Bajaj General Insurance Limited (Formerly known as Bajaj Allianz General Insurance Co. Ltd.)
Regd. Office & Head Office: Bajaj Insurance House, Airport Road, Yerawada, Pune - 411006.
IRDAI Reg No.: 113 | CIN: U66010PN2000PLC015329
For more details, log on to: www.bajajgeneralinsurance.com | Email: careforyou@bajajgeneral.com or
Call at: Sales - 1800 209 0144 / Service - 1800 209 5858 (Toll Free No.)

BAJAJ GENERAL
CARINGLY YOURS

I tan- Mizoram
UIN - BAJHLIP26060V012526

CUSTOMER INFORMATION SHEET

This document provides key information about your policy. You are advised to go through your policy document.

Sl No	Title	Description	Policy Clause Number
1	**Name of Insurance Product**	I tan- Mizoram	
2	**Policy Number**	Kindly refer to Your Policy schedule	
3	**Type of Insurance**	Indemnity and Benefit	
4	**Sum Insured (Basis)**	Kindly refer to Your Policy schedule	
5	**Policy Coverage (What the Policy Covers)**	**In patient Hospitalisation Treatment-** Medical Expenses incurred due to admission to a Hospital for Illness or Accidental Bodily Injury, longer than 24 consecutive hours..	Section C 1.
		Pre-Hospitalization - Up to 30 days or as per the option specified on the Policy Schedule prior to date of admission in hospital.	Section C 2.
		Post-Hospitalization- Up to 60 days or as per the option specified on the Policy Schedule from date of discharge from the hospital.	Section C 3.
		Day Care Procedures - Medical Expenses incurred due to admission to a Hospital for Illness or Accidental Bodily Injury, for duration less than 24 consecutive hours as listed on Annexure I in Policy wordings covered up to Inpatient Hospitalization Treatment Sum Insured.	Section C 4.
		Organ Donor Expenses - Medical expenses incurred towards organ donor's treatment for harvesting of the donated organ maximum up to Inpatient Hospitalization Treatment Sum Insured.	Section C 5.
		AYUSH Hospitalization Cover- Hospital admission longer than 24 consecutive hours in a recognised AYUSH Hospital maximum up to In-patient Hospitalization Treatment Sum Insured.	Section C 6.
		Road Ambulance– Maximum up to In-patient Hospitalization Treatment Sum Insured.	Section C 7.
		Domiciliary Hospitalization - Medical expenses for an illness/disease/injury up to In-patient Hospitalization Treatment Sum Insured, which in the normal course, would require care and treatment at a Hospital but, on the advice of the attending Medical Practitioner, is taken whilst confined at home.	Section C 8.
		Modern Treatment Methods and Advancement in Technologies- covers expenses incurred during admissible hospitalization, towards following procedures maximum up to Inpatient Hospitalization Treatment Sum Insured. 1. Uterine Artery Embolization and HIFU. 2. Balloon Sinuplasty. 3. Deep Brain stimulation. 4. Oral chemotherapy. 5. Immunotherapy- Monoclonal Antibody to be given as injection. 6. Intra vitreal injections. 7. Robotic surgeries. 8. Stereotactic radio surgeries. 9. Bronchial Thermoplasty. 10. Vaporisation of the prostrate (Green laser treatment or holmium laser treatment). 11. IONM -(Intra Operative Neuro Monitoring). 12. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered.	Section C 9.

		Walk to Win - Wellness discount subject to Insured fulfilling the criteria during the preceding Policy Year.	Section C 11.
		Festive Protect- In the event of emergency hospitalization due to an acute illness or accidental injury during the festival week ending on the main day of the festival of Your state, we will pay an additional fixed amount for each day of hospitalization, maximum up to 10 days in a policy year.	Section C 12.
		OPTIONAL COVERS	Section C Optional Cover
		Sum Insured Reinstatement- In case Sum Insured and Cumulative Bonus or Super Cumulative Bonus (if any) is exhausted during the Policy Year, then the base Sum Insured will be restored.	Section C 1.
		Procedure wise/ Disease wise- sublimit- The Insured Person shall be eligible for a discount on the premium payable under the base Policy, provided that the sub limits would be applicable for the claims made under the respective procedures/diseases.	Section C 2.
		Super Cumulative Bonus- If this cover is opted, the Super Cumulative Bonus ("SCB") will be increased by specific amount as specified in the Policy Schedule in respect of each claim free Policy year (no claims are reported) provided the Policy is renewed with the Company.	Section C 3.
		No Claim Discount- At time of renewal, it is agreed that the Cumulative Bonus / Super Cumulative Bonus accrued shall be forfeited in lieu of no claim discount on renewal premium.	Section C 4.
		Cashless Discount- Insured person is entitled for a certain discount on the premium payable under the base policy, provided that claim is registered on cashless basis only.	Section C 5.
		Accidental Death Cover- The company shall offer a personal accident death benefit cover for proposer with entry age 50 years.	Section C 6.
6	**Cumulative Bonus**	10% increase in base sum insured per claim free policy Year max up to 100%of base Sum Insured.	Section C 10.
7	**Exclusions (What the policy does not cover)**	**General Exclusions:** 1. Investigation & Evaluation (Code-Excl04). 2. Rest Cure, rehabilitation and respite care (Code-Excl05). 3. Obesity/Weight Control (Code-Excl06). 4. Cosmetic or plastic Surgery (Code-Excl08). 5. Hazardous or Adventure sports: (Code- Excl09). 6. Breach of law (Code-Excl10). 7. Excluded Providers (Code-Excl11). 8. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code- Excl12). **Specific Exclusions :** 1. Any dental treatment that comprises of cosmetic surgery, dentures, dental prosthesis, dental implants, orthodontics, surgery of any kind unless as a result of Accidental Bodily Injury to natural teeth and also requiring hospitalization. 2. War, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, commotion, unrest, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalization or requisition of or damage by or under the order of any government or public local authority. Any Medical expenses incurred due to Act of Terrorism will be covered under the Policy. 3. The cost of spectacles, contact lenses, hearing aids, crutches, dentures, artificial teeth and similar expenses. 4. External medical equipment of any kind used at home as post Hospitalization care including cost of instrument used in the treatment of Sleep Apnoea Syndrome (C.P.A.P), Continuous Peritoneal Ambulatory Dialysis (C.P.A.D) and Oxygen concentrator for Bronchial Asthmatic condition.	Standard Exclusions Section D II & Section D - Specific Exclusion

<table>
<tr><td></td><td></td><td>5. Surgical treatment for Congenital external diseases or defects or anomalies which fall under the ambit of cosmetic or plastic surgery (Excl 08), growth hormone therapy, stem cell implantation or surgery except for Hematopoietic stem cells for bone marrow transplant for hematological conditions.
6. Treatment for any other system other than modern medicine (allopathy) and AYUSH therapies.</td><td></td></tr>
<tr><td>8</td><td>Waiting Period
Time period during which specified disease/treatment are not covered It is counted from beginning of the policy coverage</td><td>Initial Waiting period: 30 days for all illnesses.
Specific Waiting period: 24 months for below listed procedures.
<table><tr><td>1. All types of Organ Transplantation.</td><td>2. Cataract and posterior segment diseases.</td></tr><tr><td>3. Any type of Anal Fistula, Piles, Fissure.</td><td>4. All types of Hysterectomy.</td></tr><tr><td>5. Open/Transurethral resection of Prostate.</td><td>6. Hydrocele and Hernia of all types.</td></tr><tr><td>7. Genitourinary calculi.</td><td>8. Surgery for tonsils/adenoids/paranasal sinuses, DNS, non-traumatic conditions of ear and salivary glands.</td></tr><tr><td>9. Benign tumours/cysts/nodules/polyps of any kind, including breast lumps.</td><td>10. Cholecystectomy.</td></tr><tr><td>11. All forms of Cirrhosis, Hepatitis, Benign Pancreatic-biliary disorders and IBD.</td><td>12. Chronic Renal Dysfunction and Auto-immune Diseases.</td></tr><tr><td>13. Surgery for Vascular Aneurysm, AVM, Fistula, Varicose Veins and Varicose Ulcers.</td><td>14. All types of Arthroplasty and related procedures.</td></tr><tr><td>15. Dementia, Alzheimer’s Disease and degenerative vertebral joint diseases.</td><td>16. Congenital internal anomalies, elective surgery for replacement of Cardiac Valves.</td></tr><tr><td>17. Correction of Myopia greater or equal to 7.5 as recommended by Ophthalmologist for medical reasons.</td><td>18. Bariatric Surgery.</td></tr></table>
<table><tr><td colspan="2">Waiting Periods</td></tr><tr><td>Pre-Existing Diseases Waiting Period</td><td>36 months</td></tr><tr><td>Specified disease/procedure Waiting Period</td><td>24 months</td></tr></table></td><td>Section E 18</td></tr>
<tr><td>9
i.

ii.</td><td>Financial Limits of Coverage
Sublimit (it is a pre-defined limit and the insurance company will not pay any amount in excess of this limit)

Co-payment (it is a specified amount /percentage of the admissible claim</td><td>The policy will pay only up to the limits specified hereunder for the following diseases/procedures:

Co payments:
<table><tr><td>Co-payment</td><td>Limit</td></tr><tr><td>Voluntary co-payment</td><td>5%/10%/15%/20% of admissible claim amount</td></tr></table></td><td>Section E 20</td></tr>
</table>

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<td>amount to be paid by policy holder/insured)

iii. Deductible (it is a specified amount: Upto which an insurance company will not pay any claim and Which will be deducted from total claim amount (if claim amount is more than the specified amount)

iv. Any other limit (as applicable)</td>
<td>Deductible :
<table>
<tr><td></td><td>Deductible options</td></tr>
<tr><td>Voluntary Aggregate Deductible</td><td>10000/ 20000/ 30000/ 40000/ 50000/ 1Lac/2Lacs /3Lacs</td></tr>
</table>
<table>
<tr><td></td><td>Limit</td></tr>
<tr><td>Cataract</td><td>10% of the Sum Insured for each eye, subject to maximum of Rs 50,000</td></tr>
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<tr>
<td>10</td>
<td>Claims/claims procedure</td>
<td>Cashless Claim process:
Cashless treatment is only available at Network Hospitals.
• You or Your representative must intimate Us 48 hours before the planned Hospitalization and within 24 hours of emergency hospitalization and request pre-authorization by way of the written form.
• We will review each claim for Medical Expenses, coverage and accordingly issue an authorization letter either to You or the Network Hospital.

Reimbursement claim process:
• Applicable for claims where treatment is taken at a Non network hospital OR If we have denied your claim as per Cashless Claims Procedure.
• You or Your representative must intimate Us 48 hours before the planned Hospitalization and within 48 hours of emergency hospitalization.
• You or someone claiming on Your behalf must promptly and in any event within 30 days of discharge from a Hospital give Us the documentation.
• The Company shall settle or reject the claim within 15 days from the date of receipt of last necessary document.

Turnaround time(TAT) for claim settlement:
1. TAT for claim settlement: 15 Working Days
2. TAT for preauthorization of cashless facility: Within 60 Mins
3. TAT for cashless final bill authorization: Within 180 Mins

Weblinks:
Network hospital and Black listed hospital list
https://www.bajajgeneralinsurance.com/branch-locator.html

Helpline Number:
Tollfree: 1800-103-2529

Downloading /getting claim forms:
https://www.bajajgeneralinsurance.com/general-insurance-claims/health-claim/healthclaim.html</td>
<td>Section E 20</td>
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<td>11</td>
<td>Policy Servicing</td>
<td>Call centre number(Toll free): 1800-209-5858</td>
<td>Section E 15</td>
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		Details of Company officials: Branch-wise GRO details can be found on the below link. https://www.bajajgeneralinsurance.com/download-documents/other-information/GRO-List.pdf	
12	**Grievances /Complaints**	**Grievance Redressal Procedure:** a) Toll-free number 1-800-209- 5858 or 020-30305858, Say "Hi" on WhatsApp on +91 7507245858 b) Branches for resolution of your grievances /complaints, the Branch details can be found on our website: www.bajajgeneralinsurance.com/branch-locator.html Register your grievances / complaints on our website www.bajajgeneralinsurance.com/about-us/customer-service.html c) E-mail • Level 1: careforyou@bajajgeneral.com and for senior citizens to seniorcitizen@bajajgeneral.com • Level 2: In case you are not satisfied with the response given to you at Level 1 you may write to our Grievance Redressal Officer at ggro@bajajgeneral.com • Level 3: If in case, your grievance is still not resolved, and you wish to talk to our care specialist, please give a missed call on +91 8080945060 OR SMS To 575758 and our care specialist will call you back d) If you are still not satisfied with the decision of the Insurance Company, you may approach the Insurance Ombudsman, established by the Central Government for redressal of grievance. Detailed process along with list of Ombudsman offices are available at www.cioins.co.in/ombudsman	Section E 16
13	**Things to remember**	**Free Look Cancellation:** Insured has an option of cancelling his/her policy up to 30 days from the first inception of policy with Us, subject to rest terms and conditions. **Policy Renewal:** Except on grounds of fraud, moral hazard or mis representation or non-co-operation, renewal of your policy shall not be denied. **Migration and Portability:** At renewal Insured has an option to migrate his /her policy to other policy with us or port the policy to another insurer subject to terms and conditions specified under Migration and Portability guidelines. For detailed guidelines on Migration and Portability, kindly refer the link: https://irdai.gov.in/document-detail?documentId=393128 beneficiary will have the option to port the policy to other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any,at least 30 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed Insured beneficiary will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability. Insurer is free to consider proposal for portability even if the policyholder has approached within 15 days from the renewal date of the existing policy, but in all such cases acquiring insurer shall ensure that there is no break in policy. **Change in Sum Insured:** sum insured can be changed (increased/decreased) only at the time of renewal subject to underwriting by the company. For increase in Sum insured , the waiting periods if any shall start afresh only for the enhance portion of the sum insured.	Section E

		Moratorium period: After the expiry of Moratorium Period no health insurance policy shall be contestable except for proven fraud and permanent exclusions specified in the policy contract. The moratorium would be applicable for the sum insured of the first policy and subsequently completion of 60 continuous months would be applicable from date of enhancement of sums insured only on the enhanced limits.	
14	**Your Obligations**	Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement.	

Declaration by policy holder,

I have read the above and confirm having noted the details.

Place
Date: Signature of Policy holder

Note:
Web link for downloading the product related documents
https://www.bajajgeneralinsurance.com/health-insurance-plans/health-insurance-documents.html

Benefit Illustration in respect of Policies offered on Individual & Family Floater basis

Age of the members to be insured	Coverage opted on Individual Basis covering each member of the family separately (at a single point in time)		Coverage opted on individual basis covering multiple members of the family under as single policy (Sum Insured is available for each member of the family)				Coverage opted on floater basis with overall Sum Insured (Only one sum insured is available for the entire family)			
	Premium (Mizoram)	Sum Insured	Premium (Mizoram)	Discount	Premium after discount	Sum Insured	Premium or consolidated premium for all members of family (Mizoram)	Floater discount if any	Premium after discount	Sum Insured
45	7,451	5,00,000	7,451	15%	6,333	5,00,000	14,094	NA		5,00,000
40	6,244	5,00,000	6,244	15%	5,307	5,00,000				
21	4,455	5,00,000	4,455	15%	3,787	5,00,000				
18	3,390	5,00,000	3,390	15%	2,882	5,00,000				
Total Premium for all members of the family is Rs 21,540, when each member is covered separately (no discount applicable).			Total Premium for all members of the family is Rs 18,309, when they are covered under a single policy. (Family Discount Applicable).				Total premium when policy is opted on floater basis is Rs 14,094 (no discount applicable).			
Sum Insured available for each individual is Rs 500,000			Sum Insured available for each family member is Rs 500,000				Sum Insured of Rs 500,000 is available for the entire family			
Note: Premium rates specified in the above illustration shall be standard premium rates without considering any loading. Also, the premium rates shall be exclusive of taxes applicable.										