

INTRODUCTION

Vector borne diseases account for a large chunk of infectious diseases. Mosquito being the most common carrier. Bajaj Allianz brings to you a one stop solution for taking care of the most common vector borne ailments.

WHAT ARE THE SUM ASSURED OPTIONS?

- INR 10000
- INR 15000
- INR 25000
- INR 50000
- INR 75000

WHAT IS THE ENTRY AGE?

Minimum Entry age for proposer/ spouse/ dependent parents – 18 years
Maximum Entry age for proposer/ spouse/ dependent parents – 65 years
Minimum Entry age for dependent children – 0 days

WHAT IS RENEWAL AGE?

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 THE POLICY PERIOD?

This is an annual policy.

WHAT IS PREMIUM PAYING TERM?

Annual

IS THIS A FLOATER POLICY / INDIVIDUAL POLICY?

Policy provides Individual as well as Floater sum insured option

WHO CAN BE COVERED UNDER THIS POLICY?

Self, Spouse, Dependent Children & Dependent Parents

COVERAGE

If the Insured or the Insured Person(s), as the case may be diagnosed as suffering from a Vector Borne disease listed below which first occurs or manifests itself during the Policy Period, the Company shall pay a lump sum Benefit, as specified under the Policy Schedule, subject to Sum Insured limits, terms, conditions, definitions and exclusions contained or otherwise expressed in the Policy Schedule.

1. Dengue Fever
2. Malaria
3. Filariasis(Payable only once in a lifetime)
4. Kala Azar
5. Chikungunya
6. Japanese Encephalitis
7. Zika Virus

Benefit Payable

Individual Sum Assured policies

If We pay the claim for any of the listed vector borne diseases then this Policy shall cease for the named Insured or Insured Persons, as the case may be.

Floater Sum Assured Policies

i Family floater Policy covering 2 members

If We pay the claim for any one of the named Insured Persons for the listed vector borne diseases then the Policy shall cease for both the named Insured Persons.

ii Family Floater Policy covering more than 2 members

If We pay the claim for any one of the Named Insured Persons for the listed vector borne diseases then the Policy shall cease for the Named Insured Person for whom the claim has been paid, and the Policy shall continue for rest of the Insured Persons covered under the Policy, however after payment of second claim for other Insured Persons the Policy would cease for all Insured Persons.

EXCLUSIONS UNDER THE POLICY

I. Waiting Period

1. Any of the listed vector borne disease diagnosed within the first 15 days of the date of commencement of the Policy is excluded. This exclusion shall not apply to an Insured/Insured Persons, as the case may be, for whom coverage has been renewed without a break, for subsequent years provided there are NIL claims in the previous Policies.
2. If the Policy is opted after occurrence of any of the listed vector borne diseases, a 60 days waiting period shall be applicable for the specific ailment from date of previous admission. However once a benefit is paid during the Policy Period and the Named Insured renews the Policy, in such scenario for the renewal Policy, 60 days waiting period from date of previous admission would apply for the specific ailment of which a claim has been paid.
3. If the Policy is renewed within 60 days from the date of admission of the previously paid claim for the named Insured/Insured Persons, as the case may be, a 60 days cooling off period shall apply for the same ailment in the renewed policy opted, however there would be no waiting period for other listed vector borne diseases.
4. If the Policy is renewed post 60 days from the date of admission of the previously paid claim for the named Insured/Insured Persons, as the case may be, then a fresh waiting period of 15 days shall apply for all listed vector borne diseases.

II. General Exclusions

1. Any Treatment other than for vector borne diseases as listed coverage section.
2. Admission to hospital for less than 24 hours.
3. Diagnosis and treatment outside India. However, this exclusion shall not be applicable in the below listed countries:

New Zealand	Japan
Singapore	Canada
Switzerland	Dubai
USA	Hong Kong
Malaysia	Countries of the European Union

FREE LOOK PERIOD

You have a period of 15 days from the date of receipt of the first policy document to review the terms and conditions of this Policy. If You have any objections to any of the terms and conditions, You have the option of canceling the Policy stating the reasons for cancellation.

If you have not made any claim during the Free Look period, you shall be entitled to refund of premium subject to,

- a deduction of the expenses incurred by Us on Your medical examination, stamp duty charges, if the risk has not commenced,
- a deduction of the stamp duty charges, medical examination charges & proportionate risk premium for period on cover, If the risk has commenced
- a deduction of such proportionate risk premium commensurating with the risk covered during such period ,where only a part of risk has commenced
- Free look period is not applicable for renewal policies.

RENEWAL

1. Renewal with Nil Claims

- i Under normal circumstances, lifetime renewal benefit is available under the Policy except on the grounds of fraud, misrepresentation or moral hazard or non-co-operation by the Insured/Insured Persons or if any false statement, or declaration is made or used or Upon the occurrence of an event of Vector Borne disease.
- ii In case of our own Company's renewal a grace period of 30 days is permissible and the Policy will be considered as continuous for the purpose of waiting period. Any claim incurred as a result of Insured disease contracted during the break period will not be admissible under the Policy.
- iii For renewals received after completion of 30 days grace period, a fresh application of health insurance should be submitted to Us, it would be processed as per a new business proposal.
- iv Premium payable or any changes in terms & conditions on renewal and on subsequent continuation of cover are subject to change with prior approval from IRDA

2. Renewal upon admission of a claim:

- i Upon payment of claim the Insured has option to renew the Policy with immediate effect or on a later date as per below terms & conditions
- a. If the Policy is renewed within 60 days from the date of admission of the previously paid claim for the named insured a 60 days cooling off period shall apply for the same ailment in the new Policy opted, however there would be no waiting period for other listed vector borne diseases
- b. If the Policy is renewed post 60 days from the date of admission of the previously paid claim for the named insured then a fresh waiting period of 15 days shall apply for all listed vector borne diseases
- ii For Lymphatic Filariasis, once the sum assured is paid for any life, no other claim for this particular condition shall be paid to the Named insured in the entire lifetime

For example,

Scenario 1- Individual Policy and family floater with Self + Spouse

If Policyholder has bought the Policy on 01 Jan 2018 and Malaria is diagnosed on 01 Feb 2018. He will be paid full sum assured (subject to fulfilment of other terms and conditions) and the Policy will terminate.

He will now have an option to renew the cover for 100% of sum assured for all covered conditions immediately after the termination of the previous Policy. He will be covered for all conditions except Malaria from day 1 of the new Policy. However he will be covered for Malaria with effect from 03 April 2018 (60 days post date of previous admission i.e. 01 Feb 2018).

Scenario 2- Family Floater with Self, Spouse and Children

If Insured has bought the family floater policy for himself, his wife and 2 children on 01 Jan 2018 and Malaria is diagnosed on 01 Feb 2018. He will be paid full sum assured (subject to fulfilment of other terms and conditions) and the coverage would cease for named insured, however the Policy shall continue for rest of the members covered under the Policy. After payment of second claim for other Insured Persons the Policy would cease for all members

For both scenarios mentioned above the named insured against whom a claim has been paid will now have an option to renew the cover for 100% of sum assured for all covered conditions immediately after the termination of the previous Policy. He will be covered for all conditions except Malaria from day 1 of the new Policy. However he will be covered for Malaria with effect from 03 April 2018 (60 days post date of previous admission i.e. 01 Feb 2018).

CANCELLATION

- i We may cancel this insurance by giving You at least 15 days written notice, and if no claim has been made then We shall refund a pro-rata premium for the unexpired Policy Period.
- ii You may cancel this insurance by giving Us at least 15 days written notice, and if no claim has been made then the We shall refund premium on short term rates for the unexpired Policy Period as per the rates detailed below.

PERIOD ON RISK	RATE OF PREMIUM REFUNDED
Upto one month	75% of annual rate
Upto three months	50% of annual rate
Upto six months	25% of annual rate
Exceeding six months	Nil

PORTABILITY CONDITIONS

- i **Retail Policies:** As per the Portability Guidelines issued by IRDAI, applicable benefits shall be passed on to customers who were holding similar retail Vector Borne Diseases policies of other non-life insurers.

- ii **Group Policies:** As per the Portability Guidelines issued by IRDAI, applicable benefits shall be passed on to customers who were insured under a Group M-Care Policy of Company and are availing an M-Care Policy of Company. However, such benefits shall be applicable only in the event of discontinuation/ non-renewal of the Group M-Care Policy (applicable for both employer-employee relationships and non-employer-employee relationships) and/or the particular customer leaving the group on account of resignation/ retirement (applicable for employer-employee relationships) or termination of relationship with the Group Administrator (applicable for non-employer-employee relationships).

REVISION/ MODIFICATION OF THE POLICY

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

MIGRATION OF POLICY

- The insured can opt for migration of Policy to our other similar or closely similar products at the time of renewal.
- The premium will be charged as per Our Underwriting Policy for such chosen new product, and all the guidelines, terms and condition of the chosen product shall be applicable.
- Suitable credit of continuity/waiting periods for all the previous olicy years would be extended in the new Policy, provided the Policy has been maintained without a break

WITHDRAWAL OF POLICY

There is possibility of withdrawal of this product at any time in future with appropriate approval from IRDAI, as We reserve Our right to do so with a intimation of 3 months to all the existing Insured Persons. In such an event of withdrawal of this product, at the time of Your seeking renewal of this Policy, You can choose, among Our available similar and closely similar Health insurance products. Upon Your so choosing Our new product, You will be charged the Premium as per Our Underwriting Policy for such chosen new product, as approved by IRDAI. Provided however, if You do not respond to Our intimation regarding the withdrawal of the product under which this Policy is issued, then this Policy shall be withdrawn and shall not be available to You for renewal on the renewal date and accordingly upon Your seeking renewal of this Policy, You shall have to take a Policy under available new products of Us subject to Your paying the Premium as per Our Underwriting Policy for such available new product chosen by You and also subject to Portability condition.

PREMIUM CHART

Premiums are exclusive of GST

Premium (in INR)	
SI (in INR)	Individual
10,000	160
15,000	240
25,000	400
50,000	800
75,000	1,200

	Premium (in INR)		
SI (in INR)	Self +Spouse	Self+ Spouse+ 2 members (Child and or parents)	Self+ Spouse+ 4 members (Child and or parents)
10,000	240	320	400
15,000	360	480	600
25,000	600	800	1,000
50,000	1,200	1,600	2,000
75,000	1,800	2,400	3,000
No of claims Payable	1 claim	2 claims	2 claims

DISCOUNT

1. **Online Discount**
20% discount applicable if customer buys the policy from our website
2. **Employee discount**
20% discount is applicable for employees of our Company.

CLAIM PROCESS

A. Cashless Claims Procedure:

Cashless treatment is only available at Network Hospitals subject to cashless authorisation and Limit of Benefits. In order to avail of cashless treatment, the following procedure must be followed by You or your representative:

- i Prior to taking treatment and/or incurring Medical Expenses at a Network Hospital, You must call Us and request pre-authorisation by way of the written form.
- ii In case of Emergency hospitalization, You/the Insured Person/ Insured Representative shall intimate such admission within 24 hours of such hospitalization
- iii On receipt of your pre-authorization form duly filled and signed by you, our representative then will respond, within 2 hours, with Approval, Rejection or an more information.

iv If the procedure above is followed, You will not be required to directly pay for the bill amount in the Network Hospital that We are liable under Section Coverage above and the original bills and evidence of treatment in respect of the same shall be left with the Network Hospital. Pre-authorization does not guarantee that all costs and expenses will be covered. The maximum amount payable would be restricted as specified under the plan opted shown on the Schedule subject to Limitation of Benefits. We reserve the right to review each claim for Medical Expenses and accordingly coverage will be determined according to the terms and conditions of this Policy.

v In case the hospital bill amount is lower than the payable benefit, We will directly pay You the difference between the benefit payable and the hospital bill amount. However, if the hospital bill amount is higher than the payable benefit/Limitation of Benefit, You will be required to settle the balance hospital bill on Your own.

vi After considering Your request and after obtaining any further information or documentation We have sought, We may, if satisfied, send You or the Network Hospital, an authorisation letter. The authorisation letter, the ID card issued to You along with this Policy and any other information or documentation that We have specified must be produced to the Network Hospital identified in the pre-authorization letter at the time of Your admission to the same.

B. Reimbursement Claims Procedure

If Pre-authorization is denied by Us or if treatment is taken in a Hospital other than a Network Hospital or if You do not wish to avail cashless facility, then:

- i You or someone claiming on Your behalf must inform Us in writing immediately within 48 hours of diagnosis of any of the listed vector borne ailments
- ii You must immediately consult a Doctor and follow the advice and treatment that he recommends.
- iii You must have Yourself examined by Our medical advisors if We ask for this, and as often as We consider this to be necessary at Our cost.
- iv You or someone claiming on Your behalf must promptly and in any event within 30 days of diagnosis of any of the listed vector borne ailment /discharge from the Hospital (if admitted) give Us the documentation as per the claims documents list specified below.

Claim documents to be submitted for claim

- i Claim Form duly signed by the insured along with NEFT Form signed by the Claimant
- ii Copy of Discharge Summary / Discharge Certificate
- iii Attested copies of Indoor case papers
- iv Copy of Final Hospital Bill
- v All required Investigation Reports
- vi Medical certification from specialist
- vii In cases where a fraud is suspected, We may call for any additional document(s) in addition to the documents listed above
- viii Aadhar card & PAN card Copies is as per the IRDAI guidelines read with.

Please send the documents on below address

Bajaj Allianz General Insurance Company
2nd Floor, Bajaj Finserv Building, Behind Weikfield IT park, Off Nagar Road, Viman Nagar, Pune 411014
Toll free: 1800-103-2529, 1800-22-5858

Grievance Redressal Cell for Senior Citizens

- Senior Citizen Cell for Insured Person who are Senior Citizens
- Good things come with time' and so for our customers who are above 60 years of age we have created special cell to address any health insurance related query. Our senior citizen customers can reach us through the below dedicated channels to enable us to service them promptly
- Health toll free number: 1800-103-2529 • Exclusive Email address: seniorcitizen@bajajallianz.co.in

SECTION 41 OF INSURANCE ACT 1938 AS AMENDED BY INSURANCE LAWS AMENDMENT ACT, 2015 (PROHIBITION OF REBATES)

No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a Policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurers. Any person making default in complying with the provision of this section shall be liable for a penalty which may extend to 10 lakh rupees.

BENEFIT ILLUSTRATION IN RESPECT OF POLICIES OFFERED ON FLOATER BASIS

Age of the members to be insured	Coverage opted on Individual Basis covering each member of the family separately (at a single point in time)		Coverage opted on individual basis covering multiple members of the family under as single policy (Sum Insured is available for each member of the family)				Coverage opted on floater basis with overall Sum Insured (Only one sum insured is available for the entire family)			
	Premium	Sum Insured	Premium	Discount	Premium after discount	Sum Insured	Premium or consolidated premium for all members of family	Floater discount if any	Premium after discount	Sum Insured
45	NA	NA	NA	NA	NA	NA	480	NA	NA	15,000
40	NA	NA								15,000
20	NA	NA								15,000
18	NA	NA								15,000
NA			NA				Total premium when policy is opted on floater basis is Rs 480 (No discount applicable)			
NA			NA				Sum Insured of Rs 30,000 is available for the entire family Only 2 claims will be payable in the above scenario			
Note: Premium rates specified in the above illustration shall be standard premium rates without considering any loading. Also, the premium rates shall be exclusive of taxes applicable.										

 **BAJAJ ALLIANZ GENERAL INSURANCE CO. LTD.**
BAJAJ ALLIANZ HOUSE, AIRPORT ROAD, YERAWADA, PUNE - 411006. IRDA REG NO.: 113.

 **FOR ANY QUERY (TOLL FREE)**
1800-209-0144 / 1800-209-5858

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For more details on risk factors, Terms and Conditions, please read the sales brochure before concluding a sale.

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Policy holders can download Insurance Wallet for one-touch access Available on: 

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