

Key Feature Document

Bajaj Allianz General Insurance : Global Health Care

UIN NO- BAJHLIP23209V022223

- 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 Global Health Care Plan ?

Global Health Care is a comprehensive health indemnity insurance product that provides seamless cover to the policyholder for planned as well as emergency treatment availed from domestic (within India) as well as international (outside India) health care providers. This product will allow the insured members to plan treatments abroad and hence avail best medical facilities around the world for oneself and his/her family, if they are hospitalized during policy period and thereby reducing the financial stress.

Key things you should know:

- ✓ The Global Health Care product offers two plans namely Imperial Plan and Imperial Plus Plan. Both these plans offer domestic and international covers.
- ✓ Multiple Sum Insured range available for both domestic & international coverage.
- ✓ Policy can be availed only for 1 year period.
- ✓ This is an Individual sum insured policy.
- ✓ Pre-existing illnesses and injuries are covered after a period of 36 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.
- ✓ Benefits of this policy are offered to Indian Nationals residing in India.
- ✓ 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.
- ✓ Optional Cover on Dental Plan can be availed (co-payment applicable)
- ✓ Coverage on day care procedures available.
- ✓ You can opt for aggregate deductible on international inpatient patient benefits and avail discounts.
- ✓ This policy also provides for cashless servicing across India. Kindly refer to Bajaj Allianz General Insurance 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 avilment of any other facility from the Bank.
- ✓ Kindly refer to the following sections in this document for a better understanding:
 - ✓ a. “What are the plan benefits” section to understand details.
 - ✓ b. “Key Exclusions” 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

- Benefits of this policy are offered to Indian Nationals residing in India.
- The Insured member has the option to choose between Worldwide Cover including USA and Worldwide Cover excluding USA at the time of opting for the policy for the first time.
- Policy is offered on Individual Sum insured basis only. Single policy can cover Proposer /Spouse / Parents/Sister/ Brother/Parents-in-law/ Aunt/ Uncle.

What is the entry and renewal age ?

- Proposer /Spouse / Parents/Sister/ Brother/Parents-in-law/ Aunt/ Uncle 18 Yrs to 65 Yrs
- Dependent Children: 3 months - 30 Yrs.

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

What is Covered under this policy?

Part A: Coverage Domestic

- In-patient Hospitalization Treatment** - Medical Expenses incurred due to admission to a Hospital for illness or accidental bodily injury, longer than 24 consecutive hours.
- Pre-Hospitalization** - up to 60 days prior to date of admission in hospital
- Post-Hospitalization**- up to 180 days from date of discharge from the hospital
- Local Road Ambulance** - Cost incurred on an ambulance offered by a healthcare or ambulance service provider for transferring You to the nearest hospital or from one hospital to another with adequate emergency, up to the amount specified in the Policy Schedule
- 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
- Living Donor Medical Cost** - Medical expenses incurred towards organ donor's treatment for harvesting of the donated organ
- Annual Preventive Health Check-up** - Free Preventive Health check up after each renewal of Global Health Care Policy with the insurance company as per limits specified in policy wordings
- Ayurvedic / Homeopathic Hospitalization Expenses** - Hospital admission longer than 24 consecutive hours in a recognized Ayurvedic / Homeopathic Hospital during the policy year.
- 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.
- Mental Illness Treatment** - Expenses for In-patient treatment of mental illness (as specified under Annexure IV in policy wordings), provided this treatment is availed in a recognized psychiatric unit of a hospital, up to sum insured as specified in the policy schedule
- Rehabilitation** - Expenses incurred on set of interventions designed to optimize functioning and reduce disability in individuals with health conditions in interaction with their environment. Subject to the insurance company has accepted an Inpatient Hospitalization claim for the insured under In Patient Hospitalization Treatment and rehabilitation starts within 14 days of discharge from hospital following acute medical and/or surgical treatment.
- Modern Treatment Methods and Advancement in Technologies** - Medical expenses incurred during admissible hospitalization, towards following procedures:
 - 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) Bronchical Thermoplasty
- j) Vaporisation of the prostate (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 hematological conditions to be covered.

Part B: Coverage International

1. In-Patient Benefits For International Cover

- i. **In-patient Hospitalization Treatment** - Medical Expenses incurred due to admission to a hospital for illness or accidental bodily injury, longer than 24 consecutive hours.
- ii. **Pre-Hospitalization** - up to 45 days prior to date of admission in hospital
- iii. **Post-Hospitalization**- up to 90 days from date of discharge from the hospital
- iv. **Local Road Ambulance** - Cost incurred on an ambulance offered by a healthcare or ambulance service provider for transferring You to the nearest hospital or from one hospital to another with adequate emergency, up to the amount specified in the policy schedule
- v. **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
- vi. **Living Donor Medical Cost** - Medical expenses incurred towards organ donor's treatment for harvesting of the donated organ
- vii. **Air Ambulance (Applicable to Imperial Plan only)** - 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.
- viii. **Air Ambulance + Medical Evacuation (Applicable to Imperial Plus Plan only)** - Expenses incurred up to the limits specified in the Policy Schedule, for insureds medical evacuation to the nearest appropriate medical center (which may or may not be in Insureds home country) by ambulance, helicopter or airplane
- ix. **Mental Illness Treatment** - Expenses for In-patient treatment of mental illness (as specified under Annexure IV in Policy wordings), provided this treatment is availed in a recognized psychiatric unit of a hospital, up to sum insured as specified in the policy schedule
- x. **Rehabilitation** - Expenses incurred on set of interventions designed to optimize functioning and reduce disability in individuals with health conditions in interaction with their environment. Subject to insurance company has accepted an Inpatient Hospitalization claim for the insured under in patient hospitalization treatment and rehabilitation starts within 14 days of discharge from hospital following acute medical and/or surgical treatment
- xi. **Accommodation costs for one parent staying in Hospital with an Insured child under 18 years of age (Applicable to Imperial Plus Plan only)** - Costs incurred by one parent for the duration of the Insured child's admission to Hospital for eligible treatment under inpatient Hospitalization Treatment benefit, up to the limit specified in the policy schedule.
- xii. **Emergency treatment outside area of cover (Applicable to Imperial Plus Plan only if "Excluding USA" cover is opted)** - Costs incurred for treatment of medical emergencies which occur during business or holiday trips outside insureds area of cover.
- xiii. **Medical repatriation (Applicable to Imperial Plus Plan only)** - If the necessary treatment for which insured is covered isn't available locally, insured can choose to be medically evacuated to his/her home country for treatment, instead of to the nearest appropriate medical center. This only applies when insureds home country is within the geographical area of cover.
- xiv. **Repatriation of mortal remains (Applicable to Imperial Plus Plan only)** - Repatriation of mortal remains is the

- transportation of the insured deceased remains from the principal country of residence to the country of burial.
- xv. **In-patient cash benefit (Applicable to Imperial Plus Plan only)** - The insurance company will pay Daily Cash Benefit as specified in the policy schedule for maximum 25 nights in case of inpatient treatment free of charge for a medical condition that is covered by the insurance company.
- xvi. **Palliative care (Applicable to Imperial Plus Plan only)** - Expenses incurred on diagnosis of a terminal illness, for any ongoing treatment, given on the advice of a medical practitioner, that aims to alleviate the physical/psychological suffering associated with progressive, incurable illness and to maintain quality of life. It includes Inpatient, day-care and out-patient treatment.
- xvii. **Modern Treatment Methods and Advancement in Technologies** - Medical expenses incurred during admissible hospitalization, towards following procedures:
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. Bronchical Thermoplasty
 10. Vaporisation of the prostate (Green laser treatment or holmium lasertreatment)
 11. IONM -(Intra Operative Neuro Monitoring)
 12. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for hematological conditions to be covered.

2. Out-Patient Benefits (Applicable to Imperial Plus Plan Only)

- a) Out-patient Treatment - Medical expenses incurred on outpatient basis for the illness/ injury contracted during the policy period up to the limits specified in the policy schedule for
- a. Medical Practitioner fees
 - b. Specialist fees
 - c. Diagnostic tests
 - d. Prescription drugs
- b) Physiotherapy Benefit - Expenses incurred on prescribed Physiotherapy taken on Out-patient basis for illness/injury contracted during the policy period. Initially restricted to 12 sessions per condition, after which treatment must be reviewed by the doctor who referred You.
- c) Alternate/Complementary Treatment Expenses - Expenses up to the limits specified in the policy schedule for alternate treatment methods namely chiropractic treatment, osteopathy, chinese herbal medicine, homeopathy, acupuncture and podiatry as practiced by approved therapists.

3. Dental Plan Benefits (Optional)

- a. Dental treatment outside India - Expenses up to the limits specified in the policy schedule incurred for dental treatment which includes annual check-up, simple fillings related to cavities or decay, root canal treatment and dental prescription drugs.
- b. Dental surgery outside India - Expenses up to the limits specified in the Policy Schedule incurred for Dental Surgery which includes the surgical extraction of teeth, as well as other tooth-related surgical procedures such as apicoectomy, surgical removal of cysts, orthognathic surgeries for the correction of malocclusion and dental prescription drugs. All investigative procedures that establish the need for dental surgery such as laboratory tests, X-rays, CT scans and MRI(s) are included under this benefit.
- Periodontics outside India - Expenses up to the limits specified in the policy schedule incurred for treatment related to gum disease.

What are the Plan/SI options available?

Sum Insured	Imperial Plan			Imperial Plus Plan		
Domestic Limit (Within India)	INR 3,750,000	INR 5,600,000	INR 7,500,000	INR 11,200,000	INR 18,750,000	INR 37,500,000
International Limit	USD 100,000	USD 150,000	USD 200,000	USD 300,000	USD 500,000	USD 1,000,000

What are the plan benefits?

Domestic Cover

COVER	IMPERIAL PLAN			IMPERIAL PLUS PLAN		
In-patient Hospitalization Treatment Limits	INR 3,750,000	INR 5,600,000	INR 7,500,000	INR 11,200,000	INR 18,750,000	INR 37,500,000
In-patient Hospitalization Treatment	Up to Sum Insured					
Hospital accommodation (Room rent and ICU)	At Actual					
Pre-hospitalization	60 days					
Post-hospitalization	180 days					
Local (Road) Ambulance	Up to Sum Insured					
Day Care Procedures	Up to Sum Insured					
Living Donor Medical Costs	INR 500,000					
Annual Preventive Health Check-up (only offered at renewal)	INR 5,000					
Ayurvedic / Homeopathic Hospitalization Expenses	Up to Sum Insured					
Air Ambulance	INR 500,000	INR 675,000	INR 750,000	INR 750,000	INR 750,000	INR 750,000
Mental Illness Treatment	Up to Sum Insured					
Rehabilitation	INR 50,000					

International Cover

COVER	IMPERIAL PLAN			IMPERIAL PLUS PLAN		
In-patient Hospitalization Treatment Limits	USD 100,000	USD 150,000	USD 200,000	USD 300,000	USD 500,000	USD 1,000,000
Deductible options	0 / USD 500 / USD 1,000 (on annual aggregate basis)					
In-patient benefits						
Hospital accommodation (Room rent)	Single Private Air Conditioned Room					
Hospital accommodation (ICU)	At Actual					
Pre-hospitalization	45 days					
Post-hospitalization	90 days					
Local (Road) Ambulance	Up to Sum Insured					
Day Care Procedures	Up to Sum Insured					
Living donor medical costs	USD 30,000			USD 50,000		
Air Ambulance*	USD 7,500			NA	NA	NA
Air Ambulance + Medical Evacuation*	NA			Up to In-patient Sum Insured	Up to In-patient Sum Insured	Up to In-patient Sum Insured
Mental Illness Treatment	Up To Sum Insured					
Rehabilitation	USD 750			USD 2,300		
Accommodation costs for one parent staying in Hospital with an Insured child under 18 years of age	NA			Up to Sum Insured		
Emergency treatment outside area of cover	NA			Up to Sum Insured for maximum 6 Weeks per trip		
Medical repatriation*	NA			Up to Sum Insured		
Repatriation of mortal remains*	NA			USD 13,500		
Inpatient cash Benefit	NA			USD 175 Per night up to max 25 nights		
Palliative care	NA			Up to Sum Insured		

Note: The total Sum Insured payable under all the above covers will not exceed the In-patient Hospitalization Treatment Limits

*The covers will be on cashless basis only.

Out-patient benefits				
COVER	IMPERIAL PLAN	IMPERIAL PLUS PLAN		
Maximum out-patient plan benefit for international treatments only	NA	USD 1,600	USD 2,400	USD 4,200
Out-patient Treatment (Medical Practitioner fees Specialist fees Diagnostic tests Prescription drugs)		Covered up to USD 1,000 (Excluding out-patient Dental Treatment)	Covered up to USD 1,500 (Excluding out-patient Dental Treatment)	Covered up to USD 2,500 (Excluding out-patient Dental Treatment)
Physiotherapy Benefit (Prescribed Physiotherapy)		USD 300	USD 450	USD 850
Alternate/Complementary Treatment Expenses (Chiropractic treatment, osteopathy, homeopathy, Chinese herbal medicine, acupuncture and podiatry)		USD 300	USD 450	USD 850

Dental plan benefits (optional)				
COVER	IMPERIAL PLAN			IMPERIAL PLUS PLAN
Maximum dental plan benefit for international treatments only	USD 350	USD 450	USD 600	USD 2,300
Dental treatment outside India	20% Co-Payment			20% Co-Payment
Dental surgery outside India	20% Co-Payment			20% Co-Payment
Periodontics outside India	20% Co-Payment			20% Co-Payment

What are the waiting periods applicable under the product?

Waiting Periods	
Pre-Existing Diseases Waiting Period	36 months
Specified disease/procedure Waiting Period	24 months
Initial Waiting period	30 days

What is the premium applicable?

1. Premium:

Premium would depend on Sum Insured opted under various sections and same needs to be derived basis the premium calculator.

Premium are exclusive of taxes*, as applicable and amended from time to time, which will be borne by You. 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

2. Discount applicable on premium

- i. Family Discount: 5% family discount shall be offered if 2 or more eligible family members are covered under a single Policy.
- ii. Voluntary Deductible: The customer can opt for aggregate deductible on International Inpatient Benefits and avail discount as below.

Deductible	Imperial Plan	Imperial Plus Plan
USD 500	5%	4%
USD 1000	9%	6%

Terms and Conditions;

Pre Policy-Medical Check-up: Medical tests are applicable to all insured person(s), as per plan, sum insured chosen and age of insured person. 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?

Waiting periods

Initial Waiting period: 30 days for all illnesses (Not applicable in case of continuous renewal or accidents)

Specific Waiting period:

24 months Waiting period

- 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 with exception of Malignant tumor or growth

19. Diseases of gall bladder including cholecystitis
20. Pancreatitis
21. All forms of Cirrhosis
22. Gout and rheumatism
23. Tonsilitis
24. Surgery for varicose veins and varicose ulcers
25. Chronic Kidney Disease
26. Alzheimer's Disease
27. Joint replacement surgery
28. Surgery for vertebral column disorders (unless necessitated due
29. Surgery to correct deviated nasal septum to an Accident)
30. Hypertrophied turbinate
31. Congenital internal diseases or anomalies
32. Treatment for correction of eye sight due to refractive error recommended by Ophthalmologist 3 for medical reasons with refractive error greater or equal to 7.5
33. Bariatric Surgery
34. Parkinson's Disease
35. Genetic disorders

Pre-existing diseases: 36 months

Exclusions Applicable to Domestic Cover (Part A) and International Cover (Part B)

Standard 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)
3. Obesity/Weight Control (Excl06)
4. Change-of-gender treatments (Excl07)
5. Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) etc. (Excl08)
6. Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports (Excl 09)
7. Expenses for treatment arising from Insured committing or attempting to commit a breach of law with criminal intent. (Excl10)
8. Excluded Providers (Excl11)
9. Treatment for Alcoholism, drug or substance abuse. (Excl12)
10. Treatments received in health hydros, nature cure clinics, etc. where admission is arranged wholly or partly for domestic reasons. (Excl 13)
11. Dietary supplements and substances unless prescribed as part of hospitalization claim or day care procedure. (Excl14)
12. Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries. (Excl15)
13. Expenses related to any unproven treatment, services and supplies. (Excl16)
14. Expenses related to sterility and infertility. (Excl17)
15. Medical Treatment Expenses traceable to pregnancy and its complications. (Excl 18)

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 spectacles, contact lenses, hearing aids, crutches etc.
5. Treatment for any other system other than modern medicine (allopathy)
6. External medical equipment of any kind used at home as post-hospitalization
7. 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.
8. Intentional self-injury
9. Vaccination or inoculation
10. All non-medical Items as per Annexure II in policy wordings
11. Circumcision unless required for the treatment of Illness or Accidental bodily injury
12. Treatment for any medical conditions arising directly or indirectly from chemical contamination, radioactivity or any nuclear material, including the combustion of nuclear fuel.
13. Alternate/ Complementary treatment, with the exception of those treatments shown in the Table of Benefits.
14. Expenses incurred because of complications directly caused by an Illness, Injury or treatment for which cover is excluded or limited under Your plan.
15. Consultations performed and any drugs or treatments prescribed by You, Your spouse, parents or children.
16. Dental veneers and related procedures, unless medically necessary.
17. Costs in respect of a family therapist or counsellor for out-patient mental illness treatment.
18. Doctor's fees for the completion of a Claim Form or other administration charges.
19. Care and/or treatment of intentionally caused diseases or self-inflicted injuries, including a suicide attempt.
20. Investigations into and treatment for loss of hair, including hair replacement unless the loss of hair is due to cancer treatment.
21. Treatment required as a result of medical error.
22. Products that can be purchased without a Doctor's prescription, except where a specific benefit covering these costs appears in the Table of Benefits.
23. Treatment of sleep disorders, including insomnia, narcolepsy, snoring and bruxism, except medically necessary Inpatient treatment for obstructive sleep apnoea.
24. Travel costs to and from medical facilities (including parking costs) for treatment, except when covered under "Local (Road) ambulance", "Medical evacuation" and "Medical repatriation" benefits.
25. Tumour marker testing, except for medically necessary testing during the investigation or treatment of cancer.
26. Medical evacuation/repatriation from a vessel at sea to a medical facility on land.
27. Organ Transplants that involve animal organs or organs which are manufactured using advanced technology like, but not limited to, 3D Printing. Expenses incurred during the acquisition of an organ relating to stem cell storage and banking.
28. The following benefits or any adverse consequences or complications relating to them, unless otherwise indicated in Your Table of Benefits Dental treatment, dental surgery, periodontics, orthodontics and dental prostheses.
 - Dietician fees
 - Expenses for one person accompanying an evacuated/repatriated person
 - Out-patient treatment
 - Prescribed medical aids
 - Preventive treatment
 - Travel costs of Insured family members in the event of an evacuation/repatriation
 - Travel costs of Insured family members in the event of the repatriation of mortal remains
 - Travel costs of Insured members to be with a family member who is at peril of death or who has died
29. Exclusions applicable to Mental Illness Treatment limited to conditions specified in Policy wordings.

Specific Exclusions Applicable to International Cover (Part B)

1. Treatment in the USA if the insurance company believes that cover was taken out with the purpose of travelling to the USA to get treatment for a condition or symptoms You were aware of:
 - before being Insured with the insurance company
 - before having the USA in Your region of cover.
 If the insurance company pays any claims in these circumstances, they reserve the right to seek reimbursement from You.

2. Treatment outside the geographical area of cover unless for emergencies or authorised by the insurance company

What are the terms of renewal under the Policy?

The policy shall ordinarily be renewable except on misrepresentation by the insured person, grounds of fraud, misrepresentation by the insured person.

- i. The insurance company shall endeavor to give notice for renewal. However, the insurance company is not under obligation to give any notice for renewal.
- ii. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years.
- iii. Request for renewal along with requisite premium shall be received by the insurance company before the end of the policy period.
- iv. 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.
- v. No loading shall apply on renewals based on individual claims experience

What are the cancellation terms under the Policy?

The Policyholder may cancel this Policy by giving 30 days' written notice and in such an event, the insurance company shall refund premium for the unexpired policy period as detailed below

- a. Cancellation grid for premium received on annual basis or full premium received at Policy inception are as under:

Period in Risk	Premium Refund
Within 15 Days	As per Free Look period Condition
Exceeding 15 days but less than or equal to 3 months	65.00%
Exceeding 3 months but less than or equal to 6 months	45.00%
Exceeding 6 months but less than or equal to 9 months	20.00%
Exceeding 9 months but less than or equal to 12 months	0%

Note:
 The first slab of Number of days "within 15 days" in above table is applicable only in case of new business. In case of renewal policies, period is risk "Exceeding 15 days but less than 3 months" should be read as "within 3 months". Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the insured person under the

policy.

The insurance company may cancel the policy at any time on grounds of misrepresentation, non-disclosure of material facts, fraud by the insured beneficiary, by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.

Claim submission clause

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

Grievance Redressal:

You can approach your Bank RM or the nearest Bank branch to share the same.

You can approach the Grievance Redressal Officer of Bajaj Allianz General Insurance by sending an email to bagichelp@bajajallianz.co.in (email address) or a letter to Bajaj Allianz General Insurance Co. Ltd Bajaj Allianz House, Airport Road, Yerawada, Pune 411 006 (address). You can also lodge the grievance through IRDAI's Integrated Grievance Management System (IGMS).

If Your grievance is not resolved, You can approach the Insurance Ombudsman, depending on the nature of the grievance and the financial implication, if any. You can find more details about Insurance Ombudsmen at www.ecoi.co.in or www.irdai.gov.in.

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 avilment of any other facility from The Hongkong and Shanghai Banking Corporation Limited, India, ("the Bank" or "HSBC") or its affiliates.
2. 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.
3. 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.
4. 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.
5. 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.

6. 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 & policy wording carefully before concluding a sale and to the policy document once the policy is issued.
7. HSBC will receive 30% of the premium paid as commission from Bajaj Allianz General Insurance Company for this policy.
8. 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).
9. Insurance is a subject matter of solicitation.
10. 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.
11. This product is underwritten by: Bajaj Allianz General Insurance Company Limited.
12. 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/our HSBC bank account to Bajaj Allianz General Insurance Company in connection with my/our 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:

BAGIC_Global Health Care_May'24