

BAJAJ ALLIANZ FAMILY HEALTH CARE (SILVER)

BE HEALTHY, BE PREPARED!



Allianz 

Caringly yours

Your health is precious to you - it enables you to live your life the way you please. But a sudden illness or accident can put a stop to your way of living and empty your savings. Protect yourself from the financial burden at the time of hospitalization with the Bajaj Allianz Family Health Care Policy.

Bajaj Allianz's Family Health Care Policy is designed to suit your health care needs. It takes care of the medical treatment expenses incurred during hospitalization resulting from serious illness or accident.

● **Key Features**

- In house claim settlement
- Life time renewal
- Free look period
- Income Tax Benefit as per Sec 80 D of the IT Act on the premiums paid for this policy

● **Coverages under the Policy**

1. In-patient Hospitalisation Treatment
2. Pre-Hospitalisation
3. Post-Hospitalisation
4. Road Ambulance
5. Day Care Procedures
6. Organ Donor Expenses
7. Hospital Cash Benefit
8. Preventive Health Check Up
9. AYUSH Hospitalisation Expenses
10. Modern Treatment

● **Type of Policy**

This is an annual floater policy

● **Eligibility**

- Indian Citizens
- Non-resident Indian Citizens
- Bank customers and other groups falling under the group definition of IRDAI Group Guidelines
- Dependents of the group members – Spouse, Children & Parents

● **What is the entry age?**

- 18 years to 65 years for Self, Spouse & Parent
- 3 months to 25 years for Children

● **What is the renewal age?**

The policy can be renewed for lifetime

● What is the pre-policy medical examination criteria?

Age of the person to be insured	Sum Insured	Medical Examination
Up to 45 years	All Sum Insured options	No Medical Tests*
46 years to 65 years	All Sum Insured options	Medical Tests required as listed below: Full Medical Report, ECG with reporting, FBG, CBC WITH ESR , Cholesterol, HDL Cholesterol, Triglycerides, Creatinine, GGTP, SGOT, SGPT, HbA1c, Urinalysis, Total Protein, Sr. Albumin, Sr. Globulin, A:C Ratio

*Subject to no adverse health conditions

- The pre-policy checkup would be arranged at our empanelled diagnostic centers.
- 50 % cost of pre-policy checkup would be refunded if the proposal is accepted & policy is issued.
- Option for waiver of medical tests can be extended subject to a loading of 5% on the brochure premium and no adverse medical history.

● What are the Sum Insured Options?

Sum Insured in INR

50,000	1,00,000	2,00,000	3,00,000	4,00,000	5,00,000	6,00,000
7,00,000	8,00,000	9,00,000	10,00,000			

● Coverage Description

If You are hospitalized on the advice of a Doctor because of Illness or Accidental Bodily Injury sustained or contracted during the Policy Period, then We will pay You in respect of an admissible claim, any or all of the following Medical expenses subject to Sum Insured, limits, terms, conditions and exclusions contained or otherwise expressed in this policy.

1. In-patient Hospitalisation Treatment
 - i. Room, Boarding and Nursing Expenses as provided by the Hospital/Nursing Home as per actuals up to 1% of sum insured (excluding cumulative bonus) subject to a maximum of Rs. 3000/day.
 - ii. ICU Boarding and Nursing Expenses as provided by the Hospital/Nursing Home as per actuals
 - iii. Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialists Fees.
 - iv. Anesthesia, Blood, Oxygen, Operation Theatre Charges, surgical appliances, Medicines & Drugs, Dialysis, Chemotherapy, Radiotherapy, cost of Artificial Limbs, cost of prosthetic devices implanted during surgical procedure like Pacemaker, orthopedic implants, infra cardiac valve replacements, vascular stents, relevant laboratory diagnostic tests, X-ray and such similar expenses that are medically necessary.

Note;

- a. In case of admission to a room at rates exceeding the limits as mentioned under (I), the reimbursement of all other expenses incurred at the Hospital, with the exception of cost of Pharmacy/medicines, consumables, implants, medical devices & diagnostics, shall be payable in the same proportion as the admissible rate per day bears to the actual rate per day of room rent charges
- b. Proportionate deductions shall not apply in respect of the Hospitals which do not follow differential billings or for those expenses in respect of which differential billing is not adopted based on the room category.
- c. Proportionate deductions shall not apply for ICU charges in case of admission to ICU

2. Pre-Hospitalisation Expenses

The Medical Expenses incurred during the 30 days immediately before you were Hospitalised, provided that: Such Medical Expenses were incurred for the same illness/injury for which subsequent Hospitalisation was required, and We have accepted an inpatient Hospitalisation claim under Benefit In Patient Hospitalisation Treatment Cover.

3. Post-Hospitalisation

The Medical Expenses incurred during the 60 days immediately after You were discharged post Hospitalisation provided that: Such costs are incurred in respect of the same illness/injury for which the earlier Hospitalisation was required, and We have accepted an inpatient Hospitalisation claim under Benefit In Patient Hospitalisation Treatment Cover.

4. Road Ambulance

We will pay the reasonable cost to a maximum of Rs 1500/- per valid Hospitalisation claim incurred on an ambulance offered by a healthcare or ambulance service provider for transferring You to the nearest Hospital with adequate emergency facilities for the provision of health services following an Emergency.

We will also reimburse the expenses incurred on an ambulance offered by a healthcare or ambulance service provider for transferring You from the Hospital where you were admitted initially to another hospital with higher medical facilities.

Note: Claim under this section shall be payable by us provided We have accepted Your Claim under "In-patient Hospitalisation Treatment" or "Day Care Procedures" section of the Policy.

5. Day Care Procedures

We will pay you the medical expenses as listed above under 1. In-patient Hospitalisation Treatment for Day care procedures / Surgeries taken as an inpatient in a hospital or day care centre but not in the outpatient department. Indicative list of Day Care Procedures is given in the annexure I of Policy wordings.

6. Organ Donor Expenses

We will pay expenses incurred towards in case of major organ transplant, for harvesting of the organ provided that,

- The organ donor is any person whose organ has been made available in accordance and in compliance with THE TRANSPLANTATION OF HUMAN ORGANS (AMENDMENT) BILL, 2011 and the organ donated is for the use of the Insured Person, and
- We have accepted an inpatient Hospitalization claim for the insured member under in patient Hospitalization expenses

Note: The above mentioned expenses are covered under the Sum Insured as opted under the plan

7. Hospital Cash Benefit

If You are Hospitalised on the advice of a Doctor as defined under the policy, because of Illness or Accidental Bodily Injury sustained or contracted during the Policy Period, then We will pay You:

The Daily Allowance of Rs. 300/- per day, for each continuous and completed period of 24 hours of Hospitalization necessitated solely by reason of the said Accidental Bodily Injury or Sickness, subject to a maximum of 30 days during the Policy Period.

8. Preventive Health Check Up

At the end of a block of every continuous 3 policy years during which You have held Our Family Health Care policy, You are eligible for a free Preventive Health checkup. We will reimburse the amount equal to 1% of the sum insured max up to Rs 2000/- during the block of 3 years.

For the avoidance of doubt, We shall not be liable for any other ancillary or peripheral costs or expenses (including but not limited to those for transportation, accommodation or sustenance).

Contact Email id- healthcheck@bajajallianz.co.in.

Note: Payment under this benefit will not reduce the base sum insured mentioned in policy Schedule.

9. AYUSH Hospitalisation Expenses

If You are Hospitalised for not less than 24 hours, in an AYUSH Hospital which is a government hospital or in any institute recognized by government and/or accredited by Quality Council of India/ National Accreditation Board on Health on the advice of a Doctor because of Illness or Accidental Bodily Injury sustained or contracted during the Policy Period then We will pay You:

In-patient Treatment- Medical Expenses for AYUSH treatment:

- i. Room, Boarding and Nursing Expenses as provided by the Hospital/Nursing Home as per actuals up to 1% of sum insured (excluding cumulative bonus) subject to a maximum of Rs. 3000/day.
- ii. ICU Boarding and Nursing Expenses as provided by the Hospital/Nursing Home as per actuals
- iii. Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialists Fees.
- iv. Anesthesia, Blood, Oxygen, Operation Theatre Charges, surgical appliances, Medicines & Drugs, relevant laboratory diagnostic tests, X-ray and such similar expenses that are medically necessary.

Note: If the incurred room rent / boarding & nursing expenses are higher than the limits mentioned under i above then the expenses mentioned under iii & iv (except for medicines & consumables) shall be reduced in the same proportion of the excess of the actual room rent / boarding and nursing limits.

Our maximum liability maximum for any or all the above expenses is limited up to 25% of Sum Insured per policy period.

6. Modern Treatment:

Modern Treatment Methods and Advancement in Technologies (as per below list) shall be restricted to 50% of Sum Insured or 5 Lacs, whichever is lower.

- A. Uterine Artery Embolization and HIFU
- 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 laser treatment)
- K. IONM -(Intra Operative Neuro Monitoring)
- L. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered

● WHAT ARE THE EXCLUSIONS UNDER THE POLICY?

I. Waiting Period

1. Pre-existing Diseases waiting period (Excl01)
 - a. Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 36 months of continuous coverage after the date of inception of the first Family Health Care Policy with us.
 - b. In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of Sum Insured increase.

- c. If the Insured is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations then waiting period for the same would be reduced to the extent of prior coverage.
 - d. Coverage under the Policy after the expiry of 36 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Us.
2. Specified disease/procedure waiting period (Excl02)
- a. Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of 24 months of continuous coverage after the date of inception of the first Family Health Care Policy with Us. This exclusion shall not be applicable for claims arising due to an accident.
 - b. In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of Sum Insured increase.
 - c. If any of the specified disease/procedure falls under the waiting period specified for Pre-Existing diseases, then the longer of the two waiting periods shall apply.
 - d. The waiting period for listed conditions shall apply even if contracted after the Policy or declared and accepted without a specific exclusion.
 - e. If the Insured is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.
 - f. List of specific diseases/procedures is as below

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.
19. Mental Illness	20. Diseases of gall bladder including
21. Pancreatitis	cholecystitis
23. Gout and rheumatism	22. All forms of Cirrhosis
25. Surgery for varicose veins and varicose ulcers	24. Tonsilitis
27. Alzheimer's Disease	26. Chronic Kidney Diseas

- 3.. Any Medical Expenses incurred during the first three consecutive annual periods during which You have the benefit of a Family Health Care Policy with Us in connection with:
- a. Joint replacement surgery,
 - b. Surgery for vertebral column disorders (unless necessitated due to an accident)
 - c. Surgery to correct deviated nasal septum

- d. Hypertrophied turbinate
 - e. Congenital internal diseases or anomalies
 - f. Treatment for correction of eye sight due to refractive error recommended by Ophthalmologist for medical reasons with refractive error greater or equal to 7.5
 - g. Bariatric Surgery
 - h. Parkinson's Disease
 - i. Genetic disorders
4. 30-day waiting period (Excl03)
- a. Expenses related to the treatment of any illness within 30 days from the first Policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.
 - b. This exclusion shall not, however apply if the Insured has Continuous Coverage for more than twelve months.
 - c. The within referred waiting period is made applicable to the enhanced Sum Insured in the event of granting higher Sum Insured subsequently.

I. General Exclusion:

- 1. Any dental treatment that comprises of cosmetic surgery, dentures, dental prosthesis, dental implants, orthodontics, surgery of any kind unless as a result of Accidental Bodily Injury to natural teeth and also requiring hospitalization.
- 2. Medical expenses where Inpatient care is not warranted and does not require supervision of qualified nursing staff and qualified medical practitioner round the clock
- 3. War, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, commotion, unrest, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalization or requisition of or damage by or under the order of any government or public local authority.
Any Medical expenses incurred due to Act of Terrorism will be covered under the Policy.
- 4. Investigation & Evaluation (Excl04)
 - a. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded even if the same requires confinement at a Hospital.
 - b. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.
- 5. Rest Cure, rehabilitation and respite care (Excl05)
 - a. Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
 - i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
 - ii. Any services for people who are terminally ill to address medical, physical, social, emotional and spiritual needs.
 - iii. Circumcision unless required for the treatment of Illness or Accidental bodily injury,
- 6. Obesity/Weight Control (Excl06)

Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:

1. Surgery to be conducted is upon the advice of the Doctor
2. The surgery/Procedure conducted should be supported by clinical protocols
3. The member has to be 18 years of age or older and
4. Body Mass Index (BMI);
 - a. greater than or equal to 40 or
 - b. greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
 - i. Obesity-related cardiomyopathy
 - ii. Coronary heart disease
 - iii. Severe Sleep Apnea
 - iv. Uncontrolled Type 2 Diabetes
7. Change-of-gender treatments (Excl07)
Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.
8. Cosmetic or plastic Surgery (Excl08)
Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.
9. Hazardous or Adventure Sports (Excl09)
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.
10. Breach of law (Excl10)
Expenses for treatment directly arising from or consequent upon any Insured committing or attempting to commit a breach of law with criminal intent.
11. Excluded Providers (Excl11)
Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.
12. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Excl12)
13. Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. (Excl13)
14. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure. (Excl14)
15. Refractive Error (Excl15)
Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries.

16. Unproven Treatments (Excl16)
Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.
17. Sterility and Infertility (Excl17)
Expenses related to sterility and infertility. This includes:
 - a. Any type of contraception, sterilization
 - b. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
 - c. Gestational Surrogacy
 - d. Reversal of sterilization
18. Maternity (Excl 18):
 - a. Medical Treatment Expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy.
 - b. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.
19. External medical equipment of any kind used at home as post Hospitalization care including cost of instrument used in the treatment of Sleep Apnoea Syndrome (C.P.A.P), Continuous Peritoneal Ambulatory Dialysis (C.P.A.D) and Oxygen concentrator for Bronchial Asthmatic condition.
20. The cost of spectacles, contact lenses, hearing aids, crutches, dentures, artificial teeth and all other external appliances and/or devices whether for diagnosis or treatment except for Cost of Artificial Limbs, cost of prosthetic devices implanted during surgical procedure like Pacemaker, orthopedic implants, infra cardiac valve replacements, vascular stents etc.
21. 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 haematological conditions.
22. Intentional self-injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol) Vaccination or inoculation unless forming a part of post bite treatment or if medically necessary and forming a part of treatment recommended by the treating Medical practitioner.
23. All non-medical Items as per Annexure II
24. Any treatment received outside India is not covered under this Policy.

● **What additional benefits do I get?**

1. Cumulative bonus
If You renew Your Family Health Care policy with Us without any break and there has been no claim in the preceding year, We will increase the Limit of Indemnity by 10% of base sum insured per annum, but:
 - i. The maximum cumulative increase in the Limit of Indemnity will be limited to 5 years and 50% of Your first Family Health Care policy with Us.
 - ii. This clause does not alter the annual character of this insurance or Our right to decline to renew or to cancel the Policy

- iii. If a claim is made in any year where a cumulative increase has been applied, then the increased Limit of Indemnity in the policy period of the subsequent Family Health Care policy shall be reduced by 10%, save that the limit of indemnity applicable to Your first Family Health Care policy with Us shall be preserved.

● **Renewal**

- i. Under normal circumstances, renewal will not be refused except on the grounds of Your moral hazard, misrepresentation, fraud, or your non-cooperation. (Subject to policy is renewed annually with us within the Grace period of 30 days from date of Expiry)
- ii. In case of Our own renewal, a grace period of 30 days is permissible and the Policy will be considered as continuous for the purpose of all waiting periods. However, any treatment availed for an Illness or Accident sustained or contracted during the break period will not be admissible under the Policy.
- iii. For renewals received after completion of 30 days grace period, a fresh application of health insurance should be submitted to Us, it would be processed as per a new business proposal.
- iv. For dependent children, Policy is renewable up to 35 years. After the completion of maximum renewal age of dependent children, the policy would be renewed for lifetime. However a Separate proposal form should be submitted to us at the time of renewal with the insured member as proposer. Suitable credit of continuity/waiting periods for all the previous policy years would be extended in the new policy, provided the policy has been maintained without a break
- v. Premium payable on renewal and on subsequent continuation of cover are subject to change with prior approval from IRDAI.
- vi. The loadings on renewals shall be in terms of increase or decrease in premiums offered for the entire portfolio and shall not be based on any individual policy claim experience.

● **Cancellation**

A. Cancellation by the Policyholder

The Policyholder can cancel this Policy by providing a written notice of 7 days. In such a case, the Company will refund the premium for the unexpired policy period as detailed below:

1. Cancellation of policy where full premium received at policy inception -

Annual Policy: The premium refund for the unexpired risk period will be on a pro-rata basis, provided no claim has been made during the policy year.

Multi-year Policy:

For any policy year where the risk date has not yet started, the premium will be refunded without any deduction.

For any policy year where the risk has started, the premium will be refunded on a pro-rata basis for that policy year, provided no claim has been made during the policy year and in full for future policy years.

- B. Additional Deductions - Notwithstanding the above, if (i) the risk under the Policy has already commenced, or (ii) only a part of the insurance coverage has commenced, and the option of Policy cancellation is exercised by the Policyholder, then expenses incurred by the Company on medical examination of the Policyholder will also be deducted before refunding of premium.
- C. Cancellation by the Company
The Company may cancel the Policy at any time on the grounds of misrepresentation, non-disclosure of material facts, or fraud by the Policyholder/insured person, by providing 15 days' written notice. There will be no refund of premium for cancellations on these grounds

● **When can I enhance my Sum Insured/ change Plan?**

- Sum Insured enhancement will be allowed only at the time of renewals.
- Change of Plan is allowed at the time of renewal. For this purpose the Insured will have to submit a Fresh Proposal form. The acceptance of enhancement of Sum Insured/ change of plan would be at the discretion of the company based on the declarations made in the proposal form and the Medical Checkup report wherever applicable.

● **Portability Conditions**

The Insured 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.

For Detailed Guidelines on portability, kindly refer the link

<https://irdai.gov.in/document-detail?documentId=393128>

(Please note referred link is of the IRDAI website and subject to change from time to time.)

● **Possibility of Revision of Terms of the Policy Including the Premium Rates**

The Company, with prior approval of IRDAI, may revise or modify the terms of the policy including the premium rates. The Insured beneficiary shall be notified three months before the changes are effected

● **Migration of policy:**

The Insured beneficiary will have the option to migrate the policy to other health insurance products/plans offered by the company by applying for migration of the policy at least 30 days before the policy renewal date as per IRDAI guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the company, the Insured beneficiary will get the

accrued continuity benefits in waiting periods as per IRDAI guidelines on migration.

For Detailed Guidelines on migration, kindly refer the link

<https://irdai.gov.in/document-detail?documentId=393128>

(Please note referred link is of the IRDAI website and subject to change from time to time.)

● **Withdrawal of Policy**

In the likelihood of this product being withdrawn in future, the Company will intimate the Insured beneficiary about the same 90 days prior to expiry of the policy.

Insured beneficiary will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period. as per IRDAI guidelines, provided the policy has been maintained without a break

● **Submission of Claim**

Policyholder and or Insured Person / must inform the Company in writing immediately within 48 hours of hospitalization in case emergency hospitalization & 48 hours prior to hospitalization in case of planned 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 as listed out below:

List of Claim documents:

- Claim form with NEFT details & cancelled cheque duly signed by Insured
- Original/Attested copies of Discharge Summary / Discharge Certificate / Death Summary with Surgical & anesthetics notes
- Attested copies of Indoor case papers
- Original/Attested copies Final Hospital Bill with breakup of surgical charges, surgeon's fees, OT charges etc
- Original Paid Receipt against the final Hospital Bill.
- Original bills towards Investigations done / Laboratory Bills.
- Original/Attested copies of Investigation Reports against Investigations done.
- Original bills and receipts paid for the transportation from Registered Ambulance Service Provider. Treating Doctor certificate to transfer the Injured person to a higher medical centre for further treatment (if Applicable).
- Cashless settlement letter or other company settlement letter
- First consultation letter for the current ailment.
- In case of implant surgery, invoice & sticker.

● **Payment of Claim**

The Company shall only make payment under this Policy to the Insured or in the event of death or total incapacitation of the Insured to the nominee and if there is no nominee to the heir, executor or validly appointed legal representative and any payment by the Company in this way will be a complete and final discharge of the Company's liability to make payment.

● Annual Premium Table

(Exclusive of GST)

Sum Insured & Premiums in INR

A. Family Health Care (Silver)

With Pre Policy Medical Tests

Sum Insured	Age Band (in Years)	1 A	1 A+1 C	1 A+2 C	1 A+3 C	1 A+4 C	2 A+0 C	2 A+1 C	2 A+2 C	2 A+3 C	2 A+4 C
50,000	0-40	1,687	2,203	2,687	3,176	3,679	2,425	2,923	3,406	3,897	4,402
	41-60	3,137	3,450	3,805	4,203	4,640	4,508	4,868	5,227	5,620	6,058
	61-70	6,317	6,633	6,949	7,265	7,581	9,078	9,394	9,709	10,025	10,341
	71+	9,805	10,295	10,785	11,275	11,766	14,089	14,580	15,070	15,560	16,050
100,000	0-40	2,462	3,214	3,920	4,633	5,366	3,537	4,263	4,969	5,685	6,422
	41-60	4,634	5,096	5,620	6,208	6,854	6,659	7,191	7,722	8,302	8,949
	61-70	9,400	9,870	10,340	10,810	11,280	13,507	13,977	14,447	14,917	15,387
	71+	14,626	15,357	16,089	16,820	17,551	21,018	21,749	22,480	23,212	23,943
200,000	0-40	3,399	4,438	5,412	6,398	7,410	4,884	5,887	6,861	7,850	8,867
	41-60	6,392	7,030	7,752	8,563	9,454	9,185	9,918	10,651	11,451	12,344
	61-70	12,958	13,606	14,254	14,902	15,549	18,620	19,268	19,916	20,564	21,212
	71+	20,159	21,167	22,175	23,183	24,191	28,968	29,976	30,984	31,992	33,000
300,000	0-40	4,167	5,441	6,636	7,844	9,085	5,988	7,218	8,412	9,625	10,871
	41-60	7,850	8,634	9,521	10,517	11,611	11,280	12,181	13,081	14,063	15,160
	61-70	15,929	16,726	17,522	18,318	19,115	22,890	23,687	24,483	25,279	26,076
	71+	24,790	26,029	27,268	28,508	29,747	35,623	36,862	38,101	39,341	40,580
400,000	0-40	4,560	5,954	7,262	8,584	9,942	6,553	7,899	9,206	10,533	11,897
	41-60	8,567	9,422	10,391	11,477	12,671	12,311	13,294	14,276	15,348	16,544
	61-70	17,357	18,224	19,092	19,960	20,828	24,942	25,809	26,677	27,545	28,413
	71+	26,996	28,346	29,696	31,046	32,395	38,794	40,143	41,493	42,843	44,193
500,000	0-40	4,935	6,443	7,858	9,289	10,758	7,091	8,547	9,961	11,398	12,874
	41-60	9,241	10,163	11,208	12,380	13,668	13,279	14,339	15,399	16,555	17,845
	61-70	18,687	19,622	20,556	21,490	22,425	26,854	27,788	28,722	29,657	30,591
	71+	29,047	30,500	31,952	33,405	34,857	41,741	43,194	44,646	46,098	47,551
600,000	0-40	5,245	6,849	8,353	9,874	11,435	7,538	9,085	10,589	12,115	13,684
	41-60	9,795	10,773	11,880	13,123	14,488	14,076	15,199	16,322	17,548	18,916
	61-70	19,776	20,765	21,754	22,743	23,732	28,419	29,407	30,396	31,385	32,374
	71+	30,723	32,259	33,795	35,331	36,867	44,149	45,685	47,221	48,757	50,293
700,000	0-40	5,586	7,294	8,896	10,515	12,178	8,027	9,675	11,276	12,902	14,573
	41-60	10,409	11,448	12,624	13,945	15,395	14,957	16,151	17,345	18,647	20,101
	61-70	20,988	22,038	23,087	24,137	25,186	30,160	31,210	32,259	33,309	34,358
	71+	32,591	34,221	35,851	37,480	39,110	46,834	48,463	50,093	51,723	53,352
800,000	0-40	5,899	7,703	9,394	11,105	12,861	8,477	10,218	11,909	13,626	15,390
	41-60	10,968	12,063	13,303	14,694	16,223	15,761	17,020	18,277	19,650	21,181
	61-70	22,088	23,193	24,297	25,401	26,506	31,741	32,845	33,950	35,054	36,158
	71+	34,284	35,998	37,712	39,426	41,140	49,266	50,980	52,694	54,408	56,122
900,000	0-40	6,135	8,010	9,770	11,548	13,374	8,816	10,626	12,384	14,170	16,005
	41-60	11,428	12,569	13,861	15,311	16,903	16,423	17,734	19,044	20,474	22,070
	61-70	23,041	24,193	25,345	26,497	27,649	33,110	34,262	35,414	36,566	37,718
	71+	35,777	37,566	39,354	41,143	42,932	51,411	53,200	54,989	56,778	58,567
1,000,000	0-40	6,350	8,291	10,112	11,953	13,844	9,125	10,999	12,819	14,667	16,566
	41-60	11,848	13,031	14,370	15,873	17,524	17,026	18,385	19,744	21,227	22,881
	61-70	23,910	25,106	26,301	27,497	28,692	34,359	35,555	36,750	37,946	39,141
	71+	37,139	38,996	40,853	42,710	44,566	53,368	55,225	57,082	58,939	60,796

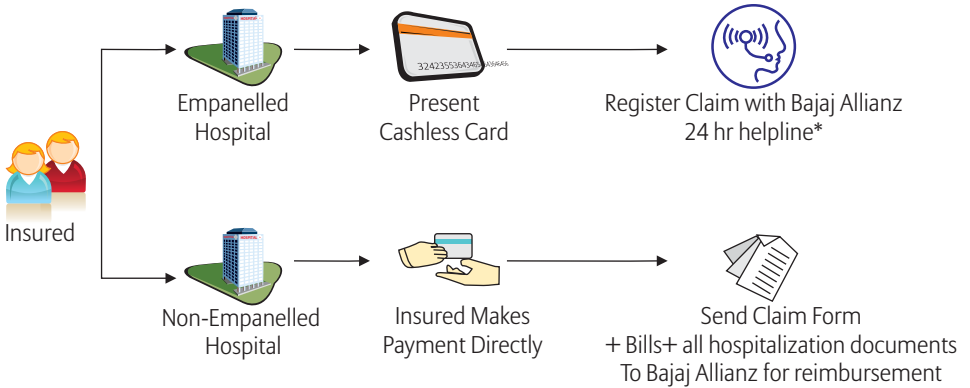
Silver- Without Pre Policy Medical Tests

Sum Insured	Age Band (in Years)	1A	1A+1C	1A+2C	1A+3C	1A+4C	2A+0C	2A+1C	2A+2C	2A+3C	2A+4C
50,000	0-40	1,687	2,203	2,687	3,176	3,679	2,425	2,923	3,406	3,897	4,402
	41-60	3,294	3,623	3,995	4,413	4,872	4,733	5,111	5,489	5,901	6,361
	61-70	6,633	6,965	7,296	7,628	7,960	9,532	9,863	10,195	10,526	10,858
	71+	10,295	10,810	11,324	11,839	12,354	14,794	15,309	15,823	16,338	16,853
100,000	0-40	2,462	3,214	3,920	4,633	5,366	3,537	4,263	4,969	5,685	6,422
	41-60	4,866	5,351	5,901	6,518	7,196	6,992	7,550	8,108	8,717	9,396
	61-70	9,870	10,363	10,857	11,350	11,843	14,183	14,676	15,170	15,663	16,156
	71+	15,357	16,125	16,893	17,661	18,429	22,069	22,837	23,604	24,372	25,140
200,000	0-40	3,399	4,438	5,412	6,398	7,410	4,884	5,887	6,861	7,850	8,867
	41-60	6,711	7,381	8,140	8,991	9,927	9,644	10,414	11,184	12,024	12,961
	61-70	13,606	14,286	14,966	15,647	16,327	19,551	20,232	20,912	21,592	22,273
	71+	21,167	22,225	23,283	24,342	25,400	30,417	31,475	32,533	33,592	34,650
300,000	0-40	4,167	5,441	6,636	7,844	9,085	5,988	7,218	8,412	9,625	10,871
	41-60	8,242	9,065	9,997	11,042	12,191	11,844	12,790	13,735	14,767	15,918
	61-70	16,726	17,562	18,398	19,234	20,071	24,035	24,871	25,707	26,543	27,380
	71+	26,029	27,330	28,632	29,933	31,235	37,404	38,705	40,007	41,308	42,609
400,000	0-40	4,560	5,954	7,262	8,584	9,942	6,553	7,899	9,206	10,533	11,897
	41-60	8,995	9,893	10,910	12,051	13,305	12,927	13,958	14,990	16,116	17,372
	61-70	18,224	19,136	20,047	20,958	21,869	26,189	27,100	28,011	28,922	29,833
	71+	28,346	29,763	31,181	32,598	34,015	40,733	42,151	43,568	44,985	46,402
500,000	0-40	4,935	6,443	7,858	9,289	10,758	7,091	8,547	9,961	11,398	12,874
	41-60	9,703	10,671	11,768	12,999	14,351	13,943	15,056	16,169	17,383	18,738
	61-70	19,622	20,603	21,584	22,565	23,546	28,196	29,177	30,158	31,140	32,121
	71+	30,500	32,025	33,550	35,075	36,600	43,828	45,353	46,878	48,403	49,928
600,000	0-40	5,245	6,849	8,353	9,874	11,435	7,538	9,085	10,589	12,115	13,684
	41-60	10,285	11,312	12,474	13,779	15,212	14,780	15,959	17,139	18,426	19,862
	61-70	20,765	21,803	22,842	23,880	24,918	29,840	30,878	31,916	32,954	33,993
	71+	32,259	33,872	35,485	37,098	38,711	46,356	47,969	49,582	51,195	52,808
700,000	0-40	5,586	7,294	8,896	10,515	12,178	8,027	9,675	11,276	12,902	14,573
	41-60	10,929	12,020	13,255	14,642	16,165	15,705	16,959	18,212	19,580	21,106
	61-70	22,038	23,140	24,242	25,344	26,445	31,668	32,770	33,872	34,974	36,076
	71+	34,221	35,932	37,643	39,354	41,065	49,176	50,887	52,598	54,309	56,020
800,000	0-40	5,899	7,703	9,394	11,105	12,861	8,477	10,218	11,909	13,626	15,390
	41-60	11,517	12,666	13,968	15,429	17,034	16,550	17,871	19,191	20,632	22,241
	61-70	23,193	24,352	25,512	26,672	27,831	33,328	34,487	35,647	36,807	37,966
	71+	35,998	37,798	39,598	41,398	43,197	51,729	53,529	55,329	57,129	58,928
900,000	0-40	6,135	8,010	9,770	11,548	13,374	8,816	10,626	12,384	14,170	16,005
	41-60	12,000	13,198	14,554	16,076	17,748	17,244	18,620	19,996	21,498	23,174
	61-70	24,193	25,403	26,612	27,822	29,032	34,766	35,975	37,185	38,394	39,604
	71+	37,566	39,444	41,322	43,201	45,079	53,982	55,860	57,738	59,617	61,495
1,000,000	0-40	6,350	8,291	10,112	11,953	13,844	9,125	10,999	12,819	14,667	16,566
	41-60	12,441	13,683	15,089	16,667	18,401	17,877	19,305	20,731	22,288	24,025
	61-70	25,106	26,361	27,616	28,872	30,127	36,077	37,332	38,588	39,843	41,098
	71+	38,996	40,945	42,895	44,845	46,795	56,037	57,987	59,936	61,886	63,836

*A= Adult

**C= Child/ Children

- **How do I make a Claim?**



Complete set of claim documents needs to be forwarded to
Health Administration Team,
Bajaj Allianz General Insurance Co. Ltd.
2nd floor, Bajaj Finserv Building, Behind Weikfield IT Park, Off Nagar Road, Viman Nagar-Pune -
411 014.

Any Landline / Mobile:

For sales and renewal -1800-209-0144

For Service- 1800-209-5858 / 1800-102-5858 / 020-30305858

bagichelp@bajajallianz.co.in

- **Section 41 of Insurance Act 1938:**

Section 41 of Insurance Act 1938 as amended by Insurance Laws Amendment Act, 2015 (Prohibition of Rebates): No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a Policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurers. Any person making default in complying with the provision of this section shall be liable for a penalty which may extend to 10 lakh rupees.

Disclaimer-

The above information is indicative in nature, please refer the policy wordings or visit our website / our nearest office for further details



BAJAJ ALLIANZ GENERAL INSURANCE CO. LTD.
BAJAJ ALLIANZ HOUSE, AIRPORT ROAD, YERAWADA, PUNE - 411006.
IRDA REG NO.: 113.



FOR ANY QUERY (TOLL FREE)
1800-209-0144 /1800-209-5858



www.bajajallianz.com



bagichelp@bajajallianz.co.in

For more details on risk factors, Terms and Conditions, please read the sales brochure before concluding a sale.

CIN: U66010PN2000PLC015329 | UIN: BAJHLIP22024V032122

BJAZ-B-0326/22-Jul-21

Policy holders can download Insurance Wallet for one -touch access Available on:

