

FLEXI GUARD (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	Flexi Guard (Group)	
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)	BASE COVERAGE (Mandatory)	Section C
		<u>PART I: FLEXI HEALTH PROTECT PLAN</u> <u>MEDICAL EXPENSES INSURANCE</u> We hereby agree to reimburse Medical Expenses in respect of an admissible Hospitalisation claim, subject to the Sum Insured, limits, terms, conditions and definitions, exclusions contained or otherwise.	PART I Base Cover -1
		<ul style="list-style-type: none"> • In-patient Hospitalization Treatment - Medical Expenses incurred due to admission to a Hospital for Illness or Accidental Bodily Injury, longer than 24 consecutive hours. • Pre-Hospitalization - up to 60 days prior to date of admission in hospital • Post-Hospitalization- up to 90 days from date of discharge from the hospital • Medical Advancement Surgery Cover Medical expenses incurred during admissible hospitalization, towards listed procedures shall stand covered up to 25% of Sum insured as specified in the Policy Schedule/ Certificate of Insurance: • Day Care Treatment - 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 • Organ donor expenses - Medical expenses incurred towards organ donor's treatment for harvesting of the donated organ maximum up to Inpatient Hospitalization Treatment Sum Insured 	Section 1 - 6
		<u>HOSPITAL DAILY ALLOWANCE</u> a. Daily Allowance as stated in the Certificate of Insurance, for each continuous and completed period of 24 hours of Hospitalisation b. Two times the Daily Allowance for each continuous and completed period of 24 hours required to be spent by the Insured Beneficiary in the Intensive Care Unit of a Hospital during any period of Hospitalisation. c. One day Daily Allowance, for Day Care Treatment carried out in the Day Care Centre. This benefit will be applicable each year for Certificate of Insurance with term more than 1 year.	Base Cover - 2
	<u>Maternity Hospital Daily Allowance Benefit</u> If opted, Hospital Daily allowance benefit will be extended to cover each continuous and completed period of 24 hours of Hospitalisation underwent for normal delivery or caesarean section and complications of maternity (including and not limited to medical complications) subject to maximum of 2 deliveries/termination during lifetime. This benefit is payable after completion of number of months of Waiting period, specified in the Policy Schedule/ Certificate of Insurance Conditions applicable to Maternity Hospital Cash Benefit a. Maximum payable Hospitalisation duration shall be 3 days for normal delivery and termination or 5 days for caesarean section and complications (excluding ectopic pregnancy) or actual Hospitalisation period whichever is lower. b. This benefit will be applicable each year for Certificate of Insurance with term more than 1 year.	Base Cover - 2 Extension 1	

	<p>c. If opted, Standard exclusion 18 shall be waived up to the limit specified for this cover</p> <p>TOP UP PLANS We hereby agree to reimburse medical expenses for an admissible hospitalization claim exceeding the annual aggregate deductible, per claim deductible, or corporate deductible (at a group level), as per the plan chosen by the insured beneficiary, subject to the sum insured, limits, terms, conditions, definitions, and exclusion</p> <ul style="list-style-type: none"> • In-patient Hospitalization Treatment - Medical Expenses incurred due to admission to a Hospital for Illness or Accidental Bodily Injury, longer than 24 consecutive hours. • Pre-Hospitalization - up to 60 days prior to date of admission in hospital • Post-Hospitalization- up to 90 days from date of discharge from the hospital • Medical Advancement Surgery Cover - Medical expenses incurred during admissible hospitalization, towards listed procedures shall stand covered up to 25 % of Sum Insured as specified in the Policy Schedule/ Certificate of Insurance • Day Care Treatment - 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 • Organ donor expenses - Medical expenses incurred towards organ donor's treatment for harvesting of the donated organ maximum up to Inpatient Hospitalization Treatment Sum Insured 	<p>Base Cover - 3</p> <p>Section 1 - 6</p>
	<p>RECOVERY RELIEF We hereby agree to pay allowance amount as mentioned in the Policy Schedule/Certificate of Insurance, for continuous Hospitalisation of Insured Beneficiary exceeding the deductible (in days) subject otherwise to all other terms, conditions and exclusions of the Certificate of Insurance</p>	<p>Base Cover - 4</p>
	<p>PART II: GROUP GUARD</p> <p>HEALTH SECTION – PERSONAL ACCIDENT COVER Death - If the insured person dies within 12 months from an accidental bodily injury, the company will pay the sum insured to the designated beneficiary</p> <p>Extension – In consideration of payment of additional premium at inception of the policy, then the company will be any of the following additional expenses as opted (if claim under cover A: Death is accepted). a. Transportation of mortal remains: Payment of lump sum amount as specified in certificate of insurance for transporting the insured's mortal remains. b. Funeral Expenses - Payment of lump sum amount as specified in certificate of insurance for transporting the insured's mortal remains.</p> <p>Disappearance - If the insured person disappears due to a forced landing, stranding, sinking, or wrecking of a conveyance, they will be presumed dead after 12 months. If found alive after the accidental death benefit is paid, all payments must be reimbursed.</p>	<p>PART II</p> <p>Section A1, a</p>
	<p>Permanent Total Disability - If an accidental bodily injury results in permanent total disability within 12 months, the company will pay the sum insured stated in the Certificate of Insurance.</p> <p>Extension – In consideration of payment of additional premium at inception of the policy, then the company will be any of the following additional expenses as opted ((if claim under cover B: permanent total disability is accepted). a. Lifestyle modification benefit: Payment of lump sum amount as specified in certificate of insurance towards lifestyle modifications such as modification of place of residence and / or modification of the vehicle for the insured person.</p>	<p>section A1, b</p>
	<p>Permanent Partial Disability - If an accidental bodily injury causes permanent partial disability within 12 months, the company will pay the specified percentage of sum insured as stated under the certificate of Insurance.</p>	<p>Section A1, c</p>
	<p>Temporary Total Disability - If the insured person (s) named in the schedule, suffer Accidental Bodily Injury during the Policy Period which completely prevents the insured person(s) from engaging in his/her respective occupation, then the insured will be paid a weekly payment under TTD benefit, maximum up to 100 weeks. This benefit will be applicable on Floater basis wherein dependent spouse and children can be covered along with Proposer.</p>	<p>Section A1, d</p>
	<p>Child Care Benefit - In case we have accepted a claim under a- Death and b- Permanent Total Disability of Insured Beneficiary, The Company will make additional payment of the Sum insured as specified in Certificate of Insurance for "Child Care Benefit", towards the cost of</p>	<p>Section A1, e</p>

	education or care of the Insured Beneficiary's dependent children who are less than 25 years of age.																																							
	<p>Parental Care Benefit - In case we have accepted a claim under a- Death and b- Permanent Total Disability of Insured Beneficiary, The Company will make additional payment of the Sum insured as specified in Certificate of Insurance towards Parental Care Benefit to surviving parent(s)</p> <p>Accidental Hospitalisation Expenses - In-patient Hospitalization Treatment - Medical Expenses incurred due to admission to a Hospital for Accidental Bodily Injury, longer than 24 consecutive hours. Day Care Procedures - Medical Expenses for admission, for duration less than 24 consecutive hours.</p> <p>Extension Pre-hospitalisation and Post-hospitalisation – If the claim under Accidental Hospitalization Expenses due to Accident of the Insured Beneficiary is accepted, then the Company will also pay pre and post hospitalization expenses as specified in the Certificate of Insurance.</p>	<p>Section A1, f</p> <p>Section A2</p>																																						
	<p>Critical Illness Cover - If the Insured Beneficiary is diagnosed as suffering from a Critical Illness covered under the Certificate of Insurance, which first occurs or manifests itself during the Cover Period subject to waiting period specified, then we will pay 100% of Sum Insured as specified in the Certificate of Insurance</p> <table border="1"> <thead> <tr> <th>Plan</th> <th>Critical Illness Covered</th> </tr> </thead> <tbody> <tr> <td rowspan="10">Plan A</td> <td>10 Critical Illness Cover</td> </tr> <tr> <td>1. Cancer of Specified Severity</td> </tr> <tr> <td>2. Kidney Failure Requiring Regular Dialysis</td> </tr> <tr> <td>3. Major Organ /Bone Marrow Transplant</td> </tr> <tr> <td>4. Multiple Sclerosis With Persisting Symptoms</td> </tr> <tr> <td>5. Myocardial Infarction (First Heart Attack of Specific Severity)</td> </tr> <tr> <td>6. Open Chest CABG</td> </tr> <tr> <td>7. Permanent Paralysis of Limbs</td> </tr> <tr> <td>8. Primary (Idiopathic) Pulmonary Hypertension</td> </tr> <tr> <td>9. Stroke Resulting in Permanent Symptoms</td> </tr> <tr> <td>10. Surgery of Aorta</td> </tr> <tr> <td rowspan="7">Plan B</td> <td>Critical Illness Covered under Plan A + Critical Illness Cover listed</td> </tr> <tr> <td>1. Alzheimer's Disease</td> </tr> <tr> <td>2. Benign Brain Tumour</td> </tr> <tr> <td>3. Coma of Specified Severity</td> </tr> <tr> <td>4. End Stage Liver Failure</td> </tr> <tr> <td>5. Open Heart Replacement or Repair of Heart Valves</td> </tr> <tr> <td>6. Primary Parkinson's Disease</td> </tr> <tr> <td>7. Third Degree Burns</td> </tr> <tr> <td rowspan="13">Plan</td> <td>Critical Illness Covered under Plan B + Critical Illness Cover listed</td> </tr> <tr> <td>1. Angioplasty</td> </tr> <tr> <td>2. Apallic Syndrome</td> </tr> <tr> <td>3. Aplastic Anaemia</td> </tr> <tr> <td>4. Blindness</td> </tr> <tr> <td>5. Cardiomyopathy</td> </tr> <tr> <td>6. Deafness</td> </tr> <tr> <td>7. End Stage Lung Failure</td> </tr> <tr> <td>8. Goodpasture's Syndrome</td> </tr> <tr> <td>9. Loss Of Independent Existence</td> </tr> <tr> <td>10. Loss Of Limbs</td> </tr> <tr> <td>11. Loss Of Speech</td> </tr> <tr> <td>12. Medullary Cystic Disease</td> </tr> <tr> <td>13. Motor Neuron Disease With Permanent Symptoms</td> </tr> </tbody> </table>	Plan	Critical Illness Covered	Plan A	10 Critical Illness Cover	1. Cancer of Specified Severity	2. Kidney Failure Requiring Regular Dialysis	3. Major Organ /Bone Marrow Transplant	4. Multiple Sclerosis With Persisting Symptoms	5. Myocardial Infarction (First Heart Attack of Specific Severity)	6. Open Chest CABG	7. Permanent Paralysis of Limbs	8. Primary (Idiopathic) Pulmonary Hypertension	9. Stroke Resulting in Permanent Symptoms	10. Surgery of Aorta	Plan B	Critical Illness Covered under Plan A + Critical Illness Cover listed	1. Alzheimer's Disease	2. Benign Brain Tumour	3. Coma of Specified Severity	4. End Stage Liver Failure	5. Open Heart Replacement or Repair of Heart Valves	6. Primary Parkinson's Disease	7. Third Degree Burns	Plan	Critical Illness Covered under Plan B + Critical Illness Cover listed	1. Angioplasty	2. Apallic Syndrome	3. Aplastic Anaemia	4. Blindness	5. Cardiomyopathy	6. Deafness	7. End Stage Lung Failure	8. Goodpasture's Syndrome	9. Loss Of Independent Existence	10. Loss Of Limbs	11. Loss Of Speech	12. Medullary Cystic Disease	13. Motor Neuron Disease With Permanent Symptoms	Section A3
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	<p>C</p> <p>14. Multiple System Atrophy</p> <p>15. Muscular Dystrophy</p> <p>16. Myasthenia Gravis</p> <p>17. Pneumonectomy</p> <p>18. Progressive Scleroderma</p> <p>19. Progressive Supranuclear Palsy</p> <p>20. Pulmonary Artery Graft Surgery</p> <p>21. Refractory Heart Failure</p> <p>22. Lupus Erythematosus</p> <p>23. Major Head Trauma</p>	
	<p>EMI and Rent Protection Cover</p> <p>a. For Salaried Employees We will pay the Sum Insured for number of months as per the Certificate of Insurance towards EMI if during the Cover Period, the Insured Beneficiary loses job due to accidental body injuries that results in</p> <p>i. Permanent Total Disablement</p> <p>ii. Permanent Partial Disablement</p> <p>b. For Non-Salaried Persons We will pay the Sum Insured for number of months as per the Certificate of Insurance towards EMI if during the Cover Period, the Insured Beneficiary loses income due to accidental body injuries that results in</p> <p>i. Permanent Total Disablement</p> <p>ii. Permanent Partial Disablement</p>	Section A4
	<p>Coma Care - Lump sum benefit for accidental injury causing a comatose state within one month from the Date of Accident</p>	Section A5
	<p>Fracture Care - If Insured Beneficiary sustains any Accidental Bodily Injury during Cover Period which directly and independently of all other causes results in Fracture/s of Bone/s, then the company will pay the % of sum insured specified.</p>	Section A6
	<p>Adventure Sports Cover - If the insured beneficiary, while engaging in supervised adventure sports, suffers death, permanent total disability, or permanent partial disability within 12 months of the injury, the company will pay 100% of the sum insured as specified in the certificate of insurance</p>	Section A7
	<p>Air Ambulance Cover - We will indemnify ambulance transportation expenses by airplane or helicopter from the accident site to the nearest hospital for life-threatening injuries during the cover period</p>	Section A8
	<p>Cover B – Non-Health Sections</p>	
	<p>Fire and Allied Perils Cover – The coverage shall be as per Bajaj Allianz General Insurance Company Ltd. Bharat Griha Raksha Policy Wordings in Annexure available on our website.</p>	Section B1
	<p>Burglary and Robbery Cover - Company will indemnify:</p> <p>1. loss of or damage to the Contents or any part contained in the Insured's Premises caused by actual or attempted Burglary and/or Robbery during the Cover Period</p> <p>2. Actual physical damage to Insured's Premises caused by actual or attempted Burglary during the Cover Period</p>	Section B2
	<p>Medical Insurance Premium Protector - If an insured beneficiary dies from an accidental injury within 12 months, the company will pay the medical insurance premium for the surviving spouse and dependent child for the period specified in the schedule.</p>	Section B3
	<p>Family Counselling Expense Cover - If an insured beneficiary dies from an accidental injury within 12 months, the company will pay for professional counselling for the Insured Beneficiary's Spouse and Dependent Child up to the Sum Insured stated in the Certificate of Insurance.</p>	Section B4
	<p>Wedding Benefit - If an insured beneficiary dies from an accidental injury within 12 months, the company will pay amount specified in the Certificate of Insurance in equal shares to each Dependent Child of the Insured Beneficiary.</p>	Section B5
	<p>Optional Covers</p>	
	<p>Room Rent limit - If opted, then the selected option as specified on Certificate of Insurance shall be considered as Room Rent limit for any expenses incurred on Hospitalisation under the Base Cover</p>	1

	<p>Options for Pre-Hospitalisation Expenses If opted, then the Pre-Hospitalisation Period specified on Certificate of Insurance shall be considered instead of 60 days Pre- Hospitalisation mentioned in the Base Cover.</p>	2
	<p>Options for Post-Hospitalisation Expenses If opted, then the Post-Hospitalisation Period specified on Certificate of Insurance shall be considered instead of 90 days Post- Hospitalisation mentioned in the Base Cover.</p>	3
	<p>Options to Medical Advancement Surgery Cover If opted, then Medical Advancement Surgeries (listed in Annexure III) limit as specified on Certificate of Insurance shall be considered instead of 25% of Sum Insured mentioned in the Base Cover</p>	4
	<p>Domiciliary Hospitalisation If opted, We will pay Reasonable and Customary expenses incurred on medical treatment as per Sum Insured Limit specified in Certificate of Insurance for Illness or Injury sustained or contracted during the Cover Period, which in the normal course, would require care and treatment at a Hospital but, on the advice of the attending Medical Practitioner, is taken whilst confined at home under any of the following circumstances</p> <ul style="list-style-type: none"> i. The condition of the patient is such that he/she is not in a condition to be moved to a Hospital, or ii. The patient takes treatment at home on account of non-availability of room in a Hospital. 	5
	<p>Home Nursing Benefit If opted, We will pay fixed weekly benefit amount for actual number of weeks if a Registered Nurse is engaged to take care of the Insured Beneficiary subject to maximum number of weeks and Sum Insured limit per week as mentioned in the Certificate of Insurance.</p>	6
	<p>Procedure-wise Sub-limit If opted, We shall limit the claim arising out of Hospitalization event including Pre and Post Hospitalization for the listed procedures and their complications up to sub-limits specified, provided that claim(s) is admissible as "In-patient Hospitalisation Treatment" under this policy</p>	7
	<p>Waiver of Cataract Sub-Limit If opted, then we shall waive off cataract sublimit restricted to 20% of the Sum Insured for each eye, subject to maximum of Rs 1,00,000/- for each of You. And We will pay the You, Reasonable and Customary Medical Expenses incurred in respect of surgeries for cataracts as per actual or up to Sum Insured as mentioned in Certificate of Insurance.</p>	8
	<p>Change in Specified Disease Waiting Period If opted, then the Specified Disease Waiting Period stated in Certificate of Insurance shall be considered instead of the 24 months Waiting Period mentioned under the base cover exclusions.</p>	9
	<p>Change in Pre-existing Disease Waiting Period If this cover is opted, then selected option as specified in Certificate of Insurance shall be considered as Pre-existing Disease Waiting Period instead of the 36 months Waiting Period mentioned under the base cover exclusions</p>	10
	<p>Waiver of "Initial 30 days Waiting Period" If this cover is opted, The Company shall waive off initial 30-day Waiting Period as per exclusion (Excl03) which reads as "Expenses related to the Inpatient Hospitalisation treatment of any illness within 30 days from the first Group Flexi Health Protect Plan commencement date shall be excluded except claims arising due to an accident, provided the same are covered."</p>	11
	<p>Infections Only cover If opted, then We will pay only in case You are Hospitalized on the advice of a Doctor/ Medical Practitioner for non-surgical treatment due to opted Infection(s) contracted during the Cover Period up to the Sum Insured stated in the Certificate of Insurance.</p>	12
	<p>Surgery Only cover If opted, then We will pay only in case Insured Beneficiary is Hospitalized for undergoing a surgery on the advice of a Doctor/ Medical Practitioner due to Illness or Injury sustained or contracted during the Cover Period up to the Sum Insured stated in the Certificate of Insurance.</p>	13
	<p>Road Ambulance If opted, We will pay Reasonable and Customary expenses incurred on a Road ambulance offered by a healthcare or ambulance service provider for:</p> <ul style="list-style-type: none"> • transferring the Insured Beneficiary to the nearest Hospital with adequate emergency facilities for the provision of health services following an Emergency or 	14

	<ul style="list-style-type: none"> transferring the Insured Beneficiary from the Hospital where he/ she was admitted initially to another Hospital with higher medical facilities. 	
	<p>Air Ambulance We will pay Reasonable and Customary expenses incurred on an 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 during Cover Period.</p>	15
	<p>AYUSH Treatment - We will pay Reasonable and Customary expenses incurred as an In-patient Hospitalisation for continuous 24 hours for AYUSH Treatments on the advice of a Medical Practitioner because of Illness or Injury sustained or contracted during the Cover Period up to the limits specified in Certificate of Insurance, provided that the treatment has been taken in AYUSH hospital as defined under the policy.</p>	16
	<p>Cancer Care If opted and you are diagnosed and Hospitalized due to Cancer on advice of a Medical Practitioner/Specialist Consultant, during the Cover Period, then We will pay Reasonable and Customary expenses incurred towards treatment of the Cancer up to the Sum Insured stated in the Certificate of Insurance against this cover. Sum Insured provided for this cover shall be over and above Sum Insured for Base Cover.</p>	17
	<p>Critical Illness Multiplier If opted, and You are diagnosed and Hospitalized on the advice of a Medical Practitioner for any of the below listed Critical Illnesses during the Cover Period, then the sum insured for such Critical Illnesses would be increased up to number of times of Sum Insured of "Base Cover 1: Medical Expenses Insurance" as stated in the Certificate of Insurance. Sum Insured provided for this cover shall be over and above Sum Insured for Base Cover</p>	18
	<p>Accident Multiplier If opted, You are Hospitalized on the advice of a Medical Practitioner because of Injury sustained during then We will pay You, Reasonable and Customary Medical Expenses incurred for In-patient Hospitalisation Treatment. The sum insured for such In-patient Hospitalisation Treatment would be increased up to number of times of Sum Insured of "Base Cover 1: Medical Expenses Insurance" as stated in the Certificate of Insurance</p>	19
	<p>Neurodevelopmental Disorder Benefit If opted, child is born to the Insured Beneficiary during the policy period is diagnosed with any one of the neurodevelopmental disorders listed below, then We will pay a lump sum amount as per the Sum Insured opted towards the expenses for treatment and/or therapy for the diagnosed condition, as stated in Certificate of Insurance.</p> <ul style="list-style-type: none"> Autism Spectrum Disorder Down's Syndrome Congenital Cerebral Palsy 	20
	<p>Disability Benefit cover If opted and You are hospitalised due to an Accidental Bodily or Illness or Both (as opted) sustained or contracted during the Cover Period leading to total disablement which completely prevents You from engaging in your occupation, then We will pay weekly benefit up to maximum number of weeks, not exceeding 52 weeks, as specified in Certificate of Insurance against this cover.</p>	21
	<p>Maternity Expenses If opted, We will pay Reasonable and Customary expenses incurred, if You are Hospitalized on the advice of a Medical Practitioner for the delivery of a child or for medically required, and lawful medical termination of pregnancy during the Cover Period subject to maximum of Maternity Limit and maximum Number of Deliveries/ Terminations mentioned on the Certificate of Insurance.</p>	22
	<p>Assisted Reproduction Expenses If opted, We will pay Reasonable and Customary Medical Expenses incurred for the insured for the below listed procedures subject to below:</p> <p>For any claim to be admissible under this benefit both self and spouse should stay insured continuously for Waiting Period as mentioned in Certificate of Insurance up to the limit mentioned in the Certificate of Insurance,</p> <p>subject otherwise to all other terms, conditions and exclusions of the Certificate of Insurance read with Policy. Listed procedures:</p> <ul style="list-style-type: none"> Intra Uterine Insemination (IUI) In vitro fertilization and embryo transfer (IVF-ET) and similar techniques. Intracytoplasmic sperm injection (ICSI) 	23

	<ul style="list-style-type: none"> • Gamete Intrafallopian Tube Transfer (GIFT) • Zygote Intra-Fallopian Transfer (ZIFT) 	
	<p>Vaccination Cover If opted, We will cover for expenses related to the actual cost of vaccines as recommended by Indian Paediatric Association upto maximum Sum Insured and up to the age option as mentioned in Certificate of Insurance.</p>	24
	<p>Non-Medical Expenses If opted, We will pay the Non-Medical Expenses (as specified in Table I below) incurred for "In-patient Hospitalisation Expenses" of an Insured Beneficiary during the Cover Period up to the limit mentioned in the Certificate of Insurance, provided the claim is payable under Base cover.</p>	25
	<p>Preventive Health Check-up If opted, You are eligible for a Preventive Health check-up under at the end of block of every continuous period during which You have held Our Flexi health protect Plan (Group) and up to Sum Insured Limit as mentioned in Certificate of Insurance.</p>	26
	<p>External Congenital Anomalies If opted, We will pay for the Reasonable and Customary Charges incurred for "In-patient Hospitalisation Treatment" within the Base Cover 1 Sum Insured towards treatment for External Congenital Anomalies and Sum Insured as mentioned in the Certificate of Insurance.</p>	27
	<p>Rehabilitation/ De-addiction Expenses Cover If opted, We will pay for Reasonable and Customary in-patient rehabilitation expenses related to detox /de-addiction treatment for Alcohol, Drug and Substance Abuse up to the Sum Insured as specified in Certificate of Insurance provided: it is carried out by a medical practitioner specialising in rehabilitation; and it is carried out in a government registered rehabilitation hospital; and the treatment could not be carried out on an out-patient basis, and the costs have been agreed, in writing by us before the rehabilitation begins.</p>	28
	<p>Out-Patient Treatment (OPD) Expenses If opted, We will indemnify for Reasonable and Customary Medical Expenses incurred if you consult a consultant / medical practitioner on out-patient basis for Accidental Bodily Injury or Illness contracted during the Cover Period up to the Sum Insured limit as specified for this Optional Cover in the Certificate of Insurance for:</p> <ul style="list-style-type: none"> • Consultations/ Tele-consultation • Investigations • Medicines • Out-Patient Treatment (OPD) Expenses coverage is available only for allopathic line of treatment. 	29
	<p>Physiotherapy Expenses- If opted, We will indemnify for Reasonable and Customary Medical Expenses incurred towards Physiotherapy treatment taken for Accidental Bodily Injury or Illness or Both (as opted) contracted during the Cover Period, maximum up to the Sum Insured limit as specified in the Certificate of Insurance for this Optional Cover, provided that, Treatment is given by a Medical Practitioner for Musculo-skeletal /Neurological diseases / Injuries or other Systemic diseases</p>	30
	<p>Dental Care If opted, We will indemnify for Reasonable and Customary Medical Expenses incurred for Dental treatment taken from a dental surgeon during the Cover Period up to the Sum Insured as specified in the Certificate of Insurance for:</p> <ul style="list-style-type: none"> • Consultations • Surgery • Investigations • Medicines <p>Our maximum liability for the above expenses shall be limited to the amount specified in the Certificate of Insurance.</p>	31
	<p>Out-patient Mental Illness Treatment Cover If opted, We will indemnify for Reasonable and Customary Medical Expenses incurred on on out-patient basis for Mental Illness Treatment up to the Sum Insured limit as specified in the Certificate of Insurance for this Optional Cover, provided the treatment is availed in a psychiatric unit of a Hospital or Psychiatric OPD for the conditions listed in Annexure IV.</p> <ul style="list-style-type: none"> • Consultations • Investigations • Therapies 	32

	<ul style="list-style-type: none"> Medicines 	
	<p>Vision Expenses Cover If opted, We will indemnify for Reasonable and Customary Medical Expenses incurred up to the Sum Insured specified in the Certificate Of Insurance for</p> <ul style="list-style-type: none"> Eye examination performed by an ophthalmologist Cost of lenses and prescribed glasses without frame to correct refractory errors as per ophthalmologist prescription Investigations related to the illness / injury as prescribed by an ophthalmologist Medicines related to the illness / injury as prescribed by ophthalmologist. 	33
	<p>Refractive Error Correction Expenses If opted, We will indemnify for Reasonable and Customary Medical Expenses incurred by you for Laser-Assisted In Situ Keratomileusis (LASIK) Surgery, including refractive keratotomy (RK) and photorefractive keratectomy (PRK) or any other advanced Surgical Procedures conducted to correct the refractive errors beyond +/- 5 to change the refraction of one or both eyes.</p> <p>We will not be liable to make any payment in respect of any other non-Surgical Procedures</p>	34
	<p>Cost of Prescribed External Medical Aid If opted, We will indemnify for Reasonable and Customary Medical Expenses incurred for External Medical Aids required due to "In-patient Hospitalisation Expenses" claim of an Insured Beneficiary during the Cover Period and prescribed by a specialized Medical Practitioner as medically necessary up to the Sum Insured for this cover mentioned in the Certificate of Insurance.</p>	35
	<p>Compassionate Visit If opted, in case Insured Beneficiary sustains or contracts Accidental Injury or Sickness during the Cover Period requiring hospitalisation in an outstation location 200 kms away from Insured Beneficiary's place of residence, We will reimburse the actual to and fro economy class transportation expenses of most direct route via Common Carrier for one family member or friend of the Insured Beneficiary up to the Sum Insured limit mentioned in Certificate of Insurance provided no family member or relative or friend is there to attend the Insured Beneficiary</p>	36
	<p>Cumulative Bonus If opted, and insured beneficiary renew their Group Flexi health Protect Plan with Us without any break and there has been no claim in the preceding year, then We will increase the Limit of Indemnity by Percent amount of base Sum Insured per annum as mentioned in Certificate of Insurance, provided: If a claim is made in any year where a cumulative increase has been applied, then the increased Limit of Indemnity in the Cover Period of the subsequent Flexi health protect Plan (Group) shall be reduced by the percentage opted, save that the limit of indemnity applicable to Your first Flexi health protect Plan (Group) with Us shall be preserved</p>	37
	<p>Sum Insured Reinstatement If opted, then the Sum Insured under "In-patient Hospitalisation / Inpatient Care Treatment" would be "reinstated" up to 100% of In-patient Hospitalisation Sum Insured as specified on the Certificate of Insurance The reinstated Sum Insured would be triggered with the first paid claim itself and will be available for utilization for subsequent claim made by the Insured Beneficiary. The reinstated Sum Insured is applicable for Inpatient Hospitalisation Treatment only. Our maximum liability for a single claim shall not be more than Base Sum Insured. This benefit is applicable Number of times as specified on Certificate of Insurance during each policy year & will not be carried forward to the subsequent policy year/ renewals if the benefit is not utilized. This benefit is applicable only once in life time of Insured Beneficiary covered under this policy for claims regarding cancer and kidney failure requiring regular dialysis as defined under the policy.</p>	38

		<p>Recharge Benefit If opted, The reinstated Sum Insured would be triggered with the first paid claim itself and will be available for utilization for subsequent claim made by the Insured Beneficiary. The reinstated Sum Insured is applicable for Inpatient Hospitalisation Treatment only. Our maximum liability for single claim shall not be more than Base Sum Insured. This benefit is applicable Number of times as specified on Certificate of Insurance during each policy year & will not be carried forward to the subsequent policy year/ renewals if the benefit is not utilized. This benefit is applicable only once in life time of Insured Beneficiary covered under this policy for claims regarding cancer and kidney failure requiring regular dialysis as defined under the policy.</p>	39
		<p>International Cover – emergency care only If opted, We will indemnify for Reasonable and Customary Medical Expenses incurred for Inpatient Hospitalisation expenses incurred outside India and anywhere across the world up to the limit as specified against In-patient Hospitalisation Treatment in the Certificate of Insurance for any Emergency Hospitalisation incurred during Cover Period</p>	40
		<p>Corporate Buffer If opted, We will provide a Corporate Buffer upto Sum Insured as specified in the Certificate of Insurance during the Policy Year, provided that: All other terms, exclusions and conditions contained in the Policy or endorsed thereon remain unchanged. This Benefit will be available for those Insured Beneficiary/ies who have already exhausted their Sum Insured limit as mentioned in the Certificate of Insurance. Any Benefit accrued under this cover cannot be carried forward to the subsequent Policy Year. Corporate Buffer cannot be used for Ailments/procedures with Sub-limits unless specified.</p>	41
		<p>HIV - Anti retroviral Therapy If opted, We will indemnify for Reasonable and Customary Medical Expenses incurred for Anti-retroviral therapy related expenses availed on Outpatient basis arising due any condition directly or indirectly caused by, or associated with Human T-cell Lymphotropic Virus Type III (HTLD - III) or Lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or Variations Deficiency Syndrome or any Syndrome or condition of similar kind commonly referred to as AIDS, HIV and its complications including sexually transmitted diseases up to the Sum Insured stated in the Certificate of Insurance against this cover, subject otherwise to all other terms, conditions and exclusions of the Certificate of Insurance read with Policy.</p>	42
		<p>Gender Reassignment Treatment If opted, We will indemnify for Reasonable and Customary Medical Expenses incurred for Gender Re-alignment Treatment taken by Insured Beneficiary during the Cover Period, up to the Sum Insured stated in the Certificate of Insurance towards</p> <ul style="list-style-type: none"> • Hormone Therapy: The treatment involves hormone therapy (administered either on an In-patient or outpatient basis) like Testosterone (masculinizing hormones) for Trans Man (Female to Male) and oestrogen (feminizing hormones) for Trans Woman (Male to Female). • Surgical Intervention including but not limited to below listed procedures such as • Genital surgery for Male-to-Female transsexuals • Genital surgery for Female-to-Male transsexuals 	43
		<p>Wellness Services The Group Manager can opt for any of the listed Services on a Cashless basis only. The Certificate of Insurance will specify the scope of cover applicable to the opted services.</p>	44
		<p>Wellbeing Benefits Wellbeing Benefits intend to promote, incentivize and reward the Insured Beneficiary/ies for maintaining a healthy life style through various wellness activities. The Insured Beneficiary will be eligible for Wellbeing Benefits as specified in Policy Schedule or Certificate of Insurance.</p>	45
6	Exclusions (What the policy does not cover)	<p>EXCLUSIONS Standard Exclusions</p> <ul 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) 	Standard Exclusions Section D II & Specific Exclusion D II

		<ul style="list-style-type: none"> • Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving (Excl09) • Expenses for treatment arising from Insured committing or attempting to commit a breach of law with criminal intent. (Excl10) • Expenses incurred towards treatment in any Hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer (Excl11) • Treatment for Alcoholism, drug or substance abuse. (Excl12) • Treatments received in health 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. Treatments received in health hydros etc., arranged wholly or partly for domestic reasons. (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"> 1. Cosmetic dental procedures unless due to Accidental Injury. 2. Medical expenses where Inpatient care and medical supervision is not required 3. War, invasion, acts of foreign enemies 4. The cost of external durable medical equipment except Cost of Artificial Limbs, cost of prosthetic devices implanted during surgical procedure like Pacemaker, orthopaedic implants, etc. 5. External medical equipment of any kind used at home as post Hospitalization 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. 7. Intentional self-injury 8. Vaccination or inoculation 9. All non-medical Items as per Annexure II in policy wordings 10. Any treatment received outside India 11. Circumcision unless required for the treatment of Illness or Accidental bodily injury. 12. Treatment for any other system other than modern medicine (allopathy) and AYUSH therapies <p>Specific Exclusion Applicable to Personal Accidental Cover</p> <ul style="list-style-type: none"> • Intentionally self-inflicted injury or illness • deliberate or intentional, unlawful or criminal act • Whilst participating as the driver, co-driver or passenger of a motor vehicle during motor racing or trial runs • curative treatments or interventions • police, naval, military or air force operations whether peace or in war • Pre-existing injuries and complications arising out of or resulting therefrom • consequential losses of any kind or your actual or alleged legal liability. • Pregnancy, resulting childbirth, miscarriage, abortion • Ionising radiation or contamination by radioactivity • operating or learning to operate any aircraft, or performing duties as a member of the crew • War, civil war, invasion, act of foreign enemies, rebellion etc. • injury occurring while working in underground mines or explosive magazines, <p>Specific Exclusion to Accidental Hospitalisation Expenses</p> <ul style="list-style-type: none"> • Any Hospitalization for an existing disability from a previous Accident which has occurred prior to the first inception of this Policy. • 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 • Vaccination and inoculation of any kind unless forming part of treatment for Injury due to an Accident as prescribed by the Medical Practitioner. 	
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		<ul style="list-style-type: none"> • Treatment taken from persons not registered as Medical Practitioners under respective Medical Councils • Any other medical or surgical treatment except as may be necessary solely as a result Injury. • Any treatment taken outside India • Dental treatment or surgery of any kind unless as a result of Accidental Bodily Injury to natural teeth and also requiring hospitalization. <p>Specific Exclusion for Critical Illness Cover</p> <ul style="list-style-type: none"> • Any Critical Illness which first manifested itself or was contracted before the start of the Cover Period • Critical Illness diagnosed within the first 0/30/ 45/ 90 days (as opted) of the date of commencement of the Cover Period • Treatment arising from or traceable to pregnancy, childbirth, birth defects and congenital anomalies • Occupational diseases. • Radioactive contamination • Intentional self-injury and/or the use or misuse of intoxicating drugs and/or alcohol. <p>Specific Exclusions EMI And Rent Protection Cover</p> <p>For Salaried employee's</p> <ul style="list-style-type: none"> • Unemployment at the time of inception or within the first ninety (90) days of inception of cover period • Termination, dismissal due to fraud or any disciplinary action • Unemployment from a job which is casual, temporary, seasonal or contractual • Any voluntary unemployment; except Loss of Job due to accidental bodily injury • Unemployment from a job under which no salary or remuneration was provided • Suspension from employment on account of any pending enquiry • Unemployment due to resignation, retirement whether voluntary or otherwise • Unemployment due to non-confirmation of employment <p>For Non Salaried employees</p> <ul style="list-style-type: none"> • Unemployment at the time of inception or within the first ninety (90) days of inception of cover period • Pre-existing Condition(s) and its complications • Intentionally self-inflicted injury or illness • Under the influence of liquor or drugs, alcohol or other intoxicants • Deliberate or intentional, unlawful or criminal act • Whilst engaging in Adventure Sports, aviation or ballooning • Driver, co-driver or passenger of a motor vehicle during motor racing or trial runs • Curative treatments or interventions that you carry out or have carried out on your body <p>Specific Exclusion Applicable to Coma Care - Coma resulting directly from alcohol or drug abuse or any other disease other than Accidental Bodily Injury is excluded.</p> <p>Specific Exclusions Applicable To "Burglary And Robbery Cover"</p> <ul style="list-style-type: none"> • Any loss or damage where the Insured Beneficiary or any member of the Insured Beneficiary's family is or is alleged to be concerned or implicated. • Loss of or damage to livestock, motor vehicles and pedal cycles. • Loss of or damage to Valuables • thereof belonging to the Insured, unless such key is obtained by Burglary / Robbery. 													
7	<p>Waiting Period Time period during which specified disease/treatment are not covered It is counted from beginning of the policy coverage</p>	<p>Initial Waiting period: 30 days for any illnesses except the claim arising due to an accident as mentioned in the Policy Schedule/Certificate of Insurance</p> <p>Specific disease/procedure Waiting period - 24 months, applicable to expenses related to the treatment of the listed Conditions, surgeries/treatments</p> <table border="1" data-bbox="376 1732 1307 1986"> <tr> <td>1. Any type gastrointestinal ulcers</td> <td>2. Cataracts,</td> </tr> <tr> <td>3. Any type of fistula</td> <td>4. Macular Degeneration</td> </tr> <tr> <td>5. Benign prostatic hypertrophy</td> <td>6. Hernia of all types</td> </tr> <tr> <td>7. All types of sinuses</td> <td>8. Fissure in ano</td> </tr> <tr> <td>9. Haemorrhoids, piles</td> <td>10. Hydrocele</td> </tr> <tr> <td>11. Dysfunctional uterine bleeding</td> <td>12. Fibromyoma</td> </tr> </table>	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	
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<p>8</p>	<p>Financial Limits of Coverage 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)</p> <p>Any other limit (as applicable)</p>	<p>All conditions will be as per the limits specified in the Certificate of Insurance</p>	<p>Section E 23</p>																								
<p>9</p>	<p>Claims/claims procedure</p>	<p>Cashless Claim process</p> <ul style="list-style-type: none"> • Cashless treatment is only available at Network Hospitals • 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 	<p>Section E 35 A & B</p>																								

		<ul style="list-style-type: none"> We will review each claim for Medical Expenses, coverage and accordingly issue an authorisation 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 The Company shall settle or reject the claim within 45days from the date of receipt of last necessary document. <p>Turnaround time(TAT) for claim settlement:</p> <ol style="list-style-type: none"> Turnaround time (TAT) for claim settlement: 30 Working Days TAT for preauthorization of cashless facility: Within 120 Mins TAT for cashless final bill authorization: Within 120 Mins <p>Weblinks Network hospital and Black listed hospital list https://www.bajajallianz.com/branch-locator.html</p> <p>Helpline Number Tollfree: 1800-103-2529</p> <p>Downloading /getting claim forms Downloading /getting claim forms 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	Grievance Redressal Procedure: a) Toll-free number 1-800-209- 5858 or 020-30305858, Say “Hi” on WhatsApp on +91 7507245858 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 c) E-mail <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 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.ciains.co.in/ombudsman.html	Section E 17

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 least 45 days before, but not earlier than 60 days 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 D
13	Your Obligations	Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement	
<p>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.</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>