

■ Bajaj Allianz

Bajaj Allianz General Insurance Company Limited is a joint venture between Bajaj Finserv Limited and Allianz SE. Both enjoy a reputation of expertise, stability and strength. This joint venture company incorporates global expertise with local experience. The comprehensive, innovative solutions combine the technical expertise and experience of the 110 year old Allianz SE, and in-depth market knowledge and good will of Bajaj brand in India. Competitive pricing and quick honest response have earned the company the customer's trust and market leadership in a very short time.

■ The Bajaj Allianz Advantage

-  HAT: In-house Claim Administration
-  Global expertise
-  Premium paid is exempt under IT section 80D
-  Innovative packages to match individual needs
-  Quick disbursement of claims

■ What is a Hospital Cash Daily Allowance Policy?

Hospital Cash Daily Allowance Policy guards you and your family against the trauma that you face because of increased financial burden during hospitalization. This policy pays a daily benefit amount to take care of the incidental expenses during hospitalisation period.

■ Who can be covered under the policy?

- Self, Spouse, Dependent Children, Grandchildren, Parents, Sister, Brother, Father In law, Mother In law, Aunt, Uncle

■ What is the entry age?

- Entry age for Adult from 18yrs -65yrs
- Entry age for dependent children is 3 months to 21 yrs.

■ What is renewal age?

Under normal circumstances, lifetime renewal benefit is available under the policy except on the grounds of fraud, misrepresentation or moral hazard.

■ What are the Sum Insured Options available?

- Sum Insured options available are
- Rs 500 per day
 - Rs 1000 per day
 - Rs 2000 per day
 - Rs 2500 per day
- Cover is available for 30 days and 60 days per policy period.

■ What is the Policy Period?

- 1 year, 2 years or 3 years

■ Long Term Policy Discount:

- a. 4% discount is applicable if policy is opted for 2 years
- b. 8% discount is applicable if policy is opted for 3 years

■ What is the premium paying term?

Policy can be paid on installment basis-Annual, Half Yearly, Quarterly or Monthly.

■ Key Features:

- The policy can be taken along with any other health insurance schemes,ESIS,CGHS etc.
- The benefits payable are for each day of hospitalization
 - The benefit is doubled in case of ICU admission (for maximum 7 days)
 - Photocopy of discharge card, along with copies of reports, bills and prescriptions corresponding required for claims processing.
 - Income Tax benefit on the premium paid as per section 80D of

the Income Tax Act

- 5% family discount applicable if 2 or more family members are covered under the same policy. The family discount will be offered for both new policies as well as for renewal policies

■ What are the exclusions under the policy?

I. Waiting Period

1. Illness requiring Hospitalisation within the first 30 days from the commencement date of the Policy Period unless the Policy is renewed without interruption and with the Company.
2. Without prejudice to Exclusion 1 above, the treatment of cataracts, benign prostatic hypertrophy, hysterectomy, menorrhagia, fibromyoma, D&C, endometriosis, hernia of all types, hydrocele, fistulae, haemorrhoids, fissure in ano, stones in the urinary and biliary systems, surgery on ears, tonsils or sinuses, skin and all internal tumours/cysts/nodules/polyps of any kind including breast lumps, gastric or duodenal ulcer, backache, prolapsed intervertebral disc during the first year of a series of Daily Hospital Allowance Policies renewed with the Company without interruption.

II. General Exclusion

1. Pre-existing disease: Any medical condition or complication arising from it which existed before the commencement of the Policy Period, or for which care, treatment or advice was sought, recommended by or received from a Physician or for which a claim has or could have been made under any earlier policy.
2. Any treatment not performed by a Physician or any treatment of a purely experimental nature.
3. Any and all variants of the condition commonly referred to as Cancer, except in case of invasive malignant melanoma.
4. Any routine or prescribed medical check up or examination. Medical Expenses relating to any hospitalisation for diagnostic, X-ray or laboratory

examinations not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any Illness or accidental Bodily Injury for which hospitalisation is required.

5. Any Illness that has been classified as an Epidemic by the Central or State Government.
6. Circumcision, cosmetic or aesthetic treatments of any description change of life surgery or treatment, plastic surgery (unless necessary for the treatment of Illness or accidental Bodily Injury as a direct result of the insured event and performed within 6 months of the same).
7. Dental treatment or surgery of any kind unless necessitated by Accidental Bodily injury.
8. Convalescence, general debility, nervous or other breakdown, rest cure, congenital diseases or defect or anomaly, sterility, sterilization or infertility (diagnosis and treatment), any sanatoriums, spa or rest cures or long term care or hospitalisation undertaken as a preventive or recuperative measure.
9. Self afflicted injuries or conditions (attempted suicide), and/or the use or misuse of any drugs or alcohol.
10. Any sexually transmitted diseases or any condition directly or indirectly caused to or associated with Human T-Cell Lymphotropic Virus type or any Syndrome or condition of a similar kind commonly referred to as AIDS.
11. Any diagnosis or treatment arising from or traceable to pregnancy (whether uterine or extra uterine), childbirth including caesarean section, medical termination of pregnancy and/or any treatment related to pre and post natal care of the mother or the new born.
12. Hospitalisation for the sole purpose of traction, physiotherapy or any ailment for which hospitalisation is not warranted due to advancement in medical technology
13. War, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection military or usurped power of civil

15. Any natural peril including but not limited to avalanche, earthquake, volcanic eruptions or any kind of natural hazard.
16. Participation in any hazardous activity.
17. Radioactive contamination.
18. Non-allopathic treatment.
19. Consequential losses of any kind, be they by way of loss of profit, loss of opportunity, loss of gain, business interruption, market loss or otherwise, or any claims arising out of loss of a pure financial nature such as loss of goodwill or any legal liability of any kind whatsoever.

■ When can I enhance my sum insured?

- Sum Insured enhancement can be done at renewals.
- For enhancement of sum insured, fresh proposal form along with the renewal notice should be submitted

■ Free Look Period

The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy. The insured person shall be allowed free look period of fifteen days from date of receipt of the policy document to review the terms and conditions of the policy, and to return the same if not acceptable. If the insured has not made any claim during the Free Look Period, the insured shall be entitled to

- i) a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges or

- ii) where the risk has already commenced and the option of return of the policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or
- iii) Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period

■ Grace period

- 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 one year waiting period.
- Any medical expenses incurred as a result of disease condition/ Accident contracted during the break period will not be admissible under the policy.

■ Condition for renewal of the contract.

The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the insured person.

- i. The Company shall endeavor to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.
- ii. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years.
- iii. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.
- iv. At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in policy. Coverage is not available during the grace period.
- v. No loading shall apply on renewals based on individual claims experience.

■ Cancellation

- i. The policyholder may cancel this policy by giving 15days' written notice and in such an event, the Company shall refund premium for the unexpired policy period as detailed below.

Period in Risk	Premium Refund		
	Policy Period 1 Year	Policy Period 2 Year	Policy Period 3 Year
Within 15 Days	As per Free Look Period Condition		
Exceeding 15 days but less than or equal to 1 month	75.00%	75.00%	80.00%
Exceeding 15 days but less than or equal to 3 months	50.00%	75.00%	80.00%
Exceeding 3 months but less than or equal to 6 months	25.00%	65.00%	75.00%
Exceeding 6 months but less than or equal to 12 months	0.00%	45.00%	60.00%
Exceeding 12 months but less than or equal to 15 months	0.00%	30.00%	50.00%
Exceeding 15 months but less than or equal to 18 months	0.00%	20.00%	45.00%
Exceeding 18 months but less than or equal to 24 months	0.00%	0.00%	30.00%
Exceeding 24 months but less than or equal to 27 months	0.00%	0.00%	20.00%
Exceeding 27 months but less than or equal to 30 months	0.00%	0.00%	15.00%
Exceeding 30 months but less than or equal to 36 months	0.00%	0.00%	0.00%

Cancellation grid for premium received on instalment basis and refund is as under, The premium will be refunded as per the below table

Period in Risk (from latest instalment date)	Premium Refund	Premium Refund	Premium Refund
	% of Monthly Premium	% of quarterly Premium	% of Half Yearly Premium
Within 15 days from 1st Installment date	As per Free Look Period Condition		
Exceeding 15 days but less than or equal to 3 months	No Refund		30%
Exceeding 3 months but less than or equal to 6 months			0%

Note:
The first slab of Number of days "within 15 days" in above table is applicable only in case of new business. In case of renewal policies, period is risk "Exceeding 15 days but less than 3 months" should be read as "within 3 months".
Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the insured person under the policy.
i. The Company may cancel the policy at any time on grounds of misrepresentation non-disclosure of material facts, fraud by the insured person by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.

■ Portability Conditions

The insured person 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 person 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://www.irdai.gov.in/ADMINCMS/cms/Circulars_List.aspx?mid=3.2.3

■ Migration

The insured person 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 atleast 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 person 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://www.irdai.gov.in/ADMINCMS/cms/Circulars_List.aspx?mid=3.2.3

■ Revision/ Modification of the policy:

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

■ Withdrawal of Policy

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

■ Annual Premium chart:

Family discount: 5%

Premium for 30 days cover						
Option	Sum Insured	90 days-25 yrs	26-40 yrs	41-50 yrs	51-55 yrs	56 yrs & above
A	500/-	250	400	650	900	1200
B	1000/-	300	600	900	1300	1800
C	2000/-	600	850	1700	2800	3600
D	.2500/-	800	1,100	2600	3500	4600

Premiums are exclusive of GST

Premium for 60 days cover						
Option	Sum Insured	90 days-25 yrs	26-40 yrs	41-50 yrs	51-55 yrs	56 yrs & above
A	500	300	525	850	1200	1600
B	1000	500	825	1800	2400	3000
C	2000	1000	1500	3600	4400	4800
D	2500	1350	1800	4200	5000	5800

Premiums are exclusive of GST

■ 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.

 BAJAJ ALLIANZ GENERAL INSURANCE CO. LTD.
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 FOR ANY QUERY (TOLL FREE)
1800-209-0144 / 1800-209-5858

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

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

BAJAJ ALLIANZ HOSPITAL CASH DAILY ALLOWANCE

COMPLETE HEALTH PROTECTION FOR YOU AND FAMILY



Caringly yours

