

**Group Hospital Cash Daily Allowance**

**CUSTOMER INFORMATION SHEET**

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

Sl No	Title	Description	Policy Clause Number
1	<b>Name of Insurance Product</b>	<b>Group Hospital Cash Daily Allowance</b>	
2	<b>Policy Number</b>	Kindly refer to Your Policy schedule	
3	<b>Type of Insurance</b>	Kindly refer to Your Policy schedule (Indemnity)	
4	<b>Sum Insured (Basis)</b>	Kindly refer to Your Policy schedule	
5	<b>Policy Coverage (What the Policy Covers)</b>	<b>Hospital Daily Allowance</b> In the event of Accidental Bodily Injury or Illness first occurring or manifesting itself during the Policy Period and causing the Insured's or the Named Insured's Hospitalisation within the Policy Period, the Company will pay: 1. The Daily Allowance as stated in the Certificate of Insurance, for each continuous and completed period of 24 hours of Hospitalisation 2. Two times the Daily Allowance as stated in the Certificate of Insurance ,for each continuous and completed period of 24 hours hospitalization in the Intensive Care Unit of a Hospital during 3. One day Daily Allowance as stated in the Certificate of Insurance, for Day Care Treatment carried out in the Day Care Centre.	<b>Section C. I</b>
		<b>Optional Benefits</b>	<b>Section C. II</b>
		<b>Maternity Hospital Cash Benefit</b> Group Hospital Cash Policy is extended to pay daily allowance as specified in the Certificate of Insurance for each continuous and completed period of 24 hours of hospitalization underwent for normal delivery or caesarean section and complications of maternity (including and not limited to medical complications)	<b>Optional Cover 1</b>
		<b>Convalescence Benefit</b> Group Hospital Cash Policy is extended to pay lump sum amount as mentioned in Certificate of insurance in case Insured Beneficiary's continuous and completed hospitalization beyond consecutive 7 or 10 day as opted.	<b>Optional Cover 2</b>
		<b>Accident Hospital Cash Benefit</b> Group Hospital Cash Policy is extended to pay daily allowance as specified below due to hospitalization of Insured Beneficiary necessitated solely by the reason of Accidental Injury for a maximum period as stated in the Certificate of Insurance during each Cover Period.	<b>Optional Cover 3</b>
		<b>Waiver of Pre-Existing and Specific Disease Waiting Period Cover</b> Group Hospital Cash Policy is extended to reduce waiting period for Pre-Existing And Disease Specific Waiting Period up to the option specified in Certificate of Insurance	<b>Optional Cover 4</b>
		<b>Waiver of 30 days waiting period Cover</b> Group Hospital Cash Policy is extended to waive 30 days exclusion clause as specified in Certificate of Insurance	<b>Optional Cover 5</b>
		<b>Day Deductible Cover</b> If opted, We will provide discount as specified in the Certificate of Insurance will be applicable for any claim under Section C-I i.e. Hospital Daily Allowance	<b>Optional Cover 6</b>

<p><b>6</b></p>	<p><b>Exclusions (What the policy does not cover)</b></p>	<p><b>EXCLUSIONS</b></p> <p>General Exclusions</p> <ul style="list-style-type: none"> <li>Any hospital admission primarily for investigation diagnostic purpose (Excl04)</li> <li>Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. (Excl04)</li> <li>Medical treatment expenses traceable to childbirth (except ectopic pregnancy), expenses toward miscarriage (unless due to accident) and lawful medical termination of pregnancy. This exclusion will stand deleted in case of Maternity Hospital cash Benefit is opted. (Excl18)</li> <li>Treatment for Alcoholism, drug or substance abuse. (Excl12)</li> <li>Rest cure, rehabilitation and respite care. Expenses related to any admission primarily to enforced bed rest and not for receiving treatment. (Excl05)</li> <li>Obesity/Weight Control. (Excl06)</li> <li>Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) etc. (Excl08)</li> <li>Dietary supplements and substances unless prescribed as part of hospitalization claim or day care procedure. (Excl14)</li> <li>Expenses related to any unproven treatment, services and supplies. (Excl16)</li> <li>Expenses related to sterility and infertility. (Excl17)</li> </ul> <p>Specific Exclusions</p> <ul style="list-style-type: none"> <li>War, invasion, acts of foreign enemies</li> <li>Circumcision unless required for the treatment of Illness or Accidental bodily injury.</li> <li>Dental procedures unless due to Accidental Injury.</li> <li>Expenses incurred on Convalescence benefit.</li> <li>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.</li> <li>Intentional self-injury</li> <li>Any claim directly or indirectly caused by or contributed to by nuclear weapons and/or materials</li> <li>Vaccination or inoculation</li> <li>Treatment for any other system other than modern medicine (allopathy) and AYUSH therapies</li> <li>Venereal disease or any sexually transmitted disease or sickness</li> <li>Any natural peril including but not limited to avalanche, earthquake, volcanic eruptions or any kind of natural hazard.</li> <li>Radioactive contamination.</li> </ul>	<p><b>Standard Exclusions</b></p> <p><b>Section D. II &amp; Specific Exclusion D. I</b></p>																		
<p><b>7</b></p>	<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> 30 days for all illnesses (Not applicable in case of continuous renewal or accidents)</p> <p><b>Specific Waiting period: 36 months Waiting period for below listed procedures</b></p> <table border="1" data-bbox="430 1465 1295 1919"> <tr> <td>1. Any type gastrointestinal ulcers</td> <td>2. Cataracts</td> </tr> <tr> <td>3. Benign prostatic hypertrophy</td> <td>4. Hernia of all types</td> </tr> <tr> <td>5. All types of sinuses</td> <td>6. Fistula</td> </tr> <tr> <td>7. Haemorrhoids</td> <td>8. Fissure in ano</td> </tr> <tr> <td>9. Dysfunctional uterine bleeding</td> <td>10. Fibromyoma</td> </tr> <tr> <td>11. Endometriosis</td> <td>12. Hysterectomy</td> </tr> <tr> <td>13. Stones in the urinary and biliary systems</td> <td>14. Surgery for any skin ailment</td> </tr> <tr> <td>15. Surgery on ears/tonsils/adenoids/paranasal sinuses</td> <td>16. Surgery on all internal or external tumours/cysts/nodules/polyps of any kind including breast lumps with exception of Malignant tumor or growth.</td> </tr> <tr> <td>17. Joint replacement surgery</td> <td>18. Congenital internal diseases or anomalies</td> </tr> </table>	1. Any type gastrointestinal ulcers	2. Cataracts	3. Benign prostatic hypertrophy	4. Hernia of all types	5. All types of sinuses	6. Fistula	7. Haemorrhoids	8. Fissure in ano	9. Dysfunctional uterine bleeding	10. Fibromyoma	11. Endometriosis	12. Hysterectomy	13. Stones in the urinary and biliary systems	14. Surgery for any skin ailment	15. Surgery on ears/tonsils/adenoids/paranasal sinuses	16. Surgery on all internal or external tumours/cysts/nodules/polyps of any kind including breast lumps with exception of Malignant tumor or growth.	17. Joint replacement surgery	18. Congenital internal diseases or anomalies	<p><b>Standard Exclusions</b></p> <p><b>Section D</b></p>
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		<p>19. Surgery for prolapsed inter vertebral disc (unless necessitated due to an accident)</p> <p>20. Laser treatment for correction of eye sight due to refractive error</p> <p>21. Hypertrophied turbinate</p> <p>22. Surgery to correct deviated nasal septum</p> <p><b>Pre-existing diseases: Cover after 36 Months.</b></p>	
<b>8</b>	<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 specified amount)</p> <p>iv. Any other limit (as applicable)</p>	<p>Not Applicable</p> <p>Not Applicable</p> <p>Not applicable</p>	
<b>9</b>	<p><b>Claims/claims procedure</b></p>	<p><b>Reimbursement claim process</b></p> <ul style="list-style-type: none"> <li>You or Your representative must intimate Us in writing immediately with 48 hours of Hospitalization in case of emergency and 48 hours prior to hospitalization in case of planned 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> <li>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*</li> <li>In event of a claim, the original documents to be submitted.</li> </ul> <p><b>Turnaround time (TAT) for claim settlement:</b></p> <ul style="list-style-type: none"> <li>Turnaround time (TAT) for claim settlement: 15 Working Days</li> <li>TAT for preauthorization of cashless facility: Not applicable</li> <li>TAT for cashless final bill authorization: Not applicable</li> </ul> <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="http://www.bajajallianz.com">Health Insurance Claim Process   Accident Insurance Claim (bajajallianz.com)</a></p>	<b>Section E 28</b>

10	<b>Policy Servicing</b>	Call centre number(Toll free): 1800-209-5858 Details of Company officials: Branch-wise GRO details can be found on the below link. <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>	
11	<b>Grievances /Complaints</b>	<p><b>Grievance Redressal Procedure:</b></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: <a href="http://www.bajajallianz.com/branch-locator.html">www.bajajallianz.com/branch-locator.html</a></p> <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> </ul> <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 <a href="http://www.cioins.co.in/ombudsman">www.cioins.co.in/ombudsman</a></p>	<b>Section E II</b>
12	<b>Things to remember</b>	<p><b>Free Look Cancellation:</b> Policy holder/Insured Beneficiary 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>	<b>Section E3, Section E6, Section E10, Section E11, Section E13</b>
13	<b>Your Obligations</b>	Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement	
<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

**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](http://www.bajajallianz.com) | E-mail: [bagichelp@bajajallianz.co.in](mailto:bagichelp@bajajallianz.co.in) or

Call at: Sales - 1800 209 0144 / Service - 1800 209 5858 (Toll Free No.)

Issuing Office:

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>