit

If Section A1 Inpatient Hospitalization Treatment Sum Insured and Cumulative Bonus (if any) is exhausted due to claims lodged during the Policy year, then it is agreed that 100% of the Sum Insured specified under Inpatient Hospitalization Treatment be reinstated for the particular Policy year provided that:

1. The reinstated Sum Insured will be triggered only after the Inpatient Hospitalization Treatment Sum Insured inclusive of the Cumulative Bonus(If applicable) has been completely exhausted during the policy year;
2. The reinstated Sum Insured can be used for claims made by the Insured Person in respect of the benefits stated in Inpatient Hospitalization Treatment.
3. If the claimed amount is higher than the Balance Sum Insured inclusive of the Cumulative Bonus(If applicable) under the policy, then this benefit will not be triggered for such claims
4. The reinstated Sum Insured would be triggered only for subsequent claims made by the Insured Person.In case of relapse within 45 days, this benefit will not trigger
5. This benefit is applicable only once during each policy year& will not be carried forward to the subsequent policy year/ renewals if the benefit is not utilized.
6. This benefit is applicable only once in life time of Insured Person covered under this policy for claims regarding CANCER OF SPECIFIED SEVERITY and KIDNEY FAILURE REQUIRING REGULAR DIALYSIS as defined under the policy.
7. This benefit will be applicable annually for policies with term more than 1 year.
8. Additional premium would not be charged for reinstatement of the Sum Insured.
9. Incase of Family Floater policy, Reinstatement of Sum Insured will be available for all Insured Persons in the Policy.

10. Preventive Health Check Up

At the end of block of every continuous period of 3 years during which You have held Our Health Guard 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. 5000/- 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.
You may approach us for the arrangement of the Health Check up. For the avoidance of doubt, We shall not be liable for any other ancillary or peripheral costs or expenses (including but not limited to those for transportation, accommodation or sustenance).

11. 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 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:

- Room rent, boarding expenses
- Nursing care
- Consultation fees
- Medicines, drugs and consumables,
- Ayurvedic and Homeopathic treatment procedures

Our maximum liability maximum is up to Rs. 20000 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

HEALTH GUARD GOLD PLAN

12. Maternity Expenses

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

i. Our maximum liability per delivery or termination shall be limited to the amount specified in the policy Schedule as per Sum Insured opted.
ii. From Sum insured Rs. 3lacs to Rs. 7.5 lacs is restricted to Rs. 15000 for normal delivery and Rs. 25000 for caesarean section and from Sum insured Rs. 10 lacs to Rs. 50lacs is restricted to Rs. 25000 for normal delivery and Rs. 35000 for caesarean section
iii. We will pay the Medical Expenses of pre-natal and post-natal hospitalization per delivery or termination upto the amount stated in the policy Schedule.
iv. Waiting period of 72 months from the date of issuance of the first policy with us, provided that the policy has been continuously renewed with us without break for you. Fresh waiting period of 72 months would apply for all the policies which are issued with continuity under portability guidelines either from our existing Health Product or any other Non-Health or Standalone Health Insurance Company.
v. We will not cover Ectopic pregnancy under this benefit (although it shall be covered under section A1 In patient Hospitalisation Treatment)
vi. Any complications arising out of or as a consequence of maternity/child birth will be covered within the limit of Sum Insured available under this benefit.

13. New Born Baby Cover

Coverage for new born baby will be considered subject to a valid claim being accepted under Maternity Expenses (section A12). We will pay the following expenses within the limit of the Sum Insured available under the Maternity Expenses section.

We will pay for,

i. Medical Expenses towards treatment of your new born baby while you are hospitalised as an inpatient for delivery for the hospitalisation,
ii. Hospitalisation charges incurred on the new born baby during post birth including any complications shall be covered up to a period of 90 days from the date of birth and within limit of the Sum Insured under Maternity Expenses without payment of any additional premium
iii. Mandatory Vaccinations of the new born baby up to 90 days, as recommended by the Indian Pediatric Association will be covered under the Maternity Expenses Sum Insured.

14. Bariatric Surgery Cover

If You are hospitalized on the advice of a Doctor because of Conditions mentioned below which required you to undergo Bariatric Surgery during the Policy period, then We will pay You, Reasonable and Customary Expenses related to Bariatric Surgery
Eligibility:
For adults aged 18 years or older, presence of severe obesity documented in contemporaneous clinical records, defined as any of the following:
BMI greater than and equal to 40 in conjunctions with any of the following severe comorbidities:

1. Coronary heart disease; or
2. Medically refractory hypertension (blood pressure greater than 140 mm Hg systolic and/or 90 mm Hg diastolic despite concurrent use of 3 anti-hypertensive agents of different classes); or
3. Type 2 diabetes mellitus

Special Conditions applicable to Bariatric Surgery Cover

This benefit is subject to a waiting period of 36 months from the date of first commencement of this policy and continuous renewal thereof with the Company.
Policies which are issued with continuity under portability guidelines either from our existing Health Product or any other Non-Health or Standalone Health Insurance Company will have to wait for 36 months from issuance of Health Guard policy to avail this benefit.
Our maximum liability will be restricted to 50% of Sum insured maximum up to Rs. 5 lac.
Bariatric surgery performed for Cosmetic reasons is excluded.
The indication for the procedure should be found appropriate by two qualified surgeons and the insured person shall obtain prior approval for cashless treatment from the Company.

B. Definitions

1. Accident, Accidental

An accident is a sudden, unforeseen and involuntary event caused by external, visible and violent means.

2. Act of Terrorism:-

Whoever

a. With intent to threaten the unity, integrity, security or sovereignty of India or to strike terror in the people or any section of the people does any act or thing by using bombs, dynamite or other explosive substances or inflammable substances or firearms or other lethal weapons or poisons or noxious gases or other chemicals or by any other substances (whether biological or otherwise) of a hazardous nature or by any other means whatsoever, in such a manner as to cause or likely to cause, death of or injuries to any person or persons or loss of or damage to or destruction of property or disruption of any supplies or services essential to the life of the community or causes damage or destruction of any property or equipment used or intended to be used for the defense of India or in connection with any other purposes of the Government of India, any state government or any of their agencies or detains any person and threatens to kill or injure such person in order to compel the Government or any other person to do or abstain from doing any act

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b. Is or continues to be a member of an association declared unlawful under the Unlawful Activities (Prevention) Act 1967, (37 of 1967), or voluntarily does an act aiding or promoting in any manner the objects of such association and in either case is in possession of any unlicensed firearms, ammunition, explosives or other instrument or substances capable of causing mass destruction and commits any act resulting in loss of human life or grievous injury to any person or causes significant damage to any property, commits a terrorist act.

3. Any one illness
Any one illness means continuous period of illness and includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment was taken.

4. Bajaj Allianz Network Hospitals / Network Hospitals
Bajaj Allianz Network Hospitals / Network Hospitals means the Hospitals which have been empanelled by Us as per the latest version of the schedule of Hospitals maintained by Us, which is available to You on request. For updated list please visit our website.

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

6. Bariatric surgery:
Means Surgery on the stomach and/or intestines to help a person with extreme obesity to lose weight. Bariatric surgery is an option for people who have a body mass index (BMI) above 40. Surgery is also an option for people with a body mass index between 35 and 40 who have health problems like type 2 diabetes or heart disease.

7. Cancer of Specified Severity

I. A malignant tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukemia, lymphoma and sarcoma.

II. The following are excluded –
   i. All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN - 2 and CIN-3.
   ii. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
   iii. Malignant melanoma that has not caused invasion beyond the epidermis;
   iv. All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0
   v. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
   vi. Chronic lymphocytic leukaemia less than RAI stage 3
   vii. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,
   viii. All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;
   ix. All tumors in the presence of HIV infection.

8. Cashless facility
"Cashless facility" means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the network provider by the insurer to the extent pre-authorization approved.

9. Co-Payment
Co-payment means a cost sharing requirement under a health insurance policy that provides that the policyholder/insured will bear a specified percentage of the admissible claims amount. A co-payment does not reduce the Sum Insured.

10. Condition Precedent
Condition Precedent means a policy term or condition upon which the Insurer's liability under the policy is conditional upon.

11. Congenital Anomaly
Congenital Anomaly refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.

a. Internal Congenital Anomaly- Congenital anomaly which is not in the visible and accessible parts of the body
b. External Congenital Anomaly- Congenital anomaly which is in the visible and accessible parts of the body

12. Contribution
Contribution is essentially the right of an insurer to call upon other insurers liable to the same insured to share the cost of an indemnity claim on a ratable proportion of Sum Insured. This clause shall not apply to any Benefit offered on fixed benefit basis.

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

14. Day care centre
A day care centre means any institution established for day care treatment of illness and/or injuries or a medical setup with a hospital and which has been registered with the local authorities, wherever applicable, and is under supervision of a registered and qualified medical practitioner AND must comply with all minimum criterion as under –
i. has qualified nursing staff under its employment;
ii. has qualified medical practitioner/s in charge;
iii. has fully equipped operation theatre of its own where surgical procedures are carried out;
iv. maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.

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

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

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

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

19. Emergency Care
Emergency care means management for an illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a medical practitioner to prevent death or serious long term impairment of the insured person's health.

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

21. Grace Period
Grace period means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of pre existing diseases. Coverage is not available for the period for which no premium is received.

22. Hospital
A hospital means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:
--has qualified nursing staff under its employment round the clock;
--has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
--has qualified medical practitioner(s) in charge round the clock;
--has a fully equipped operation theatre of its own where surgical procedures are carried out;
--maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.

23. Hospitalisation
Means admission in a Hospital for a minimum period of 24 In patient Care consecutive hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.

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24. Illness

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

a. Acute condition - Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ illness/ injury which leads to full recovery

b. Chronic condition - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:
   1. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests
   2. it needs ongoing or long-term control or relief of symptoms
   3. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
   4. it continues indefinitely
   5. it recurs or is likely to recur

25. Inpatient Care

Inpatient care means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.

26. Injury/ Bodily Injury

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

27. Intensive Care Unit

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

28. Kidney Failure Requiring Regular Dialysis

End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (haemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.

29. Limit of Indemnity

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

30. Maternity expense / treatment shall include the following Medical treatment Expenses:

Medical Expenses for a delivery (including complicated deliveries and caesarean sections) incurred during Hospitalization; The lawful medical termination of pregnancy during the Policy Period limited to 2 deliveries or terminations or either during the lifetime of the Insured Person;
Pre-natal and post-natal Medical Expenses for delivery or termination.

31. New Born Baby

Newborn baby means baby born during the Policy Period and is aged between 1 day and 90 days, both days inclusive.

32. Medical Advise

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

33. Medical expenses

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

34. Medical Practitioner/ Physician/ Doctor:

Medical Practitioner means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within its scope and jurisdiction of license.

35. Medically Necessary

Medically necessary treatment is defined as any treatment, tests, medication, or stay in hospital or part of a stay in hospital which
- is required for the medical management of the illness or injury suffered by the insured;
- must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
- must have been prescribed by a medical practitioner,
- must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

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

37. Non- Network
Any hospital, day care centre or other provider that is not part of the network.

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

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

40. Obesity means abnormal or excessive fat accumulation that may impair health. Obesity is measured in Body Mass Index.
Body mass index (BMI) is a simple index of weight-for-height that is commonly used to classify overweight and obesity in adults. It is defined as a person's weight in kilograms divided by the square of his height in meters (kg/m2).
The WHO definition is:
- BMI greater than or equal to 25 is overweight
- BMI greater than or equal to 30 is obesity

41. Portability
Portability means transfer by an individual health insurance policyholder (including family cover) of the credit gained for pre-existing conditions and time-bound exclusions if he/she chooses to switch from one insurer to another.

42. Pre-Existing Disease
Pre-Existing Disease means any condition, ailment or injury or related condition(s) for which there were signs or symptoms, and / or were diagnosed, and / or for which medical advice / treatment was received within 48 months prior to the first policy issued by the insurer and renewed continuously thereafter.

43. Pre-hospitalization Medical Expenses
Pre-hospitalization Medical Expenses means medical expenses incurred during pre-defined number of days preceding the hospitalization of the Insured Person, provided that:
i. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and
ii. The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.

44. Post-hospitalization Medical Expenses
Post-hospitalization Medical Expenses means medical expenses incurred during pre-defined number of days immediately after the insured person is discharged from the hospital provided that:
i. Such Medical Expenses are for the same condition for which the insured person's hospitalization was required, and
ii. The inpatient hospitalization claim for such hospitalization is admissible by the insurance company.

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

46. Reasonable and Customary Charges
Reasonable and Customary charges means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness / injury involved

47. Room rent
Room Rent means the amount charged by a Hospital towards Room and Boarding expenses and shall include the associated medical expenses.

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

49. Surgery or Surgical Procedure
Surgery or Surgical Procedure means manual and / or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief from suffering and prolongation of life, performed in a hospital or day care centre by a medical practitioner.

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

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

52. **You, Your, Yourself, Your Family** named in the schedule means the person or persons that We insure as set out in the Schedule.

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

C. EXCLUSIONS UNDER THE POLICY

We shall not be liable to make any payment for any claim directly or indirectly caused by, based on, arising out of or attributable to any of the following:

1. Benefits will not be available for Any Pre-existing condition, ailment or injury, until 36 months of continuous coverage have elapsed, after the date of inception of the first Health Guard policy, provided the preexisting disease / ailment / injury is disclosed on the proposal form.
The above exclusion 1 shall cease to apply if You have maintained a Health Guard policy with Us for a continuous period of a full 36 months without break from the date of Your first Health Guard policy.
In case of enhancement of Sum Insured, this exclusion shall apply afresh only to the extent of the amount by which the limit of indemnity has been increased (i.e. enhanced Sum Insured) and if the policy is a renewal of Health Guard policy with Us without break in cover.

2. We will also not pay for claims arising out of or howsoever connected to the following for the first 24 months of Health Guard policy,

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

This exclusion shall apply for a continuous period of 36 months from the date of Your Health Guard policy, if the above referred illness were present at the time of commencement of the policy and if You had declared such illness at the time of proposing the policy for the first time.
In case of enhancement of Sum Insured, the waiting periods shall apply afresh only to the extent of the amount by which the limit of indemnity has been increased (i.e. enhanced Sum Insured) and if the policy is a renewal of Health Guard policy with Us without break in cover.

3. Any Medical Expenses incurred during the first 36 months during which You have the benefit of a Health Guard policy with Us in connection with:
- Joint replacement surgery,
- Surgery for prolapsed inter vertebral disc (unless necessitated due to an accident)
- Surgery to correct deviated nasal septum
- Hypertrophied turbinate
- Congenital internal diseases or anomalies
- Treatment for correction of eye sight due to refractive error recommended by Ophthalmologist for medical reasons.
- Bariatric Surgery

4. Any disease contracted and /or medical expenses incurred in respect of any disease /illness by the insured during the first 30 days from the commencement of the policy, except for accidental injuries.

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

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6. Any dental treatment that comprises cosmetic surgery, dentures, dental prosthesis, dental implants, orthodontics, orthognathic surgery, jaw alignment or treatment for the temporomandibular (jaw) joint, or upper and lower jaw bone surgery and surgery related to the temporomandibular (jaw) unless necessitated by an acute traumatic injury or cancer and also requiring Hospitalisation

7. Medical expenses where Inpatient care is not warranted and does not require supervision of qualified nursing staff and qualified medical practitioner round the clock

8. 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.

9. Circumcision unless required for the treatment of Illness or Accidental bodily injury,

10. Cosmetic or aesthetic treatments of any description, treatment or surgery for change of life/gender.

11. Any form of plastic surgery unless necessary for the treatment of cancer, burns or accidental Bodily Injury

12. The cost of spectacles, contact lenses, hearing aids, crutches, artificial limbs, dentures, artificial teeth and all other external appliances and/or devices whether for diagnosis or treatment except for intrinsic fixtures used for orthopedic treatments such as plates and K-wires.

13. 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.

14. Convalescence, general debility, rest cure, congenital external diseases or defects or anomalies, genetic disorders, stem cell implantation or surgery, or growth hormone therapy.

15. Intentional self-injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol)

16. Ailments requiring treatment due to use or abuse of any substance, drug or alcohol and treatment for de-addiction.

17. Any condition directly or indirectly caused by or associated with Human Immunodeficiency Virus or Variant/mutant viruses and or any syndrome or condition of a similar kind commonly referred to as AIDS.

18. Medical Expenses relating to any hospitalisation primarily and specifically for diagnostic, X-ray or laboratory examinations and investigations

19. 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.

20. Any fertility, sub fertility, Infertility, sterility, erectile dysfunction, impotence, assisted conception operation or sterilization procedure.

21. Vitamins, tonics, nutritional supplements unless forming part of the treatment for injury or disease as certified by the attending Doctor

22. Experimental, unproven or non-standard treatment

23. Weight management services and treatment related to weight reduction programmes including treatment of obesity

24. Treatment for any mental illness or psychiatric illness, Parkinson's Disease.

25. All non-medical Items as per Annexure II

26 Any treatment received outside India is not covered under this policy.

D. Conditions

1. 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.

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2. Insured

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

3. Communications

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

4. Claims Procedure

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

A. Cashless Claims Procedure:

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

i. Prior to taking treatment and/or incurring Medical Expenses at a Network Hospital, You or your representative must call Us and request pre-authorisation by way of the written form.
ii. After considering Your request and after obtaining any further information or documentation We have sought, We may, if satisfied, send You or the Network Hospital, an 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.
iii. If the procedure above is followed, You will not be required to directly pay for the bill amount in the Network Hospital that We are liable under Section A1In-Patient Hospitalisation 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.

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:

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
- 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.

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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

5. 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 within a period of 30 days 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. 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.

6. 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. If opted voluntarily by you, You shall bear 10% / 20% of co-payment for each and every claim payable under the Inpatient Hospitalization Treatment section and Our liability, if any, shall only be in excess of that sum.
iv. 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.
v. Our obligation to make payment in respect of surgeries for cataracts (after the expiry of the 24 months period referred to in Exclusion C2) above, shall be restricted to 20% of the Sum insured for each eye, subject to maximum of Rs 1,00,000/- for each of You.
vi. Our obligation to make payment in respect of Bariatric Surgery (after the expiry of the 36 months period referred to in Exclusion C3) above, shall be restricted to 50% of the Sum insured, subject to maximum of Rs 5lac.
vii. We shall make payment in Indian Rupees only.

7. Cumulative Bonus:

If You renew Your " Health Guard" with Us without any break and there has been no claim in the preceding year, We will increase the Limit of Indemnity by 10% of base sum insured per annum, but:

i. The maximum cumulative increase in the Limit of Indemnity will be limited to 10 years and 100% of base sum insured of Your first "Health Guard" with Us.
ii. This clause does not alter the annual character of this insurance
iii. If a claim is made in any year where a cumulative increase has been applied, then the increased Limit of Indemnity in the policy period of the subsequent "Health Guard" shall be reduced by 10%, save that the limit of indemnity applicable to Your first " Health Guard" with Us shall be preserved.

8. Fraud

If You make or progress any claim knowing it to be false or fraudulent in any way, then this Policy will be void and all claims or payments due under it shall be lost and the premium paid shall become forfeited.

9. Other Insurance/ Contribution

If two or more policies are taken by You during a period from one or more insurers to indemnify treatment costs, We shall not apply the contribution clause, but You shall have the right to require a settlement of your claim in terms of any of your policies.
In all such cases the insurer who has issued the chosen policy shall be obliged to settle the claim without insisting on the contribution clause as long as the claim is within the limits of and according to the terms of the chosen policy.
If the amount to be claimed exceeds the sum insured under a single policy after considering the deductibles or co-pay, you shall have the right to choose insurers by whom the claim to be settled. In such cases, the insurer may settle the claim with contribution clause.
Except in benefit policies, in cases where You have policies from more than one insurer to cover the same risk on indemnity basis, You shall only be indemnified the hospitalization costs in accordance with the terms and conditions of the policy

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10 Entry Age and Renewal Age

Cover	Member	Eligible Entry Age	Renewal
"Health Guard"	Self, Spouse, Parents, Sister, Brother, In laws, Aunt, Uncle.	18 years to 65 years	lifetime renewals**
	Dependent Children,Grandchildren.	3 months to 30 years	35 Years*

* After the completion of maximum renewal age of dependent children, the policy would be renewed for lifetime, subject to Separate proposal form should be submitted to us at the time of renewal with the insured member as proposer and subsequently the policy should be renewed annually with us and within the Grace period of 30 days from date of Expiry. Continuity for all the waiting periods shall be extended in the new policy.
** Subject to policy is renewed annually with us within the Grace period of 30 days from date of Expiry

Eligibility:

- Indian nationals residing in India would be considered for this policy.
- This policy can be opted by Non-Resident Indians also; however the policy will be issued during their stay in India & premium paid in Indian currency & by Indian Account only
- Copy of any one of the below KYC documents will have to be submitted along with the Proposal form: Voters ID Card, Driving License, Passport, PAN Card
- Sum Insured for Self (i.e. Proposer) cannot be less than any of his/her family members.

11. Renewal & Cancellation

i. Under normal circumstances, renewal will not be refused except on the grounds of Your moral hazard, misrepresentation, fraud, or your non cooperation. (Subject to policy is renewed annually with us within the Grace period of 30 days from date of Expiry)

ii. In case of our own renewal, a grace period of 30 days is permissible and the Policy will be considered as continuous for the purpose of all waiting periods. However, any treatment availed for an Illness or Accident sustained or contracted during the break period will not be admissible under the Policy.

iii. For renewals received after completion of 30 days grace period, a fresh application of health insurance should be submitted to Us, it would be processed as per a new business proposal.

iv. 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. Suitable credit of continuity/waiting periods for all the previous policy years would be extended in the new policy, provided the policy has been maintained without a break

v. Premium payable on renewal and on subsequent continuation of cover are subject to change with prior approval from IRDAI.

vi. We may cancel this insurance by giving You at least 15 days written notice, and if no claim has been made then We shall refund a pro-rata premium for the unexpired Policy Period. Under normal circumstances, Policy will not be cancelled except for reasons of mis-representation, fraud, non-disclosure of material facts or Your non-cooperation.

vii. You may cancel this insurance by giving Us at least 15 days written notice, and if no claim has been made then We shall refund premium on short term rates for the unexpired Policy Period as per the rates detailed below.

Period in Risk	Premium Refund		
	Policy Period 1 Year	Policy Period 2 Year	Policy Period 3 Year
Within 15 Days	Pro Rata Refund		
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%

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".

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12. Free Look Period

You have a period of 15 days (30 days in case this policy is issued as a "Combi Product" and solicited under the provisions of IRDA Guidelines on Distance Marketing^ of Insurance Products)from the date of receipt of the first policy document to review the terms and conditions of this Policy. If You have any objections to any of the terms and conditions, You have the option of canceling the Policy stating the reasons for cancellation. Provided however Free Look option, if exercised, shall be applicable to all two individual policies under this 'Combi Product' as a whole and not to each individual policy.

If you have not made any claim during the Free look period, you shall be entitled to refund of premium subject to,

- a deduction of the expenses incurred by Us on Your medical examination, stamp duty charges, if the risk has not commenced,
- a deduction of the stamp duty charges, medical examination charges & proportionate risk premium for period on cover, If the risk has commenced
- a deduction of such proportionate risk premium commensurating with the risk covered during such period ,where only a part of risk has commenced
- Free look period is not applicable for renewal policies.

^Distance marketing is done through website and tele-calling

13. Portability Conditions

a. **Retail Policies:** As per the Portability Guidelines issued by IRDAI, applicable benefits shall be passed on to insured persons who were holding similar retail health insurance policies of other non-life insurers. The pre-policy medical examination requirements and provisions for such cases shall remain similar to non-portable cases.

b. **Group Policies:** As per the Portability Guidelines issued by IRDAI, applicable benefits shall be passed on to insured persons who were insured under Our Group Health Policy and are availing Our individual Health Policy. However, such benefits shall be applicable only in the event of discontinuation/ non-renewal of the Group Health Policy (applicable for both employer-employee relationships and non-employer-employee relationships) and/ or the particular insured person leaving the group on account of resignation/ retirement (applicable for employer-employee relationships) or termination of relationship with the Group Administrator (applicable for non-employer-employee relationships). The pre-policy medical examination requirements and provisions for such cases shall remain similar to non-portable cases.

14. Endorsements

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

15. Revision/ Modification of the policy:

There is a possibility of revision/ modification of terms, conditions, coverages and/or premiums of this product at any time in future, with appropriate approval from IRDAI. In such an event of revision/modification of the product, intimation shall be set out to all the existing insured members at least 3 months prior to the date of such revision/modification comes into the effect

16. Migration of policy:

- The insured can opt for migration of policy to our other similar or closely similar products at the time of renewal.
- The premium will be charged as per Our Underwriting Policy for such chosen new product, and all the guidelines, terms and condition of the chosen product shall be applicable.
- Suitable credit of continuity/waiting periods for all the previous policy years would be extended in the new policy, provided the policy has been maintained without a break

17. Withdrawal of Policy

There is possibility of withdrawal of this product at any time in future with appropriate approval from IRDA, as We reserve Our right to do so with a intimation of 3 months to all the existing insured members. In such an event of withdrawal of this product, at the time of Your seeking renewal of this Policy, You can choose, among Our available similar and closely similar Health insurance products. Upon Your so choosing Our new product, You will be charged the Premium as per Our Underwriting Policy for such chosen new product, as approved by IRDA.

Provided however, if You do not respond to Our intimation regarding the withdrawal of the product under which this Policy is issued, then this Policy shall be withdrawn and shall not be available to You for renewal on the renewal date and accordingly upon Your seeking renewal of this Policy, You shall have to take a Policy under available new products of Us subject to Your paying the Premium as per Our Underwriting Policy for such available new product chosen by You and also subject to Portability condition.

18. Discounts:

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

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

iii. Co-pay Discount:

If opted voluntarily and mentioned on the Policy Schedule that a Co-payment is effective by the Insured then Insured will be eligible of additional 10% or 20% discount on the policy premium.

If a claim has been admitted under Section A 1)In-patient Hospitalisation Treatment then, the insured person shall bear 10% or 20% respectively of the eligible claim amount payable under this section and Our liability, if any, shall only be in excess of that sum and would be subject to the Sum Insured.

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iv. Long Term Policy Discount:

a. 4 % discount is applicable if policy is opted for 2 years

b. 8 % discount is applicable if policy is opted for 3 years

19. Premium payment Zone:

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 allover 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.

20. Sum Insured Enhancement:

i. 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.

ii. 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.

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

21. Inclusion of members under the policy:

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

22. Territorial Limits & Governing Law

i. We cover insured events arising during the Policy Period, as well as treatment availed, within India only. Our liability to make any payment shall be to make payment within India and in Indian Rupees only.

ii. The Policy constitutes the complete contract of insurance. No change or alteration shall be valid or effective unless approved in writing by Us, which approval shall be evidenced by an endorsement on the Schedule.

iii. The construction, interpretation and meaning of the provisions of this Policy shall be determined in accordance with Indian law. The section headings of this Policy are included for descriptive purposes only and do not form part of this Policy for the purpose of its construction or interpretation.

23. Arbitration and Reconciliation

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 decision of a sole arbitrator in writing by the parties or if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration, the same shall be referred to a panel of the arbitrators comprising of two arbitrators, one 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. The law of the arbitration will be Indian law, and the seat of the arbitration and venue for all hearings shall be within India.

ii. It is clearly agreed and understood that no difference or dispute shall be referable to arbitration as herein before provided, if We have disputed or not accepted liability under or in respect of this Policy.

iii. It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this Policy that award by such arbitrator/arbitrators of the amount of the loss or damage shall be first obtained.

iv. If these arbitration provisions are held to be invalid, then all such disputes or differences shall be referred to the exclusive jurisdiction of the Indian Courts.

24. Grievance Redressal Procedure

Welcome to Bajaj Allianz and Thank You for choosing us as your insurer.

Please read your policy and schedule.

The policy and policy schedule set out the terms of your contract with us. Please read your policy and policy schedule carefully to ensure that the cover meets your needs.

We do our best to ensure that our customers are delighted with the service they receive from Bajaj Allianz. If you are dissatisfied we would like to inform you that we have a procedure for resolving issues. Please include your policy number in any communication. This will help us deal with the issue more efficiently. If you don't have it, please call our Branch office.

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Initially, we suggest you contact the Branch Manager/ Regional Manager of the local office which has issued the policy. The address and telephone number will be available in the policy. Naturally, we hope the issue can be resolved to your satisfaction at the earlier stage itself. But if you feel dissatisfied with the suggested resolution of the issue after contacting the local office, please e-mail or write to:

Bajaj Allianz General Insurance Co. Ltd
GE Plaza, Airport Road
Yerawada, Pune 411006
E-mail: customercare@bajajallianz.co.in
Call : 1800-225858 (free calls from BSNL/MTNL lines only)
1800-1025858 (free calls from Bharti users – mobile /landline) or020-30305858

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

If you are still not satisfied, you can approach the Insurance Ombudsman in the respective area for resolving the issue. The contact details of the Ombudsman offices are mentioned below:

Note: Address and contact number of Governing Body of Insurance Council
Secretary General - Governing Body of Insurance Council
Jeevan Seva Annexe, 3rd Floor, S.V. Road, Santacruz (W), Mumbai - 400 054
Tel No: 022-2610 6889, 26106245, Fax No. : 022-26106949, 2610 6052, E-mail ID: inscoun@vsnl.net

Cashless facility offered through network hospitals of Bajaj Allianz only.Cashless facility at 3300+ Network hospitals PAN India.
Please visit our website for list of network hospitals and network Diagnostic Centres , Website: www.bajajallianz.com or get in touch with 24*7 helpline number: 1800-103-2529 (toll free) / 020-30305858

Annexure I

Indicative list of Day Care Procedures:

1. Suturing - CLW -under LA or GA	66. Incision and excision of tissue in the perianal region
2. Surgical debridement of wound	67. Surgical treatment of anal fistula
3. Therapeutic Ascitic Tapping	68. Surgical treatment of hemorrhoids
4. Therapeutic Pleural Tapping	69. Sphincterotomy/Fissurectomy
5. Therapeutic Joint Aspiration	70. Laparoscopic appendicectomy
6. Aspiration of an internal abscess under ultrasound guidance	71. Laparoscopic cholecystectomy
7. Aspiration of hematoma	72. TURP (Resection prostate)
8. Incision and Drainage	73. Varicose vein stripping or ligation
9. Endoscopic Foreign Body Removal - Trachea /- pharynx-larynx/ bronchus	74. Excision of dupuytren's contracture
10. Endoscopic Foreign Body Removal -Oesophagus/stomach /rectum.	75. Carpal tunnel decompression
11. True cut Biopsy - breast/- liver/- kidney-Lymph Node/-Pleura/-lung/-Muscle biopsy/-Nerve biopsy/Synovial biopsy/-Bone trephine biopsy/-Pericardial biopsy	76. Excision of granuloma
12. Endoscopic ligation/banding	77. Arthroscopic therapy
13. Sclerotherapy	78. Surgery for ligament tear
14. Dilatation of digestive tract strictures	79. Surgery for meniscus tear
15. Endoscopic ultrasonography and biopsy	80. Surgery for hemoarthrosis/pyoarthrosis
16. Nissen fundoplication for Hiatus Hernia /Gastro esophageal reflux disease	81. Removal of fracture pins/nails

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17. Endoscopic placement/removal of stents	82. Removal of metal wire
18. Endoscopic Gastrostomy	83. Incision of bone, septic and aseptic
19. Replacement of Gastrostomy tube	84. Closed reduction on fracture, luxation or epiphyseolysis with osetosynthesis
20. Endoscopic polypectomy	85. Suture and other operations on tendons and tendon sheath
21. Endoscopic decompression of colon	86. Reduction of dislocation under GA
22. Therapeutic ERCP	87. Cataract surgery
23. Brochoscopic treatment of bleeding lesion	88. Excision of lachrymal cyst
24. Brochoscopic treatment of fistula /stenting	89. Excision of pterigium
25. Bronchoalveolar lavage & biopsy	90. Glaucoma Surgery
26. Tonsillectomy without Adenoidectomy	91. Surgery for retinal detachment
27. Tonsillectomy with Adenoidectomy	92. Chalazion removal (Eye)
28. Excision and destruction of lingual tonsil	93. Incision of lachrymal glands
29. Foreign body removal from nose	94. Incision of diseased eye lids
30. Myringotomy	95. Excision of eye lid granuloma
31. Myringotomy with Grommet insertion	96. Operation on canthus & epicanthus
32. Myringoplasty /Tympanoplasty	97. Corrective surgery for entropion&ectropion
33. Antral wash under LA	98. Corrective surgery for blepharoptosis
34. Quinsy drainage	99. Foreign body removal from conjunctiva
35. Direct Laryngoscopy with or w/o biopsy	100. Foreign body removal from cornea
36. Reduction of nasal fracture	101. Incision of cornea
37. Mastoidectomy	102. Foreign body removal from lens of the eye
38. Removal of tympanic drain	103. Foreign body removal from posterior chamber of eye
39. Reconstruction of middle ear	104. Foreign body removal from orbit and eye ball
40. Incision of mastoid process & middle ear	105. Excision of breast lump /Fibro adenoma
41. Excision of nose granuloma	106. Operations on the nipple
42. Blood transfusion for recipient	107. Incision/Drainage of breast abscess
43. Therapeutic Phlebotomy	108. Incision of pilonidal sinus
44. Haemodialysis/Peritoneal Dialysis	109. Local excision of diseased tissue of skin and subcutaneous tissue
45. Chemotherapy	110. Simple restoration of surface continuity of the skin and subcutaneous tissue
46. Radiotherapy	111. Free skin transportation, donor site
47. Coronary Angioplasty (PTCA)	112. Free skin transportation recipient site
48. Pericardiocentesis	113. Revision of skin plasty
49. Insertion of filter in inferior vena cava	114. Destruction of the diseases tissue of the skin and subcutaneous tissue
50. Insertion of gel foam in artery or vein	115. Incision, excision, destruction of the diseased tissue of the tongue
51. Carotid angioplasty	116. Glossectomy
52. Renal angioplasty	117. Reconstruction of the tongue
53. Tumor embolisation	118. Incision and lancing of the salivary gland and a salivary duct
54. TIPS procedure for portal hypertension	119. Resection of a salivary duct
55. Endoscopic Drainage of Pseudopancreatic cyst	120. Reconstruction of a salivary gland and a salivary duct
56. Lithotripsy	121. External incision and drainage in the region of the mouth, jaw and face
57. PCNS (Percutaneous nephrostomy)	122. Incision of hard and soft palate
58. PCNL (percutaneous nephrolithotomy)	123. Excision and destruction of the diseased hard and soft palate
59. Suprapubiccytostomy	124. Incision, excision and destruction in the mouth
60. Tran urethral resection of bladder tumor	125. Surgery to the floor of mouth
61. Hydrocele surgery	126. Palatoplasty
62. Epididymectomy	127. Transoral incision and drainage of pharyngeal abscess
63. Orchidectomy	128. Dilatation and curettage
64. Herniorrhaphy	129. Myomectomies

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65. Hernioplasty	130. Simple Oophorectomies

Note:

i. Above mentioned list is a indicative list of procedures, any other surgeries/procedures requiring less than 24 hours hospitalisation due to technological advances will also be covered under this policy provided such procedures comply with the standard definition of Day Care Centre and Day Care treatment mentioned in the definitions.

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

Annexure II:- List of Non-Medical Items

S. NO	List of Expenses Generally Excluded ("Non-Medical") in Hospital Indemnity Policy -	SUGGESTIONS	S. NO	List of Expenses Generally Excluded ("Non-Medical") in Hospital Indemnity Policy -	SUGGESTIONS
TOILETRIES/COSMETICS/ PERSONAL COMFORT OR CONVENIENCE ITEMS			ADMINISTRATIVE OR NON-MEDICAL CHARGES		
1	HAIR REMOVAL CREAM	Not Payable	107	ADMISSION KIT	Not Payable
2	BABY CHARGES (UNLESS SPECIFIED/INDICATED)	Not Payable	108	BIRTH CERTIFICATE	Not Payable
3	BABY FOOD	Not Payable	109	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES	Not Payable
4	BABY UTILITES CHARGES	Not Payable	110	CERTIFICATE CHARGES	Not Payable
5	BABY SET	Not Payable	111	COURIER CHARGES	Not Payable
6	BABY BOTTLES	Not Payable	112	CONVENYANCE CHARGES	Not Payable
7	BRUSH	Not Payable	113	DIABETIC CHART CHARGES	Not Payable
8	COSY TOWEL	Not Payable	114	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES	Not Payable
9	HAND WASH	Not Payable	115	DISCHARGE PROCEDURE CHARGES	Not Payable
10	M01STUR1SER PASTE BRUSH	Not Payable	116	DAILY CHART CHARGES	Not Payable
11	POWDER	Not Payable	117	ENTRANCEPASS / VISITORS PASS CHARGES	Not Payable
12	RAZOR	Payable	118	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE	To be claimed by patient under Post Hosp where admissible
13	SHOE COVER	Not Payable	119	FILE OPENING CHARGES	Not Payable
14	BEAUTY SERVICES	Not Payable	120	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)	Not Payable
15	BELTS/ BRACES	Essential and may be paid specifically for cases who have undergone surgery o f thoracic o r lumbar spine.	121	MEDICAL CERTIFICATE	Not Payable
16	BUDS	Not Payable	122	MAINTENANCE CHARGES	Not Payable
17	BARBER CHARGES	Not Payable	123	MEDICAL RECORDS	Not Payable
18	CAPS	Not Payable	124	PREPARATION CHARGES	Not Payable
19	COLD PACK/HOT PACK	Not Payable	125	PHOTOCOPIES CHARGES	Not Payable
20	CARRY BAGS	Not Payable	126	PATIENT IDENTIFICATION BAND / NAME TAG	Not Payable
21	CRADLE CHARGES	Not Payable	127	WASHING CHARGES	Not Payable
22	COMB	Not Payable	128	MEDICINE BOX	Not Payable
23	DISPOSABLES RAZORS CHARGES (for site preparations)	Payable	129	MORTUARY CHARGES	Payable upto 24 hrs, shifting charges not payable
24	EAU-DE-COLOGNE / ROOM FRESHNERS	Not Payable	130	MEDICO LEGAL CASE CHARGES (MLC CHARGES)	
25	EYE PAD	Not Payable			
26	EYE SHEILD	Not Payable	EXTERNAL DURABLE DEVICES		
27	EMAIL / INTERNET CHARGES	Not Payable	131	WALKING AIDS CHARGES	Not Payable

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28	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)	Not Payable	132	BIPAP MACHINE	Not Payable
29	FOOT COVER	Not Payable	133	COMMODE	Not Payable
30	GOWN	Not Payable	134	CPAP/ CAPD EQUIPMENTS	Device not payable
31	LEGGINGS	Essential in bariatric and varicose vein surgery and should be considered for these conditions where surgery itself is payable.	135	INFUSION PUMP - COST	Device not payable
32	LAUNDRY CHARGES	Not Payable	136	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)	Not Payable
33	MINERAL WATER	Not Payable	137	PULSEOXYMETER CHARGES	Device not payable
34	OIL CHARGES	Not Payable	138	SPACER	Not Payable
35	SANITARY PAD	Not Payable	139	SPIROMETRE	Device not payable
36	SLIPPERS	Not Payable	140	S P0 2PRO B E	Not Payable
37	TELEPHONE CHARGES	Not Payable	141	NEBULIZER KIT	Not Payable
38	TISSUE PAPER	Not Payable	142	STEAM INHALER	Not Payable
39	TOOTH PASTE	Not Payable	143	ARMSLING	Not Payable
40	TOOTH BRUSH	Not Payable	144	THERMOMETER	Not Payable (paid by patient)
41	GUEST SERVICES	Not Payable	145	CERVICAL COLLAR	Not Payable
42	BED PAN	Not Payable	146	SPLINT	Not Payable
43	BED UNDER PAD CHARGES	Not Payable	147	DIABETIC FOOT WEAR	Not Payable
44	CAMERA COVER	Not Payable	148	KNEE BRACES (LONG/ SHORT/ HINGED)	Not Payable
45	CLINIPLAST	Not Payable	149	KNEE IMMOBILIZER/ SHOULDER IMMOBILIZER	Not Payable
46	CREPE BANDAGE	Not Payable/ Payable by the patient	150	LUMBOSACRAL BELT	Essential and should be paid specifically for cases who have undergone surgery of lumbar spine.
47	CURAPORE	Not Payable	151	NIMBUS BED OR WATER OR AIR BED CHARGES	Payable for any ICU patient requiring more than 3 days in ICU, all patients with paraplegia / quadriplegia for any reason and at reasonable cost of approximately Rs 200/day
48	DIAPER OF ANY TYPE	Not Payable	152	AMBULANCE COLLAR	Not Payable
49	DVD, CD CHARGES	Not Payable (However if CD is specifically sought by Insure r /T PA then payable)	153	AMBULANCE EQUIPMENT	Not Payable
50	EYELET COLLAR	Not Payable	154	MICROSHEILD	Not Payable
51	FACE MASK	Not Payable	155	ABDOMINAL BINDER	Essential and should be paid in post surgerypatients of major abdominal surgery including TAH, LSCS, incisional hernia repair, exploratory laparotomy for intestinal obstruct ion, liver transplant etc.
52	FLEXI MASK	Not Payable			
53	GAUSE SOFT	Not Payable	ITEMS PA YABLE IF SUPPORTED BY A PRESCRIPTION		
54	GAUZE	Not Payable	156	BETADINE \ HYDROGEN PEROXIDE\SPIRIT\ DISINFECTANTS ETC	May be payable when prescribed for patient , not payable for hospital use in OT o r ward o r for dressings in hospital
55	HAND HOLDER	Not Payable	157	PRIVATE NURSES CHARGES-SPECIAL NURSING CHARGES	Post hospitalization nursing charges not Payable

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56	HANSAPLAST/ADHESIVE BANDAGES	Not Payable	158	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES- DIET CHARGES	Patient Diet provided by hospital is payable
57	INFANT FOOD	Not Payable	159	SUGAR FREE Tablets	Payable -S u g a r free variants of admissible medicines are not excluded
58	SLINGS	Reasonable costs for one sling in case o f upper arm fractures should be considered	160	CREAMS POWDERS LOTIONS (Toileteries are not payable only prescribed medical pharmaceuticals payable)	Payable when prescribed
			161	Digestion gels	Payable when prescribed
ITEMS SPECIFICALLY EXCLUDED IN THE POLICIES			162	ECG ELECTRODES	Upto 5 electrodes are required for every case visiting OT or ICU. For longer stay in ICU, may require a change and at least one set every second day must be payable.
59	WEIGHT CONTROL PROGRAMS/ SUPPLIES/ SERVICES	Exclusion in policy unless otherwise specified	163	GLOVES	Sterilized Gloves payable / unsterilized gloves not payable
60	COST OF SPECTACLES/ CONTACT LENSES/ HEARING AIDS ETC.,	Exclusion in policy unless otherwise specified	164	HIV KIT	Payable - payable Pre op e ra t iv e screening
61	DENTAL TREATMENT EXPENSES THAT DO NOT REQUIRE HOSPITALISATION	Exclusion in policy unless otherwise specified	165	LISTERINE/ ANTISEPTIC MOUTHWASH	Payable when prescribed
62	HORMONE REPLACEMENT THERAPY	Exclusion in policy unless otherwise specified	166	LOZENGES	Payable when prescribed
63	HOME VISIT CHARGES	Exclusion in policy unless otherwise specified	167	MOUTH PAINT	Payable when prescribed
64	INFERTILITY/ SUBFERTILITY/ ASSISTED CONCEPTION PROCEDURE	Exclusion in policy unless otherwise specified	168	NEBULISATION KIT	If used during hospitalization is payable reasonably
65	OBESITY (INCLUDING MORBID OBESITY) TREATMENT IF EXCLUDED IN POLICY	Exclusion in policy unless otherwise specified	169	NOVARAPID	Payable when prescribed
66	PSYCHIATRIC & PSYCHOSOMATIC DISORDERS	Exclusion in policy unless otherwise specified	170	VOLINI GEL/ ANALGESIC GEL	Payable when prescribed
67	CORRECTIVE SURGERY FOR REFRACTIVE ERROR	Exclusion in policy unless otherwise specified	171	ZYTEE GEL	Payable when prescribed
68	TREATMENT OF SEXUALLY TRANSMITTED DISEASES	Exclusion in policy unless otherwise specified	172	VACCINATION CHARGES	Routine Vaccination not Payable / Post Bite Vaccination Payable
69	DONOR SCREENING CHARGES	Exclusion in policy unless otherwise specified			
70	ADMISSION/REGISTRATION CHARGES	Exclusion in policy unless otherwise specified	PART OF HOSPITAL'S OWN COSTS AND NOT PA YA BLE		
71	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE	Exclusion in policy unless otherwise specified	173	AHD	Not Payable - P a r t of Hospital's internal Cost
72	EXPENSES FOR INVESTIGATION/ TREATMENT IRRELEVANT TO THE DISEASE FOR WHICH ADMITTED OR DIAGNOSED	Not Payable - Exclusion in policy unless otherwise specified	174	ALCOHOL SWABES	Not Payable - P a r t of Hospital's internal Cost
73	ANY EXPENSES WHEN THE PATIENT IS DIAGNOSED WITH RETRO VIRUS + OR SUFFERING FROM /HIV/ AIDS ETC IS DETECTED/ DIRECTLY OR INDIRECTLY	Not payable as per HIV/ AIDS exclusion	175	SCRUB SOLUTION/ STERILLIUM	Not Payable - P a r t of Hospital's internal Cost
74	STEM CELL IMPLANTATION/ SURGERY and storage	Not Payable except Bone Marrow Transplantation where covered by policy			
			OTHERS		

HEALTH GUARD GOLD PLAN

ITEMS WHICH FORM PART OF HOSPITAL SERVICES WHERE SEPARA TE CONSUMABLES ARE NOT PA YABLE BUT THE SER VICE IS			176	VACCINE CHARGES FOR BABY	Not Payable
75	WARD AND THEATRE BOOKING CHARGES	Payable under OT Charges ,not payable separately	177	AESTHETIC TREATMENT / SURGERY	Not Payable
76	ARTHROSCOPY & ENDOSCOPY INSTRUMENTS	Rental charged by the hospital payable. Purchase of Instruments not payable.	178	TPA CHARGES	Not Payable
77	MICROSCOPE COVER	Payable under OT Charges , not separately	179	VISCO BELT CHARGES	Not Payable
78	SURGICAL BLADES,HARMONIC SCALPEL,SHAVER	Payable under OT Charges , not separately	180	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]	Not Payable
79	SURGICAL DRILL	Payable under OT Charges , not separately	181	EXAMINATION GLOVES	Not Payable
80	EYE KIT	Payable under OT Charges ,not separately	182	KIDNEY TRAY	Not Payable
81	EYE DRAPE	Payable under OT Charges ,not separately	183	MASK	Not Payable
82	X-RAY FILM	Payable under Radiology Charges, not as consumable	184	OUNCE GLASS	Not Payable
83	SPUTUM CUP	Payable under Investigation Charges, not as consumable	185	OUTSTATION CONSULTANT'S/ SURGEON'S FEES	Not payable, except for telemedicine consultations w here covered by policy
84	BOYLES APPARATUS CHARGES	Part o f OT Charges , not separately	186	OXYGEN MASK	Not Payable
85	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	Part o f Cost of Blood, not payable	187	PAPER GLOVES	Not Payable
86	Antiseptic or disinfetant lotions	Not Payable -Part of Dressing Charges	188	PELVIC TRACTION BELT	Should be payable in case o f PI VI) requiring traction as this is generally not reused
87	BAND AIDS, BANDAGES, STERLILE INJECTIONS, NEEDLES, SYRINGES	Not Payable - Part of Dressing charges	189	REFERAL DOCTOR'S FEES	Not Payable
88	COTTON	Not Payable -Part of Dressing Charges	190	ACCU CHECK (Glucometery/ Strips)	Not payable pre hospitalisation or post hospitalisation / Reports and Charts required / Device not payable
89	COTTON BANDAGE	Not Payable- Part of Dressing Charges	191	PAN CAN	Not Payable
90	MICROPORE/ SURGICAL TAPE	Not Payable-Payable by the patient when prescribed , otherwise included as Dressing Charges	192	SOFNET	Not Payable
91	BLADE	Not Payable	193	TROLLY COVER	Not Payable
92	APRON	Not Payable -Part of Hospital Services/ Disposable linen to be part of OT/ICU charges	194	UROMETER, URINE JUG	Not Payable
93	TORNIQUET	Not Payable (service is charged by hospitals, consumables can not be separately charged)	195	AMBULANCE	Payable-Ambulance from home to hospital or inter hospital shifts is payable/ RTA as specific requirement is payable
94	ORTHOBUNDLE, GYNAEC BUNDLE	Part o f Dressing Charges	196	TEGADERM / VASOFIX SAFETY	Payable - maximum o f 3 in 48 hrs an d then 1 in 24 hrs
95	URINE CONTAINER	Not Payable	197	URINE BAG	Payable w here medically necessary till a reasonable cost - maximum 1 per 24hrs
			198	SOFTOVAC	Not Payable

HEALTH GUARD GOLD PLAN

ELEMENTS OF ROOM CHARGE					
			199	STOCKINGS	Essential for case like CABG etc. where it should be paid.
96	LUXURY TAX	Actual tax levied by government is payable. P a r t of room charge for sub limits			
97	HVAC	Part o f room charge not payable separately			
98	HOUSE KEEPING CHARGES	Part of room charge not payable separately			
99	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED	Part of room charge notpayable separately			
100	TELEVISION & AIR CONDITIONER CHARGES	Payable under room charges not if separately levied			
101	SURCHARGES	Part of Room Charge , Not payable separately			
102	ATTENDANT CHARGES	Not Payable - P a r t of Room Charges			
103	M IV INJECTION CHARGES	Part of nursing charges, not payable			
104	CLEAN SHEET	Part of Laundry/ Housekeeping not payable separately			
105	EXTRA DIET OF PATIENT(OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)	Patient Diet provided by hospital is payable			
106	BLANKET/WARMER BLANKET	Not Payable- part of room charges			

Bajaj Allianz iSecure

Bajaj Allianz iSecure

Bajaj Allianz Life Insurance Company Limited
SCHEDULE
Non Participating Non Linked Level Cover Term Insurance Plan
Regular Premium
Product Name – Bajaj Allianz iSecure

The Company has received a Proposal Form, declaration and the first Regular Premium from the Policyholder / Life Assured as named in this Schedule. The said Proposal Form and declaration along with any statement, report or other document leading to the issue of this Policy and referred to therein having been accepted and agreed to by the Company and the Policyholder as the basis of the contract of insurance, both parties to the assurance contract do hereby further accept and affirm that the Policy, in consideration of and subject to due receipt of subsequent Regular Premiums as set out in the Schedule, with all its parts (Policy Document and Endorsements if any) shall be subject to the terms and conditions as contained in this Policy.

Name of the Policyholder _____

Address _____

Address _____

Address _____

Pin code _____

Gender		Date of Birth	
Age at Entry		Age	

Name of the Life Assured _____

Policy No.		Product Name	Bajaj Allianz iSecure
Product Code		Plan Variant	NA
Unique Identification No:	116N109V02	Policy Commencement Date	
Date of Commencement of Risk		Date of Birth	
Age		Age	
Gender			
Policy Term		Sum Assured (₹)	
Regular Premium (₹)		Death Benefit	Sum Assured
Premium Paying Term		Maturity Date	
Premium Payment Frequency		Maturity Benefit	Nil
Due Date of Last Premium			
Due Dates of Premium			

Details of the Second Life Assured

Name of the Second Life Assured _____

Gender		Date of Birth	
Age at Entry		Age	
Sum Assured			

Details of the Nominee

Nominee(s) Name		Nominee(s)Age	
Relationship to the Life Assured			
Appointee Name [in case the Nominee(s) is(are) a minor(s)]:			
Relationship to the Life Assured			

Bajaj Allianz iSecure

Sales Representative Details:

Name		Code	
Address			
Phone Number		e-Mail Id	

TOTAL PREMIUM PAYABLE FOR SELECTED PREMIUM PAYMENT FREQUENCY: ₹

In Words: Rupees_____
Only

To whom the Benefits are Payable: The Benefits are payable to the Policyholder or the surviving life assured (in case of joint life) or the nominee(s) where a valid nomination has been registered by the company (in accordance with section 39 of the Insurance Act 1938), or the executors, administrators or the legal representatives who should take out representation to the estate or to such persons as directed by the court of competent jurisdiction in India, limited at all times to the monies payable under this Policy.

The Policy shall be subject to and governed by the terms of the Policy Document along with the Schedule contained herein and endorsements if any, made from time to time and all these shall together form a single agreement

All taxes, including GST, either existing or those that may apply in future (including enhancements of existing taxes) will be charged extra. Payment of such taxes shall be the responsibility of the Policyholder.

Bajaj Allianz Life Insurance Company does not provide any warranty or assurance that the Policyholder will be, by virtue of purchasing this Policy, eligible for any income tax or other tax rebate or relief.

Signed on behalf of Bajaj Allianz Life Insurance Company Limited for Policy No. _____

Issued on

Authorised Signatory:

Bajaj Allianz iSecure

POLICY DOCUMENT

This Policy is issued on the basis of the information given and declaration made by the Policyholder in the Proposal Form, which is incorporated herein and forms the basis of this Policy.

1) Definitions:

The following terms shall have the meaning assigned to them below. The singular includes the plural and references to the male include the female where the context so permits.

a. "Accident" means a sudden unforeseen and involuntary event caused by external and visible means.
b. "Age" means age as at last birthday.
c. "Business Day" is the common working day of the Corporate Office of the Company.
d. "Company" refers to BAJAJ ALLIANZ LIFE INSURANCE COMPANY LIMITED.
e. "Date of Commencement of Risk" means the date specified in the Schedule (unless the Policyholder is informed otherwise by the Company) from which the risk cover of the Life / Lives Assured commences under the Policy.
f. "Death Benefit" has the meaning given in Section 7a) below.
g. "Financial Year" means the year starting from 1st April of a year and ending on 31st March of the next year.
h. "Goods and Service Tax" is charged based on type of policy communication address of Policy Holder. This may change subject to change in rate/state in address of the Policy Holder as on date of adjustment.
i. "Grace Period" means a period of fifteen (15) days for a monthly Premium Payment Frequency and thirty (30) days for other than monthly Premium Payment Frequency, from the due date of the Regular Premium payment.
j. "GST" means Goods and Service Tax.
k. "IRDA" means the Insurance Regulatory and Development Authority.
l. "Joint Life Policy" means this Policy if it is issued to provide life covers to two (2) lives i.e. the Life Assured and the Second Life Assured.
m. "Life Assured" means the person named as the Life Assured in the Schedule whose life is assured under this Policy.
n. "Maturity Benefit" has the meaning given in Section 7b) below.
o. "Maturity Date" means the date specified in the Schedule on which the Maturity Benefit as per Section 7b) below shall become payable to the Policyholder
p. "Nominee" means the person specified in the Schedule who has been nominated in writing to the Company by the Policyholder, who is entitled to receive the Death Benefits under the Policy as mentioned in Section 7a) below.
q. "Policy" means the arrangements established by the Policy Document.
r. "Policy Anniversary" means the date corresponding numerically with the Policy Commencement Date in each subsequent year during the Policy Term.
s. "Policy Commencement Date" means the date of commencement of the Policy as specified in the Schedule.
t. "Policy Document" means this Policy wording and that of the Additional Rider Benefits, if any, the Schedule (which is attached to and forms part of this Policy and includes any Annexure or endorsement to it and, if more than one, then, the latest in time) and the Proposal Form.
u. "Policyholder" means the adult person named in the Schedule who has concluded the Policy with the Company.
v. "Policy Term" means the period between the Policy Commencement Date and the Maturity Date, as specified in the Schedule.
w. "Policy Year" means the year commencing on the Policy Commencement Date or a Policy Anniversary thereof.
x. "Premium Payment Frequency" is a regular time interval as specified in the Schedule, at which the Regular Premium is payable during the Premium Paying Term.
y. "Premium Paying Term" means the period specified in the Schedule during which the Regular Premium is payable.
z. "Proposal Form" means the Policyholder's statements in the proposal for this Policy submitted by or on behalf of the Policyholder along with any other information or documentation provided to the Company prior to inception.
aa. "Regular Premium" means the amount exclusive of applicable taxes, if any, payable by the Policyholder at regular intervals during the Premium Paying Term, in amount and at the Premium Payment Frequency, both, as specified in the Schedule.
bb. "Second Life Assured" means the person named as Second Life Assured in the Schedule in case of a Joint Life Policy whose life is also assured under this Policy.
cc. "Single Life Policy" means this policy if it is issued to provide life cover to only single life i.e., the Life Assured.
dd. "Sum Assured" is the amount/s as specified in the Schedule for the life/lives assured under the Policy.
ee. "Surrender Benefit" has the meaning given in Section 7e) below.

The terms 'Herein' 'Herein After' 'Hereafter' 'Hereof' 'Hereto' and 'Hereunder' used wherever in this Policy refer to the Policy in its entirety.

5) Revival

a) If the Policy is lapsed due to non-payment of due Regular Premium, the Policy can be revived by the Policyholder, subject to the conditions mentioned below:
i) The application for revival is made within two (2) years from the date first unpaid premium and before the maturity date of policy;
ii) The arrears of premiums together with interest, at such rate as the company may decide from time to time, are paid;
iii) The policyholder furnishes, at his/her own expense, satisfactory evidence of health of the life assured;
iv) The revival of the policy and/or any Riders may be on terms different from those applicable to the policy before it lapsed/became paid-up, based on prevailing Board approved underwriting policy framed from time to time;
v) The revival will take effect only on it being specifically communicated by the company to the policyholder;
vi) The company may at its sole and absolute discretion refuse to revive the Policy and/or any Riders,, based on the board approved underwriting guidelines.

6) Foreclosure

Foreclosure is not applicable under the Policy.

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7) Policy Benefits

a) Death Benefit

If all the due Regular Premiums have been paid in full, then, subject to Section 10, Section 13 and Section 21 below, and provided the Policy has not been terminated as per Section 11 below, the Company will pay the following death benefit.

i. In case of Single Life Policy:

Sum Assured upon the death of the Life Assured, which shall be paid to the nominee

ii. In case of Joint Life Policy:

(a) The Sum Assured with respect to the Life Assured, upon death in respect of any of the Live Assured shall be paid to the surviving life assured.

(b) The Sum Assured with respect to the Second Life Assured, upon the death of the Second Life Assured, subject to Section 8)a) below

(c) After the first death, the Policy will continue on the surviving life assured, as per Section 8a) below, and will continue till the Maturity Date or earlier death of the surviving life assured, subject to the payment of all due Regular Premiums, as per Section 3 above, but only in respect of the surviving life assured .

(d) The Sum Assured in respect of the surviving life assured, upon the death of that life assured, subject to Section 8a) below, shall be paid to the Nominee .

(e) If the Life Assured and the Second Life Assured both die at the same time, then, the Sum Assured in respect of each life assured will be payable to the Nominee.

No death benefit is payable under the Policy, if the Policy is lapsed.

b) Survival Benefits

No survival benefit is available under the Policy

c) Maturity Benefit

No maturity benefit is available under the Policy

d) Surrender Benefit

No surrender benefit is available under the Policy

e) Additional Rider Benefits

The Additional Rider Benefits opted, if any, shall be subject to the terms, conditions and exclusions of the respective Rider(s)

8) Flexibilities

a) Option to convert the Joint Life Policy to Single Life Policy

If the Life Assured is not married at inception of the Policy, then, at any Policy Anniversary (after the date of marriage), the spouse of the Life Assured can be included as the Second Life Assured, subject to the conditions below:

1. The term period of the cover chosen for the Second Life Assured can be any term offered by the Company under the plan for a new policy, subject to a maximum of the outstanding Policy Term under the Policy. Once this chosen term period of the cover is complete, the Second Life Assured cannot be covered once again under the Policy.
2. The Second Life Assured cannot take a Sum Assured that exceeds the Sum Assured of the Life Assured.
3. The Policyholder furnishes, at his own expense, satisfactory evidence (as decided by the Company) on health of the spouse;
4. The terms of inclusion of the spouse will be based on the prevailing board approved underwriting norms of the Company;
5. The inclusion of the spouse will take effect only on it being specifically communicated by the Company to the Policyholder;
6. The revised Regular Premium under the Policy will be as communicated by the Company and will be applicable for the Policy from the date of inclusion of the spouse;
7. The Company may at its sole and absolute discretion refuse to add the Second Life Assured.

If the lives annul their marriage or apply for annulment during the Policy Term, the Company needs to be informed of the same (giving sufficient proof) by the first life assured; and the Second Life Assured excluded from the Policy.

1. On exclusion, the Policy can be continued as a Single Life Policy with a reduced Regular Premium. The reduced Regular Premium will be calculated as mention in sub-section 7)a)(ii) above.
2. Once excluded, the life cannot be included again.
3. If the Company is not informed of the annulment or application for annulment of marriage then,

o On receipt of information of the same, the total amount of Regular Premiums paid in respect of the Second Life Assured from the date of such annulment to the next due date of the Regular Premium will refunded to the Policyholder. The Policy will continue on the Life Assured as a Single Life Policy with the reduced Regular Premium, calculated as per sub-section8)a) i) above.

o No Death Benefit with respect to any death, during the uninformed period, will be payable. But, Regular Premiums received during the period will be refund and the Policy will terminate

If the Life Assured is already married at the inception of the Policy, the Spouse can be included at the Policy inception only and will not be allowed to be added subsequently.

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b) Alteration of Premium Payment Frequency

The Premium Payment Frequency may be changed at any Policy Anniversary during the Policy Term, subject to minimum Regular Premium allowed under the plan. Monthly frequency is allowed only by salary deduction or ECS.

For monthly frequency, three (3) installments need to be paid at the inception of the Policy

c) Death Benefit in Instalments

The Nominee/Policyholder will have the option to take the Death Benefit, as specified in the sub section 7)a) above in equal monthly instalments over a period of five (5) or ten (10) years (as per his/her choice) from the date of intimation of death The first instalment shall be due from the date of intimation of death. The same needs to be informed in writing at the time of filing the death claim form.

Each monthly instalment will be an amount equivalent to:

- If the period chosen is 5 years: factor1 * Death Benefit divided by 60.
- If the period chosen is 10 years: factor2 * Death Benefit divided by 120.

Where factor1 is 1.04 for a 5-year term and factor2 is 1.08 for a 10-year term.

We will review these factors from time to time and approach IRDAI for any modification based on the prevailing economic scenario, so that better terms can be given to the Nominee/Policyholder.

The Nominee/Policyholder will have the option, at any time, to request for a discontinuance of the monthly instalments even after the instalments have commenced. On receiving the request, the Nominee / Policyholder will be eligible to receive an amount equal to Death Benefit, , as specified in the sub section 7)a) less the total amount of the instalments already paid as on the date of such request

9) Policy Loans

No loan is available under the Policy

10) Exclusions

a) Suicide Exclusions

If the Life Assured or Second Life Assured (in case of joint life policy)commits suicide, whether sane or insane, within one (1) year from the Date of Commencement of Risk or the date of latest revival of the policy, the contract of insurance shall be terminated by paying an amount equal to 80% of the Regular premiums paid till the date of death, whether or not any beneficial interest has been created therein.

The validity of the contract of insurance will be determined in accordance with the actual date of death of the life/lives assured and not the date of intimation of death.

11) Termination Conditions

This Policy shall immediately and automatically terminate on the earliest occurrence of any of the following events:

i) On the expiry of the revival period of two (2) years from the due date of the first unpaid Regular Premium
ii) On receipt of intimation of death of the Life Assured or Second Life Assured, in case of joint life policy at the Company's office.
iii) On the Maturity Date.
iv) On full surrender of the Policy

General Conditions

12) Age Proof

a) The Regular Premium payable under the Policy is calculated on the basis of the life/lives assured's Age/s and gender/s as declared in the Proposal Form. If the life/lives's assured's Age/s has/have not been admitted by the Company, the Policyholder shall furnish such proof of the life/lives assured's Age as is acceptable to the Company and have the Age admitted.

b) If the Age so admitted (the "correct Age") is found to be different from the Age declared in the Proposal Form, then, without prejudice to the Company's other rights and remedies including those under the Insurance Act 1938, the following actions shall be taken:

i) If the correct Age is such as would have made the life/lives assured uninsurable under this Policy, the plan of assurance shall stand altered to such plan of assurance as is generally granted by the Company for the life/lives assured's correct Age/s, which will be subject to the terms and conditions as are applicable to that plan of assurance. If it is not possible to grant any other plan of assurance, the Policy shall stand terminated with immediate effect by the Company and no benefit under the Policy shall be payable.

ii) If the life/lives assured's correct Age/s is higher than the Age/s declared in the Proposal Form, the Regular Premium payable under the Policy shall be altered corresponding to the correct Age/s of the life/lives assured and the accumulated difference between the corrected Regular Premium and the original Regular Premium from the Policy Commencement Date up to the date of such alteration shall be collected from the Policyholder. If the Policyholder disagrees to pay the same, the Policy will be terminated with immediate effect by the Company and no benefit under the policy shall be payable.

iii) If the life/lives assured's correct Age/s is lower than the Age/s declared in the Proposal Form, the Regular Premium payable under the Policy shall be altered corresponding to the correct Age/s of the life/lives assured from the next due date of Regular Premium. However, the Company shall not make a refund of the excess premium collected earlier.

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13) Assignment & Nomination

Assignment should be in accordance with provisions of section 38 of the Insurance Act 1938 as amended from time to time. [A Leaflet containing the simplified version of the provisions of section 38 is enclosed in Annexure AA (as given by IRDAI) for reference]

Nomination should be in accordance with provisions of section 39 of the Insurance Act 1938 as amended from time to time. [A Leaflet containing the simplified version of the provisions of section 39 is enclosed in Annexure BB (as given by IRDAI) for reference]

14) Fraud, Misrepresentation and forfeiture

Fraud, Misrepresentation and forfeiture would be dealt with in accordance with provisions of section 45 of the Insurance Act 1938 as amended from time to time. [A Leaflet containing the simplified version of the provisions of section 45 is enclosed in Annexure CC (as given by IRDAI) for reference]

15) Notices

Any notice, direction or instruction to be given under this Policy shall be in writing and delivered by hand, post, facsimile or E-mail to:

a. The Policyholder/Life Assured:

i) Shall be sent either by hand, post, courier, facsimile, Short Messaging Service (SMS), Voice call, e-mail or through any other digital/electronic media to the Policyholder to the address or communication/ correspondence details specified by the Policyholder in the Enrollment/Proposal Form or as per subsequent most recent change of address and/or communication/correspondence details intimation submitted by them to the Company.

ii) The Company shall not be responsible for any consequences arising out of non-intimation of change of the Policyholder's/Life Assured's address and/or communication/ correspondence details. In case the notice comes back to the Company undelivered to the Policyholder/Life Assured due to any reason, there shall be no obligation upon the Company to make any attempt again towards dispatch of the notice which was returned undelivered.

b. The Company, shall be submitted by hand, post, facsimile or E-mail:

Bajaj Allianz Life Insurance Company,
GE Plaza, Airport Road, Yerawada, Pune – 411 006
Toll Free No. 1800 209 7272 | Fax: 020-6602-6789
e-mail: customercare@bajajallianz.co.in

The Policyholder must ensure that he keeps the Company informed if there is a change of address and contact details. This will enable the Policyholder to receive regular updates, and communication from time to time and facilitate efficient and timely payouts by the Company of the benefits under the Policy.

16) Electronic Transactions

Subject to Section 15 above, the Policyholder agrees to adhere to and comply with all such terms and conditions as the Company may prescribe from time to time with regard to all transactions and hereby agrees and confirms that all transactions (other than those requiring a written notice or communication under this Policy) effected by or through facilities for conducting remote transactions including the Internet, World Wide Web, electronic data interchange, call centres, tele-service operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication, established by or on behalf of the Company, for and in respect of the Policy or its terms, or the Company's other products and services, shall constitute legally binding and valid transactions when done in adherence to and in compliance with the Company's terms and conditions for such facilities, as may be prescribed from time to time.

17) Free Look Period

Within 15 days [thirty (30) days in case this Policy is issued under the provisions of IRDAI Guidelines on Distance Marketing of Insurance Products] of the receipt of this Policy, the Policyholder has the option to review the terms and conditions of the Policy and if the Policyholder disagrees to any of the terms & conditions, he has an option to return the Policy stating the reasons for his objections. The Policyholder shall be entitled to a refund comprising the all Regular/Single Premium/s (excluding applicable taxes) paid, less the proportionate amount of risk premium (including the total of Rider Premiums, if any), for the period the Life Assured was on cover and the expenses incurred by the Company on medical examination and stamp duty charges.

Provided however Free Look option, if exercised, shall be applicable to all two individual policies under this 'Combi Product' as a whole and not to each individual policy.

18) Currency

All amounts payable either to or by the Company shall be payable in India and in Indian Currency.

19) Waiver

Failure or neglect by either party to enforce at anytime the provisions of this Policy shall not be construed or be deemed to be a waiver of either party's right herein nor in anyway affect the validity of the whole or any part of this Policy nor prejudice either party's right to take subsequent action.

20) Modifications

This Policy Document constitutes the complete contract of insurance. This Policy Document cannot be changed or varied except by an endorsement to the Policy, in writing and signed by an officer of the Company authorized for the purpose.

21) Payment of claim

The Company shall be under no obligation to make any payment under Section 7a) above unless and until the Company has received from the Policyholder (or the Nominee, or legal heirs, and at no expense to the Company) any information and documentation it requests, including but not limited to:

i) Written notice as soon as possible and in any event within 180 days of the death of the Life Assured, and the circumstances resulting to the death of the Life

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Assured.

ii) The claimant's proof of entitlement to receive payment under the Policy.
iii) Original Policy Document.
iv) Original death certificate of the Life Assured issued by a competent authority.
v) Medical cause of death certificate from the doctor who last attended to the Life Assured or from the hospital in which the death occurred.
vi) If the death is due to unnatural causes; a copy of First Information Report (FIR) and Post Mortem Report (PMR). Post Mortem Report is mandatory for claiming the death benefit due to an Accident under the Policy.
vii) Any other document as asked for by the Company depending on the facts and circumstances of each case.

22) Loss of Policy Document

a) If the Policy Document is lost or destroyed, then subject to Sub–Section c) below, at the request of the Policyholder, the Company, if satisfied that the Policy Document has been lost or destroyed, will issue a copy of the Policy Document duly endorsed to show that it is issued following the loss or destruction of the original document. The Company will charge a fee for the issuance of a copy of the Policy Document.
b) Upon the issue of a copy of the Policy Document, the original Policy Document will cease to have any legal effect.
c) The Company reserves the right to make such investigations into and call for such evidence of the loss or destruction of the Policy Document at the expense of the Policyholder, as it considers necessary before issuing a copy of the Policy Document.
d) It is hereby understood and agreed that the Policyholder will protect the Company and hold the Company harmless from and against any claims, costs, expenses, awards or judgments arising out of or howsoever connected with the original Policy Document or arising out of the issuance of a copy of the Policy Document.

23) Grievance Redressal

In case you have any query or compliant/grievance, you may contact the Grievance Officer of any nearest Customer Care Center at Branch Office of the Company during the Company's office hours from 9 am to 6 pm. Alternatively, you may communicate with the Company:
By post at: Customer Care Desk,
Bajaj Allianz Life Insurance Company Ltd.,
GE Plaza, Airport Road, Yerawada, Pune - 411006
By Phone at: Toll Free No. 1800 209 7272 | By Fax at: 020-6602-6789
By Email: customercare@bajajallianz.co.in
In case you are not satisfied with the resolution provided to you by the above office, or have not received any response within 10 days, or you have any suggestion in respect of this Policy or on the functioning of the office, you may contact the following official for resolution:
Grievance Redressal Officer,
Bajaj Allianz Life Insurance Company Ltd.
3rd Floor, Bajaj Finserv, Survey No: 208/1-B , Behind Weik Field IT Park,
Viman Nagar, Pune – 411014
Tel. No: 1800- 233- 7272 | Fax: (+91 20) 40111502
Email ID: customercare@bajajallianz.co.in
If Policyholder is not satisfied with the response or does not receive a response from the Company within fifteen (15) days, he may approach the IRDAI Grievance Cell Centre (IGCC) on the following contact details:
By Phone: TOLL FREE NO: 155255
By Email: complaints@irda.gov.in
By post at: Consumer Affairs Department Insurance Regulatory and Development Authority of India
Survey no. 115/1, Financial District, Nanakramguda, Hyderabad-500032.
By Fax at: +91- 40 – 6678 9768
The Policyholder can also register his complaint online at http://www.igms.irda.gov.in/

24) Ombudsman

a) In case you are not satisfied with the decision/resolution of the Company, you may approach the Insurance Ombudsman if your grievance pertains to any of the following:
i) Insurance claim that has been rejected or dispute of a claim on legal construction of the Policy
ii) Delay in settlement of claim
iii) Dispute with regard to premium
iv) Non-receipt of your insurance document
b) The address of the Insurance Ombudsman is provided as Address & Contact Details of Ombudsmen Centres attached herewith. For the latest list of insurance ombudsman, please refer to the IRDAI website at http://www.irdaindia.org/ins_ombusman.htm.
c) The complaint should be made in writing and duly signed by the complainant or by his legal heirs with full details of the complaint and the contact information of complainant.
d) Also please note that as per provision 13(3) of the Redressal of Public Grievances Rules 1998, the complaint to the Ombudsman can be made
i) Only if the grievance has been rejected by the grievance redressal mechanism of the Company.
ii) The complaint should be filed within a period of one year from the date of rejection by the Company.

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iii) The complaint should not be simultaneously under any litigation.

25) Governing Law
Any and all disputes arising out of and under this Policy shall be governed by and determined in accordance with Indian law and by the Indian Courts.

26) Taxation
Payment of taxes, including GST, as applicable, shall be the responsibility of the Policyholder. The Policyholder agrees to pay or allows the Company to deduct/charge from any of the benefits payable or premium received under this Policy, a sum on account of any tax or other payment which may be imposed by any legislation, order, regulation or otherwise, upon the Company, Policyholder or any other beneficiary, which in the opinion of the Company is necessary and appropriate.

27) Status of Insurance Agent
The insurance agent is only authorized by the Company to arrange completion and submission of the Proposal Form. The insurance agent is not authorized to act as the Company's legal representative and any representation made by the insurance agent which is against the express terms and conditions as contained in this Policy shall not be binding on the Company. Information or payment given to the insurance agent should not be considered as having been given to the Company. In absence of any specific authorisation to an insurance agent to accept premium on behalf of the Company and issue receipt thereof, payment made to an insurance agent shall be considered from the date of receipt of the premium amount by the Company. In the event of happening of any eventuality between the date of payment of premium amount to the insurance agent and the date of receipt of the premium amount by the Company, same shall be considered in accordance with the terms and conditions as contained herein above as if the premium was not paid as on the date of happening of the eventuality

Annexure AA

Section 38 of Insurance Act, 1938, as amended from time to time – Assignment and Transfer of Insurance Policies

Assignment or transfer of a Policy should be in accordance with section 38 of the Insurance Act, 1938, as amended by The Insurance Laws (Amendment) Act, 2015 dated 20.03.2015. The extant provisions in this regard are as follows:

1. This Policy may be transferred / assigned, wholly or in part, with or without consideration.
2. An assignment may be effected in a Policy by an endorsement upon the Policy itself or by a separate instrument under notice to the Company.
3. The instrument of assignment should indicate the fact of transfer or assignment and the reasons for the assignment or transfer, antecedents of the assignee and terms on which assignment is made.
4. The assignment must be signed by the transferor or assignor or duly authorized agent and attested by at least one witness.
5. The transfer of assignment shall not be operative as against the Company until a notice in writing of the transfer or assignment and either the said endorsement or instrument itself or copy there of certified to be correct by both transferor and transferee or their duly authorized agents have been delivered to the Company.
6. Fee to be paid for assignment or transfer can be specified by the IRDAI through Regulations.
7. On receipt of notice with fee, the insurer should Grant a written acknowledgement of receipt of notice. Such notice shall be conclusive evidence against the Company of duly receiving the notice.
8. If the Company maintains one or more places of business, such notices shall be delivered only at the place where the Policy is being serviced.
9. The Company may accept or decline to act upon any transfer or assignment or endorsement, if it has sufficient reasons to believe that it is (a) not bona-fide or (b) not in the interest of the Policyholder / Life Assured or (c) not in public interest or (d) is for the purpose of trading of the Policy.
10. Before refusing to act upon endorsement, the Company should record the reasons in writing and communicate the same in writing to Policyholder within 30 days from the date of Policyholder giving a notice of transfer or assignment.
11. In case of refusal to act upon the endorsement by the Company, any person aggrieved by the refusal may prefer a claim to IRDAI within 30 days of receipt of the refusal letter from the Company.
12. The priority of claims of persons interested in the Policy would depend on the date on which the notices of assignment or transfer is delivered to the Company; where there are more than one instruments of transfer or assignment, the priority will depend on dates of delivery of such notices. Any dispute in this regard as to priority should be referred to IRDAI.
13. Every assignment or transfer shall be deemed to be absolute assignment or transfer and the assignee or transferee shall be deemed to be absolute assignee or transferee, except

a. where assignment or transfer is subject to terms and conditions of transfer or assignment OR

b. where the transfer or assignment is made upon condition that

i. the proceeds under the Policy shall become payable to Policyholder or Nominee(s) in the event of assignee or transferee dying before the Life Assured OR

ii. the Life Assured surviving the Policy Term.

Such conditional assignee will not be entitled to obtain a loan on Policy or surrender the Policy. This provision will prevail notwithstanding any law or custom having force of law which is contrary to the above position.

14. In other cases, the Company shall, subject to terms and conditions of assignment, recognize the transferee or assignee named in the notice as the absolute transferee or assignee and such person

a. shall be subject to all liabilities and equities to which the transferor or assignor was subject to at the date of transfer or assignment and

b. may institute any proceedings in relation to the Policy

c. obtain loan under the Policy or surrender the Policy without obtaining the consent of the transferor or assignor or making him a party to the proceedings

15. Any rights and remedies of an assignee or transferee of the Policy under an assignment or transfer effected before commencement of The Insurance Laws (Amendment) Act, 2015 shall not be affected by this section.

[Disclaimer: Section 38 of the Insurance Act, 1938, as amended from time to time shall be applicable. Policy Holders are advised to refer to Original text of Section 38 as amended from time to time for complete and accurate details.]

Annexure BB

Section 39 of the Insurance Act, 1938, as amended from time to time – Nomination by Policyholder

Nomination of a life insurance Policy is as below in accordance with Section 39 of the Insurance Act, 1938, as amended by The Insurance Laws (Amendment) Act, 2015 dated 20.03.2015. The extant provisions in this regard are as follows:

1. The Policyholder of a life insurance Policy on his own life may nominate a person or persons to whom money secured by the Policy shall be paid in the event of his death.
2. Where the Nominee is a minor, the Policyholder may appoint any person to receive the money secured by the policy in the event of Policyholder's death during the minority of the Nominee. The manner of appointment to be laid down by the Company.
3. Nomination can be made at any time before the maturity of the Policy.
4. Nomination may be incorporated in the text of the Policy itself or may be endorsed on the Policy communicated to the Company and can be registered by the Company in the records relating to the Policy.
5. Nomination can be cancelled or changed at any time before Policy matures, by an endorsement or a further endorsement or a will as the case may be.
6. A notice in writing of change or cancellation of nomination must be delivered to the Company for the Company to be liable to such Nominee. Otherwise, Company will not be liable if a bona-fide payment is made to the person named in the text of the Policy or in the registered records of the Company.
7. Fee to be paid to the Company for registering change or cancellation of a nomination can be specified by the IRDAI through Regulations.
8. On receipt of notice with fee, the Company should grant a written acknowledgement to the Policyholder of having registered a nomination or cancellation or change thereof.
9. A transfer or assignment made in accordance with section 38 of Insurance Act, 1938, as amended from time to time, shall automatically cancel the nomination except in case of assignment to the Company or other transferee or assignee for purpose of loan or against security or its reassignment after repayment. In such case, the nomination will not get cancelled to the extent of Company's or transferee's or assignee's interest in the Policy. The nomination will get revived on repayment of the loan.
10. The right of any creditor to be paid out of the proceeds of any Policy of life insurance shall not be affected by the nomination.
11. In case of nomination by Policyholder whose life is insured, if the Nominees die before the Policyholder, the proceeds are payable to Policyholder or his heirs or legal representatives or holder of succession certificate.
12. In case Nominee(s) survive the person whose life is insured, the amount secured by the Policy shall be paid to such survivor(s).
13. Where the Policyholder whose life is insured nominates his/her (a) parents or (b) spouse or (c) children or (d) spouse and children or (e) any of them, the Nominees are beneficially

entitled to the amount payable by the Company to the Policyholder unless it is proved that Policyholder could not have conferred such beneficial title on the Nominee having regard to the nature of his title.

14. If Nominee(s) die after the Policyholder but before his share of the amount secured under the Policy is paid, the share of the expired Nominee(s) shall be payable to the heirs or legal representative of the Nominee(s) or holder of succession certificate of such Nominee(s).
15. The provisions of sub-section 7 and 8 (13 and 14 above) shall apply to all life insurance Policies maturing for payment after the commencement of The Insurance Laws (Amendment) Act, 2015 (i.e 20.03.2015).
16. If Policyholder dies after maturity but the proceeds and benefit of the Policy has not been paid to him because of his death, his Nominee(s) shall be entitled to the proceeds and benefit of the Policy.
17. The provisions of section 39 of the Insurance Act, 1938, as amended from time to time, are not applicable to any life insurance Policy to which section 6 of Married Women's Property Act, 1874, applies or has at any time applied except where before or after The Insurance Laws (Amendment) Act, 2015, a nomination is made in favour of spouse or children or spouse and children whether or not on the face of the Policy it is mentioned that it is made under section 39 of the Insurance Act, 1938, as amended from time to time. Where nomination is intended to be made to spouse or children or spouse and children under section 6 of MWP Act, it should be specifically mentioned on the Policy. In such a case only, the provisions of section 39 of Insurance Act, 1938, as amended from time to time, will not apply.

    [Disclaimer: Section 39 of the Insurance Act, 1938, as amended from time to time shall be applicable. Policy Holders are advised to refer to Original text of Section 39 as amended from time to time for complete and accurate details.]

Annexure CC

Section 45 of the Insurance Act, 1938, as amended from time to time – Policy shall not be called in question on the ground of mis-statement after three years.

Provisions regarding Policy not being called into question in terms of section 45 of the Insurance Act, 1938, as amended by The Insurance Laws (Amendment) Act, 2015 dated 20.03.2015 are as follows:

1. No Policy of life insurance shall be called in question on any ground whatsoever after expiry of three (3) years from (a) the Policy Commencement Date or (b) the Date of Commencement of Risk or (c) the date of latest revival of the Policy or (d) the Date of Commencement of Rider; whichever is later.
2. On the ground of fraud, a Policy of life insurance may be called in question within three (3) years from (a) the Policy Commencement Date or (b) the Date of Commencement of Risk or (c) the date of latest revival of the Policy or (d) the Date of Commencement of Rider; whichever is later.

    For this, the Company should communicate in writing to the Company or legal representative or Nominee or assignees of Policyholder, as applicable, mentioning the ground and materials on which such decision is based.
3. Fraud means any of the following acts committed by Life Assured or Policyholder or by his agent, with the intent to deceive the Company or to induce the Company to issue the life insurance Policy:

a. The suggestion, as a fact of that which is not true and which the Life Assured or Policyholder does not believe to be true;
b. The active concealment of a fact by the Life Assured or Policyholder having knowledge or belief of the fact;
c. Any other act fitted to deceive; and
d. Any such act or omission as the law specifically declares to be fraudulent.

4. Mere silence is not fraud unless, depending on circumstances of the case, it is the duty of the Life Assured or Policyholder or his agent keeping silence to speak or silence is in itself equivalent to speak.
5. No Insurer shall repudiate a life insurance Policy on the ground of Fraud, if the Life Assured or Policyholder / Beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of material fact are within the knowledge of the insurer. Onus of disproving is upon the Policyholder, if alive, or beneficiaries.
6. Life insurance Policy can be called in question within three (3) years on the ground that any statement of or suppression of a fact material to expectancy of life of the Life Assured or Policyholder was incorrectly made in the Proposal Form or other documents, basis which Policy was issued or revived or Rider issued. For this, the Company should communicate in writing to the Life Assured or Policyholder or legal representative or Nominee or assignees of Policyholder, as applicable, mentioning the ground and materials on which decision to repudiate the Policy of life insurance is based.
7. In case repudiation is on ground of mis-statement and not on fraud, the premium(s) collected on Policy till the date of repudiation shall be paid to the Policyholder or legal representative or Nominee or assignees of Policyholder, within a period of 90 days from the date of repudiation.
8. Fact shall not be considered material unless it has a direct bearing on the risk undertaken by the Company. The onus is on Company to show that if the Company had been aware of the said fact, no life insurance Policy would have been issued to the Policyholder.
9. The Company can call for proof of age at any time if he is entitled to do so and no Policy shall be deemed to be called in question merely because the terms of the Policy are adjusted on subsequent proof of age of Life Assured. So, this Section will not be applicable for questioning age or adjustment based on proof of age submitted subsequently.

    [Disclaimer: Section 45 of the Insurance Act, 1938, as amended from time to time shall be applicable. Policy Holders are advised to refer to Original text of Section 45 as amended from time to time for complete and accurate details.]

Disclaimer

- The risks under the components of the Combi Product(s) are distinct. Bajaj Allianz Life Insurance Company Limited shall assume/accept the risk only in relation to the life insurance component of the Combi Product(s) and Bajaj Allianz General Insurance Company Limited shall assume/accept the risk only in relation to the health insurance component of the Combi Product(s).
- Upon purchase of this Combi Product (s), you shall be eligible for a discount of 5% on annual premiums payable towards both the life and health components of the Combi Product (s). Provided that if you take life insurance and health insurance policies individually from either of the Insurers, you shall not be entitled to the discount being offered under the Combi Product(s). In such cases, you would be governed by the terms and conditions of the individual policy being offered to you by either of the Insurers.
- The premium of the life insurance and health insurance components of the Combi Product(s) are separate and have been separately identified and disclosed in the Combi Product(s) policy document. The health insurance component of the Combi Product(s) is entitled to be renewed at the option of the policyholder of Bajaj Allianz General Insurance Company Limited.
- You shall pay the integrated premium for the Combi Product(s) to BAGIC, and BAGIC shall further transfer the relevant share of the premium to BALIC. You shall be entitled to the underlying benefits of both life and health insurance components of the Combi Product(s) from the date and time of acceptance of the integrated premium by BAGIC & BALIC.
- The Combi Product(s) shall have a free look option, which shall be applied to the Combi Product(s) as a whole. Provided where an existing policyholder of any health insurance product has migrated to the Combi Product(s), such policyholder is entitled to all the rights of migration as per the applicable portability norms.
- At any time during the validity of the Combi Product(s) policy, you shall be entitled to continue with either part of the Combi Product(s) policy, discontinuing the other. However, in the event you opt out of the coverage of either the life or health insurance component, the discount, being offered to you under the Combi Product (s) shall not be available going forward.
- The liability to settle the claim vests with respective Insurers, i.e., for life insurance benefits, Bajaj Allianz Life Insurance Company Limited, and for health insurance benefits, Bajaj Allianz General Insurance Company Limited.
- All policy servicing requests pertaining to the Combi Product(s) shall be received by either of the Insurers. However, BAGIC, as the Lead Insurer of the Combi Product(s), shall play a facilitative role in policy servicing and shall be the nodal point for receiving the servicing requests, executing these requests and issuing acknowledgements as required.
- All requests pertaining to the Combi Product(s) impacting premium or policy terms of BAGIC and BALIC shall be serviced by BALIC for life products and by BAGIC for health products, as the case may be.
- Both BAGIC and BALIC shall fulfil servicing requests received by them in accordance with the IRDAI (Protection of Policyholders' Interests) Regulations, 2017. Both BAGIC and BALIC shall be responsible for the pro-active and speedy settlement of claims and other obligations in accordance with the terms and conditions of their respective life insurance or health insurance components of the Combi Product(s). The claim process is available on the website of both BAGIC and BALIC.
- You may lodge a grievance with respect to either or both of the life insurance and health insurance components of the Combi Product(s) at branches of either BAGIC or BALIC. Complaint belonging to any product shall be routed to the respective insurer viz. BAGIC and BALIC, who shall then respond/address to the Customer directly. Complaints shall be forwarded by BAGIC and BALIC to other for its Product, within two (2) days from the date of receipt of the complaint. In the event you are not satisfied with the resolution offered, you may also approach the Insurance Ombudsman in your region. Please refer to the relevant grievance redressal mechanism section mentioned under each component of the Combi Product(s).
- The legal/quasi legal disputes, if any, are dealt by BAGIC and BALIC for their respective benefits. The legal disputes pertaining to life insurance benefits shall be dealt with by Bajaj Allianz Life Insurance Company Limited and for health benefits all the legal disputes will be handled by Bajaj Allianz General Insurance Company Limited.
- BAGIC or BALIC may terminate this tie up between them after obtaining the requisite approval from the IRDAI. Upon receipt of such approval from the IRDAI, BAGIC or BALICmay terminate this tie up with notice period of ninety (90) days, or such other period as may be prescribed by the IRDAI, from the date of such approval. In the event BAGIC or BALIC terminate this tie up, BAGIC and BALICwill intimate the same to you as to the termination of this tie up. However, your Combi Product policy shall continue until the expiry or termination of the coverage in accordance with the Combi Product policy terms and conditions for respective life insurance and health insurance components.
- Upon termination of the tie up between BAGIC and BALIC, BAGIC and BALIC shall exercise equal rights over you and it shall be your sole discretion whether you would like to independently continue with the life insurance component, health insurance component, both or none.
- In the event of termination of this tie up, BAGIC and BALIC shall mutually cooperate for providing customer support and policy servicing post termination of the tie up between BAGIC and BALIC. Further, BAGIC or BALIC, as the case may be, shall remain liable for its respective life insurance or health insurance components for all Combi Product policies in force at the time of termination of this tie up until their expiry.

Address & Contact Details of Ombudsman Centres

Address and Contact Details of Ombudsman Centres

Office Details	Jurisdiction of Office Union Territory, District)	Office Details	Jurisdiction of Office Union Territory, District)
AHMEDABAD - Shri/Smt..... 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@ecoi.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.	BENGALURU - Shri/Smt..... Office of the Insurance Ombudsman, Jeevan Soudha Building,PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@ecoi.co.in	Karnataka.
BHOPAL - Shri/Smt..... 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@ecoi.co.in	Madhya Pradesh Chattisgarh.	BHUBANESHWAR - Shri/Smt..... Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@ecoi.co.in	Orissa.
CHANDIGARH - Shri/Smt..... 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@ecoi.co.in	Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh.	CHENNAI - Shri/Smt..... 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@ecoi.co.in	Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry).
DELHI - Shri/Smt..... Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 2323481/23213504 Email: bimalokpal.delhi@ecoi.co.in	Delhi.	GUWAHATI - Shri/Smt..... Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2132204 / 2132205 Fax: 0361 - 2732937 Email: bimalokpal.guwahati@ecoi.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
HYDERABAD - Shri/Smt..... 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 - 65504123 / 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@ecoi.co.in	Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry.	JAIPUR - Shri/Smt..... Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: Bimalokpal.jaipur@ecoi.co.in	Rajasthan.
ERNAKULAM - Shri/Smt..... 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@ecoi.co.in	Kerala, Lakshadweep, Mahe-a part of Pondicherry.	KOLKATA - Shri/Smt..... 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@ecoi.co.in	West Bengal, Sikkim, Andaman & Nicobar Islands.

Address and Contact Details of Ombudsman Centres

LUCKNOW -Shri/Smt..... 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@ecoi.co.in	Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, Fatehpur, Pratapgarh, Jaunpur,Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.	MUMBAI - Shri/Smt..... Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 Email: bimalokpal.mumbai@ecoi.co.in	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.
NOIDA - Shri. Ajesh Kumar Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514250 / 2514252 / 2514253 Email: bimalokpal.noida@ecoi.co.in	State of Uttaranchal 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/Smt..... Office of the Insurance Ombudsman, 1st Floor,Kalpana Arcade Building,, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@ecoi.co.in	Bihar, Jharkhand.
PUNE - Shri/Smt..... 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@ecoi.co.in	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region		