

## Key Feature Document

### Bajaj Allianz General Insurance : My Health Care Plan

UIN NO- BAJHLIP23143V012223

- 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 My Health Care Plan ?**

Bajaj Allianz My Healthcare Plan is a comprehensive health indemnity plan with wide range of benefits to cover all health insurance needs of the Insured.

This is a comprehensive plan with a wide range of coverage 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 Policy with 19 Base Covers and 3 Optional covers.
- ✓ Multiple Sum Insured range from Rs. 3Lacs to Rs. 5Cr available under the Policy.
- ✓ Long term Policy options are available up to 3 years.
- ✓ 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.
- ✓ Out Patient Department (OPD) benefit equivalent to 2 times of the premium paid will be provided.
- ✓ Inbuilt baby cover along with inbuilt maternity cover ( for SI Rs. 5 Lacs & above) 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.
- ✓ Optional Covers loss of income cover, major illness (indemnity) & accident multiplier and international cover (emergency care only) are available.
- ✓ Tele-consultation cover and Annual Preventive Health check-up are available.
- ✓ Cumulative Bonus available as Renewal Benefit.
- ✓ Various discount options like Family Individual Discount, Long term discount are available.
- ✓ 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 availment 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**

- Individual Sum insured policy - Proposer /Spouse /Dependent Parents/ Dependent Sister/ Dependent Brother/ Dependent Parents-in-law/ Dependent Aunt/ Dependent Uncle/ Dependent Grand /Dependent Children/ Dependent Grandchildren
- Family Floater policy- Insured; his/her lawfully wedded spouse and dependent children.  
For Parents/ Parents in law separate floater Policy can be taken

**What is the entry and renewal age ?**

- Adults - 18 to 65 years, Child - 3 months to 30 years
- Renewal - Lifelong

**What is Covered under this policy?**

**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 or as per the option specified on the policy schedule prior to date of admission in hospital

**Post-Hospitalization**- up to 90 days or as per the option specified on the policy schedule from date of discharge from the hospital

**Modern Treatment Methods and Advancement in Technologies** (Applicable to Part I and Part II) covers expenses incurred during admissible hospitalization, towards following procedures maximum up to Inpatient Hospitalization Treatment sum insured

1. Uterine Artery Embolization and HIFU
2. Balloon Sinuplasty
3. Deep Brain stimulation
4. Oral chemotherapy
5. Immunotherapy- Monoclonal Antibody to be given as injection
6. Intra vitreal injections
7. Robotic surgeries
8. Stereotactic radio surgeries
9. Bronchial Thermoplasty
10. Vaporisation of the prostate (Green laser treatment or holmium laser treatment)
11. IONM -(Intra Operative Neuro Monitoring)
12. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered

**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

**Organ Donor Expenses** - Medical expenses incurred towards organ donor's treatment for harvesting of the donated organ maximum up to Inpatient Hospitalization treatment sum insured

**Ayurvedic and Homeopathic Hospitalization Cover** (Part I and Part II)- Hospital admission longer than 24 consecutive hours in a recognized ayurvedic / homeopathic hospital maximum up to In-patient hospitalization treatment sum insured

**Road Ambulance** - Maximum up to In-patient hospitalization treatment sum insured

**Maternity Package Expenses** (Applicable to Part I and Part II)-

- A. Maternity expenses- Medical expenses towards pregnancy (delivery/termination) subject to the specified sub-limit, limited to maximum 2 deliveries or termination(s)
- B. Maternity expenses for Surrogacy - Maternity expenses incurred for the respective surrogate mother towards maternity through surrogacy
- C. Complications of Assisted reproductive procedures/technology (ART) - Medical expenses incurred because of complications arising out of assisted reproductive procedures up to maternity package limit.

**Baby Care** - Coverage for new born baby with a separate sum insured over and above the Inpatient Hospitalization sum insured subject to maternity claim being accepted by the insurance company.

**Out-patient Treatment Expenses (OPD)** (Applicable to Part I and Part II)

I. Tele (Insta) Consultation Cover - Consultation with Medical Practitioner/ Physician/Doctor listed on the digital platform of insurance company or concerned service provider via video, audio, or chat channel

II. Doctor Consultation Cover (In-clinic) - Consultation with medical practitioner/ physician/doctor in person from prescribed network centres of concerned service providers or on reimbursement basis with prior approval in non-network centres up to the limit as specified in the policy schedule.

a) Doctor Consultation Cover (In-clinic) (Cashless and Reimbursement)

For this cover, any one of the below options will apply for pre-approved reimbursement as specified under the plan.

1. 20% co-payment for pre-approved reimbursement claims
2. Reimbursement as per the approval up to sum insured.

b) Doctor Consultation Cover (In-clinic)( Cashless Service)

Consultation with medical practitioner/ physician/doctor in person from prescribed network centres of concerned service providers up to the limit as specified under this policy

III. Doctor prescribed Investigations Cover - Pathology & Radiology Cover

Cover for investigation prescribed by a registered medical practitioner for pathology or radiology as a cashless service in network centres of service providers of the insurance company or on reimbursement basis with prior approval in non-network centres up to the limit as specified under this policy

IV. Annual Preventive Health Check-up cover- Free preventive health check-up once in every policy year as per limits specified in policy wordings

**Domiciliary Hospitalization** (Applicable to Part I and Part II)- 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

**Home Nursing Benefit** (Applicable to Part I and Part II)- Fixed weekly benefit amount as specified for a registered nurse engaged for post-hospitalization care subject to claim paid for In-patient hospitalization treatment

**Cost of Prescribed External Medical Aid** (Applicable to Part I and Part II) - 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"

**Sum Insured Reinstatement Benefit** (Applicable to Part I only) - 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.

**Airlift Cover** (Applicable to Part I and Part II)- Expenses incurred on airlift facility for life threatening health conditions which require transportation from insured beneficiary's location to a Hospital.

**Cumulative Bonus**

**For SI 3 and 4Lacs** - 25% increase in base sum insured per claim free policy year, max up to 100%of base sum insured

**For SI more than 5 Lacs** - 50% increase in base sum insured per claim free policy year, max up to 100%of base sum insured.

**Family Visit** (applicable to Part I and Part II) - 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, 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 relative or friend of the Insured Beneficiary as per the limit specified on the Policy Schedule

**Renewal Premium Waiver Benefit** (applicable to Part I and Part II) - In event of death of the proposer (who is also an insured beneficiary during the policy period due to accidental injury or illness, the insurance company will pay the renewal premium of My Health Care Plan for the dependant insured beneficiary/ies covered under the policy for same coverages.

**Consumable Expenses** (Applicable to Part I and Part II)- Non-Medical Expenses/ consumable as specified 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.

**What are the additional benefits in the policy ?**

**Income Tax benefit**

Premium paid under the Policy shall be eligible for income tax deduction benefit under Sec 80 D as per the Income tax Act as amended from time to time.

**What are the Sum Insured options available?**  
INR - 3/4/ 5 / 7.5 / 10 / 15 / 20 / 25 / 30 / 35 / 40 / 45 / 50 /75 Lacs and 1/2/3/4/5 Crores.

**What are the plan benefits ?**

<b>In-Patient Hospitalization Expenses</b>	Up to Sum Insured
<b>Room rent for 3 Lac to 10 Lac SI</b>	Single Pvt AC Room
<b>Room rent for Above 10 Lacs SI</b>	Actuals
<b>Pre-hospitalization Medical Expenses</b>	60 days
<b>Post-hospitalization Medical Expenses</b>	90 days
<b>Organ Donor</b>	Up to Sum Insured
<b>Ayurvedic and Homeopathic Hospitalization Cover</b>	Up to Sum Insured
<b>Road Ambulance</b>	Up to Sum Insured
<b>Maternity Package expenses</b>	For SI 3 and 4 Lac – Not covered
<b>A. Maternity expenses</b>	For SI 5 Lac to 10 Lac – INR 50,000
<b>B. Maternity expenses for Surrogacy</b>	For SI 15 Lac to 20 Lac- INR 75,000
<b>C. Complications of Assisted reproductive technique</b>	For SI above 20 Lacs – INR 1,00,000
<b>Baby care</b>	For SI up to 4 Lac- 1 lac
	For SI 5 Lac to 10 Lac- 5 Lac
	For SI 15 Lac to 50 Lac- 10 Lac
	For SI above 50 Lac- 15 Lac
<b>Out-Patient Treatment (OPD) Expenses</b>	a) Insta-Consultation (Instant Teleconsultation) Cover
	b) Doctor Consultation Cover (in clinic)- Limit-50% of OPD SI
	c) Doctor Prescribed investigation/ pathology and Radiology Cover- Limit 50% of OPD SI
	d) Annual Preventive Health check-up cover - (1 voucher)
<b>Home Nursing Benefit (max 10 weeks)</b>	For SI up to 50 Lac- INR 5,000/week

	For SI above 50 Lac- INR 10,000/week
<b>Cost of Prescribed External Medical Aid</b>	For SI up to 10 Lac- INR 10,000
	For SI 15 Lac to 50 Lac- INR 25,000
	For SI above 50 Lac- INR 50,000
<b>Sum Insured Reinstatement (Available for same illness)</b>	For SI less than 5 lacs - Once
	For SI 5 lacs and above - Unlimited
<b>Airlift Cover</b>	For SI above 50 Lac to 1 Crore - Limit for Air Lift up to INR 10 Lac
	For SI Above 1Crore - Limit for Air Lift up to 20 Lac
<b>Cumulative bonus (reduces in case of claim)</b>	For SI 3 & 4 lacs - 25% Per Annum max 100%
	For SI 5 Lac and above- 50% Per Annum max 100%
<b>Family Visit</b>	For SI upto 10 lacs- upto INR 25,000
	For SI More than 10 lacs – Upto INR 50,000
<b>Renewal premium waiver benefit in case of death of proposer</b>	Applicable
<b>Consumables cover</b>	Up to In-patient SI
<b>Cataract limit</b>	For SI up to 10 Lac- 20% of SI max 1 Lac per eye For SI above 10 Lac- Actual

### What is the premium applicable?

#### **1. Premium:**

Premium would depend on sum insured opted and zone opted under the policy.

- Zone A - Delhi / NCR, Mumbai including (Navi Mumbai, Thane and Kalyan), Hyderabad and Secunderabad, Kolkata, Ahmedabad, Vadodara and Surat.
- Zone B - Rest of India apart, from the states/UTs/cities classified under Zone A and Zone C, are classified as Zone B.
- Zone C - Goa, Punjab, Chandigarh, Chattisgarh, Bihar, Jharkhand, Andaman & Nicobar Islands, Arunachal Pradesh, Himachal Pradesh, Jammu & Kashmir, Manipur, Meghalaya, Mizoram, Nagaland, Odisha, Sikkim, Tripura, Uttarakhand

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. Zone Discount : Below discount will be applicable on zone A premium based on residential address of the proposer or insured person
  - Zone B: 15%
  - Zone C: 25%
- ii. Family Discount :10% family discount shall be offered if 2 eligible family members are covered under a single Policy and 15% , if more than 2 of any of the eligible family members are covered under a single Policy.
- iii. Long Term Discount
  - a. 4% discount is applicable if policy is opted for 2 years
  - b. 8% discount is applicable if policy is opted for 3 years
- iv. Loyalty Discount: Discount of 5% shall be offered if the insured member is having any of the listed active Bajaj Allianz General Insurance Co. Ltd.'s retail policy of Motor, Health, Home, Cyber and Pet Insurance with a

minimum premium of 2500 INR

v. Wellness Discount

Parameters Achieved	Discount Offered
4/5 out of 8	5%
6/7 out of 8	7.5%
8 out of 8	10%

**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.

**Initial waiting Period:** 30 days for all illnesses (not applicable in case of continuous renewal or accidents).

**Pre-Existing Diseases waiting period:** 36 months waiting period on pre-existing diseases.

**Waiting Period for Maternity Expenses -** 36 months(will decrease by 1 year if premium for long term policy is paid upfront).

**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 except malignancy
19. Diseases of gall bladder including cholecystitis	20. Pancreatitis
21. All forms of Cirrhosis	22. Gout and rheumatism
23. Surgery for varicose veins and varicose ulcers	24. Chronic Kidney Disease
25. Alzheimer's Disease	26. Joint replacement surgery
27. Surgery for vertebral column disorders (unless necessitated due to an Accident)	28. Surgery to correct deviated nasal septum
29. Hypertrophied turbinate	30. Congenital internal diseases or anomalies
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	32. Bariatric Surgery

### **What are the key exclusion under the Policy?**

- Any hospital admission primarily for investigation diagnostic purpose (Excl04)
- 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)
- Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) etc. (Excl08)
- Expenses for treatment arising from insured committing or attempting to commit a breach of law with criminal intent. (Excl10)
- Treatment for Alcoholism, drug or substance abuse. (Excl12)
- Treatments received in health spas, nature cure clinics, etc. where admission is arranged wholly or partly for domestic reasons. (Excl 13)
- Dietary supplements and substances unless prescribed as part of hospitalization claim or day care procedure. (Excl14)  
Excluded Providers (Excl11)(Treatments received in health spas etc., arranged wholly or partly for domestic reasons. (Excl13)
- Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries. (Excl15)
- Expenses related to any unproven treatment, services and supplies. (Excl16)
- Expenses related to sterility and infertility. (Excl17)
- Medical Treatment Expenses traceable to pregnancy and its complications. (Excl 18) (applicable to Silver plan only)

### **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.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 treatment received outside India
11. Circumcision unless required for the treatment of illness or accidental bodily injury.

### **Exclusions specific to OPD cover**

Exclusions for Tele (Insta) Consultation Cover:

1. Tele-consultation outside the digital platform/ service provider's application/website/video/audio/chat consultation, in-clinic/physical consultation is not covered under this benefit of the product.
2. Not transferrable to any other beneficiary unless the beneficiary is covered under the Policy & has opted this coverage.
3. If the same is not availed in the Policy year, cannot be carried forward to the subsequent policy year during the Policy Period.
4. Reimbursement of teleconsultation benefit is not permitted

5. Initial 30 days waiting period applicable for illness, illness not applicable for renewals.
6. Pre-Existing Diseases (PED) Waiting Period (Code-Excl01)
7. The PED waiting period will be applicable and will be as opted would be specified on the Policy Schedule

**Exclusions for Doctor Consultation Cover (In clinic)**

1. Other expenses of investigations, medicines, procedures or any medical, non-medical items are not covered.
2. Not transferrable to any other person unless the person is covered under the same Policy.
3. Cannot be carried forward to the subsequent policy year
4. Initial 30 days waiting period is applicable required for Illness illness not applicable for renewals
5. The plan does not cover yoga, naturopathy, reiki, acupuncture, acupressure, physiotherapy, psychiatric counselling, diet counselling.
6. The PED waiting period will be applicable and will be as opted would be specified on the Policy Schedule.

**Exclusions for Doctor Prescribed Lab and Radiology Cover**

1. Any Lab or radiology investigation not prescribed by a medical practitioner will not be covered.
2. Not transferrable to any other person unless the person is covered under the same policy.
3. Cannot be carried forward to the subsequent policy year after renewal.
4. Initial 30 days waiting period is applicable related to illness not applicable for renewals

**Exclusions for Annual Preventive Health Check -up cover**

1. Cannot be availed outside the prescribed list of hospitals or diagnostic centres.
2. Home collection facility will available only at selected locations. For locations where home sample collection is not available, the customer will have to physically go and take the tests.
3. The complete list of tests as given above has to be completed in a single appointment.
4. Cannot be carried forward to the subsequent policy year.
5. Reimbursement expenses is excluded from the scope of the policy.
6. Initial 30 days waiting period is applicable related to illness, not applicable for renewals.

List of network hospitals or diagnostic centres can be accessed from the insurance company's website for:

- Doctor Consultation Cover (In clinic)
- Doctor prescribed Investigations Cover - Pathology & Radiology Cover
- Annual Preventive Health Check-up cover

**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 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?**

a) The insured beneficiary may cancel the policy schedule by giving 30 days' written notice, and in such an event, the Company shall refund premium on short term rates for the unexpired Cover Period as per the rates detailed below.

<b>Policy Period Term</b>	<b>1 Year</b>	<b>2 Year</b>	<b>3 Year</b>
Within 15 Days- as per free look clause			
Exceeding 15 days but less than 3 months	65%	80%	80%
Exceeding 3 months but less than 6 months	45%	65%	75%
Exceeding 6 months but less than 9 months	20%	55%	65%
Exceeding 9 months but less than 12 months	0%	45%	60%
Exceeding 12 months but less than 15 months	0%	35%	50%
Exceeding 15 months but less than 18 months	0%	20%	45%
Exceeding 18 months but less than 21 months	0%	10%	35%
Exceeding 21 months but less than 24 months	0%	0%	30%
Exceeding 24 months but less than 27 months	0%	0%	20%
Exceeding 27 months but less than 30 months	0%	0%	15%
Exceeding 30 months but less than 33 months	0%	0%	5%
Exceeding 33 months but less than 36 months	0%	0%	0%
Exceeding 36 months but less than 39 months	0%	0%	0%
Exceeding 39 months but less than 42 months	0%	0%	0%
Exceeding 42 months but less than 45 months	0%	0%	0%
Exceeding 45 months but less than 48 months	0%	0%	0%
Exceeding 48 months but less than 51 months	0%	0%	0%
Exceeding 51 months but less than 54 months	0%	0%	0%
Exceeding 54 months but less than 57 months	0%	0%	0%

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 beneficiary under the policy schedule.

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.

**Note:**

In case of Renewal policies, period is risk "Exceeding 15 days but less than 3 months" should be read as "within 3 months".

#### **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](mailto: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](http://www.ecoi.co.in) or [www.irdai.gov.in](http://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 availment 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\_My Health Care Ins\_May'24