

■ Bajaj Allianz

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

■ Women Specific Critical Illness Plan

This is a Women Specific Critical Illness Plan that provides you protection against the risk of serious illness. It gives you the security of knowing that a guaranteed cash sum will be paid in case you are diagnosed with a life-threatening illness. A serious critical illness or injury can now be cured, but could lead to increased financial problems for you and your family, through the mounting costs of hospitalization, compounded by loss of employment in some cases. Therefore, in order to counter this, we have designed this special cover, keeping in mind the critical illnesses and other attendant risks that are especially faced by women.

■ What are the Covers under the policy?

1. Critical Illness Cover
 2. Congenital Disability Benefit
- Inbuilt add on benefits**
- i. Children Education Bonus
 - ii. Loss of Job

■ Who can be covered under this policy?

Self, Sister, Mother, Mother-in-law

■ Who can be covered under this policy?

Entry age is 21 yrs – 65 yrs.

■ What will be the renewal age?

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

■ What is the policy period?

- 1 year, 2 years or 3 years

■ DISCOUNT UNDER THE POLICY:

Long Term Policy 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

■ What is the premium paying term?

Policy can be paid on installment basis-Annual, Half Yearly, Quarterly or Monthly

■ What are the Sum Insured options?

The available Sum insured options are

- Rs 50000/-
- Rs 100000/-
- Rs 150000/-
- Rs 200000/-

■ What are the detail coverages under the policy?

- I. **Critical Illness Cover:** 100% of sum insured would be paid if the insured member is diagnosed with the listed Critical Illness, subject to policy terms and conditions.

List of Specific Critical Illnesses as below

- a. Breast Cancer
- b. Fallopian Tube Cancer
- c. Uterine/Cervical Cancer
- d. Ovarian Cancer
- e. Vaginal Cancer
- f. Permanent Paralysis of Limbs
- g. Multitrauma
- h. Burns

- II. **Congenital Disability Benefit:** 50% of the sum insured would be payable if the insured member gives birth to a baby having congenital disease/ disorder; congenital diseases covered are listed under the policy. This benefit will be available for first two children only.

List of congenital diseases covered under Congenital Disability Benefit:

- a. Down's syndrome
- b. Congenital cyanotic heart disease:
 - i. Tetralogy of Fallot
 - ii. Transposition of great vessels
 - iii. Total Anomalous pulmonary venous drainage
 - iv. Truncus Arteriosus,
 - v. Tricuspid Atresia,
 - vi. Hypoplastic Left Heart Syndrome
- c. Tracheo-esophageal fistula
- d. Cleft Palate with or without cleft lip
- e. Spina bifida

Please note: The company's liability under 1) and 2) together would be restricted to the sum insured.

- III. **Children Education Bonus** If the claim for Critical illness benefit is paid under this policy we will also pay Rs. 25000/- towards future education of the dependent children (If any). The amount payable under this section would be restricted to Rs 25000/- for one or more child put together.

- IV. **Loss of Job** In the event of the insured person losing her job within a period of 3 months of the date of diagnosis of any of the Critical Illness as covered in the policy, the policy will pay an amount of Rs 25000/- towards loss of employment, provide we have paid a claim under Critical Illness Section for the Insured Member.

■ Special Conditions

- The benefit amount under Critical Illness Section of this policy is payable once the disease is diagnosed meeting specific criteria and the insured survives 30 days after the diagnosis and in case of the congenital disability section the child survives 30 days after the diagnosis.
- The insured needs to submit the claim form along with certificate from the specialist confirming occurrence of the critical illness /congenital disability (in case of child) as covered under the policy.
- For a claim to be admissible under Congenital Disability Benefit section the member should also have conceived during the policy period.

■ What are the advantages of this policy?

- The insured receives the amount as lump sum so that he can plan the treatment accordingly.
- Additional benefits like coverage for new born baby's congenital ailments, Children education bonus, Loss of job are available under same policy.
- Hassel free in-house claim process.
- Premium paid is exempt under section 80-D of Income Tax Act.
- Very competitive premium rates.

■ What is the Pre policy Medical examination criteria?

- Pre policy medical examination mandatory for age 41 years and above
- Pre policy medical examination can be conducted at a good diagnostic centre.
- List of Pre-policy medical tests: Full Medical Report,

Ultrasonography of Abdomen and Pelvis
PAP Smear Test.

■ What are the exclusions under the policy?

Below are the exclusions applicable for Critical illness cover:

I. Waiting Period

1. Any Critical Illness diagnosed within the first 90 days of the date of commencement of the Policy is excluded. This exclusion shall not apply to an Insured for whom coverage has been renewed, without a break, for subsequent years. This exclusion is not applicable to Section CI (g) Multitrauma and (h) Burns

II. General Exclusion

1. Any Critical Illness for which care, treatment, or advice was recommended by or received from a Physician, or which first manifested itself or was contracted before the start of the Policy Period, or for which a claim has or could have been made under any earlier policy.
2. Any sexually transmitted diseases or any condition directly or indirectly caused by or associated with Human T-Cell Lymphotropic Virus type III (LB III) or Lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or Variations Deficiency Syndrome or any Syndrome or condition of a similar kind commonly referred to as AIDS.
3. Treatment arising from or traceable to pregnancy, childbirth postpartum complications including but not limited to caesarian section, birth defects and congenital anomalies. This exclusion does not apply to Section C II **Congenital Disability Benefit** of the Policy.
4. Occupational diseases.
5. War, whether war be declared or not, invasion, act of foreign enemy, hostilities, civil war, insurrection, terrorism or terrorist acts or activities, rebellion, revolution, mutiny, military or usurped power, riot, strike, lockout, military or popular uprising, civil commotion, martial law or loot, sack or pillage in connection therewith, confiscation or destruction by any government or public authority or any act or condition incidental to any of the above.
6. Naval or military operations of the armed forces or airforce and participation in operations requiring the use of arms or which are ordered by military authorities for combating terrorists, rebels and the like.
7. Any natural peril (including but not limited to storm, tempest, avalanche, earthquake, volcanic eruptions, hurricane, or any

other kind of natural hazard).

8. Radioactive contamination.
9. Consequential losses of any kind, be they by way of loss of profit, loss of opportunity, loss of gain, business interruption, market loss or otherwise, or any claims arising out of loss of a pure financial nature such as loss of goodwill or any legal liability of any kind whatsoever.
10. Intentional self-injury, suicide, attempted suicide and/or the use or misuse of intoxicating drugs and/or alcohol.

■ Exclusions applicable to congenital disability benefit

1. **Cleft Palate with or without cleft lip:** Cleft lip alone is specifically excluded.
2. **Spina bifida:** Spina bifida occulta is specifically excluded.

■ When can I enhance my Sum Insured under this policy?

The Insured member can apply for enhancement of Sum Insured at the time of renewal, by submitting a fresh proposal form and renewal notice to the company.

■ Free Look Period

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

■ Condition for renewal of the contract

- a. Under normal circumstances, lifetime renewal benefit is available under the policy except on the grounds of fraud, misrepresentation or moral hazard or Upon the occurrence of an event of Critical Illness
- b. Upon the occurrence of an event of Critical Illness and (subject to the terms, conditions and exclusions of this Policy) without prejudice to the Company's obligation to make payment, this Policy shall immediately cease to exist with reference to that Insured
- c. In case of Our own renewal a grace period of 30 days is permissible and the Policy will be considered as continuous for the purpose of waiting period. Any medical expenses incurred as a result of disease condition/ Accident contracted during the break period will not be admissible under the policy.
- d. For renewals received after completion of 30 days grace period, a fresh application of critical illness should be submitted to Us, it would be processed as per a new business proposal.

- e. Premium payable on renewal and on subsequent continuation of cover are subject to change with prior approval from IRDA

■ Cancellation

- I. The policyholder may cancel this policy by giving 15 days' written notice and in such an event, the Company shall refund premium for the unexpired policy period as detailed below. **Cancellation grid for premium received on annual & long term basis and refund is as under**

Period in Risk	Premium Refund		
	Policy Period 1 Year	Policy Period 2 Year	Policy Period 3 Year
Within 15 Days	As per Free Look up period Condition		
Exceeding 15 days but less than or equal to 3 months	65.00%	75.00%	80.00%
Exceeding 3 months but less than or equal to 6 months	45.00%	65.00%	75.00%
Exceeding 6 months but less than or equal to 12 months	0.00%	45.00%	60.00%
Exceeding 12 months but less than or equal to 15 months	30.00%	50.00%	20.00%
Exceeding 15 months but less than or equal to 18 months			
Exceeding 18 months but less than or equal to 24 months	0.00%	30.00%	20.00%
Exceeding 24 months but less than or equal to 27 months			
Exceeding 27 months but less than or equal to 30 months	15.00%	0.00%	0.00%
Exceeding 30 months but less than or equal to 36 months			

■ Cancellation grid for premium received on instalment basis and refund is as under

The premium will be refunded as per the below table:

Period in Risk (From Latest instalment date)	% of Monthly Premium	% of Quarterly Premium	% of Half Yearly Premium
Upto 15 days from 1st Instalment Date	As per Free Look Period Condition		
Exceeding 15 days but less than or equal to 3 months	No Refund		30%
Exceeding 3 months but less than or equal to 6 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.

- i. The Company may cancel the policy at any time on grounds of misrepresentation non-disclosure of material facts, fraud by the insured person 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.

■ **Grace period**

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

■ **Portability Conditions**

The insured person will have the option to port the policy to other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability.

For Detailed Guidelines on portability, kindly refer the link https://www.irdai.gov.in/ADMINCMS/cms/Circulars_List.aspx?mid=3.2.3

■ **Migration Conditions:**

The insured person will have the option to migrate the policy to other health insurance products/plans offered by the company by applying for migration of the policy atleast 30 days before the policy renewal date as per IRDAI guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the company, the insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on migration.

For Detailed Guidelines on migration, kindly refer the link https://www.irdai.gov.in/ADMINCMS/cms/Circulars_List.aspx?mid=3.2.3

■ **Revision/ Modification of the policy:**

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

■ **Withdrawal of Policy**

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

Annual Premium Chart:

SI	Upto 25 Yrs	26-35 Yrs	36-40 Yrs	41-45 Yrs	46-50 Yrs	51 Yrs and above
50000	250	375	688	1000	1500	2188
100000	375	563	1031	1500	2250	3281
150000	500	750	1375	2000	3000	4375
200000	625	938	1719	2500	3750	5469

Premiums are exclusive of GST

■ **How do I submit my claim?**

- I You or someone claiming on Your behalf must inform Us in writing immediately within 48 hours of diagnosis of any of the listed Critical Illnesses.
- II You must immediately consult a Doctor and follow the advice and treatment that he recommends.
- III You or someone claiming on Your behalf must submit Claim documents within 30 days of diagnosis of any of the listed Critical Illnesses

Documents to be submitted for claim:

- Critical Illness Claim Form duly signed by the insured along with NEFT Form signed by the Claimant
- Copy of Discharge Summary / Discharge Certificate.
- Copy of Final Hospital Bill
- Policy copy
- First consultation letter for Illness
- Medical certificate for the duration of illness
- All required Investigation Reports as per the Illness
- Medical certification from specialist
- FIR copy in case claims being lodged due to Burns
- Certification from HR of the organization mentioning the reason for discontinuation of services from the organization (applicable only for loss of job claim)
- Aadhar card & PAN card Copies (Not mandatory if the same is linked with the policy while issuance or in previous claim)

■ **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.

BAJAJ ALLIANZ GENERAL INSURANCE CO. LTD.
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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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BAJAJ ALLIANZ WOMEN SPECIFIC CRITICAL ILLNESS

SHE CARES FOR EVERYONE...
WE CARE FOR HER !



Caringly yours

