

GLOBAL HEALTH CARE

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	GLOBAL HEALTH CARE	
2	Policy Number	Kindly refer to Your Policy schedule	
3	Type of Insurance	Kindly refer to Your Policy schedule	
4	Sum Insured (Basis)	Kindly refer to Your Policy schedule	
5	Policy Coverage (What the Policy Covers)	<p>Part A: Coverage Domestic</p> <p>I. In-Patient Benefits for Domestic Cover</p> <p>In-patient Hospitalization Treatment - Medical Expenses incurred due to admission to a Hospital for Illness or Accidental Bodily Injury, longer than 24 consecutive hours.</p> <p>Pre-Hospitalization - up to 60 days prior to date of admission in hospital</p> <p>Post-Hospitalization- up to 180 days from date of discharge from the hospital</p> <p>Local Road Ambulance – Cost incurred on an ambulance offered by a healthcare or ambulance service provider for transferring You to the nearest Hospital or from one hospital to another with adequate emergency, up to the amount specified in the Policy Schedule</p> <p>Day Care Procedures - Medical Expenses incurred due to admission to a Hospital for Illness or Accidental Bodily Injury, for duration less than 24 consecutive hours as listed on Annexure I in Policy wordings</p> <p>Living Donor Medical Cost - Medical expenses incurred towards organ donor's treatment for harvesting of the donated organ</p> <p>Annual Preventive Health Check-up - Free Preventive Health check up after each renewal of Global Health Care Policy with Us as per limits specified in policy wordings</p> <p>AYUSH Hospitalization Expenses - Hospital admission longer than 24 consecutive hours in a recognized AYUSH Hospital during the policy year</p> <p>Air Ambulance - Cost incurred on ambulance transportation in an airplane or helicopter for Emergency life threatening health conditions which require immediate and rapid ambulance transportation from the site of first occurrence of the Illness /Accident to the nearest Hospital.</p> <p>Mental Illness Treatment - expenses for In-patient treatment of Mental Illness (as specified under Annexure IV in Policy wordings), provided this treatment is availed in a recognized psychiatric unit of a Hospital, up to Sum Insured as specified in the Policy Schedule</p> <p>Rehabilitation – expenses incurred on set of interventions designed to optimize functioning and reduce disability in individuals with health conditions in interaction with their environment. Subject to We have accepted an Inpatient Hospitalization claim for the Insured under In Patient Hospitalization Treatment and rehabilitation starts within 14 days of discharge from Hospital following acute medical and/or surgical treatment</p> <p>Modern Treatment Methods and Advancement in Technologies – Medical expenses incurred during admissible hospitalization, towards following procedures:</p> <p>a) Uterine Artery Embolization and HIFU</p>	<p>Section C) A.I.1</p> <p>Section C) A.I.2</p> <p>Section C) A.I.3</p> <p>Section C) A.I.4</p> <p>Section C) A.I.5</p> <p>Section C) A.I.6</p> <p>Section C) A.I.7</p> <p>Section C) A.I.8</p> <p>Section C) A.I.9</p> <p>Section C) A.I.10</p> <p>Section C) A.I.11</p> <p>Section C) A.I.12</p>

	<ul style="list-style-type: none"> b) Balloon Sinuplasty c) Deep Brain stimulation d) Oral chemotherapy e) Immunotherapy- Monoclonal Antibody to be given as injection f) Intra vitreal injections g) Robotic surgeries h) Stereotactic radio surgeries i) Bronchical Thermoplasty j) Vaporisation of the prostate (Green laser treatment or holmium lasertreatment) k) IONM -(Intra Operative Neuro Monitoring) l) Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for hematological conditions to be covered 	
Part B: Coverage International		
I. In-Patient Benefits For International Cover		
In-patient Hospitalization Treatment - Medical Expenses incurred due to admission to a Hospital for Illness or Accidental Bodily Injury, longer than 24 consecutive hours.		Section C) B.I.1
Pre-Hospitalization - up to 45 days prior to date of admission in hospital		Section C) B.I.2
Post-Hospitalization- up to 90 days from date of discharge from the hospital		Section C) B.I.3
Local Road Ambulance – Cost incurred on an ambulance offered by a healthcare or ambulance service provider for transferring You to the nearest Hospital or from one hospital to another with adequate emergency, up to the amount specified in the Policy Schedule		Section C) B.I.4
Day Care Procedures - Medical Expenses incurred due to admission to a Hospital for Illness or Accidental Bodily Injury, for duration less than 24 consecutive hours as listed on Annexure I in Policy wordings		Section C) B.I.5
Living Donor Medical Cost - Medical expenses incurred towards organ donor's treatment for harvesting of the donated organ		Section C) B.I.6
Air Ambulance (Applicable to Imperial Plan only) - Cost incurred on ambulance transportation in an airplane or helicopter for Emergency life threatening health conditions which require immediate and rapid ambulance transportation from the site of first occurrence of the Illness /Accident to the nearest Hospital.		Section C) B.I.7
Air Ambulance + Medical Evacuation (Applicable to Imperial Plus Plan only) - expenses incurred up to the limits specified in the Policy Schedule, for insureds Medical Evacuation to the nearest appropriate medical centre (which may or may not be in Insureds home country) by ambulance, helicopter or airplane		Section C) B.I.8
Mental Illness Treatment - expenses for In-patient treatment of Mental Illness (as specified under Annexure IV in Policy wordings), provided this treatment is availed in a recognized psychiatric unit of a Hospital, up to Sum Insured as specified in the Policy Schedule		Section C) B.I.9
Rehabilitation – expenses incurred on set of interventions designed to optimize functioning and reduce disability in individuals with health conditions in interaction with their environment. Subject to We have accepted an Inpatient Hospitalization claim for the Insured under In Patient Hospitalization Treatment and rehabilitation starts within 14 days of discharge from Hospital following acute medical and/or surgical treatment		Section C) B.I.10
Accommodation costs for one parent staying in Hospital with an Insured child under 18 years of age (Applicable to Imperial Plus Plan only) – Costs incurred of one parent for the duration of the Insured child's admission to Hospital for eligible treatment under npatient Hospitalization Treatment benefit , up to the limit specified in the Policy Schedule.		Section C) B.I.11
Emergency treatment outside area of cover (Applicable to Imperial Plus Plan only if "Excluding USA" cover is opted) – Costs incurred for		Section C) B.I.12

	treatment of medical emergencies which occur during business or holiday trips outside Insureds area of cover.	
	Medical repatriation (Applicable to Imperial Plus Plan only) - If the necessary treatment for which Insured is covered isn't available locally. Insured can choose to be medically evacuated to his/her home country for treatment, instead of to the nearest appropriate medical centre. This only applies when Insureds home country is within the geographical area of cover.	Section C) B.I.13
	Repatriation of mortal remains (Applicable to Imperial Plus Plan only) - Repatriation of mortal remains is the transportation of the Insured deceased remains from the principal country of residence to the country of burial	Section C) B.I.14
	In-patient cash benefit (Applicable to Imperial Plus Plan only) - We will pay Daily Cash Benefit as specified in the Policy Schedule for maximum 25 nights in case of Inpatient treatment free of charge for a medical condition that is covered by Us	Section C) B.I.15
	Palliative care (Applicable to Imperial Plus Plan only) - expenses incurred on diagnosis of a Terminal Illness, for any ongoing treatment, given on the advice of a Medical Practitioner, that aims to alleviate the physical/psychological suffering associated with progressive, incurable Illness and to maintain quality of life. It includes Inpatient, day-care and out-patient treatment.	
	Modern Treatment Methods and Advancement in Technologies - Medical expenses incurred during admissible hospitalization, towards following procedures: <ol style="list-style-type: none"> 1. Uterine Artery Embolization and HIFU 2. Balloon Sinuplasty 3. Deep Brain stimulation 4. Oral chemotherapy 5. Immunotherapy- Monoclonal Antibody to be given as injection 6. Intra vitreal injections 7. Robotic surgeries 8. Stereotactic radio surgeries 9. Bronchical Thermoplasty 10. Vaporisation of the prostate (Green laser treatment or holmium lasertreatment) 11. IONM -(Intra Operative Neuro Monitoring) 12. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for hematological conditions to be covered 	
	II. Out-Patient Benefits (Applicable To Imperial Plus Plan Only)	
	Out-patient Treatment – Medical expenses incurred on Outpatient basis for the Illness/ Injury contracted during the Policy Period up to the limits specified in the Policy Schedule for <ol style="list-style-type: none"> a. Medical Practitioner fees b. Specialist fees c. Diagnostic tests d. Prescription drugs 	Section C) B.II.1
	Physiotherapy Benefit – expenses incurred on prescribed Physiotherapy taken on Out-patient basis for Illness/Injury contracted during the Policy Period. Initially restricted to 12 sessions per condition, after which treatment must be reviewed by the Doctor who referred You.	Section C) B.II.2
	Alternate/Complementary Treatment Expenses - expenses up to the limits specified in the Policy Schedule for Alternate treatment methods namely chiropractic treatment, osteopathy, Chinese herbal medicine, homeopathy, acupuncture and podiatry as practiced by approved therapists	Section C) B.II.3
	III. Dental Plan Benefits (Optional)	
	Dental treatment outside India - expenses up to the limits specified in the Policy Schedule incurred for Dental Treatment which includes annual check-up, simple fillings related to cavities or decay, root canal treatment and dental prescription drugs.	Section C) B.III.1

		Dental surgery outside India - expenses up to the limits specified in the Policy Schedule incurred for Dental Surgery which includes the surgical extraction of teeth, as well as other tooth-related surgical procedures such as apicoectomy, Surgical removal of cysts, Orthognathic surgeries for the correction of malocclusion and dental prescription drugs. All investigative procedures that establish the need for dental surgery such as laboratory tests, X-rays, CT scans and MRI(s) are included under this benefit.	Section C) B.III.2
		Periodontics outside India - expenses up to the limits specified in the Policy Schedule incurred for treatment related to gum disease	Section C) B.III.3
6	Exclusions (What the policy does not cover)	<p>Exclusions Applicable To Domestic Cover (Part A) And International Cover (Part B)</p> <p>Standard Exclusions</p> <ol style="list-style-type: none"> Any hospital admission primarily for investigation diagnostic purpose (Excl04) Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. (Excl05) Obesity/Weight Control (Excl06) Change-of-gender treatments (Excl07) Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) etc. (Excl08) Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports (Excl 09) Expenses for treatment arising from Insured committing or attempting to commit a breach of law with criminal intent. (Excl10) Excluded Providers (Excl11) Treatment for Alcoholism, drug or substance abuse. (Excl12) Treatments received in heath hydros, nature cure clinics, etc. where admission is arranged wholly or partly for domestic reasons. (Excl 13) Dietary supplements and substances unless prescribed as part of hospitalization claim or day care procedure. (Excl14) Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries. (Excl15) Expenses related to any unproven treatment, services and supplies. (Excl16) Expenses related to sterility and infertility. (Excl17) Medical Treatment Expenses traceable to pregnancy and its complications. (Excl 18) <p>Specific Exclusions</p> <ol style="list-style-type: none"> Cosmetic dental procedures unless due to Accidental Injury. Medical expenses where Inpatient care and medical supervision is not required War, invasion, acts of foreign enemies The cost of spectacles, contact lenses, hearing aids, crutches etc. Treatment for any other system other than modern medicine (allopathy) External medical equipment of any kind used at home as post-hospitalization Congenital external diseases or defects or anomalies, growth hormone therapy, stem cell implantation or surgery except for Hematopoietic stem cells for bone marrow transplant for hematological conditions. Intentional self-injury Vaccination or inoculation All non-medical Items as per Annexure II in policy wordings Circumcision unless required for the treatment of Illness or Accidental bodily injury 	Section D A and B I,II,III

	<ol style="list-style-type: none"> 12. Treatment for any medical conditions arising directly or indirectly from chemical contamination, radioactivity or any nuclear material, including the combustion of nuclear fuel. 13. Alternate/ Complementary treatment, with the exception of those treatments shown in the Table of Benefits. 14. Expenses incurred because of complications directly caused by an Illness, Injury or treatment for which cover is excluded or limited under Your plan. 15. Consultations performed and any drugs or treatments prescribed by You, Your spouse, parents or children. 16. Dental veneers and related procedures, unless medically necessary. 17. Costs in respect of a family therapist or counsellor for out-patient mental illness treatment. 18. Doctor's fees for the completion of a Claim Form or other administration charges. 19. Care and/or treatment of intentionally caused diseases or self-inflicted injuries, including a suicide attempt. 20. Investigations into and treatment for loss of hair, including hair replacement unless the loss of hair is due to cancer treatment. 21. Treatment required as a result of medical error. 22. Products that can be purchased without a Doctor's prescription, except where a specific benefit covering these costs appears in the Table of Benefits. 23. Treatment of sleep disorders, including insomnia, narcolepsy, snoring and bruxism, except medically necessary Inpatient treatment for obstructive sleep apnoea. 24. Travel costs to and from medical facilities (including parking costs) for treatment, except when covered under "Local (Road) ambulance", "Medical evacuation" and "Medical repatriation" benefits. 25. Tumour marker testing, except for medically necessary testing during the investigation or treatment of cancer. 26. Medical evacuation/repatriation from a vessel at sea to a medical facility on land. 27. Organ Transplants that involve animal organs or organs which are manufactured using advanced technology like, but not limited to, 3D Printing. Expenses incurred during the acquisition of an organ relating to stem cell storage and banking 28. The following benefits or any adverse consequences or complications relating to them, unless otherwise indicated in Your Table of Benefits Dental treatment, dental surgery, periodontics, orthodontics and dental prostheses. <ul style="list-style-type: none"> • Dietician fees • Expenses for one person accompanying an evacuated/repatriated person • Out-patient treatment • Prescribed medical aids • Preventive treatment • Travel costs of Insured family members in the event of an evacuation/repatriation • Travel costs of Insured family members in the event of the repatriation of mortal remains • Travel costs of Insured members to be with a family member who is at peril of death or who has died 29. Exclusions applicable to Mental Illness Treatment limited to conditions specified in Policy wordings. 	
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<p>7</p>	<p>Waiting Period</p> <ul style="list-style-type: none"> • Time period during which specified disease/treatment are not covered • It is counted from beginning of the policy coverage 	<p>Initial Waiting period: 30days for all illnesses (Not applicable in case of continuous renewal or accidents)</p> <p>Specific Waiting period: 24 months Waiting period</p> <ol style="list-style-type: none"> 1. Any type gastrointestinal ulcers 2. Cataracts, 3. Any type of fistula 4. Macular Degeneration 5. Benign prostatic hypertrophy 6. Hernia of all types 7. All types of sinuses 8. Fissure in ano 9. Haemorrhoids, piles 10. Hydrocele 11. Dysfunctional uterine bleeding 12. Fibromyoma 13. Endometriosis 14. Hysterectomy 15. Uterine Prolapse 16. Stones in the urinary and biliary systems 17. Surgery on ears/tonsils/ adenoids/ paranasal sinuses 18. Surgery on all internal or external tumours/ cysts/nodules/ polyps of any kind including breast lumps with exception of Malignant tumor or growth 19. Diseases of gall bladder including cholecystitis 20. Pancreatitis 21. All forms of Cirrhosis 22. Gout and rheumatism 23. Tonsilitis 24. Surgery for varicose veins and varicose ulcers 25. Chronic Kidney Disease 26. Alzheimer’s Disease 27. Joint replacement surgery 28. Surgery for vertebral column disorders (unless necessitated due 29. Surgery to correct deviated nasal septum to an Accident) 30. Hypertrophied turbinate 31. Congenital internal diseases or anomalies 	<p>Section D- A.2,B.2</p>

	<p>32. Treatment for correction of eye sight due to refractive error recommended by Ophthalmologist 3 for medical reasons with refractive error greater or equal to 7.5</p> <p>33. Bariatric Surgery</p> <p>34. Parkinson’s Disease</p> <p>35. Genetic disorders</p> <p>Pre-existing diseases: 36 months</p>																																																																															
<p>8 Financial Limits of Coverage</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 specified amount)</p> <p>iv.Any other limit (as applicable)</p>	<p>The policy will pay only up to the limits specified hereunder for the following diseases/procedures:</p> <p>Sub limits - Domestic Cover</p> <table border="1" data-bbox="409 642 1240 1014"> <thead> <tr> <th>Covers</th> <th colspan="3">Limit</th> </tr> </thead> <tbody> <tr> <td>Living Donor Medical Costs</td> <td colspan="3">₹ 500,000</td> </tr> <tr> <td rowspan="6">Air Ambulance</td> <td rowspan="3">Imperial</td> <td>Sun Insured (₹)</td> <td>Limit (₹)</td> </tr> <tr> <td>3,750,000</td> <td>500,000</td> </tr> <tr> <td>5,600,000</td> <td>675,000</td> </tr> <tr> <td>7,500,000</td> <td>750,000</td> </tr> <tr> <td rowspan="3">Imperial Plus</td> <td>11,200,000</td> <td>750,000</td> </tr> <tr> <td>18,750,000</td> <td>750,000</td> </tr> <tr> <td>37,500,000</td> <td>750,000</td> </tr> <tr> <td>Rehabilitation</td> <td colspan="3">₹50,000</td> </tr> </tbody> </table> <p>International Cover</p> <table border="1" data-bbox="409 1087 1318 1969"> <thead> <tr> <th>Plan</th> <th colspan="3">Imperial</th> <th colspan="3">Imperial Plus</th> </tr> </thead> <tbody> <tr> <td>In patient Hospitalization on treatment limits</td> <td>USD 100,000</td> <td>USD 150,000</td> <td>USD 200,000</td> <td>USD 300,000</td> <td>USD 500,000</td> <td>USD 1,000,000</td> </tr> <tr> <td>Living donor medical costs</td> <td colspan="3">USD 30,000</td> <td colspan="3">USD 50,000</td> </tr> <tr> <td>Rehabilitation</td> <td colspan="3">USD 750</td> <td colspan="3">USD 2,300</td> </tr> <tr> <td>Emergency treatment Up to Sum Insured for maximum 6 Weeks outside area of cover</td> <td colspan="3">NA</td> <td colspan="3">Up to Sum Insured for maximum 6 Weeks per trip</td> </tr> <tr> <td>Repatriation of mortal remains*</td> <td colspan="3">NA</td> <td colspan="3">USD 13,500</td> </tr> <tr> <td>Inpatient cash Benefit</td> <td colspan="3">NA</td> <td colspan="3">USD 175 Per night up to max 25 nights</td> </tr> </tbody> </table>	Covers	Limit			Living Donor Medical Costs	₹ 500,000			Air Ambulance	Imperial	Sun Insured (₹)	Limit (₹)	3,750,000	500,000	5,600,000	675,000	7,500,000	750,000	Imperial Plus	11,200,000	750,000	18,750,000	750,000	37,500,000	750,000	Rehabilitation	₹50,000			Plan	Imperial			Imperial Plus			In patient Hospitalization on treatment limits	USD 100,000	USD 150,000	USD 200,000	USD 300,000	USD 500,000	USD 1,000,000	Living donor medical costs	USD 30,000			USD 50,000			Rehabilitation	USD 750			USD 2,300			Emergency treatment Up to Sum Insured for maximum 6 Weeks outside area of cover	NA			Up to Sum Insured for maximum 6 Weeks per trip			Repatriation of mortal remains*	NA			USD 13,500			Inpatient cash Benefit	NA			USD 175 Per night up to max 25 nights			<p>Section C Part A</p> <p>Section C Part B</p>
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		Out-patient benefits					
		Plan	Imperial		Imperial Plus		
	Maximum out-patient plan		NA		USD 1,600	USD 2,400	USD 4,200
	Out-patient Treatment		NA		USD 1,000	USD 1,500	USD 2,500
	Physiotherapy Benefit		NA		USD 300	USD 450	USD 850
	Alternate/Complementary Treatment Expenses		NA		USD 300	USD 450	USD 850
Dental plan benefits (If opted)							
		Plan	Imperial		Imperial Plus		
	Maximum dental plan benefit	USD 350	USD 450	USD 600	USD 2,300		
Co-payment							
		Dental Plan Benefits (If opted)		20% of Co-Payment for each and every claim payable			
Deductible – Aggregate deductible (If opted) on Inpatient plan benefits outside India.							
Other Limits: The limits against the covers mentioned below are over and above the In-patient Hospitalisation sum insured							
Domestic Cover							
		Annual Preventive Health Check Up		₹ 5,000			
9	Claims/claims procedure	<p>Claims Procedure for Domestic Cover Cashless Claim process Cashless treatment is only available at Network Hospitals</p> <ul style="list-style-type: none"> 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 We will review each claim for Medical Expenses, coverage and accordingly issue an authorization letter either to You or the Network Hospital. <p>Reimbursement claim process</p> <ul style="list-style-type: none"> Applicable for claims where treatment is taken at a Non network hospital OR If we have denied your claim as per Cashless Claims Procedure. You or Your representative must intimate Us 48 hours before the planned Hospitalization and within 48 hours of emergency hospitalization 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 <p>Claims Procedure for International Cover</p>					Section E 44.
							Section E. 45

		<ul style="list-style-type: none"> • Claiming deadline: You must submit all claims no later than 30 days after the date of discharge from the Hospital • Claim Submission: You must submit a separate claim for each person claiming and for each medical condition being claimed for • Supporting documents: When You send Us copies of supporting documents (e.g. medical receipts), please make sure You keep the originals. We have the right to request original supporting documents/receipts for auditing purposes up to 12 months after settling Your claim • Deductibles: If the amount You are claiming is less than the Deductible figure in Your plan, You can Send Us • each claim every time You receive treatment. Once You reach the Deductible amount, We'll start reimbursing You. • Currency: Please specify the currency You wish to be paid in • Reimbursement: We will only reimburse (within the limit of Your Policy) eligible costs after considering any Treatment Guarantee requirements, Deductibles or co-payments outlined in the Table of Benefits. • Deposits: If You have to pay a deposit in advance of any medical treatment, We will reimburse this cost only after treatment has taken place. This is only applicable where deposit amount was deducted from the final bill issued by the medical provider to us. <p>Some treatments require Our pre-approval Certain benefits under this policy for International Cover would require You to seek pre-approval at least 72 hours prior to admission or availing the benefit in case of planned treatments.</p> <p>Claiming for Your out-patient, dental and other expenses If Your treatment does not require Our pre-approval, You can simply pay the bill and claim the expenses from Us. In this case, follow these steps: 1. Receive Your medical treatment and pay the medical provider. 2. Get an invoice from Your medical provider. 3. Claim back Your eligible costs via Our MyHealth app or online portal (www.allianzcare.com/en/myhealth). Simply enter a few key details, add Your invoice(s) and press 'submit'.</p> <p>Turnaround time(TAT) for claim settlement (Domestic Cover): 1. Turnaround time (TAT) for claim settlement: 15 Working Days 2. TAT for preauthorization of cashless facility: Within 60 Mins TAT for cashless final bill authorization: Within 180 Mins</p> <p>Weblinks Network hospital and Black listed hospital list https://www.bajajallianz.com/branch-locator.html</p> <p>Helpline numbers Tollfree: 1800-103-2529</p> <p>Downloading /getting claim forms www.bajajallianz.com Health Insurance Claim Process Accident Insurance Claim (bajajallianz.com)</p>	
10	Policy Servicing	Call centre number(Toll free): 1800-209-5858 Details of Company officials: Branch-wise GRO details can be found on the below link. https://www.bajajallianz.com/download-documents/other-information/GRO-List.pdf	

11	Grievances /Complaints	<p>Grievance Redressal Procedure:</p> <p>a) Toll-free number 1-800-209- 5858 or 020-30305858, Say “Hi” on WhatsApp on +91 7507245858</p> <p>b) Branches for resolution of your grievances /complaints, the Branch details can be found on our website: www.bajajallianz.com/branch-locator.html Register your grievances / complaints on our website: www.bajajallianz.com/about-us/customer-service.html</p> <p>c) E-mail</p> <ul style="list-style-type: none"> Level 1: bagichelp@bajajallianz.co.in and for senior citizens to seniorcitizen@bajajallianz.co.in Level 2: In case you are not satisfied with the response given to you at Level 1 you may write to our Grievance Redressal Officer at ggro@bajajallianz.co.in 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 <p>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 www.cioins.co.in/ombudsman</p>	Section E.53
12	Things to remember	<p>Free Look Cancellation: 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>Policy Renewal: Except on grounds of fraud , moral hazard or mis representation or non-co-operation, renewal of your policy shall not be denied</p> <p>Migration and Portability: 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 https://irdai.gov.in/document-detail?documentId=393128 beneficiary will have the option to port the policy to other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any ,at least45days before, butnotearlierthan60days from the policy renewal date as per IRDAI guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed Insured beneficiary will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability</p> <p>Change in Sum Insured: 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>Moratorium period: 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
13	Your Obligations	Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement	

Bajaj Allianz General Insurance Co. Ltd.

Bajaj Allianz House, Airport Road, Yerawada, Pune - 411 006. Reg. No.: 113
For more details, log on to: www.bajajallianz.com | E-mail: bagichelp@bajajallianz.co.in or
Call at: Sales - 1800 209 0144 / Service - 1800 209 5858 (Toll Free No.)
Issuing Office:



	Disclosure of other material information during the policy period.	
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Legal Disclaimer Note: 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.

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>