Bajaj General Insurance Limited
(Formerly known as Bajaj Allianz General Insurance Co. Ltd.)
Bajaj Insurance House, Airport Road, Yerawada, Pune - 411006. IRDAI Reg No.: 113.
CIN: U66010PN2000PLC015329 | UIN: BAJHLIP27081V012627
Email: careforyou@bajajgeneral.com | Website: www.bajajgeneralinsurance.com
Sales - 1800 209 0144 / Service - 1800 209 5858 (Toll Free No.)

BAJAJ GENERAL
CARINGLY YOURS

CUSTOMER INFORMATION SHEET

MY FAMILY *COMPLETE*

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

Sr No	Title	Description	Policy Clause Number
1	Name of Insurance Product	My Family *Complete*	
2	Policy Number	Kindly refer to Your Policy schedule/Certificate of Insurance	
3	Type of Insurance	Indemnity and Benefit	
4	Sum Insured (Basis)	Kindly refer to Your Policy schedule/Certificate of Insurance	
5	Policy Coverage (What the Policy Covers)	Coverages: 1. In-patient Hospitalization Treatment: Medical Expenses incurred due to admission to a Hospital for Illness or Accidental Bodily Injury, longer than 24 consecutive hours. 2. Pre-Hospitalization Medical Expense: Up to 60 days as per the option specified on the Policy Schedule prior to date of admission in hospital. 3. Post-Hospitalization Medical Expense: Up to 90 days as per the option specified on the Policy Schedule from date of discharge from the hospital. 4. Modern Treatment Methods and Advancement in Technologies: Covers expenses incurred during admissible hospitalization, towards following procedures maximum up to Inpatient Hospitalization Treatment Sum Insured. a. Uterine Artery Embolization and HIFU. b. Balloon Sinuplasty. c. Deep Brain stimulation. d. Oral chemotherapy. e. Immunotherapy- Monoclonal Antibody to be given as injection. f. Intra vitreal injections. g. Robotic surgeries. h. Stereotactic radio surgeries. i. Bronchial Thermoplasty. j. Vaporisation of the prostrate (Green laser treatment or holmium laser treatment). k. IONM-(Intra Operative Neuro Monitoring). l. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered. 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. 6. 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. 7. Organ Donor Expenses:	Section C Coverage: 1-15

		Medical expenses incurred towards organ donor's treatment for harvesting of the donated organ maximum up to Inpatient Hospitalization Treatment Sum Insured. 8. Road Ambulance: Maximum up to In-patient Hospitalization Treatment Sum Insured. 9. 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. 10. Family Visit: If Insured Beneficiary sustains Accidental Injury or contracts Illness during the Policy Period requiring Hospitalisation in an outstation location 200 kms away from Insured Beneficiary's place of residence, We will reimburse the actual to and fro economy class transportation expenses of most direct route via Common Carrier for one family member or relative or friend of the Insured Beneficiary as per the limit specified on the Policy Schedule. 11. Cumulative Bonus: Cumulative Bonus ("CB") will be increased by specific amount will be increased by 25% of base Sum Insured per annum subject to maximum upto 100%, 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 without a break. If a claim is made in any particular year, the cumulative bonus accrued shall be reduced at the same rate at which it has accrued. However, sum insured will be maintained and will not be reduced in the policy year. 12. 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 one time. 13. Convalescence Benefit We will pay a lump sum benefit, if the Insured is Hospitalized for a disease/Illness/Injury for a continuous period exceeding 5 days. 14. Emergency Pet Accommodation Benefit If the Insured Person is Hospitalized as a result of Accidental Injury or Sickness and there is a need to send the Insured Pet(s) to a Pet Boarding Facility, We will pay a Daily Pet Accommodation allowance, as per the limits specified in the Policy Schedule. 15. Pet Assurance You may enrol another eligible dog or cat welcomed into Your family under the Policy without payment of premium for the remainder of the existing Policy Period.	
		Optional covers	
		1. Air Ambulance: Cost incurred on ambulance transportation in an airplane or helicopter for Emergency life threatening health conditions which require immediate and rapid ambulance transportation from the site of first occurrence of the Illness /Accident to the nearest Hospital.	Section E. Optional Cover: 1-15
		2. Major Illness & Accident Multiplier (Indemnity): Medical expenses incurred due to Critical Illnesses or due to Accidental Bodily Injuries then the sum insured for such Major	

		Illnesses or Injury would be increased up to number of times of "Inpatient Hospitalization Treatment" Sum Insured. List of Critical Illness as below: i. Cancer ii. Open Chest Coronary Artery Bypass Grafting (CABG) iii. Kidney Failure Requiring Regular Dialysis iv. Major Organ Transplantation v. Multiple Sclerosis with Persisting Symptoms vi. Permanent Paralysis of Limbs vii. Open Heart Replacement or Repair of Heart Valves viii. End Stage Liver Failure ix. End Stage Lung Failure x. Bone Marrow Transplant	
		3. Double Sum Insured Benefit: Sum Insured specified under In-patient Hospitalization Sum Insured would get doubled only once during each Policy Year and any unutilised amount in whole or part will not be carried forward in subsequent policy year.	
		4. Cost of Prescribed External Medical Aid: Expenses incurred for External Medical Aids prescribed by a treating Medical Practitioner for the specific illness or injury against which the claim is accepted under "In-patient Hospitalisation Treatment".	
		5. Super Cumulative Bonus: 50%/100% increase in base sum insured per claim Max up to 600% base Sum insured as opted and specified in the policy schedule. If the In-Patient Hospitalization treatment claim paid amount (in a single or multiple claims) does not exceed INR 100,000 in a Policy Year then the Super Cumulative Bonus, if any, accrued under this Cover will not be reduced at renewal.	
		6. Consumables Plus: We will indemnify Reasonable and Customary Expenses against the Non-Medical Expenses/ consumables (mentioned in List i, ii, iii, iv of Annexure II) incurred during treatment of the Insured Beneficiary during the Policy Period up to Inpatient hospitalisation treatment Sum Insured, provided that the claim is admissible and payable under "In-patient Hospitalization Treatment" cover.	
		7. Global Cover: (For SI above 10 Lakhs) Medical Expenses incurred outside India and anywhere across the World for Planned and Emergency Treatment, for inpatient hospitalization. A mandatory co-payment of 10%, 20%, 30%, 40%, 50% is applicable which will be in addition to any other co-payment / deductible if any applicable in the policy.	
		8. Health Limitless: (For SI 10 Lakh & above) If this rider is opted, We will indemnify the Medical Expenses incurred in respect of Hospitalization of the Insured Person under in-Patient Treatment / Day Care Procedures / Treatment / AYUSH Hospitalization / of the Insured Person for any one claim during the lifetime of the Policy without any limits on the Annual Sum Insured subject to the conditions mentioned in the policy schedule.	

		9. Bundle Of Joy Benefit We will pay a one-time lump sum benefit, on the birth of a child to an Insured Person and/or the delivery of a litter by the Insured Pet.	
		10. NRInsure: Insured Person is entitled for a discount of 35% discount of the premium payable under the base policy for Insured Person(s).	
		11. Insta Shield: If this rider is opted, We shall indemnify the Medical Expenses incurred related to an admissible Hospitalization of the Insured Person under the Base Policy, including In-patient Hospitalization Treatment, Pre-Hospitalisation Medical Expense and Post-Hospitalisation Medical Expense due to the chronic condition(s) listed below and their complications from the 31st day of Policy inception date after serving initial waiting period of 30 days. a. Asthma b. Blood pressure (Hypertension) c. Cholesterol (Hyperlipidemia) d. Diabetes mellitus e. Obesity f. Hypothyroidism disorders	
		12. Age Shield: Under this benefit, the Insured would continue to pay the same premium applicable at the time of opting the Policy (for the respective Sum Insured opted) till a claim is registered and paid against the policy.	
		13. Walk to Win: If this rider is opted, at each renewal of My Family *Complete* Policy with Us, You will be entitled for a wellness discount, subject to mentioned criteria in policy wordings being fulfilled by You during the preceding Policy Year. Steps can be tracked through Our mobile application.	
		14. No Claim Discount: If this cover is opted, at time of renewal, it is agreed that the Cumulative Bonus / Super Cumulative Bonus accrued shall be forfeited and You will be entitled for renewal discount of 1.5%, provided that no claim is registered in the policy.	
		15. Discount on Services: The Insured may have access to special rates on services such as OPD, Diagnostics, Pharmacy and other wellness services through Network as available on the Company's website/ app.	
		PET SPECIFIC OPTIONAL COVERS	
		1. Extended Pet Stay If this Cover is opted, We will pay/reimburse You a per day benefit towards the additional boarding expenses incurred for the extended stay of Your Insured Pet at a pet boarding facility, pet house, kennel, cattery or pet care facility in India.	Section F. Optional Cover: 1-5

		2. Finding Your Pet Benefit We will pay a lump sum benefit as specified in the Policy Schedule, if Your Insured Pet is lost or stolen, to cover the advertising costs and pay the reward to the person finding Your Insured Pet.	
		3. Long Term Care Cover If this cover is opted, We shall pay You the lump sum amount, if the Insured Pet is diagnosed as suffering from any of the Illnesses listed below and require long term care, which first occurs or manifests itself during the Policy Period.	
		4. Pet Third Party Liability We shall indemnify You, if you become legally liable to pay a compensation to a Third Party, for accidental bodily injury/death or accidental damage to property caused by Your Insured Pet during the Policy Period.	
		5. Paw Promise Benefit We will pay the lump sum amount s towards the adoption of a new pet if, during the Policy Period.	
6	Cumulative Bonus	Cumulative Bonus: 25% increase in base sum insured per claim free policy Year max up to 100% of base Sum Insured.	Section C-11
7	Exclusions (What the policy does not cover)	General Exclusions: 1. Any hospital admission primarily for investigation diagnostic purpose. (Excl04) 2. Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. (Excl05) Obesity/ Weight Control (Excl06)- Change-of-gender treatments. (Excl07) 3. Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) etc. (Excl08) 4. Hazardous or Adventure sports. (Code-Excl09) Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving. 5. Expenses for treatment arising from Insured committing or attempting to commit a breach of law with criminal intent. (Excl10) 6. Treatment for Alcoholism, drug or substance abuse. (Excl12) 7. Treatments received in heath hydros, nature cure clinics, etc. where admission is arranged wholly or partly for domestic reasons. (Excl 13) 8. Dietary supplements and substances unless prescribed as part of hospitalization claim or day care procedure. (Excl14) Excluded Providers (Excl11) 9. Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres. (Excl15) 10. Expenses related to any unproven treatment, services and supplies. (Excl16) 11. Expenses related to sterility and infertility. (Excl17)	Standard Exclusions Section G- II. General and III. Specific Exclusions

<table>
<tr>
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<td>12. Medical Treatment Expenses traceable to pregnancy and its complications. (Excl 18)
13. Medical Underwriting:
The Company may add a risk loading to the premium applicable for the person to be insured, based on the information provided in the proposal form and the health status of those person to be insured.
i. The maximum risk loading for any individual for all conditions put together will not exceed 200% per insured person.
ii. Such loading will be intimated to the customer and consent shall be taken before Policy is issued.
iii. This loading will take effect from the Policy's Commencement Date and will apply to any subsequent renewals with the Company.

Specific Exclusions:
1. Cosmetic dental procedures unless due to Accidental Injury.
2. Medical expenses where Inpatient care and medical supervision is not required.
3. War, invasion, acts of foreign enemies.
4. The cost of external durable medical equipment except Cost of Artificial Limbs, cost of prosthetic devices implanted during surgical procedure like Pacemaker, orthopedic implants, etc.
5. External medical equipment of any kind used at home as post Hospitalization.
6. Congenital external diseases or defects or anomalies, growth hormone therapy, stem cell implantation or surgery except for Hematopoietic stem cells for bone marrow transplant for hematological conditions.
7. Intentional self-injury.
8. Vaccination or inoculation.
9. All non-medical Items as per Annexure II in policy wordings.
10. Any medical treatment received outside India is not covered under this Policy except in case of optional cover/rider- International Cover-emergency care only or Global Cover is opted.
11. Circumcision unless required for the treatment of Illness or Accidental bodily injury.
12. Treatment for any other system other than modern medicine (allopathy) and AYUSH therapies.
13. NRInsure Rider- The Company shall not be liable to pay any Pre-Hospitalization and Post Hospitalisation Medical expenses incurred outside India.
14. Insta Shield Rider- the exclusion of Pre-Existing Diseases (Code-Excl01) under the Base Policy shall not apply only to the extent of coverage expressly provided for those chronic conditions/diseases that have been declared by the insured person, have been accepted by the Company, and are specifically listed in the Policy Schedule.</td>
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<td>8</td>
<td>Waiting Period
• Time period during which specified disease/treatment is not covered

• It is counted</td>
<td>Waiting Period Details:

<table>
<tr><th colspan="2">Waiting Period</th></tr>
<tr><td>Pre-existing disease</td><td>36 months</td></tr>
<tr><td>Specific waiting period</td><td>24 months</td></tr>
<tr><td>Initial waiting period</td><td>30 days</td></tr>
<tr><td>Insta Shield</td><td>30 days</td></tr>
<tr><td>Bundle of Joy</td><td>12 months</td></tr>
<tr><td>Finding Your Pet</td><td>30 days</td></tr>
</table>
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<td>Section G.</td>
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</table>

<table>
<tr>
<td></td>
<td>from beginning of the policy coverage</td>
<td>
<table>
<tr><td>Emergency Pet Accommodation Expenses</td><td>30 days</td></tr>
<tr><td>Paw Promise Benefit</td><td>30 days</td></tr>
<tr><td>Pet Third Party Liability Cover</td><td>30 days</td></tr>
</table>

Specific Waiting period: 24 months for below listed procedures,
<table>
<tr><td>1. Any type gastrointestinal ulcers</td><td>2. Cataracts</td></tr>
<tr><td>3. Any type of fistula</td><td>4. Macular Degeneration</td></tr>
<tr><td>5. Benign prostatic hypertrophy</td><td>6. Hernia of all types</td></tr>
<tr><td>7. All types of sinuses</td><td>8. Fissure in ano</td></tr>
<tr><td>9. Haemorrhoids, piles</td><td>10. Hydrocele</td></tr>
<tr><td>11. Dysfunctional uterine bleeding</td><td>12. Fibromyoma</td></tr>
<tr><td>13. Endometriosis</td><td>14. Hysterectomy</td></tr>
<tr><td>15. Uterine Prolapse</td><td>16. Stones in the urinary and biliary</td></tr>
<tr><td>17. Surgery on ears/tonsils/ adenoids/ paranasal sinuses</td><td>18. Surgery on all internal or external tumours/ cysts/ nodules/polyps of any kind including breast lumps except malignancy</td></tr>
<tr><td>19. Diseases of gall bladder including cholecystitis</td><td>20. Pancreatitis</td></tr>
<tr><td>21. All forms of Cirrhosis</td><td>22. Gout and rheumatism</td></tr>
<tr><td>23. Surgery for varicose veins and varicose ulcers</td><td>24. Chronic Kidney Disease</td></tr>
<tr><td>25. Alzheimer's Disease</td><td>26. Joint replacement surgery,</td></tr>
<tr><td>27. Surgery for vertebral column disorders (unless necessitated due to an</td><td>28. Surgery to correct deviated nasal septum</td></tr>
<tr><td>29. Hypertrophied turbinate</td><td>30. Congenital internal diseases or anomalies</td></tr>
<tr><td>31. Treatment for correction of eye sight due to refractive error recommended by Ophthalmologist for medical reasons with refractive error greater or equal to 7.5</td><td>32. Bariatric Surgery</td></tr>
</table>
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<tr>
<td>9</td>
<td>Financial Limits of Coverage

i. Sublimit (it is a pre- defined limit and the insurance company will not pay any amount in excess of this limit)

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

Sub limits:
<table>
<tr><th>Cover Name</th><th>Limit/Category</th></tr>
<tr><td rowspan="2">Cataract Limit</td><td>20% max upto 1 lakh per eye</td></tr>
<tr><td>SI above 10 lakh cataract limits waived off</td></tr>
<tr><td rowspan="2">Family Visit</td><td>Sub-limit of 25K till 10 Lakhs Sum Insured</td></tr>
<tr><td>Sub-limit of 50K for above 10 Lakhs</td></tr>
</table>
** Proportionate deduction shall be applicable on all expenses other than cost of Pharmacy/medicines, consumables, implants, medical devices & diagnostics in case of admission to a room at rates exceeding the limit specified as per Sum insured and Plan opted.
Co-payments:
<table>
<tr><th>Co-payment</th><th>Limit</th></tr>
<tr><td>Voluntary co-payment</td><td>5%/10%/15%/20% of admissible claim amount</td></tr>
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<td>Section I.17</td>
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	claim 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)	<table><tr><td>Global Cover</td><td>Mandatory co-payment options of 10%, 20%, 30%, 40%, 50%</td></tr></table> Deductible:<table><tr><th>Deductible</th><th>Options</th></tr><tr><td>Voluntary Aggregate Deductible</td><td>50k – 1 Cr</td></tr></table> Other Limits: The limits against the covers mentioned below are over and above the In-patient Hospitalization sum insured. <table><tr><th>Name of Limit</th><th>Limit</th></tr><tr><td>Cost of Prescribed External Medical Aid</td><td>10% of Sum Insured, max up to 5 lakhs</td></tr><tr><td>Air Ambulance</td><td>Max up to 10 lakhs</td></tr><tr><td>Cumulative Bonus</td><td>25% upto 100%</td></tr><tr><td>Super Cumulative Bonus</td><td>50% upto 200% 50% upto 500% 100% upto 200% 100% upto 500% 100% upto 600%</td></tr><tr><td>Sum Insured Reinstatement</td><td>Unlimited</td></tr><tr><td>Major Illness and Accident Multiplier (Indemnity)</td><td>2 times of Sum Insured</td></tr></table>	
9	Claims/claims procedure	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 all sections): • 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 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 numbers Tollfree: 1800-103-2529 Downloading /getting claim forms	Section J:

		https://www.bajajgeneralinsurance.com/health-insurance-plans/health-insurance-claim-process.html	
10	Policy Servicing	Call center number (Toll free): 1800-209-5858 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	
11	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 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 H-
12	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	Section H

		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. 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.	
13	Your Obligations	Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement. Disclosure of other material information during the policy period.	
Legal Disclaimer Note: The information must be read in conjunction with the product brochure and policy document. In case of any conflict between the CIS and the policy document, the terms and conditions mentioned in the policy document shall prevail.			

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

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CARINGLY YOURS

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- 1A + 1P (for zone A)	Sum Insured	Premium (for zone A)	Discount	Premium after discount	Sum Insured	Premium or consolidated premium for all members of family 2A+2C+1P (for Zone A)	Floater discount if any	Premium after discount	Sum Insured
45	19,134	500,000	19,134	15%	16264	500,000	32,042	NA		500,000
40	15,977	500,000	15,977	15%	13580	500,000				
21	11,927	500,000	11,927	15%	10138	500,000				
18	11,927	500,000	11,927	15%	10138	500,000				
Total Premium (for Zone A) for all members of the family is Rs 58,965 when each member is covered separately (no discount applicable)			Total Premium (for Zone A) for all members of the family is Rs 50,120 when they are covered under a single policy. (Family Discount Applicable).				Total premium (for Zone A) when policy is opted on floater basis is Rs 32,042 (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.										