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BAJAJ | Allianz
Relationship Beyond Insurance

Issuing Office:

GROUP HOSPITAL CASH POLICY

Policy Wordings

Preamble

Whereas the Policy Holder has made to Bajaj Allianz General Insurance Company Ltd (hereinafter called the "Company"), a proposal which is hereby agreed to be the basis of this Group Policy issued in the name of Proposer and Certificate of Insurance to be issued thereunder in the name of Insured Beneficiary, and the Insured Beneficiary and or Proposer on behalf of Insured Beneficiary has paid the premium specified in the Schedule, now the Company agrees, subject always to the following terms, conditions, exclusions, and limitations, to pay the Insured Beneficiary subject always to the daily allowance up to the Sum Assured for the maximum period specified in the Certificate of Insurance during the Cover Period.

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

A) OPERATIVE PART

In the event of Accidental Bodily Injury or Sickness first occurring or manifesting itself during the Cover Period requiring hospitalisation of Insured Beneficiary, the Company will pay:

I. Hospital Daily Allowance

1. The Daily Allowance as stated in the Certificate of Insurance, for each continuous and completed period of 24 hours of Hospitalisation
2. Two times the Daily Allowance as stated in the Certificate of Insurance ,for each continuous and completed period of 24 hours required to be spent by the Insured Beneficiary in the Intensive Care Unit of a Hospital during any period of Hospitalisation
3. One day Daily Allowance as stated in the Certificate of Insurance, for Day Care Treatment carried out in the Day Care Centre. This benefit will not be payable if Insured Beneficiary opt for optional cover 6: Day Deductible Cover.

Note:

i. During the hospitalization period if the Insured Beneficiary is transferred from Normal room to ICU or vice versa the benefit would be payable only under one heading as specified above, as per the hospital bill for the respective day.

ii. Our maximum liability shall be restricted to the daily allowance till opted length of stay and Waiting Period mentioned in the Certificate of Insurance.

II. Optional Benefits:

You can opt for any of the below listed Optional Covers and below terms and conditions of respective Optional Covers will be applicable which are opted by you and displayed on your Certificate of Insurance:

Optional Cover 1	Maternity Hospital Cash Benefit
Optional Cover 2	Convalescence Benefit
Optional Cover 3	Accident Hospital Cash Benefit
Optional Cover 4	Waiver of Pre-Existing and Disease Specific Waiting Period
Optional Cover 5	Waiver Of 30 days waiting period cover
Optional Cover 6	Day Deductible Cover

Optional Cover 1 - Maternity Hospital Cash Benefit:

In consideration of payment of additional premium by the Proposer / Insured Person to the Company and realization/receipt thereof by the Company, it is hereby agreed and declared that Group Hospital Cash Policy is extended to pay daily allowance as specified in the Certificate of Insurance for each continuous and completed period of 24 hours of hospitalization underwent for normal delivery or caesarean section and complications of maternity (including and not limited to medical complications) for a maximum period as stated in the Certificate of Insurance during each Cover Period.

Special conditions applicable to Maternity Hospital Cash Benefit:

a. This Hospital Cash Benefit is applicable for each continuous and completed period of 24 hours of Hospitalisation arising from or traceable to pregnancy, child birth including normal/ caesarean section, for a maximum of number of days as per the Schedule. When Maternity Expenses Benefit is opted for in the Certificate of Insurance, <<Section C II. General Exclusion Sub clause 1.>> of the Master Policy stands deleted. Option for this Benefits has to be exercised at the inception of the Cover Period.

Options available to Maternity Hospital Cash Benefit

1. Option 1:- Benefit payable after 12 months of waiting period
2. Option 2:- No waiting period.

Optional Cover 2 - Convalescence Benefit

In consideration of payment of additional premium by the Proposer/ Insured Person to the Company and realization thereof by the Company, it is hereby agreed

and declared that Group Hospital Cash Policy is extended to pay lump sum amount as mentioned in Certificate of insurance in case Insured Beneficiary's continuous and completed hospitalization beyond consecutive 7 or 10 day as opted

Special conditions applicable to Convalescence Benefit:

a. This benefit will be payable only once during Cover Period This benefit is payable only if there is an admissible claim under any of the daily benefits.

b. When this benefit is opted for in the Certificate of Insurance, <<Section C II. General Exclusion Sub clause 6>>>> of the Group Policy stands deleted.

Options available to Convalescence Benefit:

Insured Beneficiary has to choose any one preference from each of below 2 listed options-

I. Hospitalisation Period

- i. Option 1:- Benefit payable after Hospitalisation more than 7 consecutive days
- ii. Option 2:- Benefit payable after Hospitalisation more than 10 consecutive days

II. Sum Insured Options

- i. Option 1: 5 times of per day benefit
- ii. Option 2: 10 times of per day benefit
- iii. Option 3: 20 times of per day benefit

Optional Cover 3- Accident Hospital Cash Benefit

In consideration of payment of additional premium by the Proposer/ Insured Person to the Company and realization thereof by the Company, it is hereby agreed and declared that Group Hospital Cash Policy is extended to pay daily allowance as specified below due to hospitalization of Insured Beneficiary necessitated solely by the reason of Accidental Injury for a maximum period as stated in the Certificate of Insurance during each Cover Period.

Special conditions applicable to Accident Hospital Cash Benefit Extension:

1. Two times the Daily Allowance for each continuous and completed period of 24 hours required to be spent by the Insured Person in the Hospital
2. Two times the Daily Allowance for Day Care Treatment carried out in the Day Care Centre during the Cover Period.

Optional Cover 4- Waiver of Pre-Existing and Specific Disease Waiting Period Cover:

In consideration of payment of additional premium by the Proposer/ Insured Person, to the Company and realization thereof by the Company, it is hereby agreed and declared that Group Hospital Cash Policy is extended to reduce waiting period mentioned in Section C I. (1), and (2) i.e. Pre-Existing And Disease Specific Waiting Period up to the option opted by Insured Beneficiary.

Special conditions applicable to Pre-Existing Disease and Specific Disease waiting period Cover:

1. When Pre-Existing Disease and Specific Disease waiting period Cover is opted for in the Certificate of Insurance, Exclusion, <<Section C I. Waiting Period Sub clause 1 >> shall be reduced by the number of years as per the option opted.

AND

2. The waiting periods specified in the Section << Section C I. Waiting Period Sub clause 2>> shall be reduced by the number of years as per the option opted.

Options available to Waiver of Pre-Existing and Disease Specific Waiting Period:

1. Option 1: No waiting period
2. Option 2: waiting period of 12 months
3. Option 3: waiting period of 24 months
4. Option 4: waiting period of 36 months

Optional Cover 5- Waiver of 30 days waiting period Cover

In consideration of payment of additional premium by the Proposer/ Insured Person to the Company and realization thereof by the Company, it is hereby agreed and declared that Group Hospital Cash Policy is extended to waive the waiting period applicable for Section C I. (3) i.e. 30 days exclusion clause.

Special conditions applicable to Waiver of 30 days waiting period Cover:

1. When 30 days waiting period Cover is opted for in the Certificate of Insurance, Exclusion, << Section C I. Waiting Period Sub clause 3>> of the Master Policy stands deleted.

Optional Cover 6- Day Deductible Cover

The Company hereby agrees and declared that upon opting this optional cover, We will provide discount mentioned in Section D III. (11) and time bound deductible of day(s) as specified in the Certificate of Insurance will be applicable for any claim under Section A (I) i.e. Hospital Daily Allowance.

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Special conditions applicable to Day Deductible Cover:

1. Our liability to pay each and every claim under any Benefit will be in excess of opted Day Deductible
2. Number of days stated in the Certificate of Insurance shall be deducted in respect of each and every Claim made under this Master Policy.
3. Deductible will be applicable for each separate incident reported for claims payment, even though the claim may be registered under the same benefit more than once subject to the terms and conditions of the Master Policy.

B) DEFINITIONS

Words or terms mentioned below have the meaning ascribed to them wherever they appear in this Master Policy, and references to the singular or to the masculine include references to the plural or to the female wherever the context permits:

1. **Accident, Accidental – An accident** means a sudden, unforeseen and involuntary event caused by external, visible and violent means.
2. **Alternative treatments** are forms of treatments other than treatment of "Allopathy" or "modem medicine" and includes Ayurveda, Unani, Sidha and Homeopathy in the Indian context.
3. **Bajaj Allianz Network Hospitals / Network Hospitals**- mean the Hospitals which have been empanelled by the Company as per the latest version of the schedule of Hospitals maintained by the Company [as updated by the Company from time to time], which is available to the Insured Beneficiary on request and also available on website of the Company.
4. **Certificate of Insurance**- means the document issued by the Company to the Insured Beneficiary as per these terms and conditions detailing the Insured Beneficiary(s) name, address, age, commencement date and expiry date of the cover, coverage, sums insured, condition(s), exclusions and or endorsement(s).
5. **Condition Precedent** means a Master Policy term or condition read with Certificate of Insurance upon which the Insurer's liability under the Certificate of Insurance is conditional upon.
6. **Congenital Anomaly**- means 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
7. **Convalescence** means the gradual recovery of health and strength after illness or injury. It refers to the later stage of an infectious disease or illness when the patient recovers and returns to normal
8. **Daily Allowance** means the amount specified in the Certificate of Insurance.
9. **Deductible** is a cost-sharing requirement under a health insurance Policy that provides that the Insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of Hospital cash policies which will apply before any benefits are payable by the Insurer. A Deductible does not reduce the sum insured.
10. **Dental Treatment** means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery.
11. **Disclosure to information norm**- The Master Policy and or Certificate of Insurance 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.
12. **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 Certificate of Insurance in force without loss of continuity benefits such as waiting periods and coverage of preexisting diseases. Coverage is not available for the period for which no premium is received.
13. **Group** The definition of a group is as per the provisions of Insurance Regulatory and Development Authority of India (Health Insurance) Regulations, 2016, read with group guidelines issued by IRDAI vide circular 015/IRDA/Life/Circular/GI Guidelines/2005 dated 14th July 2005, as amended/modified/further guidelines issued, from time to time
14. **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:
   (i) Has qualified nursing staff under its employment round the clock;
   (ii) 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;
   (iii) Has qualified medical practitioner(s) in charge round the clock;
   (iv) Has a fully equipped operation theatre of its own where surgical procedures are carried out;
   (v) Maintains daily records of patients and makes these accessible to the Company's authorized personnel.
15. **Hospitalisation**- means admission in a Hospital for a minimum period of 24 consecutive 'In patient Care' hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.
16. **Illness**- means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Cover Period 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:
      i. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests
      ii. it needs ongoing or long-term control or relief of symptoms
      iii. it requires your rehabilitation or for the patient or for the patient to be specially trained to cope with it

iv. it continues indefinitely

v. it recurs or is likely to recur

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

18. **In patient Care** means treatment for which the Insured Beneficiary has to stay in a hospital for more than 24 hours for a covered event.

19. **Insured Person/ Insured Beneficiary** mean the loan borrowers of Policy Holder for whom the Policy Holder has taken the Group Insurance Policy basis which Certificate of Insurance is issued by the Company to the Insured Person/Insured Beneficiary.

20. **"Insured Member/s"** means loan borrow and co-borrower/s of loan from Policy Holder for whom the Policy Holder has taken the Group Insurance Policy basis which Certificate of Insurance is issued by the Company to the Insured Beneficiary.

21. **Intensive Care Unit (ICU)** 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.

22. **Loan** means the sum of money lent at interest or otherwise to the Insured by any Bank/Financial Institution and shall be identified by the Loan Account Number as specified in the Schedule.

23. **Master Policy/Group Policy** shall mean the Proposal, Group Policy Schedule/"Bajaj Allianz Group Hospital Cash Policy" Schedule, along with these Terms and Conditions, issued to the Policy Holder containing these terms and conditions of the insurance coverage and under which Certificates of Insurance will be issued to the respective Insured Beneficiary/ies and any endorsements attaching to or forming part thereof either on the commencement date or during the Cover Period.

24. **Maternity Expenses/ treatment:**

Maternity expenses means;

a. medical treatment traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization);

b. Expenses towards Lawful medical termination of pregnancy during the Cover Period.

25. **Medical Practitioner/ Physician** 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 the scope and jurisdiction of license provided he is not in any way related to the Insured Beneficiary/he has no conflict of interest.

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

27. **Proposer /Policy Holder/ Group Manager / Group Organizer/ Group Administrator** is the Organization or Entity which has taken the Master Policy on behalf of all Insured Persons/Insured Beneficiary.

28. **Cover Period**: Cover Period means period for which the Insured Person/Insured Beneficiary is covered under the Certificate of Insurance.

29. **Master Policy Period**: Master Policy Period means period for which the Master Policy is valid in the name of Group Manager.

30. **Portability**- Portability means transfer by an individual health insurance Policy Holder (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.

31. **Master Policy Schedule/Group Policy Schedule-** Group Policy Schedule means the "Bajaj Allianz Group Hospital Cash Policy" Schedule and any annexure to it read with respective Certificate of Insurance.

32. **Renewal-**

Renewal defines 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 all waiting periods.

33. **Sum Assured/Sum Insured- Sum Assured** means the amount stated in the Certificate of Insurance against each relevant Section, which shall be the Company's maximum liability under this Policy.

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

35. **You, Your, Yourself** the Insured Person/Insured Beneficiary as set out in the Certificate of Insurance.

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

C) EXCLUSIONS:

The Company will not be liable to make any payment for any claim for daily allowance, directly or indirectly caused by, based on, arising out of or attributable to any of the following:

I. Waiting Period

1. Any Pre-existing condition, ailment or injury, in respect of Insured Beneficiary, until 48 months of continuous coverage has elapsed, after the date of inception of Cover Period under Certificate of Insurance. This exclusion shall cease to apply if the Insured Beneficiary has maintained a health insurance policy for a continuous period of full 4 years without break from the date of the Insured Beneficiary's first health insurance policy.

   In case of enhancement of daily allowance, this Exclusion shall apply afresh only to the extent of the amount by which daily allowance has been increased if the policy is a renewal of Hospital Cash Policy without break in cover

2. The Company shall not pay any daily allowance under this Master Policy read with Certificate of Insurance in case the Insured Beneficiary has contracted and has been hospitalized for treatment of the following diseases / ailments during the first 48months consecutive period during which the Insured Beneficiary has the benefit of a Hospital Cash Policy with the Company

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1. Any types of gastric or duodenal ulcers,	12. Cataracts,
2. Benign prostatic hypertrophy	13. Hernia of all types
3. All types of sinuses	14. Fistulae,
4. Hemorrhoids	15. Fissure in ano
5. Dysfunctional uterine bleeding	16. Fibromyoma
6. Endometriosis	17. Hysterectomy
7. Stones in the urinary and biliary systems	18. Surgery for any skin ailment
8. Surgery on ears/tonsils/adenoids/paranasal sinuses	19. Surgery on all internal or external tumours/ cysts/ nodules/polyps of any kind including breast lumps with exception of Malignant tumor or growth.
9. Joint replacement surgery,	
10. Surgery for prolapsed inter vertebral disc (unless necessitated due to an accident)	20. Congenital internal diseases or anomalies
11. Hypertrophied turbinate	21. Laser treatment for correction of eye sight due to refractive error.
	22. Surgery to correct deviated nasal septum

In case of enhancement of daily allowance, the waiting periods shall apply afresh only to the extent of the amount by which daily allowance has been increased if the Certificate of Insurance is a renewal of Hospital Cash policy without break in cover.

.3. The Company shall not pay any daily allowance for any hospitalization in respect of any illness diagnosed or diagnosable within 30 days of the commencement of the Cover Period except those incurred as a result of Accidental Bodily Injury.

In case of enhancement of daily allowance, the waiting periods shall apply afresh only to the extent of the amount by which daily allowance has been increased if the Certificate of Insurance is a renewal of Hospital Cash policy without break in cover.

II. General Exclusions

1. 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.
2. War, invasion, acts of foreign enemies, hostilities (whether war be declared or not), 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.
3. Circumcision unless required for the treatment of Illness or Accidental Injury, cosmetic or aesthetic treatments of any description, treatment or surgery for change of life/gender.
4. Any form of plastic surgery unless necessary for the treatment of cancer, burns or accidental Injury.
5. Dental treatment or Dental surgery of any kind unless as a result of Accidental Injury to natural teeth and also requiring hospitalization.
6. Expenses incurred on Convalescence benefit,
7. General debility, rest cure, congenital external diseases or defects or anomalies, stem cell implantation or surgery, or growth hormone therapy.
8. Intentional self-injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol)
9. Ailments requiring treatment due to use or abuse of any substance, drug or alcohol and treatment for de-addiction.
10. 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.
11. Medical Expenses relating to any hospitalisation primarily and specifically for diagnostic, X-ray or laboratory examinations and investigations which under normal circumstances can be carried out as an out-patient. However, waiver of this exclusion may be considered in those cases where the condition of the patient warrants admission in hospital for investigations and the admission has been recommended by the Treating Doctor.
12. Any claim directly or indirectly caused by or contributed to by nuclear weapons and/or materials.
13. Vaccination or inoculation unless forming a part of post bite treatment.
14. Any fertility, sub fertility, impotence, assisted conception operation or sterilization procedure.
15. Vitamins, tonics, nutritional supplements unless forming part of the treatment for injury or disease as certified by the attending Doctor.
16. Unproven/Experimental treatment.
17. Treatment for any other system other than modern medicine (also known as Allopathy)
18. Venereal disease or any sexually transmitted disease or sickness.
19. Weight management services and treatment related to weight reduction programmes including treatment of obesity.
20. Treatment for any mental illness or psychiatric illness, Parkinson's and Alzheimer's disease.
21. Any natural peril including but not limited to avalanche, earthquake, volcanic eruptions or any kind of natural hazard.
22. Radioactive contamination.

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D) GENERAL CONDITIONS

I. Conditions precedent to the contract

1. Conditions Precedent

Where this Master Policy read with Certificate of Insurance requires the Insured Beneficiary to do or not to do something, then the complete satisfaction of that requirement by the Insured Beneficiary or someone claiming on his/ her behalf is a precondition to any obligation the Company has under this Master Policy read with Certificate of Insurance. If the Insured Beneficiary or someone claiming on his/ her behalf fails to completely satisfy that requirement, then the Company may refuse to consider the Insured Beneficiary's claim.

2. Entry Age

- Age of entry is from 18 years to lifetime.

II. Conditions when a claim arises

1. Claims Procedure

All Claims will be settled by In house claims settlement team of the company and no TPA is engaged. However, Company reserves right to engage TPA.

After the Occurrence of an Insured Event that may result in a claim, then as a condition precedent to the Company's liability, the Insured Beneficiary must comply with the following:

i. The Insured Beneficiary or someone claiming on the Insured Beneficiary's behalf must inform the Company within 48 hours* of hospitalization in case emergency hospitalization and 48 hours* prior to hospitalization in case of planned hospitalization

ii. The Company shall make payment when the Insured Beneficiary or Insured Beneficiary's representative claiming on his/ her behalf have provided the Company with necessary documentation and information.

iii. The Insured Beneficiary or someone claiming on his/her behalf must promptly and in any event within 30 days of discharge from a Hospital give the Company the documentation as listed out in greater detail below and other information the Company ask for to investigate the claim or the Company's obligation to make payment for it.

iv. In the event of the death of the Insured Beneficiary, 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*

v. If the original documents are submitted with the co-insurer, the Xerox copies attested by the co-insurer should be submitted

*Note: Waiver of conditions (I), (iii) and (iv) may be considered in extreme cases of hardship where it is proved to the satisfaction of the Company that under the circumstances in which the Insured Beneficiary was placed it was not possible from him/her or any other person to give notice or file claim within the prescribed time limit.

List of claim documents

- Hospital Cash Claim Form duly signed by the Insured Beneficiary / Nominee (in case of death of Insured Beneficiary)
- Photo Copy of Discharge Summary / Discharge Certificate.
- Photo Copy of Final Hospital Bill
- NEFT Details
- In cases where a fraud is suspected, we may call for any additional document(s) in addition to the documents listed above
- Aadhaar card & PAN card Copies is as per the IRDAI guidelines read with

All documents related to claims should be submitted to:

Health Administration Team

Bajaj Allianz General Insurance Co. Ltd

2nd Floor, Bajaj Finserv Building

Viman Nagar, Pune 411014

Toll Free no: 1800 209 5858

2. 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 Certificate of Insurance read with Master Policy terms and conditions, we shall offer within a period of 30 days a settlement of the claim to the Insured Beneficiary. Upon acceptance of an offer of settlement by the Insured Beneficiary, the payment of the amount due shall be made within 7 days from the date of acceptance of the offer by the Insured Beneficiary. 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. However, where the circumstances of a claim warrant an investigation, the Company will initiate and complete such investigation at the earliest,

in any case not later than 30 days from the date of receipt of last necessary document. In such cases, the Company will settle the claim within 45 days from the date of receipt of last necessary document. In case of delay beyond stipulated 45 days, the Company will be liable to pay interest at a rate which is 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

v. If the insurer, for any reasons decides to reject the claim under the Certificate of Insurance read with the Master Policy the reasons regarding the rejection shall be communicated to the Insured Beneficiary in writing within 30 days of the receipt of documents. The Insured Beneficiary may take recourse to the Grievance Redressal procedure stated under this Master Policy terms and conditions.

3. Basis of claims payment

i. We shall make payment in India in Indian Rupees only.

ii. The Company shall only make payment under this Policy to the Insured Beneficiary or in the event of death or total incapacitation of the Insured Beneficiary to the proposer/ nominee. Any payment made in good faith by the Company as aforesaid shall operate as a complete and final discharge of the Company's liability to make payment under the Certificate of Insurance for such claim.

iii. Deductible will be applicable for each separate incident reported for claims payment, even though the claim may be registered under the same benefit more than once subject to the terms and conditions of Certificate of Insurance read with this Master Policy.

4. Territorial Limits & Governing Law

i. The Company cover only insured events arising during the Cover Period, as well as treatment availed, within India. The Company's liability to make any payment shall be to make payment within India and in Indian Rupees only.

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

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

III. Conditions applicable during the contract

1. Communications

Any communication meant for the Company must be in writing and be delivered to the Company's Servicing Office address shown in the Certificate of Insurance. Any communication meant for the Insured Beneficiary will be sent by the Company to the Insured Beneficiary's address shown in the Certificate of Insurance.

2. Addition /Deletion of Insured Beneficiary(s):

No person other than those persons named as the Insured Beneficiary(s) or those categories of the Insured Beneficiaries specified in the Certificate of Insurance shall be covered under this Policy unless and until his/her name or the category has been notified in writing to the Company, any additional premium due has been paid and the Company's agreement to extend cover has been indicated by it issuing an endorsement confirming the addition of such person or category of persons as an Insured Beneficiary(s)

Cover under Certificate of Insurance shall be withdrawn from any Insured Beneficiary(s) named or any category of Insured Beneficiaries insured immediately upon the Policy Holder delivering written notice of the same to the Company.

3. Cancellation of Master Policy/ Certificate of Insurance

i. The Master Policy/Certificate of Insurance may be cancelled by or on behalf of the Company by giving the Policy Holder/Insured Beneficiary at least 15 days of written notice and if no claim has been made then the Company shall refund a pro-rata premium for the unexpired Cover Period, subject to however retaining the short period premium. Under normal circumstances, Policy will not be cancelled except for reasons of mis-representation/false statements, fraud, non-disclosure of material facts or non-cooperation.

I i. The Master Policy may be cancelled by the Policy Holder at any time before the expiry of the Master Cover Period by giving at least 15 days written notice to the Company.

iii. The Certificate of Insurance may be cancelled by the Insured Beneficiary at any time before the expiry of the Cover Period by giving at least 15 days written notice to the Company and if no claim has been made then the Company will refund premium on short term rates for the unexpired Cover Period as per the rates detailed below.

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Policy Term	1 Year	2 Years	3 Years	4 Years	5 Years
Within 15 Days			Pro Rata basis		
Exceeding 15 days but less than 3 months	65%	80%	80%	85%	85%
Exceeding 3 months but less than 6 months	45%	65%	75%	80%	80%
Exceeding 6 months but less than 12 months	0%	45%	60%	65%	70%
Exceeding 12 months but less than 15 months		30%	50%	60%	65%
Exceeding 15 months but less than 18 months		20%	45%	55%	60%
Exceeding 18 months but less than 24 months		0%	30%	45%	50%
Exceeding 24 months but less than 27 months			20%	40%	50%
Exceeding 27 months but less than 30 months			15%	30%	45%
Exceeding 30 months but less than 36 months			0%	20%	35%
Exceeding 36 months but less than 39 months				15%	30%
Exceeding 39 months but less than 42 months				10%	25%
Exceeding 42 months but less than 48 months				0%	15%
Exceeding 48 months but less than 51 months					10%
Exceeding 51 months but less than 54 months					5%
Exceeding 54 months but less than 60 months					0%

However, if any claim has been made, then no refund will be given for cancellation of policy.

iv. For the avoidance of doubt, the Company shall remain liable for any claim that was made prior to the date upon which this Master Policy/ Certificate of Insurance is cancelled except in cases such cancellation is on account of Fraud, mis-representation/false statements or non-disclosure of material facts by the Insured/Insured Beneficiary.

4. Portability Conditions

Group Policies: As per the Portability Guidelines issued by IRDAI, applicable benefits shall be passed on to Insured Beneficiary(s) who were insured under the Company's Group Health Policy and are availing the Company's individual Health Policy.

5. Revision/ Modification of the policy:

There is a possibility of revision/ modification of terms, conditions, coverage's 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 Beneficiary at least 3 months prior to the date of such revision/modification comes into the effect

6. Cover Period-

Cover Period will be for one year.

In case if Master Policy is offered to Banks and/or Financial Institutions to cover their loan borrowers, Cover Period can be opted for 1/ 2 / 3 / 4 / 5 yrs subject to maximum of loan period.

7. Migration of Certificate of Insurance:

- The Insured Beneficiary can opt for migration of Certificate of Insurance to our other similar or closely similar products at the time of renewal.
- The premium will be charged as per the Company's 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

8. Withdrawal of Master Policy

There is possibility of withdrawal of this product at any time in future with appropriate approval from IRDAI, as the Company reserve right to do so with an intimation of 3 months to all the existing Policy Holder/s. In such an event of withdrawal of this product, at the time of Policy Holder seeking renewal of the Master Policy, Policy Holder can choose, among the Company's available similar and closely similar Health insurance products subject to underwriting policy of the Company. Upon Policy Holder so choosing the Company's new product, Policy Holder and the Insured Beneficiary will be charged the Premium as per the Company's Underwriting Policy for such chosen new product, as approved by IRDAI. However already issued Certificate of Insurance under the Master Policy will hold good for the Covered Period.

Provided however, if Policy Holder do not respond to the Company's intimation regarding the withdrawal of the product under which this Master Policy is issued, then this Master Policy shall be withdrawn and shall not be available to Policy Holder for renewal on the renewal date and accordingly upon Insured/Group Manager seeking renewal of the Master Policy, Insured/Group Manager shall have to take a Master Policy under available new products of the Company subject to Insured/Group Manager paying the Premium as per the Company's Underwriting Policy for such available new product chosen by the Insured/Group Manager and also subject to Portability condition.

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9. Endorsements

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

10. Fraud

If the Insured Beneficiary or his/her Legal heir/s or executors make or progress any claim knowing it to be false or fraudulent in any way, then the Certificate of Insurance will be void and all claims or payments due under it shall be lost and the premium paid shall become forfeited.

11. Special Conditions relating to Group Policy

Group Policy is subject to the following conditions:

1. The Policy Holder will maintain sufficient deposit or provide a Bank Guarantee to strictly comply with the requirement of section 64VB.
2. New names can be added to the Group Policy by charging premium for the Cover Period.
3. For deletion of names from Group Policies during the currency of the Cover Policy, refund of pro- Rata premium can be allowed only if there is no claim in respect of the particular Insured Beneficiary at the time of such deletion of names.

12. Discounts and Loading:

i. Group Size Discount:

The discount or loading would be applicable as mentioned below for the group proposals in lieu of Group size

Group Size Band	Discount
Less than 50	Nil
50 to 1000	5%
1001 to 5000	10%
5001 to 10000	15%
10000 to 50000	20%
50001 and more	25%

ii. Frequency based Discount/ Loading:

The discount or loading would be applicable as mentioned below for the group proposals based on the claims experience of the group.

Frequency	Discount
0.00-3.00%	10%
3.01%-5.00%	5%
Frequency	**Loading**
7.00%-10.00%	5%
Above 10.00%	10%

iii. Long Term Discount:

Terms in years	2	3	4	5
Discount	4.0%	7.0%	10.0%	12.0%

iv. Day Deductible Discount

Day Deductible	
Deductible Options	**Discount**
1 Day	10%

13. Arbitration and Reconciliation

i. If any dispute or difference shall arise as to the quantum of claim to be paid under the Certificate of Insurance (liability being otherwise admitted), such difference shall independently of all other questions be referred to decision of a sole arbitrator in writing by the Insured Beneficiary and the Insurer or if they cannot agree upon a single arbitrator within 30 days of Insured Beneficiary or the Insurer 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 in English 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 in Pune.

ii. It is clearly agreed and understood that no difference or dispute shall be referable to arbitration as herein before provided, if the Company has disputed or not accepted liability under or in respect of claim under the Certificate of Insurance.

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

iv. It is also hereby further expressly agreed and declared that if the Company shall disclaim liability to the Insured Beneficiary for any claim hereunder and such claim shall not, within 12 calendar months from the date of such disclaimer have been made the subject matter of a suit or proceeding before a Court of law or any other competent statutory forum/tribunal, then all benefits under the Certificate of Insurance shall be forfeited and the rights of Insured Beneficiary shall stand extinguished and the liability of the Company shall also stand discharged.

v. 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.

14. Grievance Redressal Procedure

Bajaj Allianz General Insurance has always been known as a forward looking customer centric organization. We take immense pride in the spirit of service and the culture of keeping customer first in our scheme of things. In order to provide you with top-notch service on all fronts, we have provided you with multiple platforms via which you can always reach one of our representatives.

Level 1

In case you have any service concern, you may please reach out to our Customer Experience team through any of the following options:

- Our website @ https://general.bajajallianz.com/BagicNxt/misc/iTrack/onlineGrievance.jsp
- Call us on our Toll Free No. 1800 209 5858
- Mail us on customercare@bajajallianz.co.in,
- Write to: Bajaj Allianz General Insurance Co. Ltd
  GE Plaza, Airport Road, Yerwada
  Pune, 411006

Level 2

In case you are not satisfied with the response given to you by our team, you may write to our Grievance Redressal Officer Mr. Rakesh Sharma at ggro@bajajallianz.co.in.

Level 3

If you are still not satisfied with the resolution provided, you can further escalate to Mr. Hitesh Sindhwani Head, Customer Experience, at email: head.customerservice@bajajallianz.co.in.

Grievance Redressal cell for Senior Citizens

Senior citizen cell for insured person who are senior citizens

'Good thing comes 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

Email address: seniorcitizen@bajajallianz.co.in

In case your complaint is not fully addressed by the insurer, You may use the Integrated Grievance Management System (IGMS) for escalating the complaint to IRDAI or call 155255 . Through IGMS you can register your complain online and track its status. For registration please visit IRDAI website www.irda.gov.in.

If the issue still remains unresolved, You may, subject to vested jurisdiction, approach Insurance Ombudsman for the redressal of the grievance.

The contact details of the ombudsman offices are mentioned below. However, we request you to visit http://www.gbic.co.in for updated details.

GROUP HOSPITAL CASH POLICY

Office Details	Jurisdiction of Office Union Territory, District)
AHMEDABAD Office of the Insurance Ombudsman, 2nd floor, Ambica House, Near C.U. Shah College, 5, Navyug Colony, Ashram Road, Ahmedabad – 380 014. Tel.: 079 - 27546150 / 27546139 Fax: 079 - 27546142 Email: bimalokpal.ahmedabad@gbic.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
BENGALURU 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@gbic.co.in	Karnataka.
BHOPAL Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@gbic.co.in	Madhya Pradesh Chattisgarh.
BHUBANESHWAR Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@gbic.co.in	Orissa.
CHANDIGARH Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@gbic.co.in	Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh.
CHENNAI Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@gbic.co.in	Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry).
DELHI Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23239633 / 23237532 Fax: 011 - 23230858 Email: bimalokpal.delhi@gbic.co.in	Delhi.
GUWAHATI 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@gbic.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.

GROUP HOSPITAL CASH POLICY

Office Details	Jurisdiction of Office Union Territory, District)
HYDERABAD Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 65504123 / 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@gbic.co.in	Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry.
JAIPUR Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: Bimalokpal.jaipur@gbic.co.in	Rajasthan.
ERNAKULAM 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@gbic.co.in	Kerala, Lakshadweep, Mahe-a part of Pondicherry
KOLKATA 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@gbic.co.in	West Bengal, Sikkim, Andaman & Nicobar Islands.
LUCKNOW - 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@gbic.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 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@gbic.co.in	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.
NOIDA 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 / 2514251 / 2514253 Email: bimalokpal.noida@gbic.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 Office of the Insurance Ombudsman, 1st Floor,Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur,Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@gbic.co.in	Bihar, Jharkhand.
PUNE 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 - 32341320 Email: bimalokpal.pune@gbic.co.in	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.

GROUP HOSPITAL CASH POLICY

Annexure I

Schedule of benefits

Following benefits are available as per the plan opted and are available on per Insured Beneficiary per Policy Year basis.

Base Benefits	Daily allowance (INR)	Length of stay (No. of Days)
Hospital Daily Allowance	Min: Rs.100 per day	7 days/10 days/15 days/30 days/60 days/90 days/120 days/180 days
	Max: Rs.10000 per day	
	Note:- The Daily Allowance options are available in multiples of Rs. 100	
Optional Benefits	**Daily allowance (INR)**	**Length of stay (No. of Days)**
Optional Cover 1: Maternity Hospital Cash Benefit		
	Option 1: After 12 months of waiting period	7 days/10 days/15 days/30 days/60 days/90 days/120 days/180 days
	Option 2: From Day 1 i.e. without any waiting period	
	Min: Rs.100 per day	
	Max: Rs.10000 per day	
	Note:- The Daily Allowance options are available in multiples of Rs. 100	
Optional Cover 2: Convalescence Benefit		
	Option 1: for Hospitalisation more than 7 consecutive days	
	Option 2: for Hospitalisation more than 10 consecutive days	
Sum Insured options	Option 1: 5 times of per day benefit	
	Option 2: 10 times of per day benefit	
	Option 3: 20 times of per day benefit	
	Minimum per day limit is Rs. 100 per day	
	Maz. Sum Insured: 25000	
Optional Cover 3: Accident Hospital Cash Benefit		
	The Daily Allowance benefit will be paid twice	
	Min: Rs.100 per day	7 days/10 days/15 days/30 days/60 days/90 days/120 days/180 days
	Max: Rs.10000 per day	
	Note:- The Daily Allowance options are available in multiples of Rs. 100	7 days/10 days/15 days/30 days/60 days/90 days/120 days/180 days
Optional Cover 4: Waiver of Pre-Existing And Disease Specific Waiting Period	Option 1: From Day 1 i.e. without any waiting period	
	Option 2: After 12 months of waiting period	
	Option 3: After 24 months of waiting period	
	Option 4: After 36 months of waiting period	
Optional Cover 5: Waiver Of 30 days waiting period cover		
	Option 1: From Day 1 i.e. without any waiting period	7 days/10 days/15 days/30 days/60 days/90 days/120 days/180 days
Optional Cover 6: Day Deductible Cover	Option 1: 1 day, i.e. benefit will be paid for hospitalisation of more than 1 day	7 days/10 days/15 days/30 days/60 days/90 days/120 days/180 days