

**Tax Gain**

**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	<b>Name of Insurance Product</b>	Tax gain	
2	<b>Policy Number</b>	Kindly refer to Your Policy schedule	
3	<b>Type of Insurance</b>	Kindly refer to Your Policy schedule	
4	<b>Sum Insured (Basis)</b>	Kindly refer to Your Policy schedule	
5	<b>Policy Coverage (What the Policy Covers)</b>	Hospitalization Medical Expenses - Medical Expenses incurred due to admission to a Hospital for Illness or Accidental Bodily Injury, longer than 24 consecutive hours.	Section C 1
Out Patient Medical Expenses - Medical Expenses incurred due to treatment taken on Out Patient basis on advice because of illness or accidental Bodily Injury sustained or contracted.		Section C 2	
Ambulance Expenses- Max up to Rs 1000 per valid hospitalization claim.		Section C 3	
Medical Check-up - Preventive Health check up at the end of every 4 continuous policy years as per limits specified in policy wordings.		Section C 4	
Modern Treatment Methods and Advancement in Technologies – Medical expenses incurred during admissible hospitalization, towards following procedures: 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. Bronchial Thermoplastic 10. Vaporisation of the prostate (Green laser treatment or holmium laser treatment) 11. IONM -(Intra Operative Neuro Monitoring) 12. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered		Section C 5	
6	<b>Cumulative Bonus</b>	Not Applicable	
7	<b>Exclusions (What the policy does not cover)</b>	<b>EXCLUSIONS</b> General Exclusions • 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)	Standard Exclusions  Section D & Specific Exclusion DII

		<ul style="list-style-type: none"> <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>• Expenses for treatment arising from Insured committing or attempting to commit a breach of law with criminal intent. (Excl10)</li> <li>• Excluded Providers (Excl11)</li> <li>• Treatment for Alcoholism, drug or substance abuse. (Excl12)</li> <li>• Treatments received in health hydros, nature cure clinics, etc. where admission is arranged wholly or partly for domestic reasons. (Excl 13)</li> <li>• Dietary supplements and substances unless prescribed as part of hospitalization claim or day care procedure. (Excl14)</li> <li>• Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries. (Excl15)</li> <li>• Expenses related to any unproven treatment, services and supplies. (Excl16)</li> <li>• Expenses related to sterility and infertility. (Excl17)</li> <li>• Medical Treatment Expenses traceable to pregnancy and its complications. (Excl 18)</li> </ul> <p>Specific Exclusions- General Exclusion</p> <ol style="list-style-type: none"> <li>1. Cosmetic dental procedures unless due to Accidental Injury.</li> <li>2. Medical expenses where Inpatient care and medical supervision is not required</li> <li>3. War, invasion, acts of foreign enemies</li> <li>4. The cost of external durable medical equipment except Cost of Artificial Limbs, cost of prosthetic devices implanted during surgical procedure like Pacemaker, orthopedic implants, etc.etc.</li> <li>5. External medical equipment of any kind used at home as post Hospitalization</li> <li>6. 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>7. Intentional self-injury</li> <li>8. Vaccination or inoculation</li> <li>9. All non-medical Items as per Annexure II in policy wordings</li> <li>10. Any treatment received outside India</li> <li>11. Circumcision unless required for the treatment of Illness or Accidental bodily injury.</li> <li>12. Treatment for any other system other than modern medicine (allopathy) and AYUSH therapies.</li> </ol> <p>II Specific Exclusion</p> <ol style="list-style-type: none"> <li>1. Any expenses for treatment taken without the doctor advising the same and which is not duly supported by prescriptions.</li> <li>2. Any expenses for diagnostic tests without the treating doctor's referral.</li> <li>3. Cost of Annual Health Check-up.</li> <li>4. Any expenses in excess of the maximum payable under the Outpatient medical expenses limit.</li> </ol>							
<p><b>8</b></p>	<p><b>Waiting Period</b>                  Time period during which specified disease/treatment are not covered                  It is counted from beginning</p>	<p><b>Initial Waiting period:</b> 30 days for all illnesses  <b>Specific Waiting period:</b> 24 months for below listed procedures</p> <table border="1" data-bbox="370 1776 1292 1942"> <tr> <td>1. Any types of gastric or duodenal ulcers</td> <td>2. Benign prostatic hypertrophy</td> </tr> <tr> <td>3. All types of sinuses</td> <td>4. Hemorrhoids</td> </tr> <tr> <td>5. Dysfunctional uterine bleeding</td> <td>6. Endometriosis</td> </tr> </table>	1. Any types of gastric or duodenal ulcers	2. Benign prostatic hypertrophy	3. All types of sinuses	4. Hemorrhoids	5. Dysfunctional uterine bleeding	6. Endometriosis	<p>Standard Exclusions Section D I</p>
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<p><b>9 Financial Limits of Coverage</b>                  Sublimit (it is a pre-defined limit and the insurance company will not pay any amount in excess of this limit)</p> <p>Co-payment (it is a specified amount /percentage of the admissible claim amount to be paid by policy holder/insured)</p> <p>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) Any other limit (as applicable)</p>	<p>Cost of spectacles, dentures and hearing aids - subject to a maximum limit of 25% of the OPD limit each.</p> <p>Not Applicable</p> <p>Not Applicable</p> <p>Not Applicable</p>	<p>Cost of spectacles, dentures and hearing aids - subject to a maximum limit of 25% of the OPD limit each.</p>															

<p><b>10</b></p>	<p><b>Claims/claims procedure</b></p>	<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 authorisation 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>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 listed out in policy wordings and any additional information We ask, for Our obligation to make payment for it.</p> <p><b>Turnaround time(TAT) for claim settlement:</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 Number</b>                  Tollfree: 1800-103-2529</p> <p><b>Downloading /getting claim forms</b> Downloading /getting claim forms  <a href="https://www.bajajallianz.com/health-insurance-claim-process">Health Insurance Claim Process   Accident Insurance Claim (bajajallianz.com)</a></p>	<p>Section E 29</p>
<p><b>11</b></p>	<p><b>Policy Servicing</b></p>	<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>	
<p><b>12</b></p>	<p><b>Grievances /Complaints</b></p>	<p>Grievance Redressal Procedure:</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>                      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></li> <li>E-mail                             <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> </li> </ol>	<p>Section E 17</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>	
<b>13</b>	<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> 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 least 45days before, but not earlier than 60days 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><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 E7 Section E11 Section E12 Section E14
<b>14</b>	<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	
<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.			

**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>

**Benefit Illustration in respect of Policies offered on Individual & Family Floater basis**

Age of the members to be insured	Coverage opted on Individual Basis covering each member of the family separately (at a single point in time)		Coverage opted on individual basis covering multiple members of the family under as single policy (Sum Insured is available for each member of the family)				Coverage opted on floater basis with overall Sum Insured (Only one sum insured is available for the entire family)			
	Premium (for zone A)	Sum Insured	Premium (for zone A)	Discount	Premium after discount	Sum Insured	Premium or consolidated premium for all members of family (for Zone A)	Floater discount if any	Premium after discount	Sum Insured
45	10,900	300,000	10,900	15%	9,265	300,000	19,600	NA	300,000	
40	9,150	300,000	9,150	15%	7,778	300,000				
21	6,950	300,000	6,950	15%	5,908	300,000				
18	5,050	300,000	5,050	15%	4,293	300,000				
Total Premium (for Zone A) for all members of the family is Rs 32,050, when each member is covered separately (no discount applicable).			Total Premium (for Zone A) for all members of the family is Rs 27,243, when they are covered under a single policy. (Family Discount Applicable).				Total premium (for Zone A) when policy is opted on floater basis is Rs 19,600 (no discount applicable).			
Sum Insured available for each individual is Rs 300,000			Sum Insured available for each family member is Rs 300,000				Sum Insured of Rs 300,000 is available for the entire family			
Note: Premium rates specified in the above illustration shall be standard premium rates without considering any loading. Also, the premium rates shall be exclusive of taxes applicable.										