

Key Feature Document

Bajaj Allianz General Insurance : Group Flexi Health Protect Plan

UIN NO- BAJHLGP22165V012122

- This Key Features Document has been prepared to assist You in understanding this Insurance product. It should be read in concurrence with the Policy documents that is received by you after the policy is issued.
- **The IRDAI licensed sales staff of The Hong Kong and Shanghai Banking Corporation Limited, India ("Bank") must go through this document with You once You have decided to purchase this insurance product from Bajaj Allianz General Insurance Company Limited.**
- **We recommend that You keep this Key Features Document and sales illustrations for future reference.**

What is Flexi Health Protect Plan?

Bajaj Allianz's Flexi Health Protect Policy is an affordable alternative to buying a large health insurance cover. It acts as an additional shield to insured's existing health insurance cover and provides wider health protection for higher expenses due to illness or accidents.

This is a comprehensive plan with 2 coverage options to fulfil all healthcare needs, at every stage of life, protecting insured and his/her family, if they are hospitalized during policy period and thereby reducing the financial stress.

Key things you should know:

- ✓ Comprehensive floater policy for proposer/ spouse/ upto 2 dependent children.
- ✓ 2 sum insured and aggregate deductible options to choose from - a) Sum Insured 30 Lacs & Aggregate Deductible 3 Lacs. b) Sum Insured 50 Lacs & Aggregate Deductible 5 Lacs.
- ✓ Pre-existing illnesses and injuries are covered after a period of 24 months from the inception of the policy.
- ✓ Pre-existing illnesses and injuries if not disclosed at the time of buying the policy will not be covered even after the waiting period.
- ✓ In patient Hospitalization cover along with day care procedures as defined under the policy, are available.
- ✓ Medical advancement surgery cover and Domiciliary hospitalisation cover as defined under the policy, are available.
- ✓ There is a 30 day free look period under the policy which means that the policy can be returned within 30 days of the receipt of the policy document. However, refund on cancellation of policy will be made only if no claim has occurred up to the date of cancellation of this Policy.
- ✓ Pre 30 days and post 60 days hospitalization expenses covered.
- ✓ Policy tenure is available for a period of 12 months only.
- ✓ Policy renewal option is available at the end of policy tenure, provided the Master policy being continuously renewed and the insured continues to be a HSBC customer.
- ✓ This policy also provides for cashless servicing across India. Kindly refer to Bajaj Allianz General Insurance Company Limited website - **www.bajajallianz.com**, for the list of empaneled hospitals for cashless servicing.
- ✓ Purchase of the insurance product is purely voluntary and is not linked to availment of any other facility from the Bank.
- ✓ Kindly refer to the following sections in this document for a better understanding:
 - ✓ a. "What is Covered under this policy" section to understand details.
 - ✓ b. "Key Exclusions under the policy" section of understanding what is not covered by this policy.
 - ✓ c. What are the "cancellation terms" under the Policy.

Who can be covered under this Policy

- Policy is offered on both Individual and Floater sum insured basis.
- Single policy can cover Self, Spouse and upto 2 Dependent Children

What is the entry and renewal age ?

- 18 to 60 years.
- Under normal circumstances, renewal benefit is available till 60 years of age under the policy, except on the grounds of your moral hazard, misrepresentation, non- cooperation or fraud.

What is Covered under this policy?**1. Medical Expenses**

If You are hospitalized on the advice of a doctor because of Illness or accidental bodily injury sustained or contracted during the policy period, then the insurance company will pay You, reasonable and customary medical expenses incurred as below:-

a. In patient Hospitalization expenses:-

- i. Room rent/boarding expenses as per single private room
- ii. ICU rent/ boarding as per the actual
- iii. Nursing expenses as provided by the hospital
- iv. Fees of Medical Practitioner, Surgeon , Anaesthetist, Nurses and Specialist Doctor
- v. Operation theatre charges, Anesthesia, surgical appliances, diagnostic tests, medicines, blood, oxygen and cost of prosthetic and other devices or equipment if implanted internally like pacemaker during a surgical process.

b. Pre-hospitalisation expenses

The medical expenses incurred in the 30 days immediately before You were hospitalized, provided that:

- i. Such medical expenses were incurred for the same condition requiring subsequent hospitalization, and;
- ii. The Insurance Company has accepted the claim under In-Patient expenses.

c. Post-hospitalization expenses

The medical expenses incurred in the 60 days immediately after You were discharged, provided that:

- i. Such medical expenses were in fact incurred for the same condition requiring earlier hospitalization, and;
- ii. The Insurance Company has accepted the claim under In-Patient Hospitalization expenses.

d. Day care treatment

The insurance company will pay You the medical expenses as listed under In-patient hospitalization expenses for day care procedures / surgeries taken as an inpatient in a hospital or day care center but not in the outpatient department.

2. Ambulance Expenses

If a claim under medical expenses is accepted, the insurance company will also pay the ambulance expenses to a maximum of Rs1000/-per valid hospitalization claim for transferring You/Your family member(s) named in the schedule to or between hospitals in the hospital's ambulance or in an ambulance provided by any ambulance service provider.

3. Organ donor expenses

The insurance company will pay for medical treatment of the organ donor for harvesting the organ i.e. including surgery to remove organs from a donor.

4. Domiciliary Hospitalisation

The Insurance company will pay reasonable and customary expenses incurred on medical treatment as per sum

insured limit specified in Certificate of Insurance for illness or injury sustained or contracted during the Cover Period, 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 under any of the following circumstances

- I. The condition of the patient is such that he/she is not in a condition to be moved to a hospital, or
- II. The patient takes treatment at home on account of non-availability of room in a hospital.

5. Compassionate Visit

In case Insured Beneficiary sustains or contracts accidental injury or sickness during the Cover Period requiring hospitalisation in an outstation location 200 kms away from Insured Beneficiary's place of residence, the Insurance Company will reimburse the actual to and fro economy class transportation expenses of most direct route via common carrier for one family member or friend of the Insured Beneficiary up to the Sum Insured limit mentioned in Certificate of Insurance provided no family member or relative or friend is there to attend the Insured Beneficiary.

6. Medical Advancement surgery cover

If opted, then Medical Advancement Surgeries (listed in Annexure III in policy wordings) limit as specified on Certificate of Insurance shall be considered up to Sum Insured mentioned in the Base Cover.

- i. Uterine artery embolization and HIFU
- ii. Balloon sinuplasty
- iii. Deep brain stimulation
- iv. Oral chemotherapy
- v. Immunotherapy- Monoclonal antibody to be given as injection
- vi. Intra vitreal injections
- vii. Robotic surgeries
- viii. Stereotactic radio surgeries
- ix. Bronchical Thermoplasty
- x. Vaporisation of the prostate (Green laser treatment or holmium laser treatment)
- xi. IONM -(Intra Operative Neuro Monitoring)
- xii. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered.

What are the Sum Insured and Deductible options available?

Sum Insured - 30/50 Lacs

Aggregate Deductible - 3/5 Lacs

What are the plan benefits?

Cover	Description
In-Patient Hospitalization Expenses	Up to Sum Insured
Room and ICU	At Actuals
Pre-hospitalization Medical Expenses	30 days
Post-hospitalization Medical Expenses	60 days

Day Care Treatment	Up to Sum Insured
Modern Treatment Methods and Advancement in Technologies	Up to Sum Insured
Domiciliary Hospitalisation	Up to Sum Insured
Road Ambulance	Up to Rs. 1000/- per hospitalization
Organ Donor Expenses	Up to Sum Insured
Cataract	20% of SI per eye, max subject to 1 lakh SI
Compassionate Visit	INR 10000

What is the premium applicable?

Premium:

Please refer to the Premium Table as below :

1 Adult		
Aggregate Deductible	300,000	500,000
Sum Insured	3,000,000	5,000,000
Premium	1,099	1,299
2 Adult		
Aggregate Deductible	300,000	500,000
Sum Insured	3,000,000	5,000,000
Premium	1,699	1,999
2 Adult, 1 Child		
Aggregate Deductible	300,000	500,000
Sum Insured	3,000,000	5,000,000
Premium	2,099	2,399
2 Adult, 2 Children		
Aggregate Deductible	300,000	500,000
Sum Insured	3,000,000	5,000,000
Premium	2,499	2,999

Premium are exclusive of taxes*, as applicable and amended from time to time, which will be borne by the insured. Kindly collect a copy of the premium calculation for your records.

* Please note that basis Goods and Services Tax (GST) regulations and notified GST rates, Central GST, State/Union Territory GST, or Inter-State GST, as applicable, and Cess as applicable would apply on the fees and charges

Terms and Conditions;

Pre Policy-Medical Check-up: Medical tests are applicable to all insured person(s) above age of 50 Years (last birthday). Also, in case of any adverse disclosure by insured member, underwriters may ask for additional medical test as suitable to take prudent underwriting decision.

What are the Waiting Periods & key exclusion under the Policy?

I. Waiting Period

1. Pre-existing disease waiting period (Excl01)

- a) Expenses related to the treatment of a pre-existing disease (PED) and its direct complications shall be excluded until the expiry of 24 months of continuous coverage after the date of inception of the first Flexi Health Protect policy with the insurer.
- b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- c) If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) regulations then waiting period for the same would be reduced to the extent of prior coverage.
- d) Coverage under the policy after the expiry of 24 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by the insurer.

2. Specified disease/procedure waiting period (Excl02)

- a) Expenses related to the treatment of the listed conditions, surgeries/treatments shall be excluded until the expiry of 24 months or as per the option opted and specified on the Certificate of Insurance of continuous coverage after the date of inception of the first Flexi Health Protect Plan (Group) and the Certificate of Insurance with the Insurance Company. This exclusion shall not be applicable for claims arising due to an accident.
- b) In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of Sum Insured increase.
- c) If any of the specified disease/procedure falls under the Waiting Period specified for Pre-Existing diseases, then the longer of the two Waiting Periods shall apply.
- d) The Waiting Period for listed conditions shall apply even if contracted after the Risk Inception Date of Certificate of Insurance or declared and accepted without a specific exclusion.
- e) If the Insured Beneficiary is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then Waiting Period for the same would be reduced to the extent of prior coverage.
- f) List of specific diseases/procedures is as below:

1. Any type gastrointestinal ulcers	2. Cataracts
3. Any type of fistula	4. Macular Degeneration
5. Benign prostatic hypertrophy	6. Hernia of all types
7. All types of sinuses	8. Fissure in ano
9. Haemorrhoids, piles	10. Hydrocele
11. Dysfunctional uterine bleeding	12. Fibromyoma
13. Endometriosis	14. Hysterectomy

15. Uterine Prolapse	16. Stones in the urinary and biliary systems
17. Surgery on ears/tonsils/ adenoids/ paranasal sinuses	18. Surgery on all internal or external tumours/cysts/ nodules/polyps of any kind including breast lumps
19. Mental Illness*	20. Diseases of gall bladder including cholecystitis
21. Pancreatitis	22. All forms of Cirrhosis
23. Gout and rheumatism	24. Tonsillitis
25. Surgery for varicose veins and varicose ulcers	26. Chronic Kidney Disease
27. Alzheimer's Disease	28. Joint replacement surgery
29. Surgery for vertebral column disorders (unless necessitated due to an Accident)	30. Surgery to correct deviated nasal septum
31. Hypertrophied turbinate	32. Congenital internal diseases or anomalies
33. 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	34. Bariatric Surgery
35. Parkinson's Disease	36. Genetic disorders

ICD specific for Mental Illness

F00	Dementia in Alzheimer disease
F02	Dementia in other diseases classified elsewhere
F03	Unspecified dementia
F05	Delirium, not induced by alcohol and other psychoactive substances
F07	Personality and behavioral disorders due to brain disease, damage and dysfunction
F09	Unspecified organic or symptomatic mental disorder
F20	Schizophrenia
F21	Schizotypal disorder
F22	Persistent delusional disorders

F23	Acute and transient psychotic disorders
F24	Induced delusional disorder
F25	Schizoaffective disorders
F31	Bipolar affective disorder
F32	Depressive episode
F33	Recurrent depressive disorder
F40	Phobic anxiety disorders

3. 30 day waiting period (Excl03)

- a) Expenses related to the treatment of any illness within 30 days from the first Certificate of Insurance commencement date shall be excluded except claims arising due to an accident, provided the same are covered.
- b) This exclusion shall not, however apply if the Insured Beneficiary has continuous coverage for more than twelve months
- c) The within referred Waiting Period is made applicable to the enhanced Sum Insured in the event of granting higher Sum Insured subsequently.

What are the key exclusion under the Policy?

Standard Exclusions :

- a) Any hospital admission primarily for investigation diagnostic purpose (Excl04)
- b) Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. (Excl05)
- c) Obesity/Weight Control (Excl06)
- d) Change-of-gender treatments (Excl07)
- e) Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an accident, burn(s) etc. (Excl08)
- f) Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports (Excl09)
- g) Expenses for treatment arising from Insured committing or attempting to commit a breach of law with criminal intent. (Excl10)
- h) Excluded providers (Excl11)
- i) Treatment for alcoholism, drug or substance abuse. (Excl12)
- j) Treatments received in health spas, nature cure clinics, etc. where admission is arranged wholly or partly for domestic reasons. (Excl13)
- k) Dietary supplements and substances unless prescribed as part of hospitalization claim or day care procedure. (Excl14)
- l) Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries. (Excl15)
- m) Expenses related to any unproven treatment, services and supplies. (Excl16)
- n) Expenses related to sterility and infertility. (Excl17)

Specific Exclusions

- a) Claim(s) amount falling within Aggregate Deductible limit as opted and mentioned on the policy schedule

- b) Any medical expenses of the new born baby
- c) Dental treatment or surgery of any kind unless requiring hospitalization and as a result of accidental bodily injury to natural teeth.
- d) The cost of spectacles, contact lenses, hearing aids, crutches etc
- e) War, invasion, acts of foreign enemies
- f) Circumcision unless required for the treatment of illness or accidental bodily injury
- g) External medical equipment of any kind used at home as post-hospitalization & Intentional self-injury
- h) Vaccination or inoculation
- i) All non-medical Items as per Annexure II in policy wordings
- j) Any treatment received outside India
- k) Treatment for any other system other than modern medicine (also known as Allopathy)
- l) Venereal disease or any sexually transmitted disease or sickness.
- m) 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 haematological conditions.

What are the terms of renewal under the Policy?

The Certificate of Insurance shall ordinarily be renewable except on grounds of fraud, moral hazard, misrepresentation by the Insured Beneficiary. The Insurance Company is not bound to give notice that it is due for Renewal.

- a) Renewal of Certificate of Insurance shall not be denied on the ground that the Insured Beneficiary had made a claim or claims in the preceding policy years
- b) Renewal shall not be denied on the grounds that the insured person had made a claim or claims in the preceding policy years.
- c) Request for renewal along with requisite premium shall be received by the Insurance Company before the end of the policy period.
- d) At the end of the policy period, the policy shall terminate and can be renewed within the grace period of 30 days to maintain continuity of benefits without break in policy. Coverage is not available during the grace period.
- e) No loading shall apply on renewals based on individual claims experience.
- f) The Master policy being in force and the insured HSBC India customer continues to be a customer of HSBC India.

What are the cancellation terms under the Policy?

(A) Cancellation by the Policyholder

The Policyholder can cancel this Policy by providing a written notice of 7 days. In such a case, the Insurance Company will refund the premium for the unexpired policy period as detailed below:

1. Cancellation of policy where full premium received at policy inception -
 - Annual Policy: The premium refund for the unexpired risk period will be on a pro-rata basis, provided no claim has been made during the policy year.
 - Multi-year Policy:
 - o For any policy year where the risk date has not yet started, the premium will be refunded without any deduction.
 - o For any policy year where the risk has started, the premium will be refunded on a pro-rata basis for that policy year, provided no claim has been made during the policy year and in full for future policy years.

2. Cancellation of policy where premium received on instalment basis - The premium refund for the unexpired risk period will be on a pro-rata basis, provided no claim has been made during the policy year.
- (B) Additional Deductions - Notwithstanding the above, if (i) the risk under the Policy has already commenced, or (ii) only a part of the insurance coverage has commenced, and the option of Policy cancellation is exercised by the Policyholder, then expenses incurred by the Insurance Company on medical examination of the Policyholder will also be deducted before refunding of premium.
- (C) Short term policies: No premium refund. For the avoidance of doubt, the Insurance Company shall remain liable for any claim that was made prior to the date upon which this Policy is cancelled except in cases such cancellation is on account of fraud, mis-representation or non-disclosure of material facts or non-cooperation by the Insured/Insured.
- (D) Cancellation by the Insurance Company - The Insurance Company may cancel the Policy at any time on the grounds of misrepresentation, non-disclosure of material facts, or fraud by the Policyholder/insured person, by providing 15 days' written notice. There will be no refund of premium for cancellations on these grounds.

Claim submission clause

In case of any claim, the list of documents as mentioned in the policy wordings shall be provided by the policy holder/ insured to insurance company within 30 days of date of discharge from hospital.

Grievance Redressal:

You can approach your HSBC Bank staff or visit the nearest Bank branch in India or HSBC Phone banking to register your grievance. Insured Beneficiary may also approach the grievance cell at any of the Insurance Company's branches with the details of grievance.

If Insured Beneficiary is not satisfied with the redressal of grievance through one of the above methods, Insured Beneficiary may contact the grievance officer at ggro@bajajallianz.co.in. For updated details of grievance officer, <https://www.bajajallianz.com/about-us/customer-service.html>. Grievance may also be lodged at IRDAI Integrated Grievance Management System - <https://igms.irda.gov.in/>

Insurance Ombudsman – If you are not satisfied with the resolution of grievance provided by the Insurer, you may escalate the unresolved / partially resolved complaints to Insurance Ombudsman of concerned jurisdiction, in case the claim amount is up to Rs. 50 lakhs.

The contact details of the Insurance Ombudsman offices have been provided as Annexure-V in policy wordings.

In case of any grievance relating to servicing the Certificate of Insurance, the Insured Beneficiary may submit in writing to the Certificate of Insurance issuing office or regional office for redressal.

Disclaimer: In the event of any question relating to interpretation of the insurance coverage, the policy document will prevail.

Important notice:

1. The purchase of this insurance policy is voluntary and is not linked to the availment of any other facility from the Hongkong and Shanghai Banking Corporation Limited, India, ("the Bank" or "HSBC") or its affiliates.

2. You as an individual group member under the Group Flexi Health Protect Plan would be treated as an insured beneficiary and the group organiser i.e HSBC is the master policy holder of the Group Flexi Health Protect Plan.
3. Bajaj Allianz General Insurance Company Limited is the name of the Insurance Company registered with IRDAI with Registration No 113, having its registered office at , Bajaj Allianz House, Airport Road , Yerwada , Pune - 411006. The coverage on the plan is effective subject to acceptance by Bajaj Allianz General Insurance Company, who reserves the right to accept or reject any application without assigning any reason.
4. HSBC (IRDAI Regn.no. CA0016) is a corporate agent of Bajaj Allianz General Insurance Company Limited having its India corporate office at 52/60, MG Road, Fort, Mumbai - 400 001. HSBC does not act as an insurer or underwrite the risks and does not accept any responsibility for any decision made by Bajaj Allianz General Insurance Company. Settlement of claims is not the obligation of HSBC. The contract of insurance is between the Insurance Company and the insured and not between the Bank and the insured.
5. All claims would solely be settled by Bajaj Allianz General Insurance Company Limited. If any claim or dispute is received by HSBC, it will forward the same to Bajaj Allianz General Insurance Company Limited and would assist the policy holder/ claimant in trying towards earliest settlement of claim/ dispute by Bajaj Allianz General Insurance Company Limited.
6. You authorize HSBC to provide information concerning your HSBC bank account to Bajaj Allianz General Insurance Company in connection with your application for insurance products of Bajaj Allianz General Insurance Company. You acknowledge that HSBC remains entitled to assign any activities to third party agencies/service providers at its sole discretion. You further acknowledge the right of HSBC to provide details of your account and sharing or transfer of information, which will be on a confidential basis to HSBC Group offices or other third party agencies/service providers, whether located in India or overseas, including but not limited for the purpose of availing of support services of any nature by HSBC, and also may disclose information, if required or permitted by any law, rule or regulation or at the request of any public or regulatory authority or if such disclosure is required for the purposes of preventing fraud, without any further specific consent or authorisation from You.
7. Please note that this document is for reference only and is not to be construed as a contract of insurance and/or professional advice. For more details on risk factors, terms and conditions please read sale brochure/prospectus & policy wording issued by Bajaj Allianz General Insurance Company carefully before concluding a sale and to the policy document once the policy is issued.
8. HSBC will receive 15% of the premium paid as commission from Bajaj Allianz General Insurance Company for this policy.
9. IRDA regulations do not permit HSBC or its employees to pay commission, whether in part or whole, as an inducement to any person to take out or renew or continue an insurance policy of any kind. (Sec 41 of the Insurance Act, 1938 as amended from time to time).
10. Insurance is a subject matter of solicitation.
11. Tax benefits are as per the Income Tax Act, 1961 and are subject to amendments made therein from time to time and therefore there is no assurance that the given tax information will remain valid post any amendment. Before using the tax information, we suggest that professional advice may be sought from your independent tax consultant / chartered accountant. No obligation or liability of any nature whatsoever is assumed by the Bank or its affiliates by quoting information on taxation provided herein.
12. This product is underwritten by: Bajaj Allianz General Insurance Company Limited.
13. All premiums are subject to applicable taxes and cesses, which are subject to change from time to time. Basis Goods and Services Tax (GST) regulations and notified GST rates, Central GST, State/Union Territory GST, or Inter-State GST, as applicable, and Cess as applicable, would apply on the fees and charges.

I/We have been briefed on the benefits, features, coverage, limitation, premium and terms and conditions of the insurance plan mentioned above. I/We understand this information and the risks associated with this plan.

I/We confirm my/our understanding of:

- Premium payment and discounts, if applicable
- Product features, coverage and exclusions under the policy
- Policy conditions and terms of cancellation of this policy

I/We also confirm that the Bank Staff has provided me with a copy of this Key Feature Document for my/our records and future reference. I/We confirm that towards this policy cover, the premium to be paid is INR _____,

INR _____ (in words)

I/ We are aware that role of HSBC is limited towards processing of the policy application and any dispute/claim / concerns arising out from issuance/ non-issuance of this policy would be taken up by me/us directly against Bajaj Allianz General Insurance Company Limited

I/We hereby authorise HSBC to provide information concerning my HSBC bank account to Bajaj Allianz General Insurance Company in connection with my application for insurance products of Bajaj Allianz General Insurance Company. I/We also authorise HSBC to disclose information held (contained in the application or otherwise provided) to enable HSBC, its associated and group entities or independent third parties, within or outside the country, to provide information concerning products and services that HSBC believes may be of interest to me/us.

I/We further acknowledge that, subject to advance notice, HSBC India remains entitled to assign any activities to a third party agencies/service providers at its sole discretion. I/We further acknowledge the right of HSBC India to provide details of my/our account and sharing or transfer of information which will be on a confidential basis to HSBC Group offices or other third party agencies/service providers, whether located in India or overseas for the purpose of availing of support services of any nature by HSBC India and also may disclose information, if required or permitted by any law, rule or regulation or at the request of any public or regulatory authority or if such disclosure is required for the purposes of preventing fraud, without any further specific consent or authorisation from me/us.

Signature:

Customer's Name:

Customer ID:

Date:

I have briefed the customer/s on the benefits, features coverage, premium and terms and conditions of this insurance plan.

Signature of staff:

Staff Name:

Designation:

Date:

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