

BAJAJ ALLIANZ GENERAL INSURANCE COMPANY LIMITED

(A Company incorporated under Indian Companies Act, 1956 and licensed by IRDAI vide Regt. No.113)

Regd Office: GE Plaza, Airport Road, Yerwada, Pune - 411006(India) CIN: U66010PN2000PLC015329

GROUP HOSPITAL CASH POLICY SCHEDULE

UIN: IRDA/NL-HLT/BAGI/P-H/V.I/64/14-15

Policy Issuing Office			
PROPOSER DETAILS		POLICY DETAILS	
Proposer Name		Policy Number	
Proposer Address		Policy Issue Date and Time	
		Period of Insurance – From	DD/ MM/YYYY Time: HH:MM:SS
Customer ID		Period of Insurance – To	DD/ MM/YYYY Time: HH:MM:SS
		Policy Status	
Total Members		Net Premium	
		Total Premium	
		Group Discount	
		Service Tax	
		Education Cess	
		Final Premium	
Final Premium in Words			
Agency Code		Contact No.	
Agency Name		E-Mail ID.	
Special Terms & Conditions			
Special Exclusions	Member wise special Exclusion to be printed		
Additional Details			
Premium Collection Details	Receipt Number XXXXXXXXXXXXX and Receipt Date: DD-MMM-YYYY (** If Premium paid through Cheque, the Policy is void ab-initio in case of Cheque dishonor.)		

For & on behalf of
Bajaj Allianz General Insurance Company Limited

Signature

QR Code

DIGITAL SIGNATURE

Authorized Signatory

This document is digitally signed, hence counter signature / stamp is not required.
 Consolidated Stamp Duty paid towards Insurance Policy Stamps Vide Order No. ADJ/CS/42/07/7383/07 Dated 18th April 2007 of General Stamp Office, Mumbai.
 Service Tax Regt. No. AABC5730G-ST-001

BAJAJ ALLIANZ GENERAL INSURANCE COMPANY LIMITED

(A Company incorporated under Indian Companies Act, 1956 and licensed by Insurance Regulatory and Development Authority of India [IRDA] vide Regt. No.113)

Regd Office: GE Plaza, Airport Road, Yerwada, Pune - 411006(India)

GROUP HOSPITAL CASH POLICY- ANNEXURE 1

Policy Issuing Office	
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PROPOSER DETAILS		POLICY DETAILS	
Proposer Name		Policy Number	

Part I: Insured Member Details

Member Name	Gender	Date of Birth	Age	Daily Allowance	Sum Insured	Nominee Name	Nominee Relation	Pre-Existing Disease
<<Member 1>>								
<<Member 2>>								
<<Member 3>>								
<<Member 4>>								
<<Member 5>>								
<<Member 6>>								

Part II: Special Exclusion:

Insured Member Name:

Exclusion remark:

This policy excludes for _____ any claims in respect of any disorder, injury, disease, disability or treatment whether directly or indirectly caused by, or attributable to _____ diseases its complications & related disorders its complications & related disorders /any other ailment existing on or before the commencement date.

The above exclusion shall cease to apply from ____ year, if You have maintained a Group Hospital Cash Policy with Us for a continuous period of a full 2/ 4 years (whichever is applicable) with out break from the date of Your first a Group Hospital Cash Policy with Us.

Bajaj Allianz General Insurance Company Limited
G.E. Plaza, Airport Road, Yerewada, Pune- 411006. Reg. no 113.
CIN: U66010PN2000PLC015329

GROUP HOSPITAL CASH POLICY

Policy Wordings

Preamble

Whereas the Policy holder has made to Bajaj Allianz General Insurance Company Ltd (hereinafter called the "Company"), a proposal which is hereby agreed to be the basis of this Policy and is deemed to be incorporated herein and has paid the premium specified in the Schedule, now the Company agrees, subject always to the following terms, conditions, exclusions, and limitations, to pay the Insured Person as is provided for herein and subject always to the daily allowance and the maximum period stated in the Policy Schedule during the policy period.

A) OPERATIVE PART

In the event of Accidental Bodily Injury or Sickness first occurring or manifesting itself during the Policy Period and causing the Insured Person's Hospitalisation within the Policy Period, the Company will pay:

1. The Daily Allowance as stated in the policy schedule, for each continuous and completed period of 24 hours of Hospitalisation necessitated solely by reason of the Accidental Bodily Injury or Sickness for a maximum period of 180 days, during each policy period.
2. Two times the Daily Allowance as stated in the policy schedule ,for each continuous and completed period of 24 hours required to be spent by the Insured Person in the Intensive Care Unit of a Hospital during any period of Hospitalisation necessitated solely by reason of the Accidental Bodily Injury or Sickness for a maximum period of 30 days during each policy period.
3. One day Daily Allowance as stated in the policy schedule, for Day Care Treatment carried out in the Day Care Centre during the policy period and necessitated solely by reason of the Accidental Bodily Injury or Sickness.

Note: During the hospitalization period if the insured member is transferred from Normal room to ICU or vice versa the benefit would be payable only under one heading as specified above, as per the hospital bill for the respective day.

B) DEFINITIONS

1. **Accident, Accidental** – An accident is a sudden, unforeseen and involuntary event caused by external, visible and violent means.
2. **Bajaj Allianz Network Hospitals / Network Hospitals-** mean the Hospitals which have been empanelled by the Company as per the latest version of the schedule of Hospitals maintained by the Company, which is available to the Insured Person on request and also available on our website.
3. **Condition Precedent** shall mean a policy term or condition upon which the Insurer's liability under the policy is conditional upon.
4. **Congenital Anomaly-** Congenital Anomaly refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.
 - a. **Internal Congenital Anomaly-** Congenital anomaly which is not in the visible and accessible parts of the body

- b. External Congenital Anomaly-** Congenital anomaly which is in the visible and accessible parts of the body
5. **Day care centre-** A day care centre means any institution established for day care treatment of sickness and / or injuries or a medical set -up within a hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criteria as under:- has qualified nursing staff under its employment has qualified medical practitioner (s) in charge has a fully equipped operation theatre of its own where surgical procedures are carried out-maintains daily records of patients and will make these accessible to the Insurance company's authorized personnel.
 6. **Day Care Treatment** - Day care treatment refers to medical treatment, and/or *surgical procedure* which is:
 - i. undertaken under General or Local Anesthesia in a *hospital/day care centre* in less than 24 hrs because of technological advancement, and
 - ii. Which would have otherwise required a hospitalization of more than 24 hours.
 Treatment normally taken on an out-patient basis is not included in the scope of this definition.
 7. **Daily Allowance** means the amount specified in the Schedule.
 8. **Disclosure to information norm-** The Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.
 9. **Grace Period** means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of *pre existing diseases*. Coverage is not available for the period for which no premium is received.
 10. **Hospital**
 A hospital means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:
 - has qualified nursing staff under its employment round the clock;
 - has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
 - has qualified medical practitioner(s) in charge round the clock;
 - has a fully equipped operation theatre of its own where surgical procedures are carried out;
 - maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.
 11. **Hospitalisation** means admission in a Hospital for a minimum period of 24 In patient Care consecutive hours except for specified procedures/ treatments, where such admission could be for a period of less than 24consecutive hours.
 12. **Illness** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical treatment.
 - a. **Acute condition** - Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/illness/injury which leads to full recovery.
 - b. **Chronic condition** - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:—it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests—it needs ongoing or long-term control or relief of symptoms— it requires your rehabilitation or for you to be specially trained to cope with it—it continues indefinitely—it comes back or is likely to come back.
 13. **Inpatient Care** means treatment for which the insured person has to stay in a *hospital* for more than 24 hours for a covered event.

14. **Injury/ Bodily Injury** means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.
15. **Intensive Care Unit** means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated medical practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.
16. **Insured Person** means the person named in the schedule who shall be the beneficiary under the policy.
17. **Medical Practitioner/ Physician:** A Medical Practitioner is a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of license.
18. **Medically Necessary-** Medically necessary treatment is defined as any treatment, tests, medication, or stay in hospital or part of a stay in hospital which
 - is required for the medical management of the illness or injury suffered by the insured;
 - must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
 - must have been prescribed by a medical practitioner,
 - must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
19. **Non- Network** any hospital, day care centre or other provider that is not part of the network.
20. **Notification of Claim** is the process of notifying a claim to the insurer or TPA by specifying the timelines as well as the address / telephone number to which it should be notified.
21. **Policyholder-** The Policyholder shall be the Employer who has taken the group insurance policy as a service benefit to his Employees or a Group Manager of a homogeneous group of persons who assemble together for a commonality of purpose and there is a clearly evident relationship between the member and group manager for services other than insurance.
22. **Portability** means transfer by an individual health insurance policyholder (including family cover) of the credit gained for pre-existing conditions and time-bound exclusions if he/she chooses to switch from one insurer to another.
23. **Pre-Existing Disease** any condition, ailment or injury or related condition(s) for which you had signs or symptoms, and / or were diagnosed, and / or received medical advice / treatment within 48 months to prior to the first policy issued by the insurer.
24. **Renewal** defines the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of all waiting periods.
25. **Subrogation** shall mean the right of the insurer to assume the rights of the insured person to recover expenses paid out under the policy that may be recovered from any other source.
26. **Surgery-** Surgery or Surgical Procedure means manual and / or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a hospital or day care centre by a medical practitioner
27. **Schedule** means the schedule and any annexure to it.
28. **Unproven/Experimental treatment** is treatment, including drug Experimental therapy, which is based on established medical practice in India, is treatment experimental or unproven.
29. **You, Your** means the person or persons that the Company insure as set out in the Schedule

30. **We, Our, Us** means the Bajaj Allianz General Insurance Company Limited

C) EXCLUSIONS :

The Company shall not pay any daily allowance available hereunder and no payment will be made by the Company for any hospitalization directly or indirectly caused by, based on, arising out of or howsoever attributable to any of the following:

1. Any Pre-existing condition, ailment or injury, in respect of Insured Person, until 48 months of continuous coverage has elapsed, after the date of inception of this policy with us. This exclusion shall cease to apply if the Insured Person has maintained a health insurance policy for a continuous period of full 4 years without break from the date of the Insured Person's first health insurance policy.
In case of enhancement of daily allowance, this Exclusion shall apply afresh only to the extent of the amount by which daily allowance has been increased if the policy is a renewal of Hospital Cash Policy without break in cover.

2. The Company shall not pay any daily allowance under this policy in case the Insured Person has contracted and has been hospitalized for treatment of the following diseases / ailments during the first two consecutive annual period during which the Insured Person has the benefit of a Hospital Cash Policy with the Company

1. Any types of gastric or duodenal ulcers,	9. Cataracts,
2. Benign prostatic hypertrophy	10. Hernia of all types
3. All types of sinuses	11. Fistulae,
4. Haemorrhoids	12. Fissure in ano
5. Dysfunctional uterine bleeding	13. Fibromyoma
6. Endometriosis	14. Hysterectomy
7. Stones in the urinary and biliary systems	15. Surgery for any skin ailment
8. Surgery on ears/tonsils/adenoids/paranasal sinuses	16. Surgery on all internal or external tumours/ cysts/ nodules/polyps of any kind including breast lumps with exception of Malignant tumor or growth.

This exclusion period shall apply for a continuous period of a full 4 years from the date of the Insured Person's first Hospital Cash Policy with the Company if the above referred illness were present at the time of commencement of the policy and if the Insured Person had declared such illness at the time of proposing the policy for the first time.

In case of enhancement of daily allowance, the waiting periods shall apply afresh only to the extent of the amount by which daily allowance has been increased if the policy is a renewal of Hospital Cash policy without break in cover.

3. The Company shall not pay any daily allowance to the Insured person for any hospitalization during the first four consecutive annual periods during which Insured Person has the benefit of a Hospital Cash Policy with the Company in connection below ailments:

- Joint replacement surgery,
- Surgery for prolapsed inter vertebral disc (unless necessitated due to an accident)
- Surgery to correct deviated nasal septum
- Hypertrophied turbinate
- Congenital internal diseases or anomalies
- Laser treatment for correction of eye sight due to refractive error.

In case of enhancement of daily allowance, the waiting periods shall apply afresh only to the extent of the amount by which daily allowance has been increased if the policy is a renewal of Hospital Cash policy without break in cover.

4. The Company shall not pay any daily allowance for any hospitalization in respect of any illness diagnosed or diagnosable within 30 days of the commencement of the Policy Period except those incurred as a result of Accidental Bodily Injury.

In case of enhancement of daily allowance, the waiting periods shall apply afresh only to the extent of the amount by which daily allowance has been increased if the policy is a renewal of Hospital Cash policy without break in cover.

5. 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 nationalisation or requisition of or damage by or under the order of any government or public local authority.
6. Circumcision unless required for the treatment of Illness or Accidental bodily injury, cosmetic or aesthetic treatments of any description, treatment or surgery for change of life/gender.
7. Any form of plastic surgery unless necessary for the treatment of cancer, burns or accidental Bodily Injury
8. Dental treatment or Dental surgery of any kind unless as a result of Accidental Bodily Injury to natural teeth and also requiring hospitalization.
9. Convalescence, general debility, rest cure, congenital external diseases or defects or anomalies, genetic disorders, stem cell implantation or surgery, or growth hormone therapy.
10. Intentional self-injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol)
11. Ailments requiring treatment due to use or abuse of any substance, drug or alcohol and treatment for de-addiction.
12. Any condition directly or indirectly caused by or associated with Human Immunodeficiency Virus or Variant/mutant viruses and or any syndrome or condition of a similar kind commonly referred to as AIDS.
13. Medical Expenses relating to any hospitalisation primarily and specifically for diagnostic, X-ray or laboratory examinations and investigations.
14. Medical expenses where Inpatient care is not warranted and does not require supervision of qualified nursing staff and qualified medical practitioner round the clock.
15. Any claim directly or indirectly caused by or contributed to by nuclear weapons and/or materials.
16. Treatment arising from or traceable to pregnancy and childbirth including caesarian section, and/or any treatment related to pre and postnatal care. (ectopic pregnancy is covered under the policy)
17. Vaccination or inoculation unless forming a part of post bite treatment.
18. Any fertility, sub fertility, impotence, assisted conception operation or sterilization procedure.
19. Vitamins, tonics, nutritional supplements unless forming part of the treatment for injury or disease as certified by the attending Doctor.
20. Experimental, unproven or non-standard treatment.
21. Treatment for any other system other than modern medicine (also known as Allopathy)
22. Venereal disease or any sexually transmitted disease or sickness.
23. Weight management services and treatment related to weight reduction programmes including treatment of obesity.
24. Treatment for any mental illness or psychiatric illness, Parkinson's and Alzheimer's disease.

25. Any natural peril including but not limited to avalanche, earthquake, volcanic eruptions or any kind of natural hazard.
26. Radioactive contamination.

D) GENERAL CONDITIONS

1. Due Observance

The due observance of and compliance with the terms, provisions, warranties and conditions of this Policy in so far as they relate to anything to be done or complied with by the Policyholder /Insured Person shall be a condition precedent to the Company's liability under this Policy.

2. Duties and Obligations of the Policyholder and or Insured Person : After the Occurrence of an Insured Event It is a condition precedent to the Company's liability under this Policy that in the event of any Accidental Bodily Injury or Sickness that may give rise to a claim:

- i. the Policyholder and or Insured Person shall immediately and in any event within 48 hours of hospitalization in case emergency hospitalization & 48 hours prior to hospitalization in case of planned hospitalization and
- ii. the Policyholder and or Insured Person shall take every other reasonable step and/or measure to minimize the consequence of the Bodily Injury or Sickness, and
- iii. the Policyholder and or Insured Person shall expeditiously provide the Company with or arrange for the Company to be provided with any and all information and documentation in respect of the claim and/or the Company's liability hereunder that may be requested, and submit himself for examination by the Company's medical advisors as often as may be considered necessary by the Company.

3. Entry age:

Age of entry is from 3 months to lifetime

4. Paying a Claim

- i. The Company shall make payment when the Policyholder and or Insured Person have provided the Company with necessary documentation and information. The Company shall make payment to the Insured Person and if the Insured Person is totally incapacitated or deceased the Company shall make payment 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.
- ii. On receipt of all the documents and on being satisfied with regard to the admissibility of the claim as per policy terms and conditions, the Company shall offer within a period of 30 days a settlement of the claim to Insured Person. Upon acceptance of an offer of settlement by Insured Person, the payment of the amount due shall be made within 7 days from the date of acceptance of the offer by Insured Person. In the cases of delay in the payment, the Company shall be liable to pay interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed by it.
- iii. If the Company, for any reasons decides to reject the claim under the policy, the reasons regarding the rejection shall be communicated to Policyholder and or Insured Person in writing within 30 days of the receipt of complete set of documents. Policyholder and or Insured Person may take recourse to the Grievance Redressal procedure stated under the document.

5. Basis of claims payment

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.

6. Reimbursement Claims Procedure:

- i. Policyholder and or Insured Person / must inform Us in writing immediately within 48 hours of hospitalization in case emergency hospitalization & 48 hours prior to hospitalization in case of planned hospitalization
- ii. Insured Person must immediately consult a Doctor and follow the advice and treatment that he recommends.
- iii. Insured Person must take reasonable steps or measures to minimise the quantum of any claim that may be made under this Policy.
- iv. Insured Person must have himself / herself examined by the Company's medical advisors if the Company ask for this, and as often as the Company consider this to be necessary at Company's cost.
- v. Policyholder and or Insured Person or someone claiming on their behalf must promptly and in any event within 30 days of discharge from a Hospital give the Company the documentation (written details of the quantum of any claim along with all original supporting documentation as per the claims documents list specified below.
- vi. In the event of the death of the Insured Person , someone claiming on their behalf must inform the Company in writing immediately In event of a claim, the original documents to be submitted & after the completion of the claims assessment process the original documents may be returned if requested by the Insured Person in writing, however the Company will retain the Xerox copies of the claim documents.
- vii. If the original documents are submitted with the co-insurer, the Xerox copies attested by the co-insurer should be submitted along with the letter confirming the status of the claim & settlement details if any

*Note:

Waiver of conditions (i) , (v)and (vi) may be considered in extreme cases of hardship where it is proved to the satisfaction of the Company that under the circumstances in which the Insured Person was placed it was not possible from him/her or any other person to give notice or file claim within the prescribed time limit.

List of claim documents

- Hospital Cash Claim Form duly signed by the Insured Person.
 - Copy of Discharge Summary / Discharge Certificate.
 - Copy of Hospital Bill giving detailed break up of all expense heads mentioned in the bill. Clear break ups have to be mentioned for OT Charges, Doctor's Consultation and Visit Charges, OT Consumables, Transfusions, Room Rent, etc.
 - Copy of Laboratory and Diagnostic Test Reports. E.g. X-Ray, E.C.G, USG, MRI Scan, Haemogram etc.
 - NEFT Details
 - Other documents as may be required by Bajaj Allianz to process the claim
- viii. All documents related to claims should be submitted to:
- Health Administration Team
Bajaj Allianz General Insurance Co. Ltd
2nd Floor, Bajaj Finserv Building
Viman Nagar, Pune 411014
Toll Free no: 1800 209 5858

7. Fraud

If the Policyholder and /or Insured Person makes or advance any claim knowing the same to be false or fraudulent as regards amount or otherwise, this Policy shall be void and all claims or payments hereunder shall be forfeited.

8. Notifications & Declarations

- i. Any and all notices for the attention of the Company shall be submitted in writing and shall be delivered to the address specified in the Schedule.
- ii. All notices for the attention of the Policyholder and or Insured Person shall be posted and addressed to the Policyholder's address as stated in the Schedule.
- iii. The Policyholder and or Insured Person / agree that Policyholder shall also act on behalf of all Insured Person as to:
 - a) The giving and receiving of any notice under or in respect of this Policy (including notice of cancellation),
 - b) The payment of premiums and the receipt of any return premium, and
 - c) The acceptance of any endorsements to this Policy.

9. Portability Conditions

Portability shall be allowed in the following case:

All Individual members, including the family members covered under health insurance policy shall have the right to migrate from such a health insurance policy to this Group Hospital cash policy

10. Discount:

Discount offered in lieu of Group size

Group Size (No. of Members)	Discount
Less than equal to 500	0%
501 to 2000	5%
2001 to 5001	7%
5001 to 10000	10%
10001 to 50000	12%
50001 to 100000	15%
100001 and above	20%

11. Renewal & Cancellation

- i. Under normal circumstances, lifetime renewal benefit is available under the policy except for reasons of misrepresentation, fraud, non-disclosure of material facts or non-cooperation of the insured
- 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 48 months (4 Years) and 24 months (2 Years) waiting period .No claim shall be admissible under this policy on account of any hospitalization as a result of disease condition/ Accident contracted during the break period.
- iii. For renewal proposal received after completion of grace period of 30 days, the 48 months(4 Years) and 24 months(2 Years)waiting period would apply afresh.
- iv. 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.
- v. The Company may cancel this insurance by giving the Policyholder at least 15 days written notice, and if no claim has been made then the Company shall refund a pro-rata premium for the unexpired Policy Period. Under normal circumstances, policy will not be cancelled except for reasons of mis-representation, fraud, non-disclosure of material facts or non-cooperation of the insured.
- vi. the Policyholder may cancel this insurance by giving the Company at least 15 days written notice, and if no claim has been made then the the Company shall refund premium on short term rates for the unexpired Policy Period as per the rates detailed below.

PERIOD ON RISK	RATE OF PREMIUM REFUNDED
Upto one month	75% of annual rate
Upto three months	50%of annual rate
Upto six months	25% of annual rate
Exceeding six months	Nil

12. Daily Allowance Enhancement:

The Insured member can apply for enhancement of daily allowance at the time of renewal. You can apply for enhancement of daily allowance by submitting a fresh proposal form to the company.

All waiting periods as defined in the Policy shall apply for this enhanced of daily allowance from the effective date of enhancement of such daily allowance considering such Policy Period as the first Policy with the Company.

13. Revision/ Modification of the policy:

There is a possibility of revision/ modification of terms, conditions, coverages and/or premiums of this product at any time in future, with appropriate approval from IRDA. In such an event of revision/modification of the product, intimation shall be set out to all the existing insured members at least 3 months prior to the date of such revision/modification comes into the effect

14. Withdrawal of Policy

There is possibility of withdrawal of this product at any time in future with appropriate approval from IRDA, as We reserve Our right to do so with a intimation of 3 months to all the existing insured members. In such an event of withdrawal of this product, at the time of Your seeking renewal of this Policy, You can choose, among Our available similar and closely similar Health insurance products. Upon Your so choosing Our new product, You will be charged the Premium as per Our Underwriting Policy for such chosen new product, as approved by IRDA. Provided however, if You do not respond to Our intimation regarding the withdrawal of the product under which this Policy is issued, then this Policy shall be withdrawn and shall not be available to You for renewal on the renewal date and accordingly upon Your seeking renewal of this Policy, You shall have to take a Policy under available new products of Us subject to Your paying the Premium as per Our Underwriting Policy for such available new product chosen by You and also subject to Portability condition.

15. Subrogation

The Policyholder and any claimant under this Policy shall do whatever is necessary to enable the Company to enforce any rights and remedies or obtain relief or benefit from other parties to which the Company would become entitled or subrogated upon the Company paying for or making good any loss under this Policy whether such acts and things shall be or become necessary or required before or after the payment of benefit to the Insured Person by the Company.

16. Arbitration

- i. If any dispute all difference shall arise as to the quantum to be paid under the policy (Liability being otherwise admitted) such difference shall independently of all other questions be referred to decision of a sole arbitrator in writing by the parties or if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration, the same shall be referred to a panel of the arbitrators comprising of two arbitrators, one appointed by each of the party to the dispute / difference and the third arbitrators to be appointed by such two arbitrator and arbitrations shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996. The Law of the arbitrations will be Indian law, and the seat of the arbitration and venue for all sharings shall be within India.
- ii. It is clearly agreed and understood that no difference or disputes shall be referable to arbitration as herein before provided, if the Company has disputed or not accepted liability under or in respect of this policy.
- iii. It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this policy that award by such arbitrator / arbitrators of the amount of the loss or damage shall be first obtained.
- iv. If these arbitration provision are held to be invalid, then such all such disputes or differences shall be referred to the exclusive jurisdiction of the Indian Courts.

17. Governing Law

The construction, interpretation and meaning of the provisions of this Policy shall be determined in accordance with Indian law. The section headings of this Policy are included for descriptive purposes only and do not form part of this Policy for the purpose of its construction or interpretation.

18. Entire Contract

The Policy constitutes the complete contract of insurance. No change or alteration in this Policy shall be valid or effective unless approved in writing by the Company, which approval shall be evidenced by an endorsement on the Policy.

19. Territorial Limits

The Company's liability to make any payment shall be to make payment within India and in Indian Rupees only.

20. Welcome to Bajaj Allianz and Thank You for choosing us as your insurer.

Please read your policy and schedule

The policy and policy schedule set out the terms of your contract with us. Please read your policy and policy schedule carefully to ensure that the cover meets your needs.

The Company will do best to ensure that its customers are delighted with the service they receive from Bajaj Allianz. If you are dissatisfied we would like to inform you that we have a procedure for resolving issues. Please include your policy number in any communication.

This will help us deal with the issue more efficiently. If you don't have it, please call your Branch Office.

Initially, we suggest you contact the Branch Manager/ Regional Manager of the local office which has issued the policy. The address and telephone number will be available in the policy. Naturally, we hope the issue can be resolved to your satisfaction at the earlier stage itself. But if you feel dissatisfied with the suggested resolution of the issue after contacting the local office, please e-mail or write to:

Bajaj Allianz General Insurance Co. Ltd
 GE Plaza, Airport Road
 Yerawada, Pune 411006
 E-mail -customer@bajajallianz.co.in
 Call : 1800-225858 (free calls from BSNL/MTNL lines only)
 1800-1025858 (free calls from Bharti users - mobile /landline) or
 020-30305858

If You are still not satisfied, You can approach the Insurance Ombudsman in the respective area for resolving the issue. The contact details of the Ombudsman offices are mentioned below:

Office of the Ombudsman	Contact Details	Areas of Jurisdiction
AHMEDABAD	Insurance Ombudsman, Office of the Insurance Ombudsman, 2nd Floor, Ambica House, Nr. C.U. Shah College, Ashram Road, AHMEDABAD-380 014. Tel.:- 079-27546840 Fax : 079-27546142 Email ins.omb@rediffmail.com	Gujarat , UT of Dadra & Nagar Haveli, Daman and Diu
BHOPAL	Insurance Ombudsman, Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel, Near New Market, BHOPAL(M.P.)-462 023. Tel.:- 0755-2569201 Fax : 0755-2769203 Email bimalokpalbhopal@airtelmail.in	Madhya Pradesh & Chhattisgarh
BHUBANESHWAR	Insurance Ombudsman, Office of the Insurance Ombudsman, 62, Forest Park, BHUBANESHWAR-751 009. Tel.:- 0674-2596455 Fax : 0674-2596429 Email ioobbsr@dataone.in	Orissa
CHANDIGARH	Insurance Ombudsman, Office of the Insurance Ombudsman, S.C.O. No.101-103, 2nd Floor, Batra Building. Sector 17-D, CHANDIGARH-160 017. Tel.:- 0172-2706468 Fax : 0172-2708274 Email ombchd@yahoo.co.in	Punjab , Haryana, Himachal Pradesh, Jammu & Kashmir , UT of Chandigarh
CHENNAI	Insurance Ombudsman, Office of the Insurance Ombudsman, Fathima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, CHENNAI-600 018. Tel.:- 044-24333668 /5284 Fax : 044-24333664 Email chennaiinsuranceombudsman@gmail.com	Tamil Nadu, UT–Pondicherry Town and Karaikal (which are part of UT of Pondicherry)

NEW DELHI	Shri Surendra Pal Singh Insurance Ombudsman, Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Bldg., Asaf Ali Road, NEW DELHI-110 002. Tel.:- 011-23239633 Fax : 011-23230858 Email iobdelraj@rediffmail.com	Delhi & Rajasthan
GUWAHATI	Shri D.C. Choudhury, Insurance Ombudsman, Office of the Insurance Ombudsman, "Jeevan Nivesh", 5th Floor, Near Panbazar Overbridge, S.S. Road, GUWAHATI-781 001 (ASSAM). Tel.:- 0361-2132204/5 Fax : 0361-2732937 Email ombudsmanghy@rediffmail.com	Assam , Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura
HYDERABAD	Insurance Ombudsman, Office of the Insurance Ombudsman, 6-2-46, 1st Floor, Moin Court, A.C. Guards, Lakdi-Ka-Pool, HYDERABAD-500 004. Tel : 040-65504123 Fax: 040-23376599 Email insombudhyd@gmail.com	Andhra Pradesh, Karnataka and UT of Yanam – a part of the UT of Pondicherry
KOCHI	Insurance Ombudsman, Office of the Insurance Ombudsman, 2nd Floor, CC 27/2603, Pulinat Bldg., Opp. Cochin Shipyard, M.G. Road, ERNAKULAM-682 015. Tel : 0484-2358759 Fax : 0484-2359336 Email iokochi@asianetindia.com	Kerala , UT of (a) Lakshadweep , (b) Mahe – a part of UT of Pondicherry
KOLKATA	Ms. Manika Datta Insurance Ombudsman, Office of the Insurance Ombudsman, 4th Floor, Hindusthan Bldg. Annexe, 4, C.R.Avenue, Kolkatta – 700 072. Tel: 033 22124346/(40) Fax: 033 22124341 Email:iombsbpa@bsnl.in	West Bengal , Bihar , Jharkhand and UT of Andaman & Nicobar Islands , Sikkim
LUCKNOW	Insurance Ombudsman, Office of the Insurance Ombudsman, Jeevan Bhawan, Phase-2, 6th Floor, Nawal Kishore Road, Hazaratganj, LUCKNOW-226 001. Tel : 0522 -2231331 Fax : 0522-2231310 Email insombudsman@rediffmail.com	Uttar Pradesh and Uttaranchal
MUMBAI	Insurance Ombudsman, Office of the Insurance Ombudsman, S.V. Road, Santacruz(W), MUMBAI-400 054. Tel : 022-26106928 Fax : 022-26106052 Email ombudsmanmumbai@gmail.com	Maharashtra , Goa

Note: Address and contact number of Governing Body of Insurance Council

Secretary General - Governing Body of Insurance Council

Jeevan Seva Annexe, 3rd Floor, S.V. Road, Santacruz (W), Mumbai - 400 054

Tel No: 022-2610 6889, 26106245, Fax No. : 022-26106949, 2610 6052, E-mail ID: inscoun@vsnl.net

"DAY CARE PROCEDURES"

1. Suturing - CLW -under LA or GA
2. Surgical debridement of wound
3. Therapeutic Ascitic Tapping
4. Therapeutic Pleural Tapping
5. Therapeutic Joint Aspiration
6. Aspiration of an internal abscess under ultrasound guidance
7. Aspiration of hematoma

8. Incision and Drainage
9. Endoscopic Foreign Body Removal - Trachea /- pharynx-larynx/ bronchus
10. Endoscopic Foreign Body Removal -Oesophagus/stomach /rectum.
11. True cut Biopsy - breast/- liver/- kidney-Lymph Node/-Pleura/-lung/-Muscle biopsy/-Nerve biopsy/-Synovial biopsy/-Bone trephine biopsy/-Pericardial biopsy
12. Endoscopic ligation/banding
13. Sclerotherapy
14. Dilatation of digestive tract strictures
15. Endoscopic ultrasonography and biopsy
16. Nissen fundoplication for Hiatus Hernia /Gastro esophageal reflux disease
17. Endoscopic placement/removal of stents
18. Endoscopic Gastrostomy
19. Replacement of Gastrostomy tube
20. Endoscopic polypectomy
21. Endoscopic decompression of colon
22. Therapeutic ERCP
23. Bronchoscopic treatment of bleeding lesion
24. Bronchoscopic treatment of fistula /stenting
25. Bronchoalveolar lavage & biopsy
26. Tonsillectomy without Adenoidectomy
27. Tonsillectomy with Adenoidectomy
28. Excision and destruction of lingual tonsil
29. Foreign body removal from nose
30. Myringotomy
31. Myringotomy with Grommet insertion
32. Myringoplasty /Tympanoplasty
33. Antral wash under LA
34. Quinsy drainage
35. Direct Laryngoscopy with or w/o biopsy
36. Reduction of nasal fracture
37. Mastoidectomy
38. Removal of tympanic drain
39. Reconstruction of middle ear
40. Incision of mastoid process & middle ear
41. Excision of nose granuloma
42. Blood transfusion for recipient
43. Therapeutic Phlebotomy
44. Haemodialysis/Peritoneal Dialysis
45. Chemotherapy
46. Radiotherapy
47. Coronary Angioplasty (PTCA)
48. Pericardiocentesis
49. Insertion of filter in inferior vena cava
50. Insertion of gel foam in artery or vein
51. Carotid angioplasty
52. Renal angioplasty
53. Tumor embolisation
54. TIPS procedure for portal hypertension
55. Endoscopic Drainage of Pseudopancreatic cyst
56. Lithotripsy
57. PCNS (Percutaneous nephrostomy)
58. PCNL (percutaneous nephrolithotomy)
59. Suprapubic cystostomy
60. Tran urethral resection of bladder tumor
61. Hydrocele surgery
62. Epididymectomy
63. Orchidectomy
64. Herniorrhaphy
65. Hernioplasty

66. Incision and excision of tissue in the perianal region
67. Surgical treatment of anal fistula
68. Surgical treatment of hemorrhoids
69. Sphincterotomy/Fissurectomy
70. Laparoscopic appendicectomy
71. Laparoscopic cholecystectomy
72. TURP (Resection prostate)
73. Varicose vein stripping or ligation
74. Excision of dupuytren's contracture
75. Carpal tunnel decompression
76. Excision of granuloma
77. Arthroscopic therapy
78. Surgery for ligament tear
79. Surgery for meniscus tear
80. Surgery for hemoarthrosis/pyoarthrosis
81. Removal of fracture pins/nails
82. Removal of metal wire
83. Incision of bone, septic and aseptic
84. Closed reduction on fracture, luxation or epiphyseolysis with osetosynthesis
85. Suture and other operations on tendons and tendon sheath
86. Reduction of dislocation under GA
87. Cataract surgery
88. Excision of lachrymal cyst
89. Excision of pterigium
90. Glaucoma Surgery
91. Surgery for retinal detachment
92. Chalazion removal (Eye)
93. Incision of lachrymal glands
94. Incision of diseased eye lids
95. Excision of eye lid granuloma
96. Operation on canthus & epicanthus
97. Corrective surgery for entropion & ectropion
98. Corrective surgery for blepharoptosis
99. Foreign body removal from conjunctiva
100. Foreign body removal from cornea
101. Incision of cornea
102. Foreign body removal from lens of the eye
103. Foreign body removal from posterior chamber of eye
104. Foreign body removal from orbit and eye ball
105. Excision of breast lump /Fibro adenoma
106. Operations on the nipple
107. Incision/Drainage of breast abscess
108. Incision of pilonidal sinus
109. Local excision of diseased tissue of skin and subcutaneous tissue
110. Simple restoration of surface continuity of the skin and subcutaneous tissue
111. Free skin transportation, donor site
112. Free skin transportation recipient site
113. Revision of skin plasty
114. Destruction of the diseases tissue of the skin and subcutaneous tissue
115. Incision, excision, destruction of the diseased tissue of the tongue
116. Glossectomy
117. Reconstruction of the tongue
118. Incision and lancing of the salivary gland and a salivary duct
119. Resection of a salivary duct
120. Reconstruction of a salivary gland and a salivary duct
121. External incision and drainage in the region of the mouth, jaw and face
122. Incision of hard and soft palate
123. Excision and destruction of the diseased hard and soft palate
124. Incision, excision and destruction in the mouth

- 125. Surgery to the floor of mouth
- 126. Palatoplasty
- 127. Transoral incision and drainage of pharyngeal abscess
- 128. Dilatation and curettage
- 129. Myomectomies
- 130. Simple Oophorectomies

Note:

- (i) Above mentioned list is a indicative list of procedures, any other surgeries/procedures requiring less than 24 hours hospitalisation due to technological advances will also be covered under this policy provided such procedures comply with the standard definition of Day Care Centre and Day Care treatment mentioned in the definitions.
- (ii) The standard exclusions and waiting periods are applicable to all of the above procedures depending on the medical condition/disease under treatment. Only 24 hours hospitalization is not mandatory.