sum insured up to 5 claim free years.
In the event of a claim, Cumulative Bonus will be reduced by 10% of the sum insured on the next renewal.

- **Free Health Check-up (Applicable under Section 1: Health Guard)**
  At the end of block of every continuous 4 claim free years, free medical checkup at our network Diagnostic Centre.
  List of tests given for reference: Physician Consultation, ECG, Complete Blood Count, Fasting Blood Sugar, Lipid Profile, Serum Creatinine, SGOT, SGPT and Urine Routine.
- **Income tax benefit** on the premium paid as per section 80-D of the Income Tax Act (applicable for premium paid for health guard and hospital cash only)
- **Cashless facility:** You have access to cashless facility (subject to terms and conditions of policy) at about 3300 Bajaj Allianz network hospitals and nursing homes across the country. Incase you opt for a hospital other than the empanelled ones, the admissible expenses borne by you shall be reimbursed within 14 working days from the submission of all documents.

Pre policy medical checkup criteria:

- Waiver of medical tests up to 45years subject to no adverse medical history,
- Medical Tests are mandatory for age 46 years and above (list of medical tests required is as per table below).
- The pre-policy check up would be arranged at our network diagnostic centers.
- The validity of the test reports would be 30 days from date of medical examination.
- If pre-policy check up would be conducted in our network diagnostic centre, 100% of the standard medical tests charges would be reimbursed, subject to acceptance of proposal and policy issuance.

Age of the person to be insured	Sum Insured	Medical Examination
Up to 45 years	All Sum Insured options	No Medical Tests*
46 and above	All Sum Insured options	Medical Tests required as listed below: Full Medical Report, CBC, Urine R, ECG, Lipid profile, Fasting BSL, HbA1c, SGOT, SGPT, Sr Creatinine, GGTP

**Subject to no adverse medical history*

Free Look Period

- If you are not satisfied with policy coverage, terms and conditions, You have the option of canceling the policy within 15 days of receipt of the first year policy documents, provided there has been no claim.
- Free look period is not applicable for renewal policies.

Renewal & Cancellation

i. Under normal circumstances, renewal will not be refused except on the grounds of Your moral hazard, misrepresentation or fraud
ii. In case of Our own renewal a grace period of 30 days is permissible and the Policy will be considered as continuous for the purpose of all waiting periods . Any medical expenses incurred as a result of disease condition/ Accident contracted during the break period will not be admissible under the policy.
iii. For renewals received after completion of 30 days grace period, a fresh application of health insurance should be submitted to Us, it would be processed as per a new business proposal.
iv. After the completion of maximum renewal age of dependent children, the policy would be renewed for lifetime. However a separate proposal form should be submitted to us at the time of renewal with the insured member as proposer. Suitable credit of Continuity/waiting periods for all the previous policy years would be extended in the new policy, provided the policy has been maintained without a break.
v. Premium payable on renewal and on subsequent continuation of cover are subject to change with prior approval from IRDA.
vi. We may cancel this insurance by giving You at least 15 days written notice, and if no claim has been made then We shall refund a pro-rata premium for the unexpired Policy Period. Under normal circumstances, policy will not be cancelled except for reasons of non-disclosure while proposing for insurance and /or lodging any fraudulent claim .
vii. You may cancel this insurance by giving Us at least 15 days written notice, and if no claim has been made then the We shall refund premium on short term rates for the unexpired Policy Period as per the rates detailed below

Period on Risk	% of Annual Premium Refunded
Upto 1 month	75%
Exceeding 1 month and upto 3 months	50%
Exceeding 3 months and upto 6 months	25%
Exceeding 6 months	Nil

Grace period:

- In case of our own renewal a grace period of 30 days is permissible and the Policy will be considered as continuous for the purpose of Specific waiting periods under the policy.
- Any medical expenses incurred as a result of disease condition/ Accident contracted during the break period will not be admissible under the policy.

When can I Change my Plan?

- Change of plan can be done only at renewals.
- For change of plan, fresh proposal form along with the renewal notice should be submitted

Portability Conditions

- As per the Portability Guidelines issued by IRDA, If you are insured under any other health insurance policy of Non life insurer you can transfer to J & K Bank Health Insurance Policy with all your accrued benefits after due allowances for waiting periods and enjoy all the available benefits of J & K Bank Health Insurance Policy
- The pre-policy medical examination requirements and provisions for such cases shall remain similar to non-portable cases

Revision/ Modification of the policy:

- There is a possibility of revision/ modification of terms, conditions, coverages and/or premiums of this product at any time in future, with appropriate approval from IRDA. In such an event of revision/modification of the product, intimation shall be set out to all the existing insured members at least 3 months prior to the date of such revision/modification comes into the effect

Withdrawal of Policy

There is possibility of withdrawal of this product at any time in future with appropriate approval from IRDA, as We reserve Our right to do so with a intimation of 3 months to all the existing insured members. In such an event of withdrawal of this product, at the time of Your seeking renewal of this Policy, You can choose, among Our available similar and closely similar Health insurance products. Upon Your so choosing Our new product, You will be charged the Premium as per Our Underwriting Policy for such chosen new product, as approved by IRDA.

Annual Premium Rates:

PLAN	COVERAGE/AGE	18-25 Yrs	26-40 Yrs	41-45 Yrs	46-50 Yrs	51 years onwards
SILVER	Individual	1799	2113	2706	3544	3769
Health Guard 1 Lac+ Hospital cash	2 Adults	2476	2947	3837	5094	5431
500/30 days+ Personal Accident 2	2Adults+1 Child	2814	3285	4175	5432	5769
Lacs+ Education Grant 2 Lacs	2Adults+2 Children	3153	3624	4514	5770	6108
	2Adults+3 Children	3491	3962	4852	6109	6446
GOLD	Individual	2820	3448	4487	6283	6643
Health Guard 2 Lacs+ Hospital cash	2 Adults	4007	4949	6508	9202	9742
1000/30 days+ Personal Accident 2	2Adults+1 Child	4600	5543	7102	9795	10335
Lacs+ Education Grant 2 Lacs	2Adults+2 Children	5194	6136	7695	10389	10929
	2Adults+3 Children	5787	6730	8289	10982	11522
PLATINUM	Individual	3961	4699	6524	8260	9250
Health Guard 3 Lacs+ Hospital cash	2 Adults	5719	6826	9563	12168	13653
2000/30 days+ Personal Accident 2	2Adults+1 Child	6597	7704	10442	13046	14531
Lacs+ Education Grant 2 Lacs	2Adults+2 Children	7476	8583	11321	13925	15410
	2Adults+3 Children	8355	9642	12200	14804	16289
SUPER PLATINUM	Individual	5705	6751	9158	13403	14393
Health Guard 5 Lacs+ Hospital cash	2 Adults	8335	9904	13514	19881	21366
2000/30 days+ Personal Accident 2	2Adults+1 Child	9650	11219	14828	21196	22681
Lacs+ Education Grant 2 Lacs	2Adults+2 Children	10965	12533	16143	22511	23996
	2Adults+3 Children	12280	13848	17458	23826	25311

(For the purpose of computing premium, age of the eldest family member will be considered), Premiums exclusive of service taxes.

Note:
This product is specially designed for customers of J & K Bank. In the event of this product being discontinued we will offer continuity for health insurance if the insured person opts for any health insurance policy with us (for a similar type of Health cover) provided there is no break in the coverage. The premiums applicable would be as per the product opted."
** In case of a claim being paid under Personal Accident (Death /PTD) and Education Grant, the cover under the respective sections ceases. However the premium for the packaged product remains unchanged.

J&K Bank

BAJAJ Allianz

Jiyo Befikar

Get yourself and your family covered by Star Package policy today and sleep easy.

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

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

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

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

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

For any queries please contact:

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

Email: info@bajajallianz.co.in

Star Package/ V002/ w.e.f. 1st October 2013
Insurance is the subject matter of the solicitation

*Cashless facility is available only under Health Guard Section.

ADCODE

Bajaj Allianz
J & K Bank Health Insurance Policy
Caring for your Health

BAJAJ Allianz

Jiyo Befikar

J&K Bank

UIN: : IRDA/NL-HLT/BAGI/P-H/V.I/406/13-14

Bajaj Allianz

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

The Bajaj Allianz Advantage:

HAT: In-house Claim Administration

Global expertise

Innovative packages to match individual needs

Quick disbursement of claims

J & K Bank Health Insurance Plan

This is a comprehensive insurance plan with various benefits like Hospitalisation benefit, Hospital cash, Personal Accident and Education Grant at extremely competitive rates.

What are the Sections under the J & K Bank Health Insurance policy?

1. **Hospital Cash Daily Allowance**
2. **Health Guard**
3. **Personal Accident**
4. **Education Grant**

Section 1: Hospital Cash Daily Allowance

This Section Guards You and your family against the trauma that you face due to increased financial burden during hospitalisation.

What are the coverages under Hospital Cash Daily Allowance Section?

- This section pays a daily benefit amount to take care of the incidental expenses during hospitalization period.
- The daily benefit amount is doubled for ICU admissions (Maximum 7 days for each hospitalization).
- The benefit is available for 30 days per policy period, as per plan selected, regardless of the number of confinements to hospital.
- This is a floater section where in spouse and children can be covered

Exclusions under Hospital Cash section:

We will not pay for claims arising out of or howsoever connected to the following:

- Pre-existing disease and related complications.
- Any treatment not performed by a Physician or any treatment of a purely experimental nature.
- Any and all variants of the condition commonly referred to as Cancer, except in case of invasive malignant melanoma.
- Any routine or prescribed medical check up or examination. Medical Expenses relating to any hospitalization for diagnostic, X-ray or laboratory examinations not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any Illness or accidental Bodily Injury for which hospitalization is required.
- Any Sickness that has been classified as an Epidemic by the Central or State Government.
- 30 days waiting period is applicable from date of first policy inception for any illness/ disease except for Accidental Bodily Injury.
- 1 year waiting period applicable for below diseases:

1. Cataract	11. Haemorrhoids
2. Benign prostatic hypertrophy	12. Fissure in ano
3. Hysterectomy	13. Stones in the urinary and biliary systems
4. Menorrhagia	14. Surgery on tonsils or sinuses
5. Fibromyoma	15. Skin and all internal tumours/cysts/nodules/polyps of any kind including breast lumps
6. Dilation (or dilatation) and curettage (D&C)	
7. Endometriosis	
8. Hernia of all types	16. Gastric or duodenal ulcer
9. Hydrocele	17. Prolapsed intervertebral disc
10. Fistulae	18. Back ache

If the above diseases are pre existing then those will be permanently excluded from the policy.

- Circumcision, cosmetic or aesthetic treatments of any description change of life surgery or treatment.
- Plastic surgery unless necessary for the treatment of Illness or accidental Bodily Injury as a direct result of the insured event and performed within 6 months of the same.
- Dental treatment or surgery of any kind unless necessitated by Accidental Bodily Injury.
- Convalescence, general debility, nervous or other breakdown, rest cure, congenital diseases or defect or anomaly, sterility, sterilization or infertility (diagnosis and treatment), any sanatoriums, spa or rest cures or long term care or hospitalization undertaken as a preventive or recuperative measure.
- Self afflicted injuries or conditions (attempted suicide), and/or the use or misuse of any drugs or alcohol.
- Any sexually transmitted diseases or any condition directly or indirectly caused to or associated with Human T-Cell Lymphotropic Virus type or any Syndrome or condition of a similar kind commonly referred to as AIDS.
- Treatment arising from or traceable to pregnancy and childbirth and related complications. (Ectopic pregnancy is covered under the policy)
- Hospitalization for the sole purpose of physiotherapy.
- Medical expenses where hospitalisation is not warranted.
- War, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection military or usurped power of civil commotion or loot or pillage in connection herewith, 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.
- Any natural peril (including but not limited to avalanche, earthquake, volcanic eruptions or any kind of natural hazard).
- Participation in any hazardous activity.
- Radioactive contamination.
- Non-allopathic treatment.
- 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.

Section 2: Health Guard

Health Guard Policy is the perfect Health protection for you and your family. It takes care of the expensive medical treatment incurred during hospitalization resulting from serious accident or illness.

What are the coverages under Health Guard Section?

- Medical expenses incurred during hospitalisation.
- Pre and post hospitalisation expenses for 60 and 90 days respectively.
- Ambulance charges Rs 1000/- per hospitalisation.
- 130 daycare procedures are covered subject to terms & conditions
- This is a floater section where in spouse and children can be covered under single sum insured.

Special Conditions under Health Guard section:

- 10% co-payment of applicable for all claims from a non network hospital. Waiver of the co-payment clause is available on payment of 10% of loading on standard premium.
- 20% Co-payment applicable, If the policy is opted for the first time for insured person aged 56 years and above. This Co payment would continue to apply for subsequent renewals also.The above Co payment is not applicable for our renewals if the policy is opted for the first time prior to the age of 56 years.
- Payment of claims for Cataract shall be restricted to lower of 10% of the sum insured subject to a minimum of ₹12000 (or the actual incurred amount whichever is lower) and maximum of ₹35000/- per claim per policy period, subject to policy terms and conditions.

Exclusions:

- Benefits will not be available for Any Pre-existing condition, ailment or injury, until 48 months of continuous coverage have elapsed, after the date of inception of the first J & K Bank Health Insurance policy.
- First 2 years waiting period applicable for below diseases:

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

- 4 years waiting period applicable for below ailments:
  - Joint replacement surgery,
  - Surgery for prolapsed inter vertebral disc (unless necessitated due to an accident)
  - Surgery to correct deviated nasal septum
  - Hypertrophied turbinate
  - Congenital internal diseases or anomalies
  - Laser treatment for correction of eye sight due to refractive error.
- 30 days waiting period is applicable from date of first policy inception for any illness/ disease except for Accidental Bodily Injury.
- War, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, commotion, unrest, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalisation or requisition of or damage by or under the order of any government or public local authority and claims due to nuclear weapons and/or materials.
- Circumcision, cosmetic or aesthetic treatments, surgery for change of life/gender.
- Plastic surgery unless necessary for the treatment of cancer, burns or accidental Bodily Injury
- The cost of spectacles, contact lenses, hearing aids, crutches, artificial limbs, dentures, artificial teeth and all other external medical equipments or devices
- Dental treatment or surgery of any kind unless as a result of Accidental Bodily Injury to natural teeth and also requiring hospitalization.
- Convalescence, general debility, rest cure, congenital external diseases or defects or anomalies, genetic disorders, stem cell implantation or surgery, or growth hormone therapy.
- Intentional self-injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol) and treatment due to use or abuse of any substance, drug or alcohol and treatment for de-addiction.
- Human Immunodeficiency Virus or Variant/mutant viruses and AIDS, Venereal disease or any sexually transmitted disease.
- Hospitalisation primarily and specifically for diagnostic, X-ray or laboratory examinations and investigations.
- Medical expenses where hospitalisation is not warranted.
- Treatment arising from or traceable to pregnancy and childbirth and related complications. (Ectopic pregnancy is covered under the policy)
- Vaccination or inoculation unless forming a part of post bite treatment.
- Any fertility, sub fertility, impotence, assisted conception operation or sterilization procedure.
- Vitamins, tonics, nutritional supplements unless forming part of the treatment
- Treatment for any other system other than modern medicine (also known as Allopathy), Experimental, unproven or non-standard treatment.
- Expenses related to donor screening, treatment, including surgery to remove organs from a donor in the case of transplant surgery.(not applicable for Daycare procedure no.111)
- Weight management services and treatment related to weight reduction programmes including treatment of obesity.
- Treatment for any mental illness or psychiatric illness, Parkinson's and Alzheimer's disease.

Section 3: Personal Accident:

The death or injury of breadwinner can create serious financial problems for any family. The section provides coverage for death, Permanent Total Disability (PTD), Permanent Partial Disability (PPD), and Temporary Total Disability (TTD) to the insured person.

What is covered under Personal Accident Section?

- In case of Death due to accidental bodily injury of the proposer, 100% of Sum Insured would be paid to the Nominee
- In case of Permanent Total Disability due to accidental bodily Injury, 125% of Sum Insured is payable for the proposer
- In case of Permanent Partial Disability due to accidental bodily Injury of the proposer, % of Sum Insured as shown in the PPD table would be payable.
- In case of TTD due to accidental bodily Injury of the proposer, weekly benefit of 1% of the sum insured, up to a maximum of 100 weeks is payable .

Section 4: Education Grant:

(Payable in case of Accidental Death and Permanent Total Disability)

What is covered under Education Grant Section?

- In case of an accidental death or Permanent Total Disability of the insured person (only in case Proposer), the sum insured would be payable towards the continuing education of the deceased's child/children.
- The claim would be payable to the nominee under the policy.
  Note: Personal Accident and Education Grant covers are available only for Proposer.

Exclusion under Personal Accident and Education Grant sections:

- Suicide, attempted suicide or self inflicted injury or illness
- Whilst under the influence of intoxicating liquor or drugs
- Any deliberate or intentional, unlawful or criminal act, error, or omission of the Insured.
- War, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, commotion, unrest, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalisation or requisition of or damage by or under the order of any government or public local authority and claims due to nuclear weapons and/or materials.
- Any consequential losses of any kind, and/or any actual or alleged legal liability of the Insured.
- Whilst engaging in aviation or ballooning, whilst mounting into, dismounting from or travelling 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.
- Any loss suffered by the Insured on account of his participation as the driver, co-driver or passenger of a motor vehicle during motor racing or trial runs.
- Any loss caused either directly or indirectly by nuclear energy, radiation.
- Curative treatments or interventions that the Insured performs or has had performed on his body.
- Venereal or sexually transmitted disease, 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.
- Pregnancy, resulting childbirth, miscarriage, abortion, or complication arising out of any of the foregoing.
- The Insured's participation in any naval, military or air force operations whether in the form of military exercises or war games or actual engagement with the enemy, whether foreign or domestic.

What is the entry age under the policy?

- Entry age for proposer/ spouse is 18 yrs – 65yrs.
- Children from 3 Months to 25 years can be covered as dependents under this policy

What will be the renewal age?

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

What is the policy period?

- This is an annual policy

What are the plans available under the policy?

PLAN/ COVERAGE	Health Guard	Hospital Cash (30 days coverage)	Personal Accident	Education Grant
Silver	₹ 1 Lac	₹ 500/day	₹ 2 Lacs	₹ 2 Lacs
Gold	₹ 2 Lacs	₹ 1000/day	₹ 2 Lacs	₹ 2 Lacs
Platinum	₹ 3 Lacs	₹ 2000/day	₹ 2 Lacs	₹ 2 Lacs
Super Platinum	₹ 5 Lacs	₹ 2000/day	₹ 2 Lacs	₹ 2 Lacs

What are the additional benefits under this policy?

- **Cumulative Bonus (Applicable under Section 1: Health Guard)**
  For every claim free year you are eligible for Cumulative Bonus (CB) of 10% of sum insured. Maximum cumulative bonus would be 50% of