Bajaj Allianz

Health Ensure

Health is Sure with Health Ensure

BAJAJ | Allianz

Relationship Beyond Insurance

CIN: U66010PN2000PLC015329
UIN- IRDAI/HLT/BAGI/P-H/V.II/112/2017-18

Introduction

We all want to give the best of facilities to our families and their sound health is of supreme importance to us hence we want to have the best when it comes to Health Insurance.

Bajaj Allianz's Health Ensure Policy comes with new comprehensive benefits at competitive premiums and is a perfect product to care of medical expenses for you and your family in case of unfortunate event of hospitalisation for illness/ injury.

Special features of Health Ensure

- Individual and Floater policy for Self, Spouse, Children, Grandchildren, Brother, Sister, Parents, Parents in law, Grand Parents
- No pre-policy medical tests up to 50 years of age (subject to clean proposal form)
- Pre-existing disease covered after 24 months from your first Health Policy
- Pre 30 days and post 60 days hospitalisation expenses cover
- Emergency road ambulance cover
- Day care procedures
- Free preventive health check up
- Income tax benefit under 80 D of the IT Act on premiums paid for this policy
- Ayurvedic and Homeopathic Hospitalisation Cover
- Organ Donor Expenses
- 5% Cumulative bonus for each claim free year

What are the Sum Insured options available under the policy?

- Sum Insured Options Under Individual Policy-
  Rs. 50,000, Rs. 75,000, Rs. 1 Lac, Rs.1.5 Lacs, Rs. 2 Lacs, Rs. 3 Lacs, Rs. 4 Lacs, Rs. 5 Lacs, Rs. 10 Lacs
- Sum Insured Options Under Floater Policy-
- Rs. 2 Lacs, Rs. 3 Lacs, Rs. 4 Lacs, Rs. 5 Lacs, Rs. 10 Lacs

What is Entry age under this policy?

- Minimum Entry age for proposer/ spouse/ dependent parents/ Sister/ Brother/Parent In law/Grand Parents - 18 years
- Maximum Entry Age for proposer/ spouse/ dependent parents/ Sister/ Brother/ Parent In law/Grand Parents - Lifetime
- Minimum Entry age for Dependent Child/Grandchild - 3 months
- Maximum Entry Age for Dependent Child/Grandchild - 30 years

What is Renewal Age?

- Under normal circumstances, lifetime renewal benefit is available under the policy, except on the grounds of Your moral hazard, misrepresentation, non- cooperation or fraud(Subject to policy is renewed annually with us within the Grace period of 30 days from date of Expiry).
- 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

Eligibility

- Indian nationals residing in India would be considered for this policy.
- This policy can be opted by Non-Resident Indians also, provided premium is paid in Indian currency & by Indian Account only
- Sum Insured for Self (i.e. Proposer) cannot be less than any of his/her family members

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What is the Policy period?

- Policy can be taken for 1year/2years OR 3years.

What is Premium paying term?

- Annual Premium payment for 1 year policy and for long term policies of 2/3 years the total long term premium would be collected at the time of risk inception and renewal as well.

Is this a floater policy / individual policy?

- Policy provides Individual as well as Floater sum insured options

Who can be covered under Health Ensure Policy?

- Self, Spouse, Dependent Children, Grandchildren, Parents, Sister, Brother, Parents In law, Grand Parents can be covered under individual option
- Self, Spouse, dependent children can be covered under floater option. For Parents , Parents In law, separate floater policy can be taken.

COVERAGE

1. In-patient Hospitalisation Treatment

If You are hospitalized 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, Reasonable and Customary Medical Expenses incurred below:

i) Room Rent, Boarding and Nursing Expenses as provided by the Hospital maximum of 1%of Sum Insured per day or up to Rs. 5000/-, whichever is lower.

ii) ICU Charges- If admitted in ICU, we will pay ICU Charges as provided by the Hospital subject to maximum of 2% of Sum Insured per day or up to Rs. 10000/-, whichever is lower.

iii) Fees of Surgeon, Anesthetist, Medical Practitioner, Consultants and Specialists Doctors.

iv) Operation Theatre Charges, Anesthesia, Blood, Oxygen, 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) & (ii), the reimbursement of all other expenses incurred at the Hospital, with the exception of cost of medicines and consumables, 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 30 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 60 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. 1000/- per Hospitalisation 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:

a. Such life threatening emergency condition is certified by the Medical Practitioner, and

b. We have accepted Your Claim under "In-patient Hospitalisation Treatment" or "Day Care Procedures" section 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. 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.

Specific exclusions applicable to Organ Donor Expenses:

1. Claims which have NOT been admitted under In Patient Hospitalisation Treatment
2. Claims not in compliance with THE TRANSPLANTATION OF HUMAN ORGANS (AMENDMENT) BILL, 2011
3. The organ donors Pre and Post-Hospitalisation expenses.

7. Preventive Health Check Up

At the end of block of every continuous period of 3 years during which You have held Our Health Ensure 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. 1500/- 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 however the amount will not exceed 1% of sum insured max up to Rs. 1500/-.

You may approach us for the arrangement of the Health Checkup. For the avoidance of doubt, We shall be liable for medical check-up expenses and any other cost incurred such as for transportation, accommodation, food or sustenance shall not be payable by us.

8. 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 and/or Teaching hospitals of AYUSH colleges recognized by Central Council of Indian Medicine (CCIM) and Central Council of Homeopathy (CCH) and/or AYUSH Hospitals 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:

i. Room Rent and Boarding as provided by the Hospital maximum of 1% of Sum Insured per day or up to Rs. 5000/-, whichever is lower.

ii. Nursing care

iii. Consultation fees

iv. Medicines, drugs and consumables,

v. Ayurvedic and Homeopathic treatment procedures

Note: In case of admission to a room at rates exceeding the limits as mentioned under (i), the reimbursement of all other expenses incurred at the Hospital, with the exception of cost of medicines and consumables, shall be payable in the same proportion as the admissible rate per day bears to the actual rate per day of room rent charges.

Our maximum liability is up to 20% of Sum Insured 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

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 24 months of continuous coverage have elapsed, after the date of inception of the first Health 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 Policy with Us for a continuous period of a full 24 months without break from the date of Your first Health 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 Ensure Policy with Us without break in cover.

2. Without derogation from C1) above, any Medical Expenses incurred during the first year in connection with any types of gastric or duodenal ulcers, Surgery of varicose veins and varicose ulcers, hydrocele, undescended testes, congenital internal diseases and surgery for any skin ailment, subject to the referred illness were not present at the time of commencement of the policy.

   This exclusion period shall apply for a continuous period of a full 2 years from the date of Your first Health 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.

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

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

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 Ensure Policy with Us without break in cover.

4 Any Medical Expenses incurred during the first 48 months during which You have the benefit of a Health Policy with Us in connection with:

i. Joint replacement surgery,

ii. Surgery for prolapsed inter vertebral disc (unless necessitated due to an accident)

iii. Surgery to correct deviated nasal septum

iv. Hypertrophied turbinate

v. Gout and Rheumatism

vi. Treatment for correction of eye sight due to refractive error recommended by Ophthalmologist for medical reasons.

5. 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.

6. 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.

7. 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 requiring Hospitalisation

8. Medical expenses where Inpatient care is not warranted and does not require supervision of qualified nursing staff and qualified medical practitioner round the clock. This exclusion is however not applicable for any day care treatment taken for the accidental bodily injury in a day care centre/ hospital

9. 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.

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

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

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

13. The cost of spectacles, contact lenses, hearing aids, crutches, 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.

14. 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.

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

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

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

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

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

20. 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.

21. Any fertility, sub fertility, Infertility, sterility, erectile dysfunction, impotence, assisted conception operation or sterilization procedure.
22. Vitamins, tonics, nutritional supplements unless forming part of the treatment for injury or disease as certified by the attending Doctor
23. Experimental or unproven treatment
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
26. All non-medical Items as per Annexure II provided in Policy Wordings
27. Any treatment received outside India is not covered under this policy.

Pre-policy checkup for the policy

- Applicable only for new proposals
- No Medical tests up to 50years, subject to no adverse health conditions
- Medical tests are applicable for members 51years and above.
- Pre-policy checkup would be arranged at our empanelled diagnostic centers.
- The validity of the test reports would be 30 days from date of medical examination.
- If pre-policy checkup would be conducted in our paneled diagnostic centre, 50% of the medical tests charges would be reimbursed, subject to acceptance of proposal and policy issuance

Age of the person to be insured	Sum Insured	Medical Examination
Up to 50 years	All Sum Insured options	No Medical Tests*
51years and above	All Sum Insured options	Medical Tests required as listed below: Full Medical Report, CBC, Urine R, ECG, Lipid profile, Fasting BSL, HbA1c, SGOT, SGPT, Sr Creatinine

*Subject to no adverse health conditions

Discounts under the policy:

i. 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

(Note: Online/Direct Customer Discount is not applicable to Employees)

ii. Online Discount/Direct Customer Discount: 5% discount is extended for the policies purchased online/ through website and to direct customers.

(Note: Employee Discount is not applicable to Online/Direct Customers)

iii. 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

Loading due to adverse Health Conditions:

- The loading would be applicable on per individual basis for the proposals with adverse health conditions given below: Hypertension, Diabetes, Obesity, Cholesterol Disorder, Cardiovascular diseases, or multiple risk factors.

Condition	Loading on premium of the Individual
Diabetes	5%
Hypertension	5%
Cholesterol Disorder	5%
Obesity	5%
Cardiovascular diseases	5%

- For Multiple conditions cumulative loading would be applied on the published premium.
- The maximum risk loading applicable for an individual shall not exceed 25% of the published premiums, for overall risk per person.
- These loadings are applied from Commencement Date of the Policy including subsequent renewal(s) with Us or on the receipt of the request of increase in Sum Insured (for the increased Sum Insured).
- We will inform You about the applicable risk loading through a counter offer letter. You need to revert to Us with consent and additional premium (if any), within 15 days of the issuance of such counter offer letter. In case, you neither accept the counter offer nor revert to Us within 15 days, We shall cancel Your application and refund the premium paid within next 7 days.
- Please note that We will issue Policy only after getting Your consent.

Enhancement of Sum Insured

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

Free Look Period

You have a period of 15 days 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.

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.

Additional benefits

- **Cumulative Bonus**

  Cumulative Bonus is applicable only for In Patient Hospitalisation Treatment Section.

  i. If You renew Your Health Ensure Policy with Us without any break in the Policy Period and there has been no

claim in the preceding year, then We will increase the Limit of Indemnity by 5% of Sum Insured per annum as Cumulative Bonus. In case long term policy is purchased, the cumulative bonus applicable to policy will automatically be increased by 5% after the completion of every Policy year, in case of no claim is lodged under the Policy.

ii. The maximum cumulative increase in the Limit of Indemnity will be limited to 25% of Sum Insured.

iii. In event of a claim under the Policy in a policy year, the cumulative bonus would be decreased by 5% after the completion of Policy year. There will be no impact on the Sum Insured, only the accrued cumulative bonus will be decreased.

- **Income Tax Benefit as per Sec 80 D of the IT Act on the premiums paid for this policy**

Multiple Policies

If two or more policies are taken by You during a period from one or more insurers to indemnify treatment costs, You shall have the right to require a settlement of your claim in terms of any of your policies.

i. In all such cases the insurer who has issued the chosen policy shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen policy.

ii. Claims under other policy/ies may be made after exhaustion of Sum Insured in the earlier chosen policy / policies. It is further clarified that the policyholder having multiple policies shall also have the right to prefer claims from other policy/policies for the amounts disallowed under the earlier chosen policy/ policies, even of the sum insured is not exhausted. Then we shall settle the claim subject to the terms and conditions of the other policy/policies so chosen.

iii. 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 from whom you wants to claim the balance amount.

iv. Where you have policies from more than one insurer to cover the same risk on indemnity basis, the insured shall only be indemnified the hospitalization costs in accordance with the terms and conditions of the chosen policy.

Renewal

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. The loadings on renewals shall be in terms of increase or decrease in premiums offered for the entire portfolio and shall not be based on any individual policy claim experience.

Cancellation

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.

Period in Risk	Premium Refund		
	Policy Period 1 Year	Policy Period 2 Year	Policy Period 3 Year
Within 15 Days	As per Free look up period		
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".

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.

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

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

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

PREMIUM CHART

There are Two Zones for Premium payment

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.

Premiums are exclusive of GST

Premium for Zone A (Individual)

Age / SI	50,000	75,000	1,00,000	1,50,000	2,00,000	3,00,000	4,00,000	5,00,000	10,00,000
0.3Mo-20	1,205	1,552	1,905	2,435	2,700	3,157	3,734	4,402	5,511
21-25	1,263	1,627	1,995	2,551	2,828	3,307	3,912	4,612	5,774
26-30	1,416	1,825	2,238	2,861	3,170	3,708	4,388	5,173	6,476
31-35	1,485	1,914	2,347	3,000	3,325	3,889	4,601	5,425	6,792
36-40	1,702	2,194	2,735	3,495	3,872	4,530	5,362	6,323	7,915
41-45	1,988	2,592	3,266	4,174	4,623	5,410	6,404	7,553	9,455
46-50	2,548	3,351	4,246	5,425	6,007	7,031	8,325	9,820	12,293
51-55	3,362	4,337	5,325	6,802	7,531	8,816	10,440	12,317	15,418
56-60	4,703	6,068	7,451	9,517	10,534	12,334	14,608	17,236	21,576
61-65	6,452	8,325	10,223	13,058	14,452	16,923	20,045	23,654	29,609
66-70	8,668	11,185	13,736	17,543	19,414	22,735	26,932	31,782	39,784
71-75	9,834	12,691	15,584	19,903	22,025	25,794	30,557	36,060	45,139
Above 75	11,234	14,497	17,803	22,736	25,159	29,464	34,906	41,194	51,565

Premium for Zone B (Individual)

Age / SI	50,000	75,000	1,00,000	1,50,000	2,00,000	3,00,000	4,00,000	5,00,000	10,00,000
0.3Mo-20	964	1,242	1,524	1,948	2,160	2,526	2,988	3,522	4,409
21-25	1,010	1,302	1,596	2,041	2,262	2,646	3,130	3,689	4,619
26-30	1,133	1,460	1,790	2,289	2,536	2,967	3,510	4,138	5,181
31-35	1,188	1,531	1,878	2,400	2,660	3,111	3,681	4,340	5,433
36-40	1,362	1,755	2,188	2,796	3,098	3,624	4,289	5,058	6,332
41-45	1,591	2,074	2,613	3,339	3,699	4,328	5,123	6,042	7,564
46-50	2,038	2,681	3,397	4,340	4,806	5,625	6,660	7,856	9,834
51-55	2,690	3,469	4,260	5,442	6,025	7,053	8,352	9,853	12,334
56-60	3,763	4,854	5,960	7,613	8,428	9,867	11,687	13,789	17,261
61-65	5,162	6,660	8,179	10,446	11,561	13,538	16,036	18,923	23,687
66-70	6,934	8,948	10,989	14,034	15,531	18,188	21,546	25,426	31,827
71-75	7,867	10,152	12,468	15,923	17,620	20,635	24,445	28,848	36,111
Above 75	8,987	11,597	14,242	18,189	20,127	23,572	27,925	32,955	41,252

Premium Chart for Floater Sum Insured

1 Adult + 1 Child

Age / SI	Zone A					Zone B				
	2,00,000	3,00,000	4,00,000	5,00,000	10,00,000	2,00,000	3,00,000	4,00,000	5,00,000	10,00,000
18-25	4,378	5,120	6,056	7,139	8,937	3,502	4,096	4,845	5,711	7,150
26-30	4,649	5,437	6,433	7,583	9,493	3,719	4,350	5,146	6,067	7,595
31-35	4,771	5,580	6,602	7,783	9,744	3,817	4,464	5,282	6,227	7,795
36-40	5,205	6,088	7,204	8,494	10,633	4,164	4,871	5,763	6,795	8,507
41-45	5,901	6,904	8,171	9,635	12,061	4,721	5,523	6,537	7,708	9,649
46-50	7,269	8,506	10,068	11,875	14,865	5,815	6,805	8,055	9,500	11,892
51-55	8,598	10,062	11,913	14,052	17,590	6,878	8,050	9,530	11,241	14,072
56-60	12,005	14,053	16,642	19,633	24,577	9,604	11,243	13,314	15,707	19,662
61-65	16,204	18,971	22,469	26,511	33,186	12,963	15,177	17,976	21,209	26,549
66-70	21,340	24,988	29,599	34,927	43,720	17,072	19,991	23,679	27,941	34,976
71-75	23,567	27,599	32,696	38,585	48,298	18,854	22,079	26,157	30,868	38,639
Above 75	26,920	31,527	37,350	44,078	55,174	21,536	25,222	29,880	35,262	44,140

1 Adult + 2 Children

Age / SI	Zone A					Zone B				
	2,00,000	3,00,000	4,00,000	5,00,000	10,00,000	2,00,000	3,00,000	4,00,000	5,00,000	10,00,000
18-25	5,536	6,473	7,657	9,026	11,300	4,428	5,178	6,126	7,221	9,040
26-30	5,766	6,743	7,977	9,404	11,772	4,613	5,394	6,382	7,523	9,418
31-35	5,870	6,864	8,121	9,573	11,985	4,696	5,492	6,497	7,659	9,588
36-40	6,238	7,296	8,632	10,177	12,740	4,990	5,837	6,906	8,142	10,192
41-45	6,830	7,989	9,453	11,146	13,953	5,464	6,391	7,563	8,917	11,163
46-50	8,077	9,450	11,185	13,190	16,512	6,462	7,560	8,948	10,552	13,210
51-55	9,437	11,043	13,072	15,417	19,299	7,549	8,834	10,458	12,334	15,440
56-60	12,435	14,555	17,233	20,328	25,447	9,948	11,644	13,786	16,263	20,358
61-65	16,875	19,756	23,396	27,603	34,553	13,500	15,805	18,717	22,082	27,642
66-70	22,170	25,958	30,745	36,277	45,410	17,736	20,766	24,596	29,021	36,328
71-75	25,109	29,405	34,835	41,109	51,458	20,087	23,524	27,868	32,887	41,167
Above 75	28,681	33,589	39,793	46,961	58,784	22,945	26,872	31,835	37,569	47,027

CIN: U66010PN2000PLC015329 / UIN- IRDAI/HLT/BAGI/P-H/V.II/112/2017-18

Premium Chart for Floater Sum Insured (Exclusive of Taxes as applicable)

1 Adult + 3 Children

Age / SI	Zone A					Zone B				
	2,00,000	3,00,000	4,00,000	5,00,000	10,00,000	2,00,000	3,00,000	4,00,000	5,00,000	10,00,000
18-25	6,667	7,796	9,222	10,871	13,609	5,334	6,237	7,378	8,697	10,887
26-30	6,876	8,041	9,512	11,213	14,038	5,501	6,433	7,610	8,971	11,230
31-35	6,970	8,151	9,643	11,367	14,230	5,576	6,521	7,714	9,094	11,384
36-40	7,304	8,542	10,107	11,915	14,916	5,843	6,834	8,085	9,532	11,932
41-45	7,841	9,171	10,851	12,793	16,016	6,272	7,337	8,681	10,235	12,812
46-50	8,972	10,496	12,421	14,647	18,336	7,178	8,397	9,937	11,718	14,669
51-55	10,283	12,032	14,241	16,794	21,024	8,226	9,625	11,393	13,436	16,819
56-60	13,211	15,461	18,304	21,591	27,027	10,569	12,369	14,644	17,273	21,622
61-65	17,666	20,679	24,488	28,889	36,163	14,133	16,543	19,590	23,111	28,930
66-70	23,490	27,509	32,588	38,456	48,138	18,792	22,007	26,070	30,765	38,511
71-75	26,650	31,210	36,974	43,633	54,618	21,320	24,968	29,579	34,906	43,694
Above 75	30,442	35,652	42,237	49,845	62,394	24,354	28,522	33,789	39,876	49,915

1 Adult + 4 Children

Age / SI	Zone A					Zone B				
	2,00,000	3,00,000	4,00,000	5,00,000	10,00,000	2,00,000	3,00,000	4,00,000	5,00,000	10,00,000
18-25	7,811	9,133	10,804	12,735	15,943	6,248	7,307	8,643	10,188	12,755
26-30	8,007	9,363	11,076	13,057	16,346	6,405	7,491	8,861	10,446	13,077
31-35	8,095	9,467	11,199	13,202	16,527	6,476	7,573	8,959	10,561	13,222
36-40	8,409	9,834	11,635	13,716	17,171	6,727	7,868	9,308	10,973	13,736
41-45	8,913	10,425	12,334	14,541	18,204	7,130	8,340	9,867	11,633	14,563
46-50	9,976	11,670	13,809	16,283	20,384	7,981	9,336	11,048	13,026	16,307
51-55	11,208	13,112	15,519	18,300	22,909	8,966	10,490	12,415	14,640	18,327
56-60	14,031	16,420	19,438	22,926	28,699	11,225	13,136	15,550	18,341	22,960
61-65	18,501	21,661	25,658	30,277	37,899	14,801	17,329	20,526	24,221	30,319
66-70	24,849	29,100	34,473	40,681	50,923	19,880	23,280	27,579	32,545	40,738
71-75	28,192	33,016	39,113	46,157	57,778	22,554	26,413	31,290	36,926	46,222
Above 75	32,204	37,715	44,680	52,729	66,003	25,763	30,172	35,744	42,183	52,802

2 Adults

Age / SI	Zone A					Zone B				
	2,00,000	3,00,000	4,00,000	5,00,000	10,00,000	2,00,000	3,00,000	4,00,000	5,00,000	10,00,000
18-25	4,376	5,117	6,053	7,136	8,933	3,501	4,094	4,843	5,709	7,147
26-30	4,906	5,738	6,789	8,004	10,020	3,924	4,590	5,431	6,403	8,016
31-35	5,144	6,017	7,120	8,395	10,509	4,115	4,814	5,696	6,716	8,407
36-40	5,991	7,010	8,296	9,783	12,247	4,793	5,608	6,637	7,826	9,797
41-45	7,154	8,371	9,909	11,687	14,630	5,723	6,697	7,927	9,349	11,704
46-50	9,295	10,879	12,881	15,195	19,021	7,436	8,703	10,305	12,156	15,217
51-55	11,653	13,641	16,154	19,057	23,856	9,322	10,913	12,923	15,246	19,085
56-60	16,300	19,084	22,603	26,670	33,385	13,040	15,268	18,083	21,336	26,708
61-65	22,361	26,184	31,016	36,599	45,814	17,889	20,947	24,813	29,279	36,651
66-70	30,039	35,177	41,672	49,177	61,557	24,031	28,142	33,338	39,341	49,246
71-75	34,080	39,911	47,281	55,796	69,843	27,264	31,928	37,824	44,637	55,875
Above 75	38,929	45,590	54,011	63,740	79,786	31,143	36,472	43,209	50,992	63,829

Premium Chart for Floater Sum Insured (Exclusive of Taxes as applicable)

2 Adults + 1 Child

Age / SI	Zone A					Zone B				
	2,00,000	3,00,000	4,00,000	5,00,000	10,00,000	2,00,000	3,00,000	4,00,000	5,00,000	10,00,000
18-25	5,612	6,563	7,764	9,152	11,457	4,490	5,250	6,211	7,321	9,166
26-30	6,072	7,102	8,402	9,905	12,400	4,858	5,681	6,722	7,924	9,920
31-35	6,279	7,344	8,689	10,244	12,825	5,023	5,875	6,952	8,196	10,260
36-40	7,015	8,206	9,711	11,450	14,333	5,612	6,565	7,768	9,160	11,467
41-45	8,110	9,489	11,230	13,244	16,579	6,488	7,591	8,984	10,595	13,263
46-50	10,199	11,936	14,130	16,666	20,862	8,159	9,548	11,304	13,333	16,690
51-55	12,350	14,455	17,115	20,189	25,272	9,880	11,564	13,692	16,151	20,218
56-60	17,256	20,202	23,925	28,227	35,334	13,805	16,162	19,140	22,581	28,267
61-65	23,448	27,455	32,518	38,370	48,030	18,758	21,964	26,015	30,696	38,424
66-70	31,398	36,769	43,557	51,401	64,342	25,118	29,415	34,846	41,121	51,474
71-75	35,621	41,716	49,420	58,320	73,003	28,497	33,373	39,536	46,656	58,402
Above 75	40,690	47,653	56,454	66,623	83,396	32,552	38,122	45,163	53,299	66,717

2 Adults + 2 Children

Age / SI	Zone A					Zone B				
	2,00,000	3,00,000	4,00,000	5,00,000	10,00,000	2,00,000	3,00,000	4,00,000	5,00,000	10,00,000
18-25	6,769	7,915	9,363	11,037	13,818	5,415	6,332	7,491	8,830	11,054
26-30	7,188	8,406	9,945	11,724	14,677	5,750	6,725	7,956	9,379	11,742
31-35	7,377	8,628	10,207	12,033	15,064	5,901	6,902	8,166	9,627	12,051
36-40	8,047	9,413	11,138	13,132	16,440	6,438	7,530	8,910	10,506	13,152
41-45	9,046	10,582	12,523	14,767	18,486	7,236	8,466	10,019	11,814	14,789
46-50	11,028	12,905	15,275	18,015	22,552	8,823	10,324	12,220	14,412	18,042
51-55	13,198	15,447	18,287	21,570	27,002	10,559	12,357	14,630	17,256	21,602
56-60	17,775	20,811	24,649	29,083	36,405	14,220	16,649	19,719	23,266	29,124
61-65	24,384	28,553	33,822	39,911	49,959	19,507	22,843	27,058	31,929	39,967
66-70	32,757	38,360	45,443	53,626	67,127	26,205	30,688	36,354	42,901	53,701
71-75	37,163	43,522	51,558	60,845	76,163	29,730	34,817	41,247	48,676	60,930
Above 75	42,451	49,715	58,898	69,507	87,005	33,961	39,772	47,118	55,606	69,604

2 Adults + 3 Children

Age / SI	Zone A					Zone B				
	2,00,000	3,00,000	4,00,000	5,00,000	10,00,000	2,00,000	3,00,000	4,00,000	5,00,000	10,00,000
18-25	7,912	9,252	10,945	12,902	16,151	6,330	7,402	8,756	10,321	12,921
26-30	8,306	9,714	11,492	13,547	16,959	6,645	7,771	9,193	10,838	13,567
31-35	8,483	9,921	11,738	13,837	17,323	6,787	7,937	9,390	11,070	13,858
36-40	9,113	10,659	12,612	14,870	18,615	7,291	8,528	10,090	11,896	14,892
41-45	10,051	11,758	13,914	16,406	20,538	8,041	9,406	11,131	13,125	16,430
46-50	11,914	13,940	16,499	19,457	24,357	9,531	11,152	13,199	15,566	19,486
51-55	14,027	16,414	19,431	22,918	28,689	11,221	13,131	15,545	18,334	22,951
56-60	18,514	21,675	25,671	30,290	37,916	14,811	17,340	20,537	24,232	30,333
61-65	25,396	29,738	35,226	41,567	52,032	20,317	23,790	28,181	33,253	41,625
66-70	34,116	39,952	47,328	55,851	69,912	27,292	31,961	37,862	44,681	55,929
71-75	38,705	45,327	53,697	63,369	79,322	30,964	36,262	42,958	50,695	63,458
Above 75	44,212	51,778	61,341	72,391	90,615	35,370	41,422	49,073	57,912	72,492

CIN: U66010PN2000PLC015329 / UIN- IRDAI/HLT/BAGI/P-H/V.II/112/2017-18

Premium Chart for Floater Sum Insured (Exclusive of Taxes as applicable)

2 Adults + 4 Children

Age / SI	Zone A					Zone B				
	2,00,000	3,00,000	4,00,000	5,00,000	10,00,000	2,00,000	3,00,000	4,00,000	5,00,000	10,00,000
18-25	9,069	10,604	12,544	14,787	18,512	7,255	8,484	10,035	11,830	14,809
26-30	9,446	11,047	13,068	15,405	19,286	7,557	8,837	10,455	12,324	15,428
31-35	9,616	11,246	13,304	15,684	19,634	7,693	8,996	10,643	12,547	15,707
36-40	10,219	11,953	14,142	16,672	20,872	8,176	9,562	11,313	13,338	16,697
41-45	11,118	13,005	15,389	18,144	22,714	8,894	10,404	12,311	14,515	18,171
46-50	12,903	15,096	17,866	21,068	26,374	10,322	12,077	14,293	16,854	21,099
51-55	14,927	17,466	20,675	24,384	30,524	11,941	13,973	16,540	19,507	24,419
56-60	19,297	22,586	26,741	31,543	39,486	15,438	18,068	21,393	25,234	31,589
61-65	26,408	30,923	36,629	43,222	54,104	21,126	24,738	29,303	34,578	43,283
66-70	35,475	41,543	49,213	58,076	72,697	28,380	33,234	39,370	46,461	58,157
71-75	40,247	47,133	55,836	65,893	82,482	32,197	37,706	44,669	52,715	65,986
Above 75	45,973	53,840	63,784	75,274	94,225	36,778	43,072	51,028	60,219	75,380

Claim Process

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 or Your representative:

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

ii. In case of Planned hospitalization , You/the insured person/ insured representative shall intimate such admission within 48 hours of such hospitalisation

iii. In case of Emergency hospitalization , You/the insured person/ insured representative shall intimate such admission within 24 hours of such hospitalisation

iv. On receipt of your pre-authorization form duly filled and signed by you, our representative then within 2 hours will respond with Approval, Rejection or an more information

v. 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.

vi. 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 In-Patient Hospitalisation Treatment 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.

Reimbursement Claims Procedure:

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 (Optional)
- 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.
- In cases where a fraud is suspected, we may call for any additional document(s) in addition to the documents listed above
- AADHAR No. & PAN Card/ Form 60 of proposer

  Note- Aadhar and PAN/Form 60 of the deceased policyholder would not be insisted upon for settlement of death claim to the nominee or legal heirs, however Aadhar and PAN/Form 60 of the nominee or legal heirs is mandatory

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

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 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. We will settle the claim within thirty (30) days of the receipt of the last

necessary document. 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.

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. 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.

iii. Our obligation to make payment in respect of illness/surgeries listed below will be restricted to (after the expiry of the 24 months period from commencement of your first Health Ensure Policy)

Sum Insured Rs.	Rs. 50000, Rs. 75000 and Rs. 1lac	Rs. 1.5lacs, Rs. 2lacs and Rs. 3 lacs	Rs. 4lacs ,Rs. 5lacs and Rs. 10lacs
Cataract (per eye)	Rs. 20000/-	Rs. 30000/-	Rs. 40000/-

iv. We shall make payment in Indian Rupees only.

Process to buy this policy?

1. Discuss the policy benefits, coverage and premium details with your insurance advisor or visit our website (www.bajajallianz.com) for details
2. Actively seek information on the charges and exclusions under the policy
3. Fill the proposal form stating your personal details and health profile
4. Ensure that the information given in the form is complete and accurate
5. The Policy Schedule, Policy Wordings, Cashless Cards and Health Guide will be sent to your mailing address mentioned on the proposal form

Contact:

Health Administration Team,

Bajaj Allianz General Insurance Co. Ltd. 2nd floor, Bajaj Finserv Building, Behind Weikfield IT Park, Off Nagar Road,Viman Nagar-Pune - 411 014.

For sales and Renewal-1800- 209- 0144 • For service-1800- 209- 5858 / 1800- 102- 5858 / 020-30305858

Cashless facility offered through network hospitals of Bajaj Allianz only.Cashless facility at 5500+ Network hospitals PAN India. Please visit our website for list of network hospitals and network Diagnostic Centers , Website: www.bajajallianz.com or get in touch with 24*7 helpline number: **1800-103-2529** (toll free) / **020-30305858**

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**

Section 41 of Insurance Act 1938 as amended by Insurance Laws Amendment Act, 2015 (Prohibition of Rebates): No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a Policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurers. Any person making default in complying with the provision of this section shall be liable for a penalty which may extend to 10 lakh rupees.

Disclaimer: The above information is only indicative in nature and for more details on the coverage, terms and exclusions, please get in touch with nearest office of Bajaj Allianz General Insurance Co. Ltd.

Bajaj Allianz General Insurance Co. Ltd.
G.E. Plaza, Airport Road, Yerawada, Pune - 411006. IRDA Reg No.: 113

For Any Query (toll Free)
1800-209-0144 (Sales)**/1800-209-5858** (Service)

www.bajajallianz.com

customercare@bajajallianz.co.in