

**COMPREHENSIVE CARE PLAN (GROUP)**

**CUSTOMER INFORMATION SHEET**

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

SI No	Title	Description	Policy Clause Number
1	Name of Insurance Product	<b>COMPREHENSIVE CARE PLAN (GROUP)</b>	
2	Policy Number	Kindly refer to Your Policy schedule/Certificate of Insurance	
3	Type of Insurance	Kindly refer to Your Policy schedule/Certificate of Insurance	
4	Sum Insured (Basis)	Kindly refer to Your Policy schedule/Certificate of Insurance	
5	Policy Coverage (What the Policy Covers)	<b>Coverage</b>	Section C)
		<b>Cover A (Mandatory)</b>	
		<b>1. Critical Illness Cover</b> - If the Insured is diagnosed as suffering from a Critical Illness, medical event, or surgical procedure which first occurs or manifests itself during the Policy Period, and if the Insured survives for a minimum of 90 days from the date of diagnosis, as specified under the Policy Schedule <ul style="list-style-type: none"> <li><b>A. First Diagnosis of the below-mentioned Illnesses</b> <ul style="list-style-type: none"> <li>• Cancer of specified severity</li> <li>• Kidney failure requiring regular dialysis</li> <li>• Multiple sclerosis with persisting symptoms</li> <li>• Benign Brain Tumor;</li> <li>• Parkinson’s Disease;</li> <li>• Alzheimer’s Disease;</li> <li>• End Stage Liver Disease;</li> <li>• Primary Pulmonary Arterial Hypertension</li> </ul> </li> <li><b>B. Surgical procedure undergoing for the first time</b> <ul style="list-style-type: none"> <li>• Major Organ/Bone Marrow Transplant</li> <li>• Open Heart Replacement or Repair of Heart Valves</li> <li>• Open Chest CABG</li> <li>• Surgery of Aorta</li> </ul> </li> <li><b>C. Medical events occur for the first time</b> <ul style="list-style-type: none"> <li>• Stroke Resulting in Permanent Symptoms</li> <li>• Permanent Paralysis of Limbs</li> <li>• First Heart Attack of Specified Severity</li> <li>• Major Burns;</li> <li>• Coma of Specified Severity</li> </ul> </li> </ul>	Section 1
		<b>Accident Protection Cover</b> – In the event of accidental bodily injury in relation to the insured, during the policy period which shall within 12 months of its occurrence be the sole and directly cause of a) Death or b) Permanent Disablement.	Section 2
<b>Dependent Children’s Education Benefit</b> If a claim for death, permanent total loss of two limbs, sight in both eyes, or one eye and one limb is accepted, the Company will make a one-time payment for each dependent child (up to age 21 and studying) of the lower of Rs. 2,50,000 or 3% of the Sum Insured. This benefit is limited to two children.	1		

		<p><b>EMI Payment Cover</b>                  In the event of termination of insured employment ,The Company will pay the amount corresponding to the Insured's contribution in the EMI amount falling due in respect of the Loan after the commencement of the Insured Event till the reinstatement of employment of the Insured with the same employer or a new employer whichever is earlier subject to a maximum of three EMI's against Section 3 (EMI Payment Cover) for the specific Insured during the policy period                  This benefit shall be available for salaried persons only up to the age of 65 years.</p> <p><b>Cover B (Optional)</b></p> <ol style="list-style-type: none"> <li>1. Fire and Allied Perils Cover - Coverage under this Cover B Section 4 shall be as per Bajaj Allianz General Insurance Company Ltd Bharat Griha Raksha Policy Wordings</li> <li>2. Burglary &amp; Robbery Cover                         <ul style="list-style-type: none"> <li>• loss of or damage to the Contents or any part thereof whilst contained in the Insured Premises caused by actual or attempted Burglary and/or Robbery during the Policy Period;</li> <li>• actual physical damage to the Insured Premises (including the reasonable costs incurred by the Insured for changing damaged locks at the entry and/or exit points to the Insured Premises and at internal entry and/or exit points) caused by actual or attempted Burglary during the Policy Period;</li> <li>• Loss of or damage to the Jewellery whilst contained in a locked Safe in the Insured Premises caused by actual or attempted Burglary and/or Robbery during the Policy Period.</li> </ul> </li> </ol> <p>* Excess: 5% of the claim amount subject to a minimum of Rs.5000 for each and every claim</p>	<p>Section 3</p> <p>Section C) B</p>
<p><b>6</b></p>	<p><b>Exclusions (What the policy does not cover)</b></p>	<p><b>EXCLUSIONS</b>  <b>General Exclusions</b></p> <ol style="list-style-type: none"> <li>1. Act of Terrorism</li> <li>2. War, invasion, acts of foreign enemies</li> <li>3. Ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from burning nuclear fuel,</li> <li>4. Directly or indirectly caused by or contributed to by or arising from nuclear weapon materials.</li> <li>5. Arising or resulting from the Insured committing any breach of the law with criminal intent.</li> <li>6. Any loss or damage resulting from deliberate or intentional acts of the insured</li> <li>7. While under the influence of liquor or drugs, alcohol or other intoxicants</li> <li>8. Arising out of or as a result of any act of self-destruction or self-inflicted injury, attempted suicide or suicide</li> <li>9. Any sexually transmitted diseases. Acquired Immune Deficiency Syndrome (AIDS), AIDS related Complex Syndrome (ARCS) and all diseases caused by and/or related to the HIV.</li> <li>10. Any consequential or indirect loss or expenses arising out of or related to any Insured Event.</li> <li>11. Arising out of or resulting directly or indirectly due to or as a consequence of pregnancy or treatment traceable to pregnancy and childbirth, abortion and its consequences, tests and treatment relating to infertility and invitro fertilization.</li> <li>12. Arising out of or resulting directly or indirectly while serving in any branch of the Military or Armed Forces of any country during war or warlike operations.</li> </ol> <p><b>I SPECIFIC EXCLSUION APPLICABLE FOR SECTION I</b></p>	<p>Section D                  A and B I,II,III</p>

	<ol style="list-style-type: none"><li>1. Any Insured Event arising on account of or in connection with any Pre-Existing Disease</li><li>2. If the Insured does not submit a medical certificate from the Doctor evidencing diagnosis of Illness or Injury or occurrence of the medical event or the undergoing of the medical/surgical procedure</li><li>3. The Company shall not be liable to make any payment under this Policy in connection with or in respect of any Insured Event, as stated in this Section, occurred or suffered before the commencement of the Policy Period</li><li>4. Any congenital anomaly including internal and external congenital anomaly.</li><li>5. Any medical procedure or treatment, which is not medically necessary or not performed by a Doctor.</li><li>6. Any physical, medical or mental condition or treatment or service that is specifically excluded in the Policy as a Part of the Schedule under Special Conditions.</li><li>7. Birth control procedures and hormone replacement therapy.</li><li>8. Any treatment/ surgery for change of sex or any cosmetic surgery or treatment/ surgery/ complications/ illness arising as a consequence thereof.</li></ol> <p><b>II SPECIFIC EXCLUSION APPLICABLE FOR SECTION II</b></p> <ol style="list-style-type: none"><li>1. Payment under more than one of the categories specified (Death or Permanent Disablement) in the Benefit Payable in respect of the Insured.</li><li>2. Payment of compensation whilst engaging in aviation or ballooning</li><li>3. Payment of compensation in respect of death, injury or disablement of Insured from:<ol style="list-style-type: none"><li>(a) Adventure sports</li><li>(b) directly or indirectly caused by venereal disease or insanity.</li></ol></li><li>4. Payment of compensation in respect of death or Permanent Disablement arising from or resulting directly or indirectly from any Illness to any Insured, except where such condition arises directly as a consequence of any Accidental Injury during the Policy Period</li><li>5. No sum shall be payable under this Section for any injury/ disablement/ death directly or indirectly arising out of or contributed to any Pre-Existing Disease.</li></ol> <p><b>III SPECIFIC EXCLUSION APPLICABLE FOR SECTION III</b></p> <ol style="list-style-type: none"><li>1. The Company shall not be liable to make any payment under this Section in the event of termination from employment of the Insured being attributed to any dishonesty or fraud or poor performance on the part of the Insured or his willful violation of any rules of the employer or laws for the time being in force or any disciplinary action against the Insured by the employer.</li><li>2. Self-employed persons; unemployment from a job which is casual, temporary, seasonal or contractual in nature or any claim relating to an employee not on the direct rolls of the employer; any voluntary unemployment.</li><li>3. Any unemployment from a job under which no salary or any remuneration is provided to the Insured.</li><li>4. Any suspension from employment on account of any pending enquiry being conducted by the employer/ Public Authority.</li><li>5. Any unemployment due to resignation, retirement whether voluntary or otherwise.</li><li>6. Any unemployment due to non-confirmation of employment after or during such period under which the Insured was under probation.</li></ol> <p><b>SEPECIFIC EXCLUSION APPLICABLE FOR SECTION V</b></p>	
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7	<p><b>Waiting Period</b></p> <ul style="list-style-type: none"> <li>• Time period during which specified disease/treatment are not covered</li> <li>• It is counted from beginning of the policy coverage</li> </ul>	<p><b>Initial Waiting period:</b> 90 days for Critical illness cover and EMI payment cover</p>	Section D.2 (I), 4 (I)																		
8	<p><b>Financial Limits of Coverage</b></p> <p>i.Sublimit (it is a pre defined limit and the insurance company will not pay any amount in excess of this limit)</p> <p>ii.Co-payment (it is a specified amount /percentage of the admissible claim amount to be paid by policy holder/insured)</p> <p>iii.Deductible (it is a specified amount: Upto which an insurance company will not pay any claim and Which will be deducted from total claim amount (if claim amount is more than the</p>	<p>The policy will pay only up to the limits specified hereunder for the following diseases/procedures:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Sr. No</th> <th style="width: 60%;">Permanent Disablement</th> <th style="width: 30%;">Compensation Expressed as</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Permanent Total Loss of two Limbs</td> <td>100%</td> </tr> <tr> <td>2</td> <td>Permanent Total Loss of Sight in both eyes</td> <td>100%</td> </tr> <tr> <td>3</td> <td>Permanent Total Loss of Sight of one eye and one Limb</td> <td>100%</td> </tr> <tr> <td>4</td> <td>Permanent Total Loss of one Limb</td> <td>50%</td> </tr> <tr> <td>5</td> <td>Permanent Total Loss of Sight of one eye</td> <td>50%</td> </tr> </tbody> </table>	Sr. No	Permanent Disablement	Compensation Expressed as	1	Permanent Total Loss of two Limbs	100%	2	Permanent Total Loss of Sight in both eyes	100%	3	Permanent Total Loss of Sight of one eye and one Limb	100%	4	Permanent Total Loss of one Limb	50%	5	Permanent Total Loss of Sight of one eye	50%	Section C Part A
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	specified amount)  iv. Any other limit (as applicable)		
9	<b>Claims/claims procedure</b>	<p><b>Cashless Claim process</b>                      Cashless treatment is only available at Network Hospitals</p> <ul style="list-style-type: none"> <li>You or Your representative must intimate Us 48 hours before the planned Hospitalization and within 24 hours of emergency hospitalization and request pre-authorization by way of the written form</li> <li>We will review each claim for Medical Expenses, coverage and accordingly issue an authorization letter either to You or the Network Hospital.</li> </ul> <p><b>Reimbursement claim process</b></p> <ul style="list-style-type: none"> <li>Applicable for claims where treatment is taken at a Non network hospital OR If we have denied your claim as per Cashless Claims Procedure.</li> <li>You or Your representative must intimate Us 48 hours before the planned Hospitalization and within 48 hours of emergency hospitalization</li> <li>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</li> </ul> <p><b>Turnaround time (TAT) for claim settlement (Domestic Cover):</b></p> <ol style="list-style-type: none"> <li>Turnaround time (TAT) for claim settlement: 15 Working Days</li> <li>TAT for preauthorization of cashless facility: Within 60 Mins</li> <li>TAT for cashless final bill authorization: Within 180 Mins</li> </ol> <p><b>Weblinks</b>                      Network hospital and Black listed hospital list  <a href="https://www.bajajallianz.com/branch-locator.html">https://www.bajajallianz.com/branch-locator.html</a></p> <p><b>Helpline numbers</b>                      Tollfree: 1800-103-2529</p> <p><b>Downloading /getting claim forms</b>  <a href="#">Health Insurance Claim Process   Accident Insurance Claim (bajajallianz.com)</a></p>	Section E 30.
10	<b>Policy Servicing</b>	<p>Call centre number(Toll free): 1800-209-5858</p> <p>Details of Company officials: Branch-wise GRO details can be found on the below link.</p> <p><a href="https://www.bajajallianz.com/download-documents/other-information/GRO-List.pdf">https://www.bajajallianz.com/download-documents/other-information/GRO-List.pdf</a></p>	
11	<b>Grievances /Complaints</b>	<p><b>Grievance Redressal Procedure:</b></p> <ol style="list-style-type: none"> <li>Toll-free number 1-800-209- 5858 or 020-30305858, Say “Hi” on WhatsApp on +91 7507245858</li> <li>Branches for resolution of your grievances /complaints, the Branch details can be found on our website: <a href="http://www.bajajallianz.com/branch-locator.html">www.bajajallianz.com/branch-locator.html</a></li> </ol> <p>Register your grievances / complaints on our website:  <a href="http://www.bajajallianz.com/about-us/customer-service.html">www.bajajallianz.com/about-us/customer-service.html</a></p> <p>c) E-mail</p>	

		<ul style="list-style-type: none"> <li>Level 1: <a href="mailto:bagichelp@bajajallianz.co.in">bagichelp@bajajallianz.co.in</a> and for senior citizens to <a href="mailto:seniorcitizen@bajajallianz.co.in">seniorcitizen@bajajallianz.co.in</a></li> <li>Level 2: In case you are not satisfied with the response given to you at Level 1 you may write to our Grievance Redressal Officer at <a href="mailto:ggro@bajajallianz.co.in">ggro@bajajallianz.co.in</a></li> <li>Level 3: If in case, your grievance is still not resolved, and you wish to talk to our care specialist, please give a missed call on +91 8080945060 OR SMS To 575758 and our care specialist will call you back</li> <li>d) If you are still not satisfied with the decision of the Insurance Company, you may approach the Insurance Ombudsman, established by the Central Government for redressal of grievance. Detailed process along with list of Ombudsman offices are available at <a href="http://www.cioins.co.in/ombudsman">www.cioins.co.in/ombudsman</a></li> </ul>	
12	<b>Things to remember</b>	<p><b>Free Look Cancellation:</b> Insured has an option of cancelling his/her policy up to 30 days from the first inception of policy with Us, subject to rest terms and conditions.</p> <p><b>Policy Renewal:</b> Except on grounds of fraud , moral hazard or mis representation or non-co-operation, renewal of your policy shall not be denied</p> <p><b>Migration and Portability:</b> At renewal Insured has an option to migrate his /her policy to other policy with us or port the policy to another insurer subject to terms and conditions specified under Migration and Portability guidelines                  For detailed guidelines on Migration and Portability, kindly refer the link <a href="https://irdai.gov.in/document-detail?documentId=393128">https://irdai.gov.in/document-detail?documentId=393128</a></p> <p><b>Change in Sum Insured:</b> sum insured can be changed (increased/decreased) only at the time of renewal subject to underwriting by the company. For increase in Sum insured, the waiting periods if any shall start afresh only for the enhance portion of the sum insured</p> <p><b>Moratorium period:</b> After the expiry of Moratorium Period no health insurance policy shall be contestable except for proven fraud and permanent exclusions specified in the policy contract                  The moratorium would be applicable for the sum insured of the first policy and subsequently completion of 60 continuous months would be applicable from date of enhancement of sums insured only on the enhanced limits</p>	Section E III, IV, V
13	<b>Your Obligations</b>	<p>Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement</p> <p>Disclosure of other material information during the policy period.</p>	
<p><b>Legal Disclaimer Note:</b> The information must be read in conjunction with the product brochure and policy document. In case of any conflict between the CIS and the policy document, the terms and conditions mentioned in the policy document shall prevail.</p>			

**Declaration by policy holder**

I have read the above and confirm having noted the details

Place  
 Date:

Signature of Policy holder

Note: Web link for downloading the product related documents  
<https://www.bajajallianz.com/health-insurance-plans/health-insurance-documents.html>