

CREDIT LINKED HEALTH PLAN (GROUP)

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 Group Policy issued in the name of Insured and Certificate of Insurance to be issued thereunder in the name of Insured Beneficiary, and the Insured Beneficiary and or Insured on behalf of Insured Beneficiary has paid the premium specified in the Schedule, now the Company agrees, subject always to the following terms, conditions, exclusions and limitations, to indemnify the Insured Beneficiary and subject always up to the Sum Assured in the Certificate of Insurance.

A. OPERATIVE PARTS

WHAT WE WILL PAY FOR

A). BASE COVERS:

It is mandatory to opt for at least one of the below listed sections and below terms and conditions of respective section will be applicable for Covers which are opted by you and displayed on your Policy Schedule read with the Certificate of Insurance:

SECTION I: CRITICAL ILLNESS COVER

SECTION II: ACCIDENT PROTECTION COVER

SECTION I: CRITICAL ILLNESS COVER

If the Insured Beneficiary is diagnosed as suffering from a Critical Illness covered under the Certificate of Insurance, which first occurs or manifests itself during the Cover Period, then we will pay 100% of Sum Insured as specified in the Certificate of Insurance, as on the date of Insured Beneficiary being diagnosed as suffering from a Critical Illness, subject otherwise to all other terms, conditions and exclusions of the Policy and Certificate of Insurance. Insured event: For the purpose of this Section and the determination of the Company’s liability under it, the Insured Event in relation to the Insured Beneficiary shall mean any illness, medical event or surgical procedure, as specifically defined below, whose signs or symptoms first commence in Cover Period without any waiting period / more than 30 days/ more than 45 days/ more than 90 days (as opted by Insured Beneficiary) after the commencement of the Certificate of Insurance.

Number of Critical Illness covered under the Certificate of Insurance will depend upon the Plan opted the Insured Beneficiary. Following are the Plans available under the Section I:

Plan	Critical Illness Covered
Plan A	17 Critical Illness Cover 1. Cancer of Specified Severity 2. Myocardial Infarction (First Heart Attack of Specific Severity) 3. Open Chest CABG 4. Open Heart Replacement or Repair of Heart Valves 5. Coma of Specified Severity 6. Kidney Failure Requiring Regular Dialysis 7. Stroke Resulting in Permanent Symptoms 8. Major Organ /Bone Marrow Transplant 9. Multiple Sclerosis With Persisting Symptoms 10. Benign Brain Tumor 11. End Stage Liver Failure 12. Primary (Idiopathic) Pulmonary Hypertension 13. Alzheimer’s Disease 14. Primary Parkinson’s Disease 15. Surgery of Aorta 16. Third Degree Burns 17. Permanent Paralysis of Limbs
Plan B	Critical Illness Covered under Plan A + 8 Critical Illness Cover listed below: 1. End Stage Lung Failure 2. Aplastic Anaemia 3. Systemic Lupus Erythematosus 4. Pneumonectomy 5. Motor Neuron Disease With Permanent Symptoms 6. Angioplasty 7. Progressive Scleroderma 8. Progressive Supranuclear Palsy

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Plan C	<p>Critical Illness Covered under Plan B + 5 Critical Illness Cover listed below:</p> <ol style="list-style-type: none"> 1. Pulmonary Artery Graft Surgery 2. Loss Of Speech 3. Goodpasture's Syndrome 4. Apallic Syndrome 5. Multiple System Atrophy
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PLAN A- 17 CRITICAL ILLNESS COVER

Critical Illness Covered under Plan A and the conditions applicable to the same are defined below:

1. CANCER OF SPECIFIED SEVERITY

- I. A malignant tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy.
The term cancer includes leukemia, lymphoma and sarcoma.
- II. The following are excluded –
 - a. All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN - 2 and CIN-3.
 - b. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
 - c. Malignant melanoma that has not caused invasion beyond the epidermis;
 - d. All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0
 - e. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
 - f. Chronic lymphocytic leukaemia less than RAI stage 3
 - g. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,
 - h. All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;
 - i. All tumors in the presence of HIV infection.

2. MYOCARDIAL INFARCTION (First Heart Attack of specific severity)

- I. The first occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria:
 - a. A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. typical chest pain)
 - b. New characteristic electrocardiogram changes
Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.
- II. The following are excluded:
 - a. Other acute Coronary Syndromes
 - b. Any type of angina pectoris
 - c. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.

3. OPEN CHEST CABG

- I. The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breast bone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist.
- II. The following are excluded:
 - a. Angioplasty and/or any other intra-arterial procedures

4. OPEN HEART REPLACEMENT OR REPAIR OF HEART VALVES

The actual undergoing of open-heart valve surgery is to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease-affected cardiac valve(s). The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of surgery has to be confirmed by a specialist medical practitioner. Catheter based techniques including but not limited to, balloon valvotomy/valvuloplasty are excluded.

5. COMA OF SPECIFIED SEVERITY

- I. A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following:
 - a. no response to external stimuli continuously for at least 96 hours;
 - b. life support measures are necessary to sustain life; and
 - c. Permanent neurological deficit which must be assessed at least 30 days after onset of the coma.
- II. The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse is excluded.

6. KIDNEY FAILURE REQUIRING REGULAR DIALYSIS

End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (haemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.

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7. STROKE RESULTING IN PERMANENT SYMPTOMS

- I. Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extracranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.
- II. The following are excluded:
 - a. Transient ischemic attacks (TIA)
 - b. Traumatic injury of the brain
 - c. Vascular disease affecting only the eye or optic nerve or vestibular functions.

8. MAJOR ORGAN /BONE MARROW TRANSPLANT

- I. The actual undergoing of a transplant of:
 - a. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
 - b. Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.
- II. The following are excluded:
 - a. Other stem-cell transplants
 - b. Where only islets of langerhans are transplanted

9. MULTIPLE SCLEROSIS WITH PERSISTING SYMPTOMS

- I. The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:
 - a. investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and
 - b. there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.
- II. Other causes of neurological damage such as SLE and HIV are excluded.

10. BENIGN BRAIN TUMOR

- I. Benign brain tumor is defined as a life threatening, non-cancerous tumor in the brain, cranial nerves or meninges within the skull. The presence of the underlying tumor must be confirmed by imaging studies such as CT scan or MRI.
- II. This brain tumor must result in at least one of the following and must be confirmed by the relevant medical specialist.
 - a. Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or
 - b. Undergone surgical resection or radiation therapy to treat the brain tumor.
- III. The following conditions are excluded:
Cysts, Granulomas, malformations in the arteries or veins of the brain, hematomas, abscesses, pituitary tumors, tumors of skull bones and tumors of the spinal cord.

11. END STAGE LIVER FAILURE

- I. Permanent and irreversible failure of liver function that has resulted in all three of the following:
 - a. Permanent jaundice; and
 - b. Ascites; and
 - c. Hepatic encephalopathy.
- II. Liver failure secondary to drug or alcohol abuse is excluded.

12. PRIMARY (IDIOPATHIC) PULMONARY HYPERTENSION

- I. An unequivocal diagnosis of Primary (Idiopathic) Pulmonary Hypertension by a Cardiologist or specialist in respiratory medicine with evidence of right ventricular enlargement and the pulmonary artery pressure above 30 mm of Hg on Cardiac Cauterization. There must be permanent irreversible physical impairment to the degree of at least Class IV of the New York Heart Association Classification of cardiac impairment.
- II. The NYHA Classification of Cardiac Impairment are as follows:
 - a. Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.
 - b. Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.
- III. Pulmonary hypertension associated with lung disease, chronic hypoventilation, pulmonary thromboembolic disease, drugs and toxins, diseases of the left side of the heart, congenital heart disease and any secondary cause are specifically excluded.

13. ALZHEIMER'S DISEASE

Clinically established diagnosis of Alzheimer's Disease (pre-senile dementia) resulting in a permanent inability to perform independently three or more activities of daily living – bathing, dressing/undressing, getting to and using the toilet, transferring from bed to chair or chair to bed, continence, eating/drinking and taking medication – or resulting in need of supervision and permanent presence of care staff due to the disease. These conditions have to be medically documented for at least 3 months.

14. PRIMARY PARKINSON'S DISEASE:

The unequivocal diagnosis of idiopathic or primary Parkinson's Disease (all other forms of Parkinsonism are excluded) before age 60 that has to be confirmed by a specialist Medical Practitioner (Neurologist).

The disease must also result in a permanent inability to perform independently three or more Activities of Daily Living or must result in a permanent bedridden situation and inability to get up without outside assistance.

These conditions must be medically documented for at least 90 days.

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15. SURGERY OF AORTA

The actual undergoing of surgery for a disease of the aorta (meaning the thoracic and abdominal aorta but not its branches, and excluding traumatic injury of the aorta and congenital narrowing of the aorta) needing excision and surgical replacement of the diseased aorta with a graft.

16. THIRD DEGREE BURNS

There must be third-degree burns with scarring that cover at least 20% of the body's surface area. The diagnosis must confirm the total area involved using standardized, clinically accepted, body surface area charts covering 20% of the body surface area.

17. PERMANENT PARALYSIS OF LIMBS

Total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist medical practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months.

PLAN- B- CRITICAL ILLNESS COVERED UNDER PLAN A + 8 CRITICAL ILLNESS COVER

Additional Critical Illness Covered under Plan B and the conditions applicable to the same are defined below:

1. END STAGE LUNG FAILURE

End stage lung disease, causing chronic respiratory failure, as confirmed and evidenced by all of the following:

- I. FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart; and
- II. Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and
- III. Arterial blood gas analysis with partial oxygen pressure of 55mmHg or less (PaO₂ < 55mmHg); and
- IV. Dyspnea at rest.

2. APLASTIC ANAEMIA

A Chronic persistent bone marrow failure which results in total aplasia of the bone marrow and requires treatment with at least one of the following:

- I. Regular blood product transfusion
- II. Marrow stimulating agents
- III. Immunosuppressive agents
- IV. Bone marrow transplantation

The diagnosis and suggested line of treatment must be confirmed by a Hematologist using relevant laboratory investigations including Bone Marrow Biopsy. Two out of the following three values should be present:

- I. Absolute Neutrophil count of 500 per cubic millimeter or less;
- II. Absolute Reticulocyte count of 20,000 per cubic millimeter or less; and
- III. Platelet count of 20,000 per cubic millimeter or less.

3. SYSTEMIC LUPUS ERYTHEMATOSIS:

A diagnosis of systemic lupus erythematosus by a Rheumatologist resulting in either of the following:
Permanent neurological deficit with persisting clinical symptoms for a continuous period of 30 days; or
The permanent impairment of kidney function tests as follows;
Glomerular Filtration Rate (GFR) below 30 ml/min.

4. PNEUMONECTOMY:

The undergoing of surgery on the advice of an appropriate Medical Specialist to remove an entire lung for disease or traumatic injury suffered by the life assured.

The following conditions are excluded:

- Removal of a lobe of the lungs (lobectomy)
- Lung resection or incision

5. MOTOR NEURON DISEASE WITH PERMANENT SYMPTOMS

Motor neuron disease diagnosed by a specialist medical practitioner as spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis. There must be progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurons. There must be current significant and permanent functional neurological impairment with objective evidence of motor dysfunction that has persisted for a continuous period of at least 3 months.

6. ANGIOPLASTY

- I. Coronary Angioplasty is defined as percutaneous coronary intervention by way of balloon angioplasty with or without stenting for treatment of the narrowing or blockage of minimum 50% of one or more major coronary arteries. The intervention must be determined to be medically necessary by a cardiologist and supported by a coronary angiogram (CAG).
- II. Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery.
- III. Diagnostic angiography or investigation procedures without angioplasty/stent insertion are excluded.

7. PROGRESSIVE SCLERODERMA:

A systemic collagen-vascular disease causing progressive diffuse fibrosis in the skin, blood vessels and visceral organs. This diagnosis must be unequivocally supported by biopsy and serological evidence and the disorder must have reached systemic proportions to involve the heart, lungs or kidneys.

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- The following conditions are excluded:
- Localized scleroderma (linear scleroderma or morphea);
 - Eosinophilic fasciitis; and
 - CREST syndrome
8. **PROGRESSIVE SUPRANUCLEAR PALSY:**
A diagnosis of progressive supranuclear palsy by a Specialist Medical Practitioner (Neurologist). There must be permanent clinical impairment of eye movements and motor function for a minimum period of 30 days.

PLAN C – CRITICAL ILLNESS COVERED UNDER PLAN B + 5 CRITICAL ILLNESS COVER

Additional Critical Illness covered under Plan C and the conditions applicable to the same are defined below:

1. **PULMONARY ARTERY GRAFT SURGERY:**
The undergoing of surgery requiring median sternotomy on the advice of a Cardiologist for disease of the pulmonary artery to excise and replace the diseased pulmonary artery with a graft.
2. **LOSS OF SPEECH:**
 - I. Total and irrecoverable loss of the ability to speak as a result of injury or disease to the vocal cords. The inability to speak must be established for a continuous period of 12 months. This diagnosis must be supported by medical evidence furnished by an Ear, Nose, Throat (ENT) specialist.
 - II. All psychiatric related causes are excluded.
3. **GOODPASTURE'S SYNDROME:**
Goodpasture's syndrome is an autoimmune disease in which antibodies attack the lungs and kidneys, leading to permanent lung and kidney damage. The permanent damage should be for a continuous period of at least 30 days. The Diagnosis must be proven by Kidney biopsy and confirmed by a Specialist Medical Practitioner (Rheumatologist).
4. **APALLIC SYNDROME**
A persistent vegetative state in which patients with severe brain damage (universal necrosis of the brain cortex with the brainstem remaining intact), are in a state of partial arousal rather than true awareness. The Diagnosis must be confirmed by a Specialist Medical Practitioner (Neurologist) and condition must be documented for at least 30 days
5. **MULTIPLE SYSTEM ATROPHY**
A diagnosis of multiple system atrophy by a Specialist Medical Practitioner (Neurologist).
There must be evidence of permanent clinical impairment for a minimum period of 30 days of either:
 - I. motor function with associated rigidity of movement; or
 - II. The ability to coordinate muscle movement; or
 - III. Bladder control and postural hypotension.

SPECIFIC EXCLUSIONS APPLICABLE FOR SECTION – I CRITICAL ILLNESS COVER:

We shall not be liable to make any payment for any claim directly or indirectly caused by, based on, arising out of or attributable to any of the following:

- I **Waiting Period**
 1. Any Critical Illness diagnosed within the first 30/ 45/ 90 days (as opted by Insured and or Insured Beneficiary) of the date of commencement of the Certificate of Insurance is excluded.
This exclusion shall not apply to an Insured Beneficiary for whom coverage has been renewed (without a break) for subsequent years and or the person who have opted for waiver of waiting period for Critical Illness.
- II **General Exclusion**
 1. Any Critical Illness for which care, treatment, or advice was recommended by or received from a Physician/ Medical Practitioner, or which first manifested itself or was contracted before the start of the Cover Period, or for which a claim has or could have been made under any earlier policy.
 2. Any sexually transmitted diseases or any condition directly or indirectly caused by or associated with Human T-Cell Lymphotropic Virus type III (HTLV III) or Lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or Variations Deficiency Syndrome or any Syndrome or condition of a similar kind commonly referred to as AIDS.
 3. Treatment arising from or traceable to pregnancy, childbirth postpartum complications including but not limited to caesarian section, birth defects and congenital anomalies.
 4. Occupational diseases.
 5. War, whether war be declared or not, invasion, act of foreign enemy, hostilities, civil war, insurrection, rebellion, revolution, mutiny, military or usurped power, riot, strike, lockout, military or popular uprising, civil commotion, martial law or loot, sack or pillage in connection therewith, confiscation or destruction by any government or public authority or any act or condition incidental to any of the above.
 6. Act of terrorism where the Insured Beneficiary is directly involved in the Perpetration or Commission of any act of terrorism
 7. Naval or military operations of the armed forces or air force and participation in operations requiring the use of arms or which are ordered by military authorities for combating terrorists, rebels and the like.

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8. Any natural peril (including but not limited to storm, tempest, avalanche, earthquake, volcanic eruptions, hurricane, or any other kind of natural hazard).
9. Radioactive contamination
10. Consequential losses of any kind, 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.
11. Intentional self-injury and/or the use or misuse of intoxicating drugs and/or alcohol.

SECTION II: ACCIDENT PROTECTION COVER

Insured Event: For the purpose of this Section and the determination of the Company's liability under it, Insured Event in relation to the Insured Beneficiary, shall mean accidental bodily injury sustained during the Cover Period which shall within twelve months of its occurrence be the sole and direct cause of i) Death or ii) Permanent Total Disability (more specifically defined herein below) of the Insured Beneficiary, then we will pay Sum Insured as specified in the Certificate of Insurance as on the date of accident, subject otherwise to all other terms, conditions and Exclusions of the Certificate of Insurance read with Policy.

Our liability to make payment to you for one or more of the events described under Death due to accidental bodily injury, Permanent Total Disability due to accidental bodily injury, would be limited to a maximum of the Sum Insured as specified in the Certificate of Insurance for this Section, subject otherwise to all other terms, conditions and Exclusions of the Certificate of Insurance read with Policy.

For this Section, Insured Beneficiary can opt any plan from below two options provided:

- Plan A - Death and Permanent Total Disability Cover (without any additional coverage)**
Plan B - Death and Permanent Total Disability Cover (with additional coverage)

PLAN A:**SUB-SECTION I. DEATH**

If during the Cover Period, the Insured Beneficiary sustains Accidental Bodily Injury which directly and independently of all other causes results in Death of the Insured Beneficiary within twelve (12) months from the Date of accident, then the Company agrees to pay the Sum Insured stated in the respective section of the Certificate of Insurance to the Insured Beneficiary's assignee, as the case may be, (as per the Proposal Form read with the provisions of Section 38 Insurance Amendment Act 2015) and in the absence of any assignee, to the Nominee or legal representative of the Insured Beneficiary, Provided however in case the assignment is partial assignment/conditional assignment, then the payment of Sum Insured upon Death of the Insured Beneficiary shall depend upon and subject to terms and conditions of such partial assignment/ conditional assignment.

Extensions:**a. Disappearance**

Disappearance: In the event of the disappearance of the Insured Beneficiary, following a forced landing, stranding, sinking or wrecking of a conveyance in which such Insured Beneficiary was known to have been travelling as an occupant, it shall be deemed after twelve (12) months, subject to all other terms and conditions of this Certificate of Insurance read with Policy, that such Insured Beneficiary shall have died as the result of an Accident. If at any time, after the payment of the Accidental death benefit, it is discovered that the Insured Beneficiary is still alive, all payments shall be reimbursed in full to the Company by the Insured Beneficiary.

SUB-SECTION II: PERMANENT TOTAL DISABILITY

If during the Cover Period, the Insured Beneficiary sustains Accidental Bodily Injury which directly and independently of all other causes results in permanent total disability within twelve (12) months from the Date of accident, then the Company agrees to pay you the Sum Insured stated in the Section II of the Certificate of Insurance.

For the purpose of this cover, Permanent Total Disability shall mean either of the following:

- i. loss of the sight of both eyes
- ii. physical separation of or the loss of ability to use both hands or both feet
- iii. physical separation of or the loss of ability to use one hand and one foot
- iv. loss of sight of one eye and the physical separation of or the loss of ability to use either one hand or one foot

PLAN B

If Insured Beneficiary has opted for Plan B - below benefits will also be payable in addition to benefits payable under Plan A:

If the claim under Sub-Section I : Death of the Insured Beneficiary is accepted by the Company, then the company will pay for the following additional benefits over and above Sum Insured as specified in Certificate of Insurance under Section II.

a. Transportation of mortal remains

The Company will make an additional payment of 1% of the Sum Insured as specified in Certificate of Insurance [read with Policy] under Section II:

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Accident Protection Cover, as a lump sum benefit amount towards the expenses of transporting the body remains of the deceased Insured Beneficiary from the place of death to a hospital, cremation ground or burial ground or to the his/her residence.

b. Funeral Expenses

The Company will make an additional payment of 1% of the Sum Insured as specified in Certificate of Insurance under Section II: Accident Protection Cover as a lump sum benefit amount towards Funeral Expense of the deceased Insured Beneficiary.

If claim under Sub-Section II: Permanent Total Disability of the Insured Beneficiary is accepted by the Company, then the Company will pay the following additional benefit over and above the base Sum Insured:

a. Lifestyle Modification Benefit:

The Company will make an additional payment of 2% of the Sum Insured as specified in the Certificate of Insurance under Section II: Accident Protection Cover, a lump sum benefit amount towards lifestyle modifications such as modification of place of residence and / or modification of the vehicle for the Insured Beneficiary.

SPECIFIC EXCLUSION APPLICABLE TO SECTION II: ACCIDENT PROTECTION COVER

We will not be liable to make any payment under this Policy under any circumstances, for any claim directly or indirectly attributable to, or based on, or arising out of, or connected with any of the following:

I General Exclusion

1. Any Pre-existing Condition(s) and complications arising out of or resulting therefrom;
2. Through suicide, attempted suicide (whether sane and insane) or intentionally self-inflicted injury or illness,
3. Mental or nervous disorder , anxiety , stress or depression,
4. Whilst engaging in Adventure Sports
5. While under the influence of liquor or drugs , alcohol or other intoxicants,
6. Through deliberate or intentional, unlawful or criminal act, error, or omission, participation in an actual or attempted felony , riot , crime , misdemeanour , civil commotion,
7. Whilst engaging in aviation or ballooning, whilst mounting into, dismounting from or traveling in any balloon or aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world ,
8. Whilst participating as the driver, co-driver or passenger of a motor vehicle during motor racing or trial runs,
9. As a result of any curative treatments or interventions that you carry out or have carried out on your body,
10. Arising out of your participation in any police ,naval, military or air force operations whether peace or in war in the form of military exercises or war games or actual engagement with the enemy, Whether foreign or domestic,
11. Your consequential losses of any kind or your actual or alleged legal liability.
12. Venereal or sexually transmitted diseases,
13. HIV (Human Immunodeficiency Virus) and/or any HIV related illness including AIDS (Acquired Immune Deficiency Syndrome) and/or mutant derivatives or variations thereof however caused,
14. Pregnancy, resulting childbirth, miscarriage, abortion, or complications arising out of any of these,
15. operating or learning to operate any aircraft, or performing duties as a member of the crew on any aircraft; or Scheduled Airlines; or Whilst engaging in aviation or ballooning, whilst mounting into, dismounting from or traveling in any balloon or aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world,
16. Any Claim caused by osteoporosis (porosity and brittleness of the bones due to loss of protein from the bones matrix) or pathological fracture (any fracture in an area where pre-existing Disease has caused the weakening of the bone) if osteoporosis or bone Disease diagnosed prior to the Policy Effective Date,
17. No benefit under this policy would be paid under this policy, unless the nature & extent of injury is established medically with appropriate investigation reports & certified by the treating doctor
18. Expenses incurred on neck belts, wrist bandages, walking sticks, abdomen belts, CPAP and any other similar external aid /devices, the use of which has been necessitated following an accident.

B) OPTIONAL COVERS:

You can opt for any of the below listed Optional Covers and below terms and conditions of respective Optional Covers will be applicable for Covers which are opted by you and displayed on your Certificate of Insurance:

OPTIONAL COVER I	:	ACCIDENTAL HOSPITALIZATION EXPENSES
OPTIONAL COVER II	:	CHILDREN EDUCATION BENEFIT
OPTIONAL COVER III	:	DISABILITY BENEFIT COVER
OPTIONAL COVER IV	:	EMI PAYMENT COVER
OPTIONAL COVER V	:	FIRE AND ALLIED PERILS COVER
OPTIONAL COVER VI	:	BURGLARY AND ROBBERY COVER

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OPTIONAL COVER I: ACCIDENTAL HOSPITALIZATION EXPENSES

In consideration of payment of additional premium by the Insured Beneficiary to the Company and realization thereof by the Company, it is hereby agreed and declared that Credit Linked Health Plan (Group) is extended to cover the Insured Beneficiary, if he/ she is Hospitalized for a minimum period of 24 hours on the advice of a Doctor/ Medical Practitioner. because of Accidental Bodily Injury sustained during the Cover Period, then tThe Company will pay the In-patient Treatment- Medical Expenses for the below listed items up to the Sum Insured stated under the heading 'Accidental Hospitalization Expenses', in the Certificate of Insurance, subject otherwise to all other terms, conditions and exclusions of the Certificate of Insurance read with Policy.

- Room rent, boarding expenses
 - Nursing
 - Intensive care unit
 - Consultation fees
 - Anesthesia, blood, oxygen, operation theatre charges, surgical appliances
 - Medicines, drugs and consumables,
 - Diagnostic procedures,
 - The Cost of prosthetic and other devices or equipment if implanted internally during a Surgical Procedure.
 - Physiotherapy expenses as recommended by the treating Doctor
- A. **Day Care procedure coverage:**
Waiver of 24hours hospitalization would be considered under Accidental Hospitalization Expenses for the surgeries/procedures due to technological advancement provided such procedures comply with the standard definition of Day Care Centre and Day Care treatment mentioned in the definitions given in the Policy.
- B. **Pre Hospitalization and Post Hospitalization:**
If the claim under Accidental Hospitalization Expenses (including day care procedure mentioned in Annexure 1) due to Accident of the Insured Beneficiary is accepted, then the Company will also pay below expenses:
- i. **Pre Hospitalization**
If the Company has accepted an inpatient Hospitalization claim under Accidental Hospitalization Expenses then the Company will also reimburse the Medical Expenses incurred during the 60 days immediately before the Insured Beneficiary was hospitalized for Accidental Bodily Injury, provided that such Medical Expenses were incurred for the same injury for which subsequent Hospitalization was required.
- ii. **Post-Hospitalization**
If the Company has accepted an inpatient Hospitalization claim under Accidental Hospitalization Expenses then the Company will also reimburse the Medical Expenses incurred during the 90 days immediately after the Insured Beneficiary was discharged post Hospitalization provided that, such costs are incurred in respect of the same injury for which the earlier Hospitalization was required.

The Pre and Post Hospitalization expenses payable under day care procedure shall include expenses incurred on Physiotherapy also.

- C. **Road Ambulance Cover**
If the Company has accepted an Inpatient Hospitalization claim under Accidental Hospitalization Expenses then the Company will reimburse the reasonable cost up to a maximum of Rs 25,000/- per Policy Year provided that:
- i. If due to an Accidental Bodily Injury sustained by the Insured Beneficiary during the Cover Period, the Insured Beneficiary has been transferred to the nearest hospital from the spot of Accident by an ambulance service offered by a healthcare or ambulance service provider, the Company will reimburse the actual expenses incurred for ambulance services
- ii. The Company will also reimburse the expenses incurred on an ambulance offered by a healthcare or ambulance service provider for transferring the Insured Beneficiary from the Hospital where he/ she was admitted initially to another hospital with higher medical facilities provided that: the treating doctor recommends the transfer of the Insured Beneficiary to a higher medical centre for further treatment.

Provided that the maximum amount payable by the Company in respect of (a) and (b) together or singly shall not exceed the Sum Insured stated in the Certificate of Insurance against this cover, subject otherwise to all other terms, conditions and Exclusions of the Certificate of Insurance read with the Policy.

Specific Conditions Applicable to Road Ambulance Cover:

- I **General Exclusion**
- a. Expenses for Road ambulance transportation are restricted within India Only.
 - b. Return transportation to the Insured's home by ambulance is excluded
 - c. This benefit will be applicable annually for policies with term more than 1 year.

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SPECIFIC EXCLUSION APPLICABLE TO OPTIONAL COVER I – ACCIDENTAL HOSPITALISATION EXPENSES:

1. Any Hospitalization for an existing disability from a previous Accident which has occurred prior to the first inception of this Certificate of Insurance.
2. Any stay in Hospital for an Injury due to Accident without undertaking any treatment.
3. Any Hospitalization for Accidental Injury aggravated by an existing disability or pre-existing illness / condition / injury.
4. Any Hospitalization due to an Accidental Injury where the treatment is undertaken by a family member and self-medication or any treatment that is not scientifically recognized.
5. Vaccination and inoculation of any kind unless forming part of treatment for Injury due to an Accident as prescribed by the Medical Practitioner.
6. Vitamins and tonics unless forming part of treatment for Injury due to an Accident as prescribed by the Medical Practitioner.
7. Aesthetic treatment, cosmetic surgery and plastic surgery unless necessitated due to Accident or as a part of any Injury.
8. Treatment taken from persons not registered as Medical Practitioners under respective Medical Councils
9. Any other medical or surgical treatment except as may be necessary solely as a result Injury.
10. Any treatment taken outside India.
11. Whilst engaged in adventure sports.
12. Dental treatment or surgery of any kind unless as a result of Accidental Bodily Injury to natural teeth and also requiring hospitalization.
13. Experimental, unproven or non-standard treatment.

OPTIONAL COVER II: CHILDREN EDUCATION BENEFIT

This cover can be opted only if Insured Beneficiary had opted for Section II: Accident Protection Cover.

In consideration of payment of additional premium by the Insured Beneficiary to the Company and realization thereof by the Company, it is hereby agreed and declared that Credit Linked Health Plan (Group) is extended to provide coverage if the Company has accepted a claim under Section II: Accident Protection Cover, then the Company will make a onetime payment of amount as stated under heading 'Children Education Benefit' in the Certificate of Insurance read with the Policy subject to maximum of INR 25 Lakhs, towards the cost of education of the Insured Beneficiary's dependent children, subject otherwise to all other terms, conditions and Exclusions of the Certificate of Insurance read with the Policy.

SPECIFIC CONDITIONS APPLICABLE TO OPTIONAL COVER II: CHILDREN EDUCATION BENEFIT

1. The dependent child/children must be studying at an accredited educational institution on the date the Insured Beneficiary met with an Accidental Bodily Injury.
2. The age of dependent child or children should not exceed 25 years.
3. The Sum Insured mentioned in the Certificate of Insurance is the total amount payable for all Dependent children collectively and not per child basis.

OPTIONAL COVER III: DISABILITY BENEFIT COVER

In consideration of payment of additional premium by the Insured Beneficiary to the Company and realization thereof by the Company, it is hereby agreed and declared that Credit Linked Health Plan (Group) is extended to provide the Insured Beneficiary with "Disability Benefit Cover" during the Cover Period as per the following terms:

- If Insured Beneficiary during the Cover Period sustains Accidental Bodily Injury which directly and independently of all causes temporarily and completely prevents the Insured Beneficiary from performing each and every duty pertaining to his employment or occupation then the Company will pay weekly benefit amount as stated under heading "Disability Benefit Cover" in Certificate of Insurance subject to a minimum of Rs. 1,000 and maximum 1% of Loan amount or Rs. 50,000 per week whichever is lower.
- The Company shall make weekly payment/s for the disability period as specified by the treating doctor, beginning from the date Insured Beneficiary met with the Accidental Bodily Injury subject to a maximum period of 100 weeks.

Subject otherwise to all other terms, condition and exclusions of the Certificate of Insurance read with Policy.

SPECIFIC CONDITIONS APPLICABLE TO OPTIONAL COVER III: DISABILITY BENEFIT COVER

1. The bodily injury sustained should be detectable by means of clinical examination and radiological scanning or imaging;
2. Injuries to the spine, the ligamentous system, cartilage and nervous system should be detectable by means of radiological scanning or imaging or neurological fallout testing;
3. If the bodily injury sustained is not detectable by means of clinical examination and radiological scanning and imaging or neurological fallout testing, then the company shall not be liable in respect of the Insured Beneficiary for any claim under this cover;
4. We will stop making payments when we are satisfied that you can engage in your occupation again, or when we have made payments for a maximum period of 100 weeks from the date you met with the Accidental Bodily Injury, whichever is earlier;
5. In case the temporary total disablement is for a period less than a week, the benefit payable shall be calculated on proportionate basis in relation to the weekly benefit.
6. In the event of a dispute arising with regards to the duration of Temporary Total Disability, the duration shall be finally determined by a physician mutually appointed by both the parties, who certifies the final date upon which the Insured Beneficiary recovered and fit to perform each and every duty pertaining to his / her employment or occupation.

OPTIONAL COVER IV: EMI PAYMENT COVER

In consideration of payment of additional premium by the Insured Beneficiary to the Company and realization thereof by the Company, it is hereby agreed and declared that the Company, on occurrence of involuntary Loss of Job of the Insured Beneficiary, will pay the amount corresponding to the Insured Beneficiary's contribution in the EMI Amount(s) falling due in respect of the Loan (Loan account number as stated in Schedule of this Certificate of Insurance). after the commencement of Loss of Job till the reinstatement of employment with the same employer or new employer whichever is earlier subject to a maximum of Sum Insured as stated under Certificate of Insurance read with the Policy.

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WHAT WE WILL PAY:

Three/ Six/ Nine/ Twelve Loan Equated Monthly Installment (EMI) as opted by Insured Beneficiary subject to Specific Conditions mentioned below-

SPECIFIC CONDITIONS APPLICABLE TO OPTIONAL COVER IV- EMI PAYMENT COVER

- i. You are a permanent employee of the organization working on a full time basis and such employment has been in force for a continuous period of 12 months.
- ii. You are paying the EMI on a Regular basis ;
- iii. Submission of Sanctioned letter and Repayment Track Record or Bank account statement reflecting EMI or Loan account Statement.
- iv. A claim under this section shall become admissible provided the period of termination, dismissal, temporary suspension or retrenchment from employment of the Insured Beneficiary shall not be less 30 consecutive days ("Retrenchment Period").
- v. You are a salaried employee.
- vi. This benefit is applicable only once during each Cover Period and will not be carried forward to the subsequent renewals if the benefit is not utilized.

SPECIFIC EXCLUSIONS APPLICABLE TO OPTIONAL COVER IV- EMI PAYMENT COVER**I Waiting Period**

1. The Company shall not be liable to make any payment under this Policy in connection with or in respect of:
 - a. Self-employed persons;
 - b. Any claim relating to unemployment from a job which is casual, temporary, seasonal or contractual in nature or any claim relating to an employee not on the direct rolls of the employer;
 - c. Any voluntary unemployment;
 - d. Unemployment at the time of inception of the Cover Period or arising within the first 90 days of inception of the Cover Period.

II General Exclusion

1. The Company shall not be liable to make any payment under this Section in the event of termination, dismissal, temporary suspension or retrenchment from employment of the Insured Beneficiary being attributed to any dishonesty or fraud or poor performance on the part of the Insured Beneficiary or his willful violation of any rules of the employer or laws for the time being in force or any other disciplinary action against the Insured Beneficiary by the employer for the misconduct of Insured Beneficiary.
2. Any unemployment from a job under which no salary or any remuneration is provided to the Insured Beneficiary
3. Any suspension from employment on account of any pending enquiry being conducted by the employer/ Public Authority
4. Any unemployment due to resignation, retirement whether voluntary or otherwise
5. Any unemployment due to non-confirmation of employment after or during such period under which the Insured Beneficiary was under probation.

OPTIONAL COVER V: FIRE AND ALLIED PERILS COVER

In consideration of payment of additional premium by the Insured Beneficiary to the Company and realization thereof by the Company, it is hereby agreed and declared that the Company agrees, (Subject to the Conditions and Exclusions contained herein or endorsed or otherwise expressed hereon) that if the property and or content(s) insured described in the Certificate of Insurance on which loan has been taken or any part of such property be destroyed or damaged by any of the perils specified hereunder during the Cover Period or of any subsequent period in respect of which the Insured Beneficiary shall have paid and the Company shall have accepted the premium required for the renewal of the Policy, the Company shall pay to the Insured Beneficiary the value of the property and or the insured content(s) at the time of the happening of its destruction or the amount of such damage or at its option reinstate or replace such property and or the insured content(s) or any part thereof subject to maximum of Sum Insured mentioned in the Certificate of Insurance:

1. Fire, excluding destruction or damage caused to the property insured by:
 - a. Its own fermentation, natural heating or spontaneous combustion.
 - b. Its undergoing any heating or drying process.
 - c. Burning of property insured by order of any Public Authority.
2. Lightning.
3. Explosion/implosion, excluding loss, destruction of or damage:
 - a. To boilers (other than domestic boilers), economizers or other vessels, machinery or apparatus (in which steam is generated) or their contents resulting from their own explosion/implosion.
 - b. Caused by centrifugal forces.
4. Aircraft Damage: Loss, destruction or damage caused by aircraft, other aerial or space devices and articles dropped there from excluding those caused by pressure waves.
5. Riot, Strike and Malicious Damage: Loss of or visible physical damage or destruction by external violent means directly caused to the property insured but excluding those caused by:
 - a. Total or partial cessation of work or the retardation or interruption or cessation of any process or operations or omissions of any kind.
 - b. Permanent or temporary dispossession resulting from confiscation, commandeering, requisition or destruction by order of the Government or any lawfully constituted Authority.
 - c. Permanent or temporary dispossession of any building or plant or unit or machinery resulting from the unlawful occupation by any person of such building or plant or unit or machinery or prevention of access to the same.
 - d. Burglary, housebreaking, theft, larceny or any such attempt or any omission of any kind of any person (whether or not such act is committed in the course of a disturbance of public peace) in any malicious act.
6. Storm, Cyclone, Typhoon, Tempest, Hurricane, Tornado, Flood and Inundation: Loss destruction or damage directly caused by storm, cyclone, typhoon,

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- tempest, hurricane, flood or inundation excluding those resulting from volcanic eruption or other convulsions of nature.
7. Impact Damage: Loss of or visible physical damage or destruction caused to the property insured due to impact by any rail/ road vehicle or animal by direct contact not belonging to or owned by:
 - a. The Insured or any occupier of the premises or
 - b. Their employees while acting in the course of their employment.
 8. Subsidence and Landslide including Rockslide: Loss, destruction or damage directly caused by Subsidence of part of the site on which the property stands or Landslide/ Rockslide excluding:
 - a. The normal cracking, settlement or bedding down of new structures.
 - b. The settlement or movement of made up ground.
 - c. Coastal or river erosion.
 - d. Defective design or workmanship or use of defective materials.
 - e. Demolition, construction, structural alterations or repair of any property or ground works or excavations.
 9. Bursting and/or overflowing of Water Tanks, Apparatus and Pipes.
 10. Missile testing operations.
 11. Leakage from Automatic Sprinkler Installations, excluding loss, destruction or damage caused by:
 - a. Repairs or alterations to the buildings or premises.
 - b. Repairs, Removal or Extension of the Sprinkler Installation.
 - c. Defects in construction known to the Insured Beneficiary.
 12. Bush Fire, excluding loss, destruction or damage caused by Forest Fire.
 13. Earthquake (Fire and Shock): Loss or damage (including loss or damage by fire) to any of the property insured by this Policy occasioned by or through in consequence of earthquake including flood or overflow of the sea, lakes, reservoirs and rivers and/or Landslide/Rockslide resulting therefrom.

Provided that the liability of the Company shall in no case exceed in respect of each item the sum expressed in the said Schedule to be insured thereon or in the whole the total Sum Insured hereby.

A. SPECIFIC CONDITIONS APPLICABLE TO OPTIONAL COVER V: FIRE AND ALLIED PERILS COVER

1. All insurances under this Section of the Policy shall cease on expiry of seven (7) days from the date of fall or displacement of any building or part thereof or of the whole or any part of any range of buildings or of any structure of which such building forms part.
Provided such a fall or displacement is not caused by insured perils, loss or damage which is covered by this Policy or would be covered if such building, range of buildings or structure were insured under this Policy.
Notwithstanding the above, the Company subject to an express notice being given as soon as possible but not later than seven (7) days of any such fall or displacement may agree to continue the insurance subject to revised rates, terms and conditions as may be decided by it and confirmed in writing to this effect.
2. Under any of the following circumstances the insurance ceases to attach as regards the property affected unless the Insured, before the occurrence of any loss or damage, obtains the sanction of the Company signified by endorsement upon the Policy by or on behalf of the Company:-
 - a. If the nature of the occupation of or other circumstances affecting the building insured or containing the insured property be changed.
 - b. If the building insured or containing the insured property becomes unoccupied and so remains for a period of more than thirty (30) days.
 - c. If the interest in the property passes from the Insured Beneficiary otherwise than by will or operation of law.
3. On the happening of loss or damage to any of the property insured by this Policy, the Company may:
 - a. Enter and take and keep possession of the building or premises where the loss or damage has happened.
 - b. Take possession of or require to be delivered to it any property of the Insured in the building or on the premises at the time of the loss or damage.
 - c. Keep possession of any such property and examine, sort, arrange, remove or otherwise deal with the same.
 - d. Sell any such property or dispose of the same for account of whom it may concern.

The powers conferred by this condition shall be exercisable by the Company at any time until notice in writing is given by the Insured Beneficiary that he makes no claim under the Policy, or if any claim is made, until such claim is finally determined or withdrawn, and the Company shall not by any act done in the exercise or purported exercise of its powers hereunder, incur any liability to the Insured Beneficiary or diminish its rights to rely upon any of the conditions of this policy in answer to any claim.

If the Insured Beneficiary or any person on his behalf shall not comply with the requirements of the Company or shall hinder or obstruct the Company, in the exercise of its powers hereunder, all benefits under this Policy shall be forfeited.

The Insured Beneficiary shall not in any case be entitled to abandon any property to the Company whether taken possession of by the Company or not.
4. If the Company at its option, reinstate or replace the property damaged or destroyed, or any part thereof, instead of paying the amount of the loss or damage, or join with any other company or insurer(s) in so doing, the Company shall not be bound to reinstate exactly or completely but only as circumstances permit and in reasonably sufficient manner, and in no case shall the Company be bound to expend more in reinstatement than it would have cost to reinstate such property as it was at the time of the occurrence of such loss or damage nor more than the Sum Insured by the Company thereon. If the Company so elect to reinstate or replace any property the Insured Beneficiary shall at his own expense furnish the Company with such plans, specifications, measurements, quantities and such other particulars as the Company may require, and no acts done, or caused to be done, by the Company with a view to reinstatement or replacement shall be deemed an election by the Company to reinstate or replace.
If in any case the Company shall be unable to reinstate or repair the property hereby insured, because of any municipal or other regulations in force affecting the alignment of streets or the construction of buildings or otherwise, the Company shall, in every such case, only be liable to pay such sum as would be requisite to reinstate or repair such property if the same could lawfully be reinstated to its former condition.

B. SPECIFIC EXCLUSIONS APPLICABLE TO OPTIONAL COVER V : FIRE AND ALLIED PERILS COVER

The Company shall not be liable for and no indemnity is available hereunder in respect of:

I General Exclusion

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1. Loss, destruction or damage caused to the insured property by pollution or contamination excluding:
 - a. Pollution or contamination which itself results from a peril hereby insured against.
 - b. Any peril hereby insured against which itself results from pollution or contamination.
 2. Loss, destruction or damage to bullion or unset precious stones, any curios or works of art for an amount exceeding Rs. 10000, goods held in trust or on commission, manuscripts, plans, drawings, securities, obligations or documents of any kind, stamps, coins or paper money, cheques, books of accounts or other business books, computer system records, explosives unless otherwise expressly stated in the Policy.
 3. Loss, destruction or damage to the stocks in cold storage premises caused by change of temperature.
 4. Loss, destruction or damage to any electrical machine, apparatus, fixture, or fitting arising from or occasioned by overrunning, excessive pressure, short circuiting, arcing, self-heating or leakage of electricity from whatever cause (lightning included) provided that this exclusion will apply only to the particular electrical machine, apparatus, fixture or fitting so affected and not to other machines, apparatus, fixtures or fittings which may be destroyed or damaged by fire so set up.
 5. Expenses necessarily incurred on:
 - a. Architects, Surveyors and Consulting Engineer's Fees and
 - b. Debris Removal by the Insured following a loss, destruction or damage to the property insured by an insured peril in excess of 3% and 1% of the claim amount respectively.
 6. Loss of earnings, loss by delay, loss of market or other consequential or indirect loss or damage of any kind or description whatsoever.
 7. Loss or damage by spoilage resulting from the retardation or interruption or cessation of any process or operations caused by the operation of any of the perils covered.
 8. Loss by theft during or after the occurrence of any insured peril except as provided under riot, strike and malicious damage cover.
 9. Loss or damage to property insured if removed to any building or place other than in which it is herein stated to be insured.
 10. Loss of or damage to livestock, motor vehicles and pedal cycles.
 11. Loss or damage to the property insured if it was under the course of construction, unless otherwise expressly stated in the Policy.
 12. Any building or content on which no loan has been sanctioned by the financial institution
- C. SUM INSURED UNDER OPTIONAL COVER V: FIRE AND ALLIED PERILS COVER**
- a. Sum Insured for Building shall be the sanctioned/outstanding loan amount.
 - b. Sum Insured for the item(s)/content(s) shall be the actual purchase/Invoice price for that item(s)/content(s).

OPTIONAL COVER VI: BURGLARY AND ROBBERY COVER

In consideration of payment of additional premium by the Insured Beneficiary to the Company and realization thereof by the Company, it is hereby agreed and declared that the Company will indemnify the Insured Beneficiary in respect of:

1. loss of or damage to the Contents or any part thereof whilst contained in the Insured's Premises caused by actual or attempted Burglary and/or Robbery during the Cover Period;
 2. actual physical damage to the Insured's Premises (including the reasonable costs incurred by the Insured Beneficiary for changing damaged locks at the entry and/or exit points to the Insured's Premises and at internal entry and/or exit points) caused by actual or attempted Burglary during the Cover Period;
- A. SPECIFIC CONDITIONS APPLICABLE TO OPTIONAL COVER VI: BURGLARY AND ROBBERY COVER**
- Under any of the following circumstances the insurance ceases to attach as regards the property affected unless the Insured, before the occurrence of any loss or damage, obtains the sanction of the Company signified by endorsement upon the Policy by or on behalf of the Company:-
- a. If the nature of the occupation of or other circumstances affecting the Insured's Premises be changed.
 - b. If the Insured's Premises containing the Contents becomes unoccupied and so remains for a period of more than thirty (30) days.
 - c. If the interest in the property passes from the Insured Beneficiary otherwise than by will or operation of law.
- B. SPECIFIC EXCLUSIONS APPLICABLE TO OPTIONAL COVER VI :BURGLARY AND ROBBERY COVER**
- The Company shall not be liable for and no indemnity is available hereunder in respect of:
1. Any loss or damage where the Insured Beneficiary or any member of the Insured Beneficiary's family is or is alleged to be concerned or implicated.
 2. Loss of or damage to livestock, motor vehicles and pedal cycles.
 3. Loss of or damage to Valuables
 4. thereof belonging to the Insured, unless such key has been obtained by Burglary and/or Robbery.
- C. SUM INSURED UNDER OPTIONAL COVER VI- BURGLARY AND ROBBERY COVER**
- Sum Insured for the item(s)/content(s) shall be the actual purchase/Invoice price for that item(s)/content(s).

SPECIAL CONDITION APPLICABLE FOR OPTIONAL COVER V AND VI

- A. In case of any claim being admissible and payable up to the full Sum Insured for Fire & Allied perils (Building & Contents) and Burglary (Contents), then coverage under these sections of the policy will cease to exist for these sections.
However, in case only partial Sum Insured is paid under these sections of this policy, then the policy will still exist on the balance Sum Insured for these covers during the Cover Period.
- B. Basis of Loss Settlement For Contents on Indemnity Basis:

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In the event of a loss the Company shall indemnify the Insured for the Replacement Value of the insured items as new at the time of damage less due allowance for betterment, wear and tear and or depreciation or the value which can be realized from the market for such insured item immediately before occurrence of damage whichever is lower.

Depreciation Chart for Contents-

Age of the Content(s)	Percentage of Depreciation
Up to 6 months	10%
Up to 1 Year	20%
Up to 2 Year	40%
Up to 3 Year	50%
Up to 4 Year	60%
Up to 5 year	70%

C. Waiver of Condition of Average for Optional Cover V and VI

Wherever the Sum Insured for Fire & Allied Perils Cover and Burglary & Robbery Cover of Credit Linked Health Plan (Group) shall be automatically linked to the Outstanding Loan Amount of the Proposer, condition of average shall be waived off for these two covers since in such cases there would be no specific declaration from the Proposer towards the value at risk of the respective assets to be insured.

GENERAL EXCLUSIONS APPLICABLE TO ALL COVERS

We will not be liable to make any payment under this Policy under any circumstances, for any claim directly or indirectly attributable to, or based on, or arising out of, or connected with any of the following:

1. War (whether declared or not), civil war, invasion, act of foreign enemies, rebellion, revolution, insurrection, mutiny, military or usurped power, seizure, capture, arrest, restraint or detainment, confiscation or nationalization or requisition of or damage by or under the order of any government or public local authority, or
2. ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from burning nuclear fuel,
3. the radioactive, toxic, explosive or other dangerous properties of any explosive nuclear equipment or any part of that equipment,
4. 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.

B. DEFINITIONS

Words or terms mentioned below have the meaning ascribed to them wherever they appear in this Policy, and references to the singular or to the masculine, include references to the plural or to the feminine wherever the context permits:

1. **Accident, Accidental** – An accident is a sudden, unforeseen and involuntary event caused by external, visible and violent means.
2. **Acquired Immune Deficiency Syndrome** means the meanings assigned to it by the World Health Organization. Acquired Immune Deficiency Syndrome shall include HIV (Human Immunodeficiency Virus), encephalopathy (dementia), HIV Wasting Syndrome, and ARC (AIDS Related Complex).
3. **Adventure Sports** – Adventure sports (also called action sports, aggro sports, and Extreme sports) are a popular term for certain activities perceived as having a high level of inherent danger. These activities often involve speed, height, a high level of physical exertion, and highly specialized gear such as racing on wheels or horseback, big game hunting, mountaineering, winter sports, Skydiving, Parachuting, Scuba Diving, Riding or Driving in Races or Rallies, Mountain Climbing, hunting or equestrian activities, rock climbing, pot holing, bungee jumping, skiing, ice hockey, ballooning, hand gliding, diving or under-water activity river rafting, canoeing involving rapid waters, polo, yachting or boating outside coastal waters.
4. **Age** means completed years as at the commencement date of the policy.
5. **Bajaj Allianz Network Hospitals / Network Hospitals/Network Provider** means the Hospitals which have been empanelled by Us as per the latest version of the schedule of Hospitals maintained by Us, which is available to You on request. For updated list please visit our website www.bajajallianz.com.
6. **Beneficiary**: In case of death of the Insured Beneficiary, the Beneficiary means, unless stipulated otherwise by the Insured Beneficiary, the surviving Spouse or immediate blood relative of the Insured Beneficiary, mentally capable and not divorced, followed by the children recognized or adopted followed by the Insured Beneficiary's legal heirs. For all other benefits, the Beneficiary means the Insured Beneficiary himself unless stipulated otherwise
7. **Burglary**- means the unforeseen and unauthorized entry to or exit from the Insured's Premises by aggressive and detectable means with an intention to steal contents therefrom
8. **Cashless facility**- Cashless facility" means a facility extended by the insurer to the Insured Beneficiary where the payments, of the costs of treatment undergone by the Insured Beneficiary in accordance with the policy terms and conditions, are directly made to the Network Provider by the insurer to the extent pre-authorization approved.
9. **Certificate of Insurance** means the document issued by the Company to the Insured Beneficiary as per these terms and conditions detailing the Cover

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Period, Insured Beneficiary name, address, age, coverage, sums insured, condition(s), exclusions and or endorsement(s). Provided however if there is any contradiction between what is stated in the wordings attached to Certificate of Insurance and these Policy Wordings, then these Policy Wordings shall prevail.

10. **Civil War**- means armed opposition, whether declared or not, between two or more parties belonging to the same country where the opposing parties are of different ethnic, religious or ideological groups. Civil War also includes armed rebellion, revolution, sedition, insurrection, Coup, and the consequences of Martial law.
11. **Condition Precedent** shall mean a policy term or condition upon which the Company's liability under the Policy is conditional upon.
12. **Congenital Anomaly** refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.
 - i. **Internal Congenital Anomaly**-
Congenital anomaly which is not in the visible and accessible parts of the body
 - ii. **External Congenital Anomaly**-
Congenital anomaly which is in the visible and accessible parts of the body
13. **Contribution**- If, at the time of any claim, There is, or but for the existence of this Policy, would be any other policy of indemnity or insurance in favour of or effected by the Insured Beneficiary or on Insured Beneficiary's behalf applicable to such claim, then the Company shall not be liable to pay or contribute more than its rateable proportion of any loss or damage.
However, this condition will be applicable only to Optional Cover V- Fire and Allied Perils Cover and Optional Cover VI- Burglary and Robbery Cover.
14. **Contents** means household goods (such as furniture, fixtures, fittings, home appliances or items of like nature) and personal effects (such as clothes and other articles of personal nature likely to be worn, used or carried but excluding Jewellery and Valuables) so long as they are owned by the Insured Beneficiary and he/she is legally responsible for them and which are not used for any commercial or profit generating purpose.
15. **Cover Period** means the period during which the Certificate of Insurance is valid.
16. **Day Care Centre** means any institution established for day care treatment of illness and / or injuries or a medical setup 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
 - i. has qualified nursing staff under its employment
 - ii. has qualified medical practitioner (s) in charge
 - iii. has a fully equipped operation theatre of its own where surgical procedures are carried out
 - iv. maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.
17. **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
18. **Dependent Child**- refers to a child (natural or legally adopted) and studying at an accredited educational institution, who is financially dependent on the primary insured or proposer and does not have his / her independent sources of income
19. **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.
20. **Dislocation** - A dislocation is a separation of two bones where they meet at a joint. Joints are areas where two bones come together. A dislocated joint is a joint where the bones are no longer in their normal positions.
21. **Emergency Care** means management for a severe illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a medical practitioner to prevent death or serious long term impairment of the Insured Beneficiary's health.
22. **EMI** means the equated monthly installment of Insured Beneficiary's Loan as specified in the Schedule.
23. **Excess** means an amount of expenses to be incurred by the Insured Beneficiary before the compensation under the Policy shall become payable and shall not be reimbursed by the Company.
24. **Fracture**: A fracture is a complete or incomplete break in a bone resulting from the application of excessive force.
25. **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 preexisting diseases. Coverage is not available for the period for which no premium is received.
26. **Group**- The definition of a group as per the provisions of Insurance Regulatory and Development Authority of India (Health Insurance) Regulations, 2016, read with group guidelines issued by IRDAI vide circular 015/IRDA/Life/Circular/GI Guidelines/2005 dated 14th July 2005, as amended/modified/ further guidelines issued, from time to time.

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27. **Hazardous Activities** means Persons whilst working in underground mines, explosives, magazines, workers whilst involved in electrical installation with high tension supply, jockeys, circus personnel, Aircraft pilots and crew, Armed Forces personnel, Artistes engaged in hazardous performances, Aerial crop sprayer, Bookmaker (for gambling), Demolition contractor, Explosives users, Fisherman (seagoing Jockey, Marine salvager, Miner and other occupations underground, nuclear installations, Off-shore oil or gas rig worker, Policeman, Pop Musicians, Professional sports person, Roofing contractors and all construction, maintenance and repair workers at heights in excess of 50ft/15m, Saw miller, Scaffolder, Scrap metal merchant, Security guard (armed), Ship crew, Steeplejack, Stevedore, Structural steelworker Tower crane operator, Tree feller.
28. **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.
29. **Hospitalization** 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.
30. **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.
- 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.
 - 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.
31. **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.
32. **Inpatient Care** means treatment for which the Insured Beneficiary has to stay in a hospital for more than 24 hours for a covered event.
33. **Insured Beneficiary** mean the loan borrowers of Policy Holder for whom the Policy Holder has taken the Group Insurance Policy basis which Certificate of Insurance is issued by the Company to the Insured Beneficiary.
34. **"Insured Member/s"** means loan borrow and co-borrower/s of loan from Policy Holder for whom the Policy Holder has taken the Group Insurance Policy basis which Certificate of Insurance is issued by the Company to the Insured Beneficiary/Insured Member.
35. **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.
36. **Jewellery** means articles of precious stones, gold, silver or other precious metals.
37. **Loan** means the sum of money lent at interest or otherwise to the Insured by any Bank/Financial Institution and shall be identified by the Loan Account Number as specified in the Schedule.
38. **Medical Advise** - Any consultation or advice from a Medical Practitioner including the issue of any prescription or repeat prescription
39. **Medical expenses** means those expenses that an Insured Beneficiary and or Insured Member/s have necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Beneficiary had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.
40. **Medical Practitioner/ Physician/Doctor** 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.
41. **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 Beneficiary;
 - 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.
42. **Named Insured/ Insured Beneficiary / member of Group / Insured Beneficiary** means the persons, or his Family members, named in the Schedule

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43. **Master Policy Period:** means period for which the Master Policy is valid in the name of Insured.
44. **Nominee** is the person selected by the policyholder to receive the benefit in case of death of the Insured Beneficiary thus giving a valid discharge to the insurer on settlement of claim under an insurance policy.
45. **Non- Network** - Any hospital, day care centre or other provider that is not part of the network.
46. **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.
47. **Occupation** - Your occupation as shown in the Certificate of Insurance
48. **Permanent Total Disability** - Medical practitioner certified total, continuous and permanent:
- loss of the sight of both eyes
 - physical separation of or the loss of ability to use both hands or both feet
 - physical separation of or the loss of ability to use one hand and one foot
 - loss of sight of one eye and the physical separation of or the loss of ability to use either one hand or one foot
49. **Policy** This Policy Document, the Policy Schedule and the Proposal, declaration and applicable Endorsements under the Policy. The Policy contains the details of the extent of cover available to the Insured Beneficiary, the Exclusions under the cover and the terms, conditions, warranties and limitations.
50. **Policy Holder/Proposer/Group Administered** or "Insured" is the Organization or Entity which has taken the Policy on behalf of all Insured Beneficiaries/ Insured Beneficiary.
51. **Policy Schedule** means the Credit Linked Health Plan (Group) Policy schedule and any annexure to it read with respective Certificate of Insurance which are forming part of the policy.
52. **Cover Period** - The period between and including the start and end dates shown in the Policy Schedule.
53. **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.
54. **Post-hospitalization Medical Expenses** - Medical Expenses incurred immediately after the Insured Beneficiary is discharged from the hospital provided that:
- Such Medical Expenses are incurred for the same condition for which the Insured Beneficiary's Hospitalization was required and
 - The inpatient hospitalization claim for such Hospitalization is admissible by the Insurance Company.
55. **Pre-existing Condition** means any condition, ailment or injury or related condition(s) for which Insured Beneficiary had signs or symptoms, and/or were diagnosed, and/or received medical advice/treatment, within 48 months prior to the commencement of the first Policy issued the Insurer.
56. **Pre-hospitalization Medical Expenses** - Medical Expenses incurred immediately before the Insured Beneficiary is hospitalized, provided that:
- Such Medical Expenses are incurred for the same condition for which the Insured Beneficiary's Hospitalization was required, and
 - The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.
57. **Professional Sports** - means a sport which is the primary livelihood earning of the player,
58. **Proposal and Declaration Form** - means any initial or subsequent declaration made by the Insured Beneficiary and is deemed to be attached and which forms a part of this Policy
59. **Qualified Nurse** is a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.
60. **Reasonable and Customary Charges** - means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness / injury involved
61. **Renewal**
- 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.
 - Insured Beneficiary can be renew this insurance policy on sanctioned/outstanding loan amount at the time of renewal.
62. **Robbery**- means (i) in order to the committing of the theft at the Insured's Premises, or in committing the theft at the Insured's Premises, or in carrying away or attempting to carry away property obtained by the theft from the Insured's Premises, the offender, for that end, voluntarily causes or attempts to cause to the Insured Beneficiary and/or Insured Beneficiary's family members, death or hurt or wrongful restraint, or fear of instant death or of instant hurt, or of instant wrongful restraint or (ii) if the offender, at the time of committing the extortion at the Insured's Premises, is in the presence of the Insured Beneficiary and/or Insured Beneficiary's family members who is/are put in fear, and commits the extortion at the Insured's Premises by putting the Insured Beneficiary and/or Insured Beneficiary's family members in fear of instant death, of instant hurt, or of instant wrongful restraint to the Insured Beneficiary and/or Insured Beneficiary's family members, and, by so putting in fear, induces the Insured Beneficiary and/or Insured Beneficiary's family members so put in fear then and there to deliver up the thing extorted at the Insured's Premises. In this regard the offender is said to be present if he is

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sufficiently near to put the Insured Beneficiary and/or Insured Beneficiary's family members in fear of instant death, of instant hurt, or of instant wrongful restraint.

The term Extortion means intentionally putting the Insured Beneficiary and/or Insured Beneficiary's family members in fear of any injury to the Insured Beneficiary and/or Insured Beneficiary's family members, and thereby dishonestly induces the Insured Beneficiary and/or Insured Beneficiary's family members so put in fear to deliver to any person any property or valuable security, or anything signed or sealed which may be converted into a valuable security.

63. **Safe** means a strong fixed cabinet within the Insured's Premises designed for the safe and secure storage of valuable items, and access to which is restricted.
64. **Schedule** means the Credit Linked Health Plan (Group) Policy Schedule and any annexure to it read with respective Certificate of Insurance.
65. **Subrogation**- The Insured and any claimant under this Policy shall at the expense of the Company do or concur in doing or permit to be done all such acts and things that may be necessary or reasonably required by the Company for the purpose of enforcing any civil or criminal rights and remedies or obtaining relief or indemnity from other parties to which the Company shall be or would become entitled or subrogated upon the Company paying for or making good any loss or damage under this Policy whether such acts and things shall be or become necessary or required before or after indemnification of the Insured by the Company.
However, this condition will be applicable only to Optional Cover V- Fire and Allied Perils Cover and Optional Cover VI- Burglary and Robbery Cover.
66. **Unproven/Experimental treatment** means treatment, including drug Experimental therapy, which is not based on established medical practice in India, is treatment experimental or unproven.
67. **Sum Insured** means and denotes, for the purpose of Section I (Critical Illness Cover), Section II (Accident Protection Cover), Optional Cover I (Accidental Hospitalization Expenses), Optional Cover II (Children Education Benefit), Optional Cover III (Disability Benefit Cover) and Optional Cover IV (EMI Payment Cover), the amount of cover available to the Insured, subject to the terms and conditions of this Policy and as stated in the Schedule, which is the maximum aggregate liability of the Company under this Policy w.r.t. these Sections.
Sum Insured means and denotes, for the purpose of Optional Cover V (Fire and Allied Perils Cover) and Optional Cover VI (Burglary and Robbery Cover), the amount stated in the Schedule, which is the maximum amount (regardless of the number of amount of claims made or the number of the insured who make a claim) for any one claim and in the aggregate for all claims for which the Company will make payment in relation to the Section to which the Sum Insured relates during the Policy Period.
The apportionment of Sum Insured shall be on equal basis amongst all Insured Beneficiary.
68. **You, Your, Yourself/ Your Family** named in the schedule means the Insured Beneficiary or Insured Beneficiary that We insure as set out in the Schedule
69. **We, Us, Our, Ours** means the Bajaj Allianz General Insurance Company Limited.

C.) CONDITIONS

I. Conditions precedent to the contract

1. **Eligible Entry Age Limit :**
18 years to 65 Years
2. **Incontestability and Duty of Disclosure**
The policy shall be null and void and no benefit shall be payable in the event of untrue or incorrect statements, misrepresentation, misdescription or on non-disclosure in any material particular in the proposal form, personal statement, declaration and connected documents, or any material information having been withheld, or a claim being fraudulent or any fraudulent means or devices being used by the Insured Beneficiary or any one acting on his behalf to obtain any benefit under this policy.
3. **Observance of terms and conditions**
The due observance and fulfilment of the terms, conditions and endorsement of this policy in so far as they relate to anything to be done or complied with by the Insured Beneficiary, shall be a condition precedent to any liability of the Company to make any payment under this policy.

II. Conditions when claim arises

1. **Making a Claim:**
All Claims will be settled by In house claims settlement team of the company and no TPA is engaged.
- A. **Cashless Claims Procedure: (Applicable only for Optional Cover I: Accidental Hospitalization Expenses)**
Cashless treatment is only available at Network Hospitals. In order to avail of cashless treatment, the following procedure must be followed by You:
 - a. Prior to taking treatment and/or incurring Medical Expenses for any Accidental Injury, at a Network Hospital, the Insured Beneficiary must call Us and request pre-authorization by way of the written form which the Company will provide. Waiver of this condition shall be considered in case of emergency hospitalisation arising out of accidental bodily injury.
 - b. After considering the Insured Beneficiary's request and after obtaining any further information or documentation We have sought, the Company may

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if satisfied send to the Insured Beneficiary or the Network Hospital, an authorization letter. The authorization letter, the ID card issued to the Insured Beneficiary along with this Policy and any other information or documentation that the Company have specified must be produced to the Network Hospital identified in the pre-authorization letter at the time of Insured Beneficiary's admission to the same. On receipt of your pre-authorization form duly filled and signed by you, our representative then within 2 hours will respond with approval, rejection or more information.

If the procedure above is followed, the Insured Beneficiary will not be required to directly pay for the Medical Expenses raised out of Accidental Bodily Injury, in the Network Hospital that the Company is liable to indemnify under Accidental Hospitalization Expenses Section and the original bills and evidence of treatment in respect of the same shall be left with the Network Hospital. Pre-authorization does not guarantee that all costs and expenses will be covered. We reserve the right to review each claim for Medical Expenses and accordingly coverage will be determined according to the terms and conditions of this Policy. You shall, in any event, be required to settle all other expenses directly.

B. Claim Settlement Process Applicable To Section I: Critical Illness Cover

In the event of a claim arising out of an Insured Event covered under this Section, the Insured Event as described above shall be intimated to the Company within thirty (30) days date of first diagnosis of the Illness, date of surgical procedure or date of occurrence of the medial event as the case may be and the Insured Beneficiary shall, promptly and in any event within thirty (30) days of discharge from the hospital, arrange for submission of the following documents to the Company:

1. Certificate from the attending Doctor of the Insured Beneficiary confirming, inter alia,
 - a. Name of the Insured Beneficiary;
 - b. Name, date of occurrence and medical details of the Insured Event;
 - c. Confirmation that the Insured Event does not relate to any Pre-Existing Condition; and
 - d. Confirmation that the Insured Event does not relate to any Illness or Injury which existed within the first 90 days of commencement of the Policy Period.
2. Duly completed claim forms;
3. Original Discharge Certificate/Card from the hospital/Doctor;
4. Original investigation test reports, indoor case papers;
5. Certificate, if applicable, from the Bank stating pertinent details of Insured Beneficiary's Loan including but not limited to the amortization schedule, Principal Outstanding, EMI etc.

Note: In case the Insured Beneficiary is claiming for the same event under an indemnity based policy of another insurer and is required to submit the original documents related to his treatment with that particular insurer, then the Insured Beneficiary may provide the Company with the attested Xerox copies of such documents along with a declaration from the particular insurer specifying the availability of the original copies of the specified treatment documents with

C. Reimbursement Claim Procedure (Applicable for Section II- Accident Protection Cover, Optional Cover II Children Education Benefit, Optional Cover III Disability Benefit Cover and Optional Cover IV EMI Payment Cover)

If the Insured Beneficiary meets with any Accidental Bodily Injury that may result in a claim, than as a condition precedent to our liability:

- a. Policyholder or the Insured Beneficiary or someone claiming on his/her behalf must inform us in writing immediately and in any event within 30 days from the date of the accident and submit all documents to us within 30 days from the date of intimation.
- b. Insured Beneficiary must immediately consult a Doctor and follow the advice and treatment that he recommends.
- c. Insured Beneficiary must take reasonable steps to lessen the consequence of Bodily injury.
- d. Insured Beneficiary should allow examination by our medical advisors if we ask for this.
- e. Policyholder or Insured Beneficiary or someone claiming on his/her behalf must promptly give us documentation and other information we ask for to investigate the claim or our obligation to make payment for it.
- f. In case of the Insured Beneficiary's death, someone claiming on his/her behalf must inform us in writing immediately and send us a copy of the post mortem report (if conducted) within 30 days.

***Note:** Waiver of conditions (a) and (f) may be considered in extreme cases of hardship where it is proved to Our satisfaction that under the circumstances in which the Insured Beneficiary was placed, it was not possible for the Insured Beneficiary or any other person claiming on his/her behalf to give notice or file claim within the prescribed time limit.

D. Claim Settlement Process Applicable To Optional Cover V; Fire And Allied Perils Cover

It is a condition precedent to the Company's liability under this Policy that, upon the happening of any event giving rise to or likely to give rise to a claim under this Policy:

1. Immediately on occurrence of the loss/damage the Insured shall inform the Insurer regarding the occurrence of the loss by any means of communication. He shall also
 - a. Immediately inform the Fire Brigade and shall take all steps necessary to extinguish the fire/minimize the loss
 - b. Shall provide necessary cooperation and assistance to the insurer/ Surveyor/ Investigator/ any other person authorized by the insurer for survey/ inspection/ assessment/ investigation/ loss minimization of the loss/damage and disclose all material information relevant to the claim.
2. the Insured Beneficiary shall within fifteen (15) days deliver to the Company its completed claim form detailing the loss or damage that has occurred and an estimate of the quantum of any claim along with all documentation required to support and substantiate the amount sought from the Company, and
3. the Insured Beneficiary shall expeditiously provide the Company and its representatives and appointees with all the information, assistance, records and documentation that they might reasonably require,
4. In the event of a claim arising out of an Insured Event covered under this Section, the Insured Beneficiary shall arrange for submission of the following

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documents to the Company:

- a. Duly Completed Claim Form signed by Insured Beneficiary
 - b. Fire Brigade Report
 - c. Police report
 - d. All documentation required to support and substantiate the claim amount
 - e. NEFT details & cancelled cheque
5. On receipt of all the documents and on being satisfied with regard to the admissibility of the claim as per policy terms and conditions, we shall offer within a period of 30 days a settlement of the claim to the Insured Beneficiary. Upon acceptance of an offer of settlement by the Insured Beneficiary, the payment of the amount due shall be made within 7 days from the date of acceptance of the offer by the Insured Beneficiary. In the cases of delay in the payment, the insurer 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.
6. If the insurer, for any reasons decides to reject the claim under the policy the reasons regarding the rejection shall be communicated to the Insured Beneficiary in writing within 30 days of the receipt of documents. He/ She may take recourse to the Grievance Redressal procedure stated.

E. Claim Settlement Process Applicable To Optional Cover VI : Burglary And Robbery Cover

1. It is a condition precedent to the Company's liability under this Policy that, upon the happening of any event giving rise to or likely to give rise to a claim under this Policy:
 - a. the Insured Beneficiary shall immediately and in any event within fifteen (15) days give written notice of the same to the address shown in the Schedule for this purpose, and in case of notification of an event likely to give rise to a claim to specify the grounds for such belief, and
 - b. immediately lodge a complaint with the police detailing the items lost and/or damaged and in respect of which the Insured Beneficiary intends to claim, and provide a copy of that written complaint, the First Information Report and/or Final Report to the Company, and
 - c. the Insured Beneficiary shall within fifteen (15) days deliver to the Company its completed claim form detailing the loss or damage that has occurred and an estimate of the quantum of any claim along with all documentation required to support and substantiate the amount sought from the Company, and
 - d. the Insured Beneficiary shall expeditiously provide the Company and its representatives and appointees with all the information, assistance, records and documentation that they might reasonably require, and
 - e. take all reasonable steps to affect a recovery of the perpetrators of the Burglary and/or Robbery and recover any Contents lost.
2. The Company may in its sole and absolute discretion either:
 - a. reinstate, replace or repair the Contents lost or damaged or any part thereof;
 - b. reinstate or repair the Insured's Premises;
 but the Company shall not be bound to reinstate exactly or completely but only as circumstances permit and in a reasonably sufficient manner and in no case shall the Company be bound to expend more in reinstatement or repair than it would have cost to replace the same, and subject always to the Sum Insured.
3. In the event of a claim arising out of an Insured Event covered under this Section, the Insured Beneficiary shall arrange for submission of the following documents to the Company:
 - a. Duly completed claim form signed by the Insured Beneficiary, detailing the loss or damage that has occurred and an estimate of the quantum of any claim along with all documentation required to support and substantiate the amount sought from the Company, and;
 - b. FIR Copy
 - c. NEFT details & cancelled cheque
4. On receipt of all the documents and on being satisfied with regard to the admissibility of the claim as per policy terms and conditions, we shall offer within a period of 30 days a settlement of the claim to the Insured Beneficiary. Upon acceptance of an offer of settlement by the Insured Beneficiary, the payment of the amount due shall be made within 7 days from the date of acceptance of the offer by him/her. In the cases of delay in the payment, the insurer 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.
5. If the insurer, for any reasons decides to reject the claim under the policy the reasons regarding the rejection shall be communicated to the Insured Beneficiary in writing within 30 days of the receipt of documents. The Insured Beneficiary may take recourse to the Grievance Redressal procedure.

LIST OF CLAIM DOCUMENTS:

List of Claim documents for Death

- Duly Completed Claim Form signed by Nominee/ legal heir of the Insured Beneficiary.
- Copy of address proof (Ration card or electricity bill copy).
- Attested copy of Death Certificate.
- Burial Certificate (wherever applicable).
- Attested copy of Statement of Witness, if any lodged with police authorities.
- Attested copy of FIR / Panchanama / Inquest Panchanama.
- Attested copy of Post Mortem Report (only if conducted).
- Attested copy of Viscera report if any(Only if Post Mortem is conducted).
- NEFT details & cancelled cheque of the Insured Beneficiary

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- Original Policy copy along with Original Assignment endorsement (if any)
- Aadhar card & PAN card Copies (Not mandatory if the same is linked with the policy while issuance or in previous claim)

List of Claim documents for Permanent Total Disability

- Duly Completed Claim Form signed by Insured Beneficiary.
- Attested copy of disability certificate from Civil Surgeon of Government Hospital stating percentage of disability.
- Attested copy of FIR. (If required)
- All X-Ray / Investigation reports and films supporting to disability.
- NEFT details & cancelled cheque of Insured Beneficiary.
- Original Policy copy along with Original Assignment endorsement (if any) .
- Aadhar card & PAN card Copies (Not mandatory if the same is linked with the policy while issuance or in previous claim)

List of Claim Documents Specific for Accidental Hospitalization Expenses

- First Consultation letter from the Doctor
- Duly completed claim form signed by the Claimant
- Hospital Discharge Card
- 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.
- 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.
- Aadhar card & PAN card Copies (Not mandatory if the same is linked with the policy while issuance or in previous claim)

List of Claim Document Specific to Children's Education Benefit

- Bonafide certificate from school / college or certificate from the educational institution
- Aadhar card & PAN card Copies (Not mandatory if the same is linked with the policy while issuance or in previous claim)

List of Claim Documents Specific to Disability Benefit Cover

- Duly Completed Personal Accident Claim Form signed by Insured Beneficiary.
- Attested copy of FIR. (If required)
- All X-Ray / Investigation reports and films supporting to disability.
- Claim form with NEFT details & cancelled cheque duly signed by Insured Beneficiary
- Original Policy copy.
- For Employed persons: Certificate from HR with details of medical leave availed during the period of Injury
- Certificate from the treating doctor mentioning the extent of Injury along with the period of disability
- Certificate from Treating doctor with date of full recovery & resuming of duties
- Aadhar card & PAN card Copies (Not mandatory if the same is linked with the policy while issuance or in previous claim)

List of Claim Document Specific to EMI Payment Cover

- Current outstanding Loan certificate from financier, along with the documents submitted
- Loan disbursement letter along with the payment record till the date of Accident
- All X-Ray / Investigation reports and films supporting to disability.
- Claim form with NEFT details & cancelled cheque duly signed by Insured
- Original Policy copy.
- For Employed persons: Certificate from HR with details of medical leave availed during the period of Injury
- Certificate from the treating doctor mentioning the extent of Injury along with the period of disability
- Certificate from treating doctor with date of full recovery & resuming of duties
- Aadhar card & PAN card Copies (Not mandatory if the same is linked with the policy while issuance or in previous claim)

List of Claim Document Specific to Fire And Allied Perils Cover/ Burglary and Robbery Cover

- Duly completed claim form signed by the Insured Beneficiary, detailing the loss or damage that has occurred and an estimate of the quantum of any claim along with all documentation required to support and substantiate the amount sought from the Company, and;
- Fire Brigade Report in case of Fire
- Police report (FIR) for Burglary Claims
- Police Final Investigation Report for Burglary Claims
- Bills and invoices, valuation reports etc required to support and substantiate the claim amount
- NEFT details & cancelled cheque
- Any other document deemed necessary to establish the loss or its quantum depending upon the nature of claim.
- Aadhar card & PAN card Copies (Not mandatory if the same is linked with the policy while issuance or in previous claim)

In cases of suspected fraud / misrepresentation, we may call for any additional document(s) in addition to the documents listed above.

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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

Note: If the original documents are submitted with the other insurer, the Xerox copies attested by the other insurer should be submitted

D. STANDARD TERMS AND CONDITIONS APPLICABLE TO ALL COVERS**1. Reasonable Care**

The Insured Beneficiary shall take all reasonable steps to safeguard against any accident or injury that may give rise to any claim under this policy.

2. Electronic Transactions

The Insured Beneficiary agrees to adhere to and comply with all such terms and conditions as the Company may prescribe from time to time, and hereby agrees and confirms that all transactions effected by or through facilities for conducting remote transactions including the Internet, World Wide Web, electronic data interchange, call centers, teleservice operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication, established by or on behalf of the Company, for and in respect of the policy or its terms, or the Company's other products and services, shall constitute legally binding and valid transactions when done in adherence to and in compliance with the Company's terms and conditions for such facilities, as may be prescribed from time to time.

3. Notice of charge

Subject to/Apart from Assignment clause in these Terms and Conditions, the Company shall not be bound to notice or be affected by any notice of any trust, charge, lien or other dealing with or relating to this policy but the receipt of the Insured Beneficiary or his legal personal representative shall in all cases be an effectual discharge to the company.

4. Entire Contract - Changes

This Policy, together with the Proposal Form, as well as any forms, riders and endorsements and papers hereto, constitutes the entire contract of insurance. No change in this Policy shall be valid until approved by Our authorized officer and such approval is endorsed hereon. No agent has authority to change this Policy or to waive any of the provisions of this Policy.

5. Notification of Changes

It is a condition precedent to Our liability to make any payment under this Policy that You shall give Us written notice immediately of any change in the address, nature of job, state of health and any other changes affecting You or any Insured Beneficiary.

6. Communications

Any communication meant for Us must be in writing and be delivered to Our address shown in the Schedule.
 Any communication meant for You will be sent by Us to Your address shown in the Schedule.

7. No constructive Notice

Any of the circumstances in relation to these conditions coming to the knowledge of any official of the Company shall not be the notice to or be held to bind or prejudicially affect the Company notwithstanding subsequent acceptance of any premium.

8. Special Provisions

Any special provisions subject to which this policy has been entered into and endorsed in the policy or in any separate instrument shall be deemed to be part of this policy and shall have effect accordingly.

9. Risk Classes:

Different risk levels determined by your occupation for Section II .Accident Protection Cover and Optional Cover II. Children Education Benefit and the premium of these covers will differ according to the Risk Class.

I. Risk Class I:

Person engaged in administrative or managing functions, accountant, doctor, lawyer, architect, consulting engineer, teacher, and banker or primarily engaged in a similar occupation.

II. Risk Class II:

Person engaged in manual labor, garage or motor mechanic, machine operator, paid driver of a car, a truck, a lorry or other heavy vehicles, cash carrying employee, wood working machinist or a builder – contractor and engineer in superintending functions, veterinary doctor, or engaged in a similar occupation.

III. Risk Class III:

Person working in underground mines, in explosive magazines or in electrical installations with high tension supply, or insured is a jockey, circus personnel, engaged in racing in wheels or horseback, big game hunting, mountaineering, winter sports, skiing, ice hockey, river rafting, polo, or in similar activity or occupation.

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10. Territorial Limits

- a. World wide coverage is applicable for below sections
 Section I : Critical Illness Cover
 Section II : Accident Protection Cover
 Optional cover II : Children Education Benefit
 Optional cover III : Disability Benefit Cover
 Optional Cover IV : EMI Payment Cover
- b. Following covers are restricted to within India Only:
 Optional Cover I : Accidental Hospitalization Expenses
 Optional Cover V : Fire And Allied Perils Cover
 Optional Cover VI : Burglary And Robbery Cover
- c. Our liability to make any payment shall be to make payment within India and in Indian Rupees only

11. Consideration

The Policy is issued subject to payment of premium in advance. No payment shall be valid unless made under our official receipt. The cover shall not be valid prior to the date and time of receipt of premium.

12. Automatic Termination of Cover for Insured Beneficiary

In the event of admissible claim and settlement of 100% Sum Insured under Coverage Section I: Critical Illness Cover Or Section II: Accident Protection Cover the policy will continue for other sections till the remaining term of the policy and will be cease for further renewal.

13. Terms of Renewal

- The policy shall ordinarily be renewable except on grounds of fraud, moral hazard or misrepresentation or non- cooperation by the Insured Beneficiary.
- In case of our own renewal, a grace period of 30 days is permissible and the Policy will be considered as continuous. However, any accident/ injury contracted during the break period will be not be admissible under the policy.
- Premium payable on renewal and on subsequent continuation of cover are subject to change with prior approval from IRDAI.
- 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.

Renewal	Renewal will be depending upon the loan period
Loan period is less than or equal to 5years	The policy will be issued for 5 years or lesser period depending on the loan period and no renewal will be offered after the expiry of cover period as the Insured Beneficiary will no longer be a loan borrower
Loan period is more than 5years	First policy will be issued for 5 years. Further renewal period will be called based upon remaining the loan period at the end of 5 years
In case of claim in the Cover Period	Policy will continue till the end of the Cover Period. Otherwise renewal will be after every Cover Period as mentioned above

14. Discounts and loading:**A. Group Discount:**

Group Size band	Group Discount
7 to 500	5%
501 to 2500	10%
2501 to 7500	15%
7500 to 10000	20%
10001 and more	25%

B. Long Term Discount:

Term (in years)	2	3	4	5
Discount	4.0%	7.0%	10.0%	12.0%

C. Claims Experience Discount and Loading:

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Loss Ratio	Discount
0-30%	25%
31-50%	15%
50-70%	0%
Loss Ratio	Loading
71-90%	20%
91% and above	35%

D. CEO/CTO's discount and loading:

Bajaj Allianz has tie ups with many banks and financial institutions for distribution of its products. On CEO/CTO's approval an additional loading or discount up to 10% will be provide based on the bank's (financial institution's) complete portfolio's profitability or loyalty.

15. 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 IRDAI. 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

16. Withdrawal of Policy

There is possibility of withdrawal of this product at any time in future with appropriate approval from IRDAI, 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 Personal accident 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 IRDAI.

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.

17. Migration of Policy:

- The Insured Beneficiary can opt for migration of policy to our other similar or closely similar products at the time of renewal.
- The premium will be charged as per Our Underwriting Policy for such chosen new product, and all the guidelines, terms and condition of the chosen product shall be applicable.
- 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

18. Contribution in case of Multiple Policies

(Applicable only to indemnity sections under the Policy)

If You hold two or more policies from one or more insurers to indemnify treatment costs, we will not apply the Contribution clause, and You will have the right to require a settlement of Your claim in terms of any of the policies You hold with any Insurer.

- In all such cases if You choose to claim under our Policy then we shall settle the claim without insisting on the Contribution clause as long as the claim is within the limits of and according to the terms of the Policy.
- If the amount claimed under our Policy exceeds the Sum Insured after considering the Deductibles or Co-Payment, then You shall have the right to choose other concurrent insurers by whom the claim can be settled. In such cases, we will settle the claim with Contribution clause.

19. Cancellation

- The Company may cancel this insurance by giving the Insured Beneficiary 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 Cover Period. Under normal circumstances, insurance under Certificate of Insurance or the insurance under Policy will not be cancelled except for reasons of mis-representation, fraud, non-disclosure of material facts or Your non-cooperation.
- You may cancel this insurance by giving Us at least 15 days written notice, and if no claim has been made then the Company will refund premium on short term rates for the unexpired Cover Period as per the rates detailed below.

Policy Term	1 Year	2 Years	3 Years	4 Years	5 Years
Within 15 Days	Pro Rata basis				
Exceeding 15 days but less than 3 months	65%	80%	80%	85%	85%
Exceeding 3 months but less than 6 months	45%	65%	75%	80%	80%
Exceeding 6 months but less than 12 months	0%	45%	60%	65%	70%
Exceeding 12 months but less than 15 months		30%	50%	60%	65%

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Exceeding 15 months but less than 18 months		20%	45%	55%	60%
Exceeding 18 months but less than 24 months		0%	30%	45%	50%
Exceeding 24 months but less than 27 months			20%	40%	50%
Exceeding 27 months but less than 30 months			15%	30%	45%
Exceeding 30 months but less than 36 months			0%	20%	35%
Exceeding 36 months but less than 39 months				15%	30%
Exceeding 39 months but less than 42 months				10%	25%
Exceeding 42 months but less than 48 months				0%	15%
Exceeding 48 months but less than 51 months					10%
Exceeding 51 months but less than 54 months					5%
Exceeding 54 months but less than 60 months					0%

However, if any claim has been made, then no refund will be given for cancellation of policy.

20. Physical Examination

Any medical official or other agent of the company shall be allowed to examine the Insured Beneficiary(s) in case of alleged injury or disablement when and as often as may be reasonably be required on behalf of the Company.

21. Paying a Claim

- a. You agree that We shall only make payment when You or someone claiming on Your behalf has provided Us with necessary documentation and information.
- b. We will make payment to Assignee/Partial Assignee/Conditional Assignee, as the case may be, (as per the provisions of Section 38 of Insurance Amendment Act 2015) or in the absence of assignee to You or Your Nominee. If there is no Assignee or Nominee and You are incapacitated or deceased, We will pay Your heir, executor or validly appointed legal representative and any payment We make in this way will be a complete and final discharge of Our liability to make payment.
- c. On receipt of all the documents and on being satisfied with regard to the admissibility of the claim as per policy terms and conditions, we shall offer within a period of 30 days settlement of the claim to the Insured Beneficiary. Upon acceptance of an offer of settlement by the Insured Beneficiary, the payment of the amount due shall be made within 7 days from the date of acceptance of the offer by the Insured Beneficiary. In the cases of delay in the payment, the insurer 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.
- d. However, where the circumstances of a claim warrant an investigation, the Company will initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, the Company will settle the claim within 45 days from the date of receipt of last necessary document. In case of delay beyond stipulated 45 days, the Company will be liable to pay interest at a rate which is 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.
- e. If We, for any reasons decide to reject the claim under the policy the reasons regarding the rejection shall be communicated to You in writing within 30 days of the receipt of documents. You may take recourse to the Grievance Redressal procedure stated under the Policy.

22. Nomination

The Insured Beneficiary is mandatorily required at the inception of the Policy to make a nomination for the purpose of payment of claims under the policy in the event of death of Insured Beneficiary. Any change of nomination shall be communicated to the company in writing and such change shall be effective only when an endorsement on the policy is made.

23. Assignment and Transfer of Insurance Policies (Subject to always that any assignment shall always be subject to provisions of Section 38 of Insurance Act 1938, as amended from time to time)

1. A transfer or assignment of a policy of insurance, wholly or in part, whether with or without consideration, may be made by an endorsement upon the policy itself or by a separate instrument, signed in either case by the transferor or by the assignor or his duly authorised agent and attested by at least one witness, specifically setting forth the fact of transfer or assignment and the reasons thereof, the antecedents of the assignee and the terms on which the assignment is made.
2. The Company may, accept the transfer or assignment, or decline to act upon any endorsement made under sub-clause 29(1) hereinabove, where it has sufficient reason to believe that such transfer or assignment is not bona fide or is not in the interest of the policyholder or in public interest or is for the purpose of trading of insurance policy.
3. The Company shall, before refusing to act upon the endorsement, record in writing the reasons for such refusal and communicate the same to the policyholder not later than thirty days from the date of the policyholder giving notice of such transfer or assignment.
4. Any person aggrieved by the decision of the Company to decline to act upon such transfer or assignment may within a period of thirty days from the date of receipt of the communication from the Company containing reasons for such refusal, prefer a claim to the Authority.
5. Subject to the provisions in sub-clause 29(2) hereinabove, the transfer or assignment shall be complete and effectual upon the execution of such endorsement or instrument duly attested but except, where the transfer or assignment is in favour of the Company, shall not be operative as against

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the Company, and shall not confer upon the transferee or assignee, or his legal representative, any right to sue for the amount of such policy or the moneys secured thereby until a notice in writing of the transfer or assignment and either the said endorsement or instrument itself or a copy thereof certified to be correct by both transferor and transferee or their duly authorised agents have been delivered to and received by the Company with written acknowledgement by the Company:

Provided that where the Company maintains one or more places of business in India, such notice shall be delivered only at the place where the policy is being serviced.

6. The date on which the notice referred to in sub-clause 29(5) hereinabove is delivered to the Company shall regulate the priority of all claims under a transfer or assignment as between persons interested in the policy; and where there is more than one instrument of transfer or assignment the priority of the claims under such instruments shall be governed by the order in which the notices referred to in sub-clause 29(5) hereinabove are delivered: Provided that if any dispute as to priority of payment arises as between assignees the dispute shall be referred to the Authority.
7. Upon the receipt of the notice referred to in sub-clause 29(5) hereinabove, the Company shall record the fact of such transfer or assignment together with the date thereof and the name of the transferee or the assignee and shall, on the request of the person by whom the notice was given, or of the transferee or assignee, on payment of such fee as may be specified by the regulations, grant a written acknowledgement of the receipt of such notice; and any such acknowledgement shall be conclusive evidence against the Company that he has duly received the notice to which such acknowledgement relates.
8. Subject to the terms and conditions of the transfer or assignment, the insure shall, from the date of the receipt of the notice referred to in sub-clause 29(5) hereinabove, recognize the transferee or assignee named in the notice as the absolute transferee or assignee entitled to benefit under the policy, and such person shall be subject to all liabilities and equities to which the transferor or assignor was subject at the date of the transfer or assignment and may institute any proceedings in relation to the policy, obtain a loan under the policy or surrender the policy without obtaining the consent of the transferor or assignor or making him a party to such proceedings.
Explanation.—Except where the endorsement referred to in sub-clause 29(1) hereinabove expressly indicates that the assignment or transfer is conditional in terms of sub-clause 29(10) hereunder, every assignment or transfer shall be deemed to be an absolute assignment or transfer and the assignee or transferee, as the case may be, shall be deemed to be the absolute assignee or transferee respectively.
9. Any rights and remedies of an assignee or transferee of a policy of life insurance under an assignment or transfer effected prior to the commencement of the Insurance Laws (Amendment) Act, 2015 shall not be affected by the provisions of this clause 29.
10. Notwithstanding any law or custom having the force of law to the contrary, an assignment in favour of a person made upon the condition that—
 - a. the proceeds under the policy shall become payable to the policyholder or the nominee or nominees in the event of either the assignee or transferee predeceasing the Insured Beneficiary; or
 - b. If the Insured Beneficiary surviving the term of the policy, the Conditional Assignment shall be valid:
Provided that a conditional assignee shall not be entitled to obtain a loan on the policy or surrender a policy.
11. In the case of the partial assignment or transfer of a policy of insurance under sub-clause 29(1) hereinabove, the liability of the Company shall be limited to the amount secured by partial assignment or transfer and such policyholder shall not be entitled to further assign or transfer the residual amount payable under the same policy.

24. Limitation Period

It being expressly agreed and declared that if the Company shall disclaim liability for any claim hereunder and such claim shall not within 12 calendar months from the date of disclaimer have been made the subject matter of a suit in court of law than the claim for all such purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

25. Fraudulent Claims

If You make or progress any claim knowing it to be false or fraudulent in any way, than this Policy will be void and all claims or payments due under it shall be lost and the premium paid shall become forfeited.

26. Arbitration

- a. If any dispute or difference shall arise as to the quantum to be paid under this Policy and or Certificate Of Insurance (liability being otherwise admitted), such difference shall independently of all other question be referred to the decision of a sole arbitrator to be appointed in writing by the parties to 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 three arbitrators, comprising of two arbitrators one to be appointed by each of the parties to the dispute/ difference and the third arbitrator to be appointed by such two arbitrators and arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996. The law of the arbitration will be Indian law, and the seat of arbitration and venue for all hearings shall be within India.
- b. It is clearly agreed and understood that no difference or dispute 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 and or Certificate Of Insurance .
- c. It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this Policy and or Certificate Of Insurance that the award by such arbitrator/ arbitrators of the amount of the loss or damage shall be first obtained.
- d. It is also hereby further expressly agreed and declared that if the Company shall disclaim liability to the Insured Beneficiary for any claim hereunder and such claim shall not, within 12 calendar months from the date of such disclaimer have been made the subject matter of a suit in a court of law, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.
- e. In the event that these arbitration provisions shall be held to be invalid than all such disputes or differences shall be referred to the exclusive jurisdiction of the Indian Courts.

27. Applicable Law

Indian law governs the construction, interpretation and meaning of the provisions of this Policy and or the Certificate of Insurance and the relationship between us. The section headings in this Policy and or the Certificate of Insurance are included for descriptive purposes only and do not form part of this Policy and or the Certificate of Insurance for the purpose of its construction or interpretation.

28. Policy Period

The policy can be opted for 1/ 2 / 3 / 4 / 5 yrs subject to maximum of loan period.

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29. Policy Disputes

Any dispute concerning the interpretation of the terms, conditions, limitations and/or exclusions contained herein is understood and agreed to by the Policy Holder, Insured Beneficiary and the Company to be subject to Indian Law. Each party agrees to submit such dispute to a Court of competent jurisdiction and to comply with all requirements necessary to give such Court the jurisdiction. All matters arising hereunder shall be determined in accordance with the law and practice of such Court.

30. Grievance Redressal Procedure

Bajaj Allianz General Insurance has always been known as a forward looking customer centric organization. We take immense pride in the spirit of service and the culture of keeping customer first in our scheme of things. In order to provide you with top-notch service on all fronts, we have provided you with multiple platforms via which you can always reach one of our representatives.

Level 1

In case you have any service concern, you may please reach out to our Customer Experience team through any of the following options:

- Our website @ <https://general.bajajallianz.com/BagicNxt/misc/iTrack/onlineGrievance.jsp>
- Call us on our Toll Free No. 1800 209 5858
- Mail us on bagichelp@bajajallianz.co.in,
- Write to: Bajaj Allianz General Insurance Co. Ltd
Bajaj Allianz House, Airport Road, Yerwada
Pune, 411006

Level 2

In case you are not satisfied with the response given to you by our team, you may write to our Grievance Redressal Office at ggro@bajajallianz.co.in

Level 3

If you are still not satisfied with the resolution provided, you can further escalate to Head, Customer Experience, at email: head.customerservice@bajajallianz.co.in

Grievance Redressal cell for Senior Citizens

Senior citizen cell for insured person who are senior citizens

'Good thing comes with time' and so for our customers who are above 60 years of age we have created special cell to address any health insurance related query, Our senior citizen customers can reach us through the below dedicated channels to enable us to service them promptly.

Health toll free number: 1800-103-2529

Email address: seniorcitizen@bajajallianz.co.in

In case your complaint is not fully addressed by the insurer, You may use the Integrated Grievance Management System (IGMS) for escalating the complaint to IRDAI or call 155255 . Through IGMS you can register your complain online and track its status. For registration please visit IRDAI website www.irda.gov.in.

If the issue still remains unresolved, You may, subject to vested jurisdiction, approach Insurance Ombudsman for the redressal of the grievance. The contact details of the ombudsman offices are mentioned below. However, we request you to visit <http://www.gbic.co.in> for updated details.

Office Details	Jurisdiction of Office (Union Territory, District)	Office Details	Jurisdiction of Office (Union Territory, District)
AHMEDABAD - Shri/Smt..... Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@ecoi.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.	BENGALURU - Shri/Smt..... Office of the Insurance Ombudsman, Jeevan Soudha Building,PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@ecoi.co.in	Karnataka.

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<p>BHOPAL - Shri/Smt..... Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@ecoi.co.in</p>	<p>Madhya Pradesh Chattisgarh.</p>	<p>BHUBANESHWAR - Shri/Smt..... Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@ecoi.co.in</p>	<p>Orissa.</p>
<p>CHANDIGARH - Shri/Smt..... Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@ecoi.co.in</p>	<p>Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh.</p>	<p>CHENNAI - Shri/Smt..... Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@ecoi.co.in</p>	<p>Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry).</p>
<p>DELHI - Shri/Smt..... Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 2323481/23213504 Email: bimalokpal.delhi@ecoi.co.in</p>	<p>Delhi.</p>	<p>GUWAHATI - Shri/Smt..... Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2132204 / 2132205 Fax: 0361 - 2732937 Email: bimalokpal.guwahati@ecoi.co.in</p>	<p>Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.</p>
<p>HYDERABAD - Shri/Smt..... Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 65504123 / 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@ecoi.co.in</p>	<p>Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry.</p>	<p>JAIPUR - Shri/Smt..... Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: Bimalokpal.jaipur@ecoi.co.in</p>	<p>Rajasthan.</p>
<p>ERNAKULAM - Shri/Smt..... Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@ecoi.co.in</p>	<p>Kerala, Lakshadweep, Mahe-a part of Pondicherry.</p>	<p>KOLKATA - Shri/Smt..... Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 Email: bimalokpal.kolkata@ecoi.co.in</p>	<p>West Bengal, Sikkim, Andaman & Nicobar Islands.</p>
<p>LUCKNOW -Shri/Smt..... Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@ecoi.co.in</p>	<p>Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur,Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.</p>	<p>MUMBAI - Shri/Smt..... Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 Email: bimalokpal.mumbai@ecoi.co.in</p>	<p>Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.</p>

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<p>NOIDA - Shri. Ajesh Kumar Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514250 / 2514252 / 2514253 Email: bimalokpal.noida@ecoi.co.in</p>	<p>State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.</p>	<p>PATNA - Shri/Smt..... Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building,, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@ecoi.co.in</p>	<p>Bihar, Jharkhand.</p>
<p>PUNE - Shri/Smt..... Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@ecoi.co.in</p>	<p>Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region</p>		

Note: Address and contact number of Governing Body of Insurance Council
Secretary General - Governing Body of Insurance Council
JeevanSevaAnnexe, 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

Cashless facility offered through network hospitals of Bajaj Allianz only. Cashless facility at 4000+ Network hospitals PAN India.
Please visit our website for list of network hospitals and network Diagnostic Centres, Website: www.bajajallianz.com or get in touch with 24*7 helpline number: 1800-103-2529 (toll free) / 020-30305858

Annexure I

List of Day Care Procedures:

1. Suturing - CLW -under LA or GA	66. Incision and excision of tissue in the perianal region
2. Surgical debridement of wound	67. Surgical treatment of anal fistula
3. Therapeutic Ascitic Tapping	68. Surgical treatment of hemorrhoids
4. Therapeutic Pleural Tapping	69. Sphincterotomy/Fissurectomy
5. Therapeutic Joint Aspiration	70. Laparoscopic appendicectomy
6. Aspiration of an internal abscess under ultrasound guidance	71. Laparoscopic cholecystectomy
7. Aspiration of hematoma	72. TURP (Resection prostate)
8. Incision and Drainage	73. Varicose vein stripping or ligation
9. Endoscopic Foreign Body Removal - Trachea /- pharynx-larynx/ bronchus	74. Excision of dupuytren's contracture
10. Endoscopic Foreign Body Removal -Oesophagus/stomach / rectum.	75. Carpal tunnel decompression
11. True cut Biopsy - breast/- liver/- kidney-Lymph Node/-Pleura/- lung/-Muscle biopsy/-Nerve biopsy/Synovial biopsy/-Bone trephine biopsy/-Pericardial biopsy	76. Excision of granuloma
12. Endoscopic ligation/banding	77. Arthroscopic therapy
13. Sclerotherapy	78. Surgery for ligament tear
14. Dilatation of digestive tract strictures	79. Surgery for meniscus tear
15. Endoscopic ultrasonography and biopsy	80. Surgery for hemoarthrosis/pyoarthrosis
16. Nissen fundoplication for Hiatus Hernia /Gastro esophageal reflux disease	81. Removal of fracture pins/nails
17. Endoscopic placement/removal of stents	82. Removal of metal wire
18. Endoscopic Gastrostomy	83. Incision of bone, septic and aseptic

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19. Replacement of Gastrostomy tube	84. Closed reduction on fracture, luxation or epiphyseolysis with osetosynthesis
20. Endoscopic polypectomy	85. Suture and other operations on tendons and tendon sheath
21. Endoscopic decompression of colon	86. Reduction of dislocation under GA
22. Therapeutic ERCP	87. Cataract surgery
23. Brochosopic treatment of bleeding lesion	88. Excision of lachrymal cyst
24. Brochosopic treatment of fistula /stenting	89. Excision of pterigium
25. Bronchoalveolar lavage & biopsy	90. Glaucoma Surgery
26. Tonsillectomy without Adenoidectomy	91. Surgery for retinal detachment
27. Tonsillectomy with Adenoidectomy	92. Chalazion removal (Eye)
28. Excision and destruction of lingual tonsil	93. Incision of lachrymal glands
29. Foreign body removal from nose	94. Incision of diseased eye lids
30. Myringotomy	95. Excision of eye lid granuloma
31. Myringotomy with Grommet insertion	96. Operation on canthus & epicanthus
32. Myringoplasty /Tymanoplasty	97. Corrective surgery for entropion&ectropion
33. Antral wash under LA	98. Corrective surgery for blepharoptosis
34. Quinsy drainage	99. Foreign body removal from conjunctiva
35. Direct Laryngoscopy with or w/o biopsy	100. Foreign body removal from cornea
36. Reduction of nasal fracture	101. Incision of cornea
37. Mastoidectomy	102. Foreign body removal from lens of the eye
38. Removal of tympanic drain	103. Foreign body removal from posterior chamber of eye
39. Reconstruction of middle ear	104. Foreign body removal from orbit and eye ball
40. Incision of mastoid process & middle ear	105. Excision of breast lump /Fibro adenoma
41. Excision of nose granuloma	106. Operations on the nipple
42. Blood transfusion for recipient	107. Incision/Drainage of breast abscess
43. Therapeutic Phlebotomy	108. Incision of pilonidal sinus
44. Haemodialysis/Peritoneal Dialysis	109. Local excision of diseased tissue of skin and subcutaneous tissue
45. Chemotherapy	110. Simple restoration of surface continuity of the skin and subcutaneous tissue
46. Radiotherapy	111. Free skin transportation, donor site
47. Coronary Angioplasty (PTCA)	112. Free skin transportation recipient site
48. Pericardiocentesis	113. Revision of skin plasty
49. Insertion of filter in inferior vena cava	114. Destruction of the diseases tissue of the skin and subcutaneous tissue
50. Insertion of gel foam in artery or vein	115. Incision, excision, destruction of the diseased tissue of the tongue
51. Carotid angioplasty	116. Glossectomy
52. Renal angioplasty	117. Reconstruction of the tongue
53. Tumor embolisation	118. Incision and lancing of the salivary gland and a salivary duct
54. TIPS procedure for portal hypertension	119. Resection of a salivary duct
55. Endoscopic Drainage of Pseudopancreatic cyst	120. Reconstruction of a salivary gland and a salivary duct
56. Lithotripsy	121. External incision and drainage in the region of the mouth, jaw and face
57. PCNS (Percutaneous nephrostomy)	122. Incision of hard and soft palate
58. PCNL (percutaneous nephrolithotomy)	123. Excision and destruction of the diseased hard and soft palate
59. Suprapubiccystostomy	124. Incision, excision and destruction in the mouth
60. Tran urethral resection of bladder tumor	125. Surgery to the floor of mouth
61. Hydrocele surgery	126. Palatoplasty
62. Epididymectomy	127. Transoral incision and drainage of pharyngeal abscess

CREDIT LINKED HEALTH PLAN (GROUP)

63. Orchidectomy	128. Dilatation and curettage
64. Herniorrhaphy	129. Myomectomies
65. Hernioplasty	130. Simple Oophorectomies

Note:

(i) 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.

Annexure II:- List of Non-Medical Items

S. NO	List of Expenses ("Non-Medical") in Hospital Indemnity Policy	REMARKS	S. NO	List of Expenses ("Non-Medical") in Hospital Indemnity Policy	REMARKS
TOILETRIES/COSMETICS/ PERSONAL COMFORT OR CONVENIENCE ITEMS			ADMINISTRATIVE OR NON-MEDICAL CHARGES		
1	HAIR REMOVAL CREAM	Not Payable	107	ADMISSION KIT	Not Payable
2	BABY CHARGES (UNLESS SPECIFIED/INDICATED)	Not Payable	108	BIRTH CERTIFICATE	Not Payable
3	BABY FOOD	Not Payable	109	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES	Not Payable
4	BABY UTILITES CHARGES	Not Payable	110	CERTIFICATE CHARGES	Not Payable
5	BABY SET	Not Payable	111	COURIER CHARGES	Not Payable
6	BABY BOTTLES	Not Payable	112	CONVENYANCE CHARGES	Not Payable
7	BRUSH	Not Payable	113	DIABETIC CHART CHARGES	Not Payable
8	COSY TOWEL	Not Payable	114	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES	Not Payable
9	HAND WASH	Not Payable	115	DISCHARGE PROCEDURE CHARGES	Not Payable
10	MOISTURISER PASTE BRUSH	Not Payable	116	DAILY CHART CHARGES	Not Payable
11	POWDER	Not Payable	117	ENTRANCEPASS / VISITORS PASS CHARGES	Not Payable
12	RAZOR	Payable	118	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE	To be claimed by patient under Post Hosp where admissible
13	SHOE COVER	Not Payable	119	FILE OPENING CHARGES	Not Payable
14	BEAUTY SERVICES	Not Payable	120	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)	Not Payable
15	BELTS/ BRACES	Payable for surgery of thoracic or lumbar spine	121	MEDICAL CERTIFICATE	Not Payable
16	BUDS	Not Payable	123	MEDICAL RECORDS	Not Payable
17	BARBER CHARGES	Not Payable	124	PREPARATION CHARGES	Not Payable
18	CAPS	Not Payable	125	PHOTOCOPIES CHARGES	Not Payable
19	COLD PACK/HOT PACK	Not Payable	126	PATIENT IDENTIFICATION BAND / NAME TAG	Not Payable
20	CARRY BAGS	Not Payable	127	WASHING CHARGES	Not Payable
21	CRADLE CHARGES	Not Payable	128	MEDICINE BOX	Not Payable
22	COMB	Not Payable	129	MORTUARY CHARGES	Payable upto 24 hrs, shifting charges not payable
23	DISPOSABLES RAZORS CHARGES (for site preparations)	Payable	130	MEDICO LEGAL CASE CHARGES (MLC CHARGES)	Not Payable

CREDIT LINKED HEALTH PLAN (GROUP)

24	EAU-DE-COLOGNE / ROOM FRESHNERS	Not Payable	EXTERNAL DURABLE DEVICES		
25	EYE PAD	Not Payable	131	WALKING AIDS CHARGES	Not Payable
26	EYE SHEILD	Not Payable	132	BIPAP MACHINE	Not Payable
27	EMAIL / INTERNET CHARGES	Not Payable	133	COMMODE	Not Payable
28	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)	Not Payable	134	CPAP/ CAPD EQUIPMENTS	Device not payable
29	FOOT COVER	Not Payable	135	INFUSION PUMP - COST	Device not payable
30	GOWN	Not Payable	136	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)	Not Payable
31	LEGGINGS	Payable for varicose vein surgery if varicose vein surgery is payable.	137	PULSEOXYMETER CHARGES	Device not payable
32	LAUNDRY CHARGES	Not Payable	138	SPACER	Not Payable
33	MINERAL WATER	Not Payable	139	SPIROMETRE	Device not payable
34	OIL CHARGES	Not Payable	140	S PO 2PRO B E	Not Payable
35	SANITARY PAD	Not Payable	141	NEBULIZER KIT	Not Payable
36	SLIPPERS	Not Payable	142	STEAM INHALER	Not Payable
37	TELEPHONE CHARGES	Not Payable	143	ARMSLING	Not Payable
38	TISSUE PAPER	Not Payable	144	THERMOMETER	Not Payable (paid by patient)
39	TOOTH PASTE	Not Payable	145	CERVICAL COLLAR	Not Payable
40	TOOTH BRUSH	Not Payable	146	SPLINT	Not Payable
41	GUEST SERVICES	Not Payable	147	DIABETIC FOOT WEAR	Not Payable
42	BED PAN	Not Payable	148	KNEE BRACES (LONG/ SHORT/ HINGED)	Not Payable
43	BED UNDER PAD CHARGES	Not Payable	149	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER	Not Payable
44	CAMERA COVER	Not Payable	150	LUMBOSACRAL BELT	Payable for surgery of lumbar spine.
45	CLINIPLAST	Not Payable	151	NIMBUS BED OR WATER OR AIR BED CHARGES	Payable for any ICU patient requiring more than 3 days in ICU, all patients with paraplegia / quadriplegia for any reason and at reasonable cost of approximately Rs 200/ day
46	CREPE BANDAGE	Not Payable/ Payable by the patient	152	AMBULANCE COLLAR	Not Payable
47	CURAPORE	Not Payable	153	AMBULANCE EQUIPMENT	Not Payable
48	DIAPER OF ANY TYPE	Not Payable	154	MICROSHEILD	Not Payable
49	DVD, CD CHARGES	Not Payable (However if CD is specifically sought by us then payable)	155	ABDOMINAL BINDER	Payable in post surgery patients of major abdominal surgery including TAH, LSCS, incisional hernia repair, exploratory laparotomy for intestinal obstruction, liver transplant etc.
50	EYELET COLLAR	Not Payable	ITEMS PAYABLE IF SUPPORTED BY A PRESCRIPTION		
51	FACE MASK	Not Payable			
52	FLEXI MASK	Not Payable	156	BETADINE \ HYDROGEN PEROXIDE\SPIRIT\ DISINFECTANTS ETC	Payable when prescribed for patient, not payable for hospital use in OT or ward or for dressings in hospital

CREDIT LINKED HEALTH PLAN (GROUP)

53	GAUSE SOFT	Not Payable	157	PRIVATE NURSES CHARGES-SPECIAL NURSING CHARGES	Post hospitalization nursing charges not Payable
54	GAUZE	Not Payable	158	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES- DIET CHARGES	Patient Diet provided by hospital is payable
55	HAND HOLDER	Not Payable	159	SUGAR FREE Tablets	Payable -Sugar free variants of admissible medicines are not excluded
56	HANSAPLAST/ADHESIVE BANDAGES	Not Payable	160	CREAMS POWDERS LOTIONS (Toiletries are not payable only prescribed medical pharmaceuticals payable)	Payable when prescribed
57	INFANT FOOD	Not Payable	161	Digestion gels	Payable when prescribed
58	SLINGS	Reasonable costs for one sling in case of upper arm fractures payable	162	ECG ELECTRODES	Upto 5 electrodes are required for every case visiting OT or ICU. For longer stay in ICU, may require a change and at least one set every second day must be payable.
ITEMS SPECIFICALLY EXCLUDED IN THE POLICIES			163	GLOVES	Sterilized Gloves payable / unsterilized gloves not payable
59	WEIGHT CONTROL PROGRAMS/ SUPPLIES/ SERVICES	Not Payable	164	HIV KIT	Payable - payable Pre operative screening
60	COST OF SPECTACLES/ CONTACT LENSES/ HEARING AIDS ETC.,	Not Payable	165	LISTERINE/ ANTISEPTIC MOUTHWASH	Payable when prescribed
61	DENTAL TREATMENT EXPENSES THAT DO NOT REQUIRE HOSPITALISATION	Not Payable	166	LOZENGES	Payable when prescribed
62	HORMONE REPLACEMENT THERAPY	Not Payable	167	MOUTH PAINT	Payable when prescribed
63	HOME VISIT CHARGES	Not Payable	168	NEBULISATION KIT	If used during hospitalization is payable reasonably
64	INFERTILITY/ SUBFERTILITY/ ASSISTED CONCEPTION PROCEDURE	Not Payable	169	NOVARAPID	Payable when prescribed
65	OBESITY (INCLUDING MORBID OBESITY) TREATMENT IF EXCLUDED IN POLICY	Not Payable	170	VOLINI GEL/ ANALGESIC GEL	Payable when prescribed
66	PSYCHIATRIC & PSYCHOSOMATIC DISORDERS	Not Payable	171	ZYTEE GEL	Payable when prescribed
67	CORRECTIVE SURGERY FOR REFRACTIVE ERROR	Payable after waiting period	172	VACCINATION CHARGES	Routine Vaccination not Payable / Post Bite Vaccination Payable
68	TREATMENT OF SEXUALLY TRANSMITTED DISEASES	Payable	PART OF HOSPITAL'S OWN COSTS AND NOT PAYABLE		
69	DONOR SCREENING CHARGES	Not Payable	173	AHD	Not Payable - Part of Hospital's internal Cost
70	ADMISSION/REGISTRATION CHARGES	Not Payable	174	ALCOHOL SWABES	Not Payable - Part of Hospital's internal Cost

CREDIT LINKED HEALTH PLAN (GROUP)

71	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE	Not Payable	175	SCRUB SOLUTION/STERILLIUM	Not Payable - Part of Hospital's internal Cost
72	EXPENSES FOR INVESTIGATION/ TREATMENT IRRELEVANT TO THE DISEASE FOR WHICH ADMITTED OR DIAGNOSED	Not Payable	OTHERS		
73	ANY EXPENSES WHEN THE PATIENT IS DIAGNOSED WITH RETRO VIRUS + OR SUFFERING FROM /HIV/ AIDS ETC IS DETECTED/ DIRECTLY OR INDIRECTLY	Not payable as per HIV/AIDS exclusion	176	VACCINE CHARGES FOR BABY	Not Payable
74	STEM CELL IMPLANTATION/ SURGERY and storage	Not Payable except Bone Marrow Transplantation where covered by policy	177	AESTHETIC TREATMENT / SURGERY	Not Payable
ITEMS WHICH FORM PART OF HOSPITAL SERVICES WHERE SEPARATE CONSUMABLES ARE NOT PAYABLE BUT THE SERVICE IS			178	TPA CHARGES	Not Payable
75	WARD AND THEATRE BOOKING CHARGES	Payable under OT Charges ,not payable separately	179	VISCO BELT CHARGES	Not Payable
76	ARTHROSCOPY & ENDOSCOPY INSTRUMENTS	Rental charged by the hospital payable. Purchase of Instruments not payable.	180	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]	Not Payable
77	MICROSCOPE COVER	Payable under OT Charges ,not separately	181	EXAMINATION GLOVES	Not Payable
78	SURGICAL BLADES,HARMONIC SCALPEL,SHAVER	Payable under OT Charges ,not separately	182	KIDNEY TRAY	Not Payable
79	SURGICAL DRILL	Payable under OT Charges ,not separately	183	MASK	Not Payable
80	EYE KIT	Payable under OT Charges ,not separately	184	OUNCE GLASS	Not Payable
81	EYE DRAPE	Payable under OT Charges ,not separately	185	OUTSTATION CONSULTANT'S/ SURGEON'S FEES	Not payable, except for telemedicine consultations where covered by policy
82	X-RAY FILM	Payable under Radiology Charges, not as consumable	186	OXYGEN MASK	Not Payable
83	SPUTUM CUP	Payable under Investigation Charges, not as consumable	187	PAPER GLOVES	Not Payable
84	BOYLES APPARATUS CHARGES	Part of OT Charges ,not separately	188	PELVIC TRACTION BELT	Payable in case of PIVD
85	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	Part of Cost of Blood, not payable	189	REFERAL DOCTOR'S FEES	Not Payable
86	Antiseptic or disinfectant lotions.	Not Payable -Part of Dressing Charges	190	ACCU CHECK (Glucometry/ Strips)	Not payable pre hospitalisation or post hospitalisation / Reports and Charts required / Device not payable
87	BAND AIDS, BANDAGES, STERILE INJECTIONS, NEEDLES, SYRINGES	Not Payable - Part of Dressing charges	191	PAN CAN	Not Payable
88	COTTON	Not Payable -Part of Dressing Charges	192	SOFNET	Not Payable
89	COTTON BANDAGE	Not Payable- Part of Dressing Charges	193	TROLLY COVER	Not Payable

CREDIT LINKED HEALTH PLAN (GROUP)

90	MICROPORE/ SURGICAL TAPE	Not Payable-Payable by the patient when prescribed , otherwise included as Dressing Charges	194	UROMETER, URINE JUG	Not Payable
91	BLADE	Not Payable	195	AMBULANCE	Payable-Ambulance from home to hospital or inter hospital shifts is payable/ RTA as specific requirement is payable
92	APRON	Not Payable -Part of Hospital Services/ Disposable linen to be part of OT/ICU charges	196	TEGADERM / VASOFIX SAFETY	Payable - maximum of 3 in 48 hrs and then 1 in 24 hrs
93	TORNIQUET	Not Payable (service is charged by hospitals, consumables can not be separately charged)	197	URINE BAG	Payable where medically necessary till a reasonable cost - maximum 1 per 24hrs
94	ORTHOBUNDLE, GYNAEC BUNDLE	Part of Dressing Charges	198	SOFTOVAC	Not Payable
95	URINE CONTAINER	Not Payable	199	STOCKINGS	Payable for case like CABG etc.
ELEMENTS OF ROOM CHARGE					
96	LUXURY TAX	Actual tax levied by government is payable. Part of room charge for sub limits			
97	HVAC	Part of room charge not payable separately			
98	HOUSE KEEPING CHARGES	Part of room charge not payable separately			
99	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED	Part of room charge not payable separately			
100	TELEVISION & AIR CONDITIONER CHARGES	Payable under room charges not if separately levied			
101	SURCHARGES	Part of Room Charge , Not payable separately			
102	ATTENDANT CHARGES	Not Payable - Part of Room Charges			
103	M IV INJECTION CHARGES	Part of nursing charges, not payable			
104	CLEAN SHEET	Part of Laundry /Housekeeping not payable separately			
105	EXTRA DIET OF PATIENT(OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)	Patient Diet provided by hospital is payable			
106	BLANKET/WARMER BLANKET	Not Payable- part of room charges			