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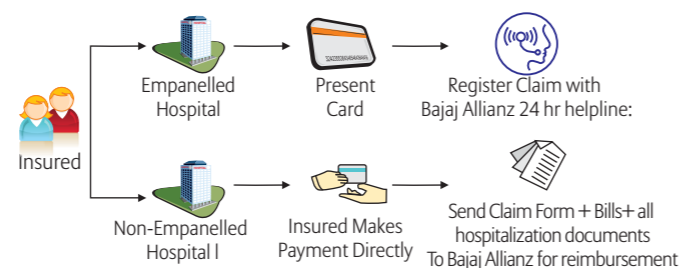
- **Free Look Period:**
 - If you are not satisfied with policy coverage, terms and conditions, You have the option of canceling the policy within 15 days of receipt of the policy documents, provided there has been no claim.
- **Renewal & Cancellation**
 - Under normal circumstances, lifetime renewal benefit is available under the policy except on the grounds of fraud, misrepresentation or moral hazard.
 - 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 two year waiting period / Four year waiting periods and Health Check-up benefit. Any medical expenses incurred as a result of disease condition/ Accident contracted during the break period will not be admissible under the policy.
 - 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.
 - After the completion of maximum renewal age of dependant 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.
 - Premium payable on renewal and on subsequent continuation of cover are subject to change with prior approval from IRDA.
 - We may cancel this insurance by giving You at least 15 days written notice, and if no claim has been made then We shall refund a pro-rata premium for the unexpired Policy Period. Under normal circumstances, policy will not be cancelled except for reasons of non-disclosure while proposing for insurance and /or lodging any fraudulent claim.
 - You may cancel this insurance by giving Us at least 15 days written notice, and if no claim has been made then the We shall refund premium on short term rates for the unexpired Policy Period as per the rates detailed below.

Period on Risk	% of Annual Premium Refunded
Upto 1 month	75.00%
Exceeding 1 month and upto 3 months	50.00%
Exceeding 3 months and upto 6 months	25.00%
Exceeding 6 months	Nil

- **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 Two year waiting period / Four year waiting periods and Health Check-up benefit.
 - Any medical expenses incurred as a result of disease condition/ Accident contracted during the break period will not be admissible under the policy.
- **Portability Conditions**
 - As per the Portability Guidelines issued by IRDA, If you are insured under any other health insurance policy of Non life insurer you can transfer to Health Guard Individual policy with all your accrued benefits after due allowances for waiting periods and enjoy all the available benefits of Health Guard Individual Policy.
 - The pre-policy medical examination requirements and provisions for such cases shall remain similar to non-portable cases
- **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
- **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.
- **What would be the process in case of a claim under my Health Guard Individual Policy?**



- **List of claim documents required for claim under hospitalisation section:**
 - First Consultation letter from the Doctor
 - Duly completed claim form and NEFT Form signed by the Claimant
 - Original Hospital Discharge Card
 - Original 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.
 - Original Money Receipt, duly signed with a Revenue Stamp
 - All original Laboratory and Diagnostic Test Reports. E.g. X-Ray, E.C.G, USG, MRI Scan, Haemogram etc.
 - In case of a Cataract Operation, IOL Sticker will have to be enclosed
 - Other documents as may be required by Bajaj Allianz to process the claim

■ **Annual Premium Table:**

Health Guard Individual Policy Annual Premium in Rupees						
Sl/Age	3M-25 yrs	26-40 yrs	41-45 yrs	46-55 yrs	56-60 yrs	61-65 yrs
150000	1882	2532	3272	5028	7696	8849
200000	2338	3283	4309	6703	10260	11800
300000	3306	4430	6065	8380	12826	14749
400000	4332	5130	7820	12499	14999	17249
500000	5244	6156	9576	15236	17879	20561
750000	6688	8945	11683	18588	NA	NA
1000000	8160	10913	14252	23708	NA	NA

Premium for Renewals					
Sl/Age	56-60 yrs	61-65 yrs	66-70 yrs	71-75 yrs	76 yrs and above
150000	NA	NA	10176	12211	14654
200000	NA	NA	12980	15576	18692
300000	NA	NA	16224	19469	23363
400000	NA	NA	19836	23803	28564
500000	NA	NA	22733	27280	32736
750000	21812	25084	27593	33112	39734
1000000	27820	31993	35193	42232	50678

(Premium are exclusive of service tax)



Get yourself and your family covered by Health Guard Individual Policy today and sleep easy.

- Cashless facility offered through network hospitals of Bajaj Allianz only.
- Cashless facility at 3300+ Network hospitals PAN India.
- Special discounts and offers through our value added providers.*

To know more visit our website, Website: www.bajajallianz.com or get in touch with Email: wellness.HAT@bajajallianz.co.in ; 24*7 helpline number: 1800-103-2529 (toll free) / 020-30305858

Network Hospital & Value Added service Provider list is provisional & subject to change based on the review of the providers

Disclaimer: The above information is only indicative in nature. For details of the coverage & exclusions please contact our nearest office.

Contact Details

Bajaj Allianz General Insurance Company Limited,
G.E. Plaza, Airport Road, Yerawada, Pune - 411 006.
Tel: (020) 6602 6666. Fax: (020) 6602 6667.
www.bajajallianz.com

For any queries please contact:

BSNL/MTNL (Toll Free)	Bharati Mobile & Landline (Toll Free)	Other (Chargeble)
1800 22 5858	1800 102 5858	<Prefix City Code> 3030 5858

Email: info@bajajallianz.co.in

HG/V004/wef 1st Oct 2013
Insurance is the subject matter of the solicitation

BJAZ-B-0096/7-Oct-13

Disclaimer – The above terms & conditions are indicative in nature, for details please get in touch with the nearest office.

Bajaj Allianz Health Guard Individual Policy

Complete health protection for you and your family







Jiyo Befikar

BajajAllianz

Bajaj Allianz General Insurance Company Limited is a joint venture between Bajaj Finserv Limited (recently demerged from Bajaj Auto 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 & local knowledge**
-  **Innovative packages to match individual needs**
-  **Quick disbursement of claims**

How does the Health Guard Individual Policy benefit me?

In these times of rising medical costs, Bajaj Allianz's Health Guard Individual Policy is the perfect Health protection for you and your family. It takes care of the expensive medical treatment incurred during hospitalization resulting from serious accident or illness.

What are the Coverages under the policy?

- Hospitalisation expenses incurred during hospitalisation.
- Pre and post hospitalisation expenses for 60 and 90 days respectively.
- Ambulance charges Rs 1000/- per hospitalisation.
- 130 daycare procedures are covered subject to terms & conditions

What are the additional benefits?

- Family discount of 10% is applicable if 2 or more family members are covered

Cumulative Bonus

For every claim free year you are eligible for Cumulative Bonus (CB) of 10% of sum insured. Maximum cumulative bonus would be 50% of sum insured up to 5 claim free years. In the event of a claim, Cumulative Bonus will be reduced by

10% of the sum insured on the next renewal.

Free Health Check-up

At the end of block of every continuous 4 claim free years, free medical checkup at our empanelled Diagnostic Centre

List of tests given for reference: Physician Consultation, ECG, Complete Blood Count, Fasting, Blood Sugar, Lipid Profile, Serum Creatinine, SGOT, SGPT and Urine Routine

- Income tax benefit on the premium paid as per section 80-D of the Income Tax Act

What is the entry age?

- Entry age for proposer, spouse and parents is 18 yrs – 65yrs.
- Entry age for dependent Children is 3 months to 25 yrs.

What will be the renewal age?

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

What is the policy period?

- This is an annual policy

Who can be covered under the Policy?

- Self, spouse, dependant children, parents, can be covered under this policy

What are the sum insured options?

- Sum insured from Rs. 1.5 lakh to Rs.10 lakhs can be opted from age 3 months to 55 yrs.
- Sum insured from Rs 1.5 lakh to Rs 5 lakhs can be opted from age 56 yrs to 65 yrs.

Pre-policy medical check up for enrolling under Health Guard Individual policy:-

- Medical tests are not required upto 45 years, subject to no adverse health conditions
- Medical tests are mandatory for members 46 years and above.
- List of the tests to be conducted :Full Medical report, ECG, Complete Blood Count, Fasting Blood Sugar, HbA1c, Lipid Profile, Serum Creatinine, SGOT, SGPT, GGTP and Urine Routine
- The pre-policy check up would be arranged at our empanelled diagnostic centres.
- The validity of the test reports would be 30 days from date of medical examination.
- If pre-policy check up would be conducted in our

empanelled diagnostic centre, 100% of the standard medical tests charges would be reimbursed, subject to acceptance of proposal and policy issuance.

When can I increase the Sum Insured?

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

What are the exclusions and waiting periods under the policy?

- Benefits will not be available for any pre existing condition, ailment or injury, until 48 months of continuous coverage have elapsed, after the date of inception of the first Health Guard Individual Policy
- First 2 years waiting period applicable for below diseases:

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

- 4 years waiting period applicable for 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.
- 30 days waiting period is applicable from date of first policy inception for any illness/ disease except for Accidental Bodily Injury.
- 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 and claims due to nuclear weapons and/or materials.

- Circumcision, cosmetic or aesthetic treatments, surgery for change of life/gender.
- Plastic surgery unless necessary for the treatment of cancer, burns or accidental Bodily Injury
- The cost of spectacles, contact lenses, hearing aids, crutches, artificial limbs, dentures, artificial teeth and all other external medical equipments or devices
- Dental treatment or surgery of any kind unless as a result of Accidental Bodily Injury to natural teeth and also requiring hospitalization.
- Convalescence, general debility, rest cure, congenital external diseases or defects or anomalies, genetic disorders, stem cell implantation or surgery, or growth hormone therapy.
- Intentional self-injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol) and treatment due to use or abuse of any substance, drug or alcohol and treatment for de-addiction.
- Human Immunodeficiency Virus or Variant/mutant viruses and AIDS, Venereal disease or any sexually transmitted disease.
- Hospitalisation primarily and specifically for diagnostic, X-ray or laboratory examinations and investigations.
- Medical expenses where hospitalisation is not warranted.
- Treatment arising from or traceable to pregnancy and childbirth and related complications. (Ectopic pregnancy is covered under the policy)
- Vaccination or inoculation unless forming a part of post bite treatment.
- Any fertility, sub fertility, impotence, assisted conception operation or sterilization procedure.
- Vitamins, tonics, nutritional supplements unless forming part of the treatment
- Treatment for any other system other than modern medicine (also known as Allopathy), Experimental, unproven or non-standard treatment.
- Expenses related to donor screening, treatment, including surgery to remove organs from a donor in the case of transplant surgery.
- Weight management services and treatment related to

weight reduction programmes including treatment of obesity.

- Treatment for any mental illness or psychiatric illness, Parkinson's and Alzheimer's disease.

Special Conditions:

- 10% co-payment of applicable for all claims from a non network hospital. Waiver of the co-payment clause is available on payment of 10% of loading on standard premium.
- 20% Co-payment applicable, If the policy is opted for the first time for insured person aged 56 years and above. This Co payment would continue to apply for subsequent renewals also. The above Co payment is not applicable for our renewals if the policy is opted for the first time prior to the age of 56 years.
- Payment of claims for Cataract shall be restricted to lower of 10% of the sum insured or the actual incurred amount, upto maximum Rs 35000/- per claim per policy period, subject to policy terms and conditions.

Voluntary Deductible option:

- Voluntary Deductible means the deductible You have opted for, and is the amount stated in the schedule, which shall be borne by the insured in respect of each and every hospitalization claim incurred in the policy period.
- The company's liability to make any payment for each and every claim under the policy is in excess of the deductible. Each and every hospitalization would be considered as a separate claim.
- This policy has an option of voluntary deductible, if voluntary deductible is opted discount in the premium will be applicable as per below table:

Deductible Amount per claim	Discount in premium (%)
10,000	10.00%
15,000	15.00%
25,000	17.50%
50,000	20.00%
75,000	22.50%
100,000	25.00%
150,000	27.50%
200,000	30.00%
250,000	32.50%