

Flexi Health Protect Plan (Group) UIN (BAJHLGP22165V012122)

Benefits / Exclusions document for Master Policy-OG-24-9999-9960-00000038 issued to Finzoom Investment Advisors Private Limited

Flexi Health Protect Plan (Group) Coverage (Super Top Up)

- Policy Period – 1 Year
- Eligibility- Entry Age Adult – 18 Years to 60 Year
- Sum Insured & Deductible Combination

Sum Insured	Deductible
3 Lakh	3 Lakh

Table of Benefit

Coverage	
Room rent	2% of SI max up to 7500
ICU Charges	Actual
Pre-hospitalization	30 days
Post-hospitalization	60 days
Day Care Treatment	Covered
Organ Donor Expense	Covered
PED Waiting Period	18 months
Specific Disease Waiting Period	18 months
Initial Waiting Period	30 days
Pre Policy Medical Check-up	No pre policy medical check-up above 50 years with the condition that PED will not be covered
Modern Treatment	Up to 25% of SI

Note:

1. This product is being offered to **Finzoom Investment Advisors Private Limited** as Master Policy Holder under the Master Policy Number OG-24-9999-9960-00000038.
2. All the registered members of the Master Policy Holder between 18-60 years are eligible to subscribe to this plan.
3. **Finzoom Investment Advisors Private Limited** is offering this coverage to its eligible registered members on a complimentary basis for a policy tenure of 1 year.
4. Proposals with **pre-existing diseases and BMI >35** will not be eligible to enrol in this Master Policy.
5. This policy is **non-renewable** and term of this policy is **1 year**.
6. Registered member is only allowed to subscribe only once under this Master Policy
7. Premium for the above mentioned complimentary coverage has been paid by Finzoom Investment Advisors Private Limited (Master Policy Holder).
8. Coverage and related conditions under this Master Policy cannot be changed unless agreed between the Master Policy Holder and Bajaj Allianz General Insurance Company Limited.
9. All medical treatment for the purpose of the Certificate of Insurance will have to be taken in India only.
10. Migration, Portability, Moratorium Period is not applicable under this Master Policy.
11. All other terms, conditions and exclusion will be as per standard Flexi Health Protect Plan (Group) [Policy Wordings](#).

Below are the details pertaining to the coverage, exclusions etc pertaining to the benefits offered under the Master Policy.

COVER : Super Top Up Plan (INDmoney Health Top Up Plan)

Section 1: Inpatient Hospitalisation/Inpatient Care Treatment

- i) Room and Boarding expenses as provided by the Hospital/Nursing Home upto 2% of SI max up to 7500
- ii) If admitted in ICU, the Company will pay up to ICU expenses at actuals
- iii) Nursing Expenses as provided by the Hospital
- iv) Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialists Fees.
- v) Anesthesia, Blood, Oxygen, Operation Theatre Charges, surgical appliances,
- vi) Medicines & Drugs, Consumables, Dialysis, Chemotherapy, Radiotherapy, physiotherapy
- vii) Cost of prosthetic devices and other devices or equipment if implanted internally like pacemaker during a surgical process
- viii) Relevant laboratory diagnostic tests, X-ray and such similar expenses that are medically necessary prescribed by the treating Medical Practitioner.

Section 2. Pre-Hospitalisation Medical Expenses

The Reasonable and Customary Medical Expenses incurred during 30 days immediately before the Insured Beneficiary was Hospitalised, provided that such Medical Expenses were incurred for the same Illness/Injury for which subsequent Hospitalisation was required, and the Company has accepted an Inpatient Care claim under Section1- "In-patient Hospitalisation/Inpatient Care Treatment".

Section 3. Post-Hospitalisation Medical Expenses

The Reasonable and Customary Medical Expenses incurred during 60 days immediately after the Insured Beneficiary was discharged post Hospitalisation provided that: Such costs are incurred in respect of the same Illness/Injury for which the earlier Hospitalisation was required, and the Company has accepted an Inpatient Care claim under Section1- "In-patient Hospitalisation/Inpatient Care Treatment".

Section 4. Medical Advancement Surgery Cover

You are eligible for Reasonable and Customary Medical Expenses if You undergo Medical Advancement Surgeries as listed in Annexure III maximum up to 25% of the Sum Insured.

Section 5. Day Care Treatment

We will pay You the Medical Expenses as listed above under Section1- In-patient Hospitalisation/Inpatient Care Treatment for Day care procedures / Surgeries taken as an Inpatient in a Hospital or Day care centre but not in the outpatient department. Indicative list of Day Care Treatment is given in the annexure I of this Group Policy wordings.

Exclusions specific to Day Care Treatment

- i. Treatment normally taken on an out-patient basis
- ii. Any dental treatment or procedure

Indicative list of Day Care Treatment is given in the annexure I of this Group Policy wordings.

Section 6. Organ donor expenses

We will pay expenses towards organ donor's treatment for harvesting of the donated organ, provided that,

- a. The organ donor is any person whose organ has been made available in accordance and in compliance with THE TRANSPLANTATION OF HUMAN ORGANS (AMENDMENT) BILL, 2011 and the organ donated is for the use of the Insured Beneficiary, and
- b. We have accepted an In-patient Hospitalisation treatment claim for the Insured Beneficiary(ies) under Section1- "In-patient Hospitalisation/Inpatient Care Treatment".
- c. We will pay if Insured Beneficiary is the receiver of the organ.

EXCLUSIONS UNDER THE GROUP POLICY AND CERTIFICATE OF INSURANCE- STANDARD EXCLUSIONS

***List of Mental Illness and ICD codes as per Annexure IV**

1. 30-day Waiting Period (Code-Excl03)

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

II. General Exclusions

1. Investigation & Evaluation (Code-Excl04)

- a) Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded even if the same requires confinement at a Hospital.
- b) Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.

2. Rest Cure, rehabilitation and respite care (Code-Excl05)

- a) Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
 - i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
 - ii. Any services for people who are terminally ill to address medical, physical, social, emotional and spiritual needs.

3. Obesity/Weight Control (Code-Excl06)

Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:

- 1) Surgery to be conducted is upon the advice of the Doctor
- 2) The surgery/Procedure conducted should be supported by clinical protocols
- 3) The member has to be 18 years of age or older and
- 4) Body Mass Index (BMI);
 - a) greater than or equal to 40 or
 - b) greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
 - i. Obesity-related cardiomyopathy
 - ii. Coronary heart disease
 - iii. Severe Sleep Apnea
 - iv. Uncontrolled Type2 Diabetes

4. Change-of-gender treatments (Code-Excl07)

Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.

5. Cosmetic or plastic Surgery (Code-Excl08)

Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.

6. Hazardous or Adventure sports: (Code- Excl09)

Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, diving, hand gliding, sky diving, deep-sea diving.

7. Breach of law (Code-Excl10)

Expenses for treatment directly arising from or consequent upon any Insured Beneficiary committing or attempting to commit a breach of law with criminal intent.

8. Excluded Providers (Code-Excl11)

Expenses incurred towards treatment in any Hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the Policy Holder/Insured Beneficiary are not admissible. However, in case of life threatening situations or following an Accident, expenses up to the stage of stabilization are payable but not the complete claim.

9. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code-Excl12)

10. Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. (Code-Excl13)

11. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of Hospitalisation claim or day care procedure. (Code-Excl14)

12. Refractive Error (Code-Excl15)

Expenses related to the treatment for correction of eyesight due to refractive error less than 7.5 dioptries.

13. Unproven Treatments (Code-Excl16)

Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.

14. Sterility and Infertility (Code-Excl17)

Expenses related to sterility and infertility. This includes:

- a) Any type of contraception, sterilization
- b) Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
- c) Gestational Surrogacy
- d) Reversal of sterilization

EXCLUSIONS UNDER THE GROUP POLICY AND CERTIFICATE OF INSURANCE - SPECIFIC EXCLUSIONS

III. General Exclusions

1. Any dental treatment that comprises of cosmetic surgery, dentures, dental prosthesis, dental implants, orthodontics, surgery of any kind unless as a result of Injury to natural teeth and also requiring Hospitalisation.
2. Medical Expenses where Inpatient care is not warranted and does not require supervision of qualified nursing staff and qualified medical practitioner round the clock
3. War, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, commotion, unrest, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalization or requisition of or damage by or under the order of any government or public local authority.

Any Medical Expenses incurred due to Act of Terrorism will be covered under the Certificate of Insurance.

4. The cost of spectacles, contact lenses, hearing aids the cost of crutches, dentures, artificial teeth and all other external appliances and/or devices whether for diagnosis or treatment except for Cost of Artificial Limbs, Cost of prosthetic devices and other devices or equipment if implanted internally like pacemaker during a surgical process etc.
5. External medical equipment of any kind used at home as post Hospitalisation care including cost of instrument used in the treatment of Sleep Apnoea Syndrome (C.P.A.P), Continuous Peritoneal Ambulatory Dialysis (C.P.A.D) and Oxygen concentrator for Bronchial Asthmatic condition.
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 haematological conditions.
7. Intentional self-Injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol).
8. Vaccination or inoculation unless forming a part of post bite treatment or if medically necessary and forming a part of treatment recommended by the treating Medical Practitioner.
9. All non-medical Items as per Annexure II.
10. Any treatment received outside India is not covered under this Certificate of Insurance.
11. Circumcision unless required for the treatment of Illness or Accidental bodily Injury.
12. Treatment for any other system other than modern medicine (allopathy).

GENERAL TERMS AND CONDITIONS - STANDARD GENERAL TERMS AND CONDITIONS

1. Disclosure of Information

The Certificate of Insurance shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non-disclosure of any material fact.

2. Condition Precedent to Admission of Liability

The terms and conditions of the Group Policy and Certificate of Insurance must be fulfilled by the Insured Beneficiary for the Company to make any payment for claim(s) arising under the Certificate of Insurance.

3. Complete Discharge

Any payment to the Insured Beneficiary or his/ her nominees or his/ her legal representative or to the Hospital/Nursing Home or Assignee, as the case may be, for any benefit under the Certificate of Insurance shall in all cases be a full, valid and an effectual discharge towards payment of claim by the Company to the extent of that amount for the particular claim.

4. Fraud

i. If any claim made by the Insured Beneficiary, is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the Insured Beneficiary or anyone acting on his/her behalf to obtain any benefit under the Certificate of Insurance, all benefits under the Certificate of Insurance and the premium paid shall be forfeited.

ii. Any amount already paid against claims which are found fraudulent later under the Certificate of Insurance shall be repaid by all person(s) named in Certificate of Insurance, who shall be jointly and severally liable for such repayment.

iii. For the purpose of this clause, the expression "fraud" means any of the following acts committed by the Insured Beneficiary or by his agent, with intent to deceive the Insurer or to induce the Insurer to issue Certificate of Insurance:

- a. the suggestion, as a fact of that which is not true and which the Insured Beneficiary does not believe to be true;
- b. the active concealment of a fact by the Insured Beneficiary having knowledge or belief of the fact;
- c. any other act fitted to deceive; and
- d. any such act or omission as the law specially declares to be fraudulent

iv. The Company shall not repudiate the claim under Certificate of Insurance on the ground of Fraud, if the Insured Beneficiary / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are within the knowledge of the Insurer. Onus of disproving is upon the Insured Beneficiary, if alive, or beneficiaries.

5. Nomination

The Insured Beneficiary is required at the inception of the Certificate of Insurance to make a nomination for the purpose of payment of claims under the Certificate of Insurance in the event of death of the Insured Beneficiary. Any change of nomination shall be communicated to the Company in writing and such change shall be effective only when an endorsement on the Certificate of Insurance is made. For Claim settlement under reimbursement, the Company will pay the Insured Beneficiary. In the event of death of the Insured Beneficiary, the Company will pay the nominee {as named in the Certificate of Insurance/Endorsement (if any) and in case there is no subsisting nominee, to the legal heirs or legal representatives of the Insured Beneficiary whose discharge shall be treated as full and final discharge of its liability under the Certificate of Insurance.

6. Redressal Of Grievance

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

For updated details of grievance officer, <https://www.bajajallianz.com/about-us/customer-service.html>

IRDAI Integrated Grievance Management System - <https://igms.irda.gov.in/>

Insurance Ombudsman –The Insured Beneficiary may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance. The contact details of the Insurance Ombudsman offices have been provided as Annexure-V.

GENERAL TERMS AND CONDITIONS – SPECIFIC TERMS AND CONDITIONS

7. Conditions Precedent

Where this Policy requires You to do or not to do something, then the complete satisfaction of that requirement by You or someone claiming on Your behalf is a precondition to any obligation We have under this Policy. If You or someone claiming on Your behalf fails to completely satisfy that requirement, then We may refuse to consider Your claim.

8. Insured Beneficiary

Only those persons named as the Insured Beneficiary(s) in the Certificate of Insurance shall be covered under the Certificate of Insurance. Cover under the Certificate of Insurance shall be withdrawn from any Insured Beneficiary upon such Insured Beneficiary giving 14 days written notice to be received by Us.

9. Notice & Communication

- i. Any notice, direction, instruction or any other communication related to the Certificate of Insurance should be made in writing.
- ii. Such communication shall be sent to the address of the Company or through any other electronic modes specified in the Certificate of Insurance.
- iii. The Company shall communicate to the Insured Beneficiary at the address or through any other electronic mode mentioned in the Certificate of Insurance.

10. Terms and conditions of the Group Policy

The terms and conditions contained herein and in the Group Policy Schedule shall be deemed to form part of the Certificate of Insurance and shall be read together as one document.

11. Withdrawal of Group Policy.

i. In the likelihood of this Group Policy/product being withdrawn in future, the Company will intimate the Group Manager about the same 90 days prior to expiry of the Group Policy.

12. Territorial Jurisdiction and Territorial Limit

i. All disputes or differences under or in relation to the interpretation of the terms, conditions, validity, construct, limitations and/or exclusions contained in the Certificate of Insurance shall be determined by the Indian court and according to Indian law.

ii. All medical treatment for the purpose of the Certificate of Insurance will have to be taken in India only.

iii. We cover Medical Expenses for treatment availed outside India only if opted for Optional Cover- International Cover - emergency Care only.

iv. Our liability to make any payment shall be to make payment within India and in Indian Rupees only.

v. The Certificate of Insurance constitutes the complete contract of insurance. No change or alteration shall be valid or effective unless approved in writing by Us, which approval shall be evidenced by an Endorsement on the Certificate of Insurance.

vi. The section headings of this Policy and Certificate of Insurance are included for descriptive purposes only and do not form part of this Policy and Certificate of Insurance for the purpose of its construction or interpretation.

13. Arbitration

i. If any dispute or difference shall arise as to the quantum to be paid under the Certificate of Insurance, (liability being otherwise admitted) such difference shall independently of all other questions, be referred to the decision of a sole arbitrator to be appointed in writing by the Insured Beneficiary and the Company or if they cannot agree upon a single arbitrator within thirty days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising two arbitrators, one to be appointed by each of the Insured Beneficiary and the Company to the dispute/difference and the third arbitrator to be appointed by such two arbitrators and arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act 1996, as amended by Arbitration and Conciliation (Amendment) Act, 2015 (No. 3 of 2016).

ii. It is clearly agreed and understood that no difference or dispute shall be preferable to arbitration as herein before provided, if the Company has disputed or not accepted liability under or in respect of the Certificate of Insurance.

iii. It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon the Certificate of Insurance that award by such arbitrator/arbitrators of the amount of expenses shall be first obtained.

14. Additional conditions for Arbitration:

In Arbitration clause in Section E) General Terms and Conditions - Standard General Terms And Conditions, the word parties/Parties mean the respective Insured Beneficiary and the Insurer.

a. It is also hereby further expressly agreed and declared that if the Insurer shall disclaim/repudiate the claim and the liability to the respective Insured Beneficiary/Insured Beneficiary's Legal Heirs for any claim under the Certificate of Insurance issued to the Insured Beneficiary, and such claim shall not, within 12 calendar months from the date of such disclaimer/repudiation have been made the subject matter of a suit or proceeding before a Court of law or any other competent statutory forum/tribunal, then all benefits/indemnities under the Certificate of Insurance shall be forfeited and the rights of Insured Beneficiary shall stand extinguished and the liability of the Insurer shall also stand discharged.

b. The seat and venue of the arbitration shall be Pune. This condition remains valid, should the Certificate of Insurance become void.

c. In the event that these arbitration provisions shall be held to be invalid then all such disputes or differences shall be referred to the exclusive jurisdiction of the Indian Courts subject to other Terms and Conditions of this Group Policy read with Certificate of Insurance.

Claims Process

1. Claim Intimation

Insured member can report the claim using below two methods:

- Toll-Free number: 1800-209-5858
- Email: Bagichelp@bajajallianz.co.in

All Claims will be settled by In house claims settlement team of the Company. However the Company reserves to engage TPA at any time, at the sole discretion of the Company. If You meet with any Injury or suffer an Illness that may result in a claim, then as a condition precedent to Our liability, You must comply with the following:

2. Cashless Claims Procedure:

Cashless Facility is only available at Bajaj Allianz Network Providers. In order to avail of Cashless Facility, the following procedure must be followed by You:

i. For planned treatment or Hospitalisation, prior to taking treatment and/or incurring Medical Expenses at a Bajaj Allianz Network Providers, You or Your representative must intimate Us 48 hours before the planned Hospitalisation and request pre-authorization by way of the written form.

ii. After considering Your request and after obtaining any further information or documentation We have sought, We may, if satisfied, send You or the Bajaj Allianz Network Providers, 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 Bajaj Allianz Network Providers identified in the preauthorization letter at the time of Your admission to the same.

iii. If the procedure above is followed, You will not be required to directly pay for the bill amount in the Bajaj Allianz Network Providers that We are liable under Section A1-In-Patient Hospitalisation Treatment above and the original bills and evidence of treatment in respect of the same shall be left with the Bajaj Allianz Network Providers. Pre-authorization does not guarantee that all costs and expenses will be covered. 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.

iv. In case any treatment or procedure is to be taken on an Emergency basis, You or Your representative must intimate Us in writing immediately within 24 hours of Hospitalisation.

3. Reimbursement Claims Procedure:

If Pre-authorization as per Cashless Claims Procedure for Cashless Facility above is denied by Us or if treatment is taken in a Hospital other than a Bajaj Allianz Network Providers or if You do not wish to avail Cashless Facility, then:

- You or someone claiming on Your behalf must inform Us in writing immediately within 48 hours of Hospitalisation in case of emergency Hospitalisation and 48 hours prior to Hospitalisation in case of planned Hospitalisation
- You must immediately consult a Medical Practitioner and follow the advice and treatment that he recommends.
- You must take reasonable steps or measures to minimize the quantum of any claim that may be made under this Policy.
- 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.
- You or someone claiming on Your behalf must promptly and in any event within 30 days of discharge from a Hospital give Us the documentation as listed out in greater detail below and other information We ask for to investigate the claim or Our obligation to make payment for it.
- In the event of the death of the Insured Beneficiary, someone claiming on his behalf must inform Us in writing immediately and send Us a copy of the post mortem report (if any) within 30 days
- If the original documents are submitted with the co-insurer, the Xerox copies attested by the co-insurer should be submitted.
- Note:
 - Condition (v) is applicable to all covers.

2. Waiver of conditions (i) and (vi) may be considered in extreme cases of hardship where it is proved to Our satisfaction that under the circumstances in which You were placed, it was not possible for You or any other person to give notice or file claim within the prescribed time limit.

3. Condition (vi) related: In case You are claiming for the same event under an indemnity based Policy of another Insurer and are required to submit the original documents related to Your treatment with that particular Insurer, then You may provide Us with the attested Xerox copies of such documents along with a declaration from the particular Insurer specifying the availability of the original copies of the specified treatment documents with it.

List of Claim documents: -

1. Claim form with NEFT details & cancelled cheque duly signed by Insured Beneficiary
2. Original/Attested copies of Discharge Summary / Discharge Certificate / Death Summary with Surgical & anesthetics notes
3. Attested copies of Indoor case papers, if available
4. Original/Attested copies Final Hospital Bill with break up of surgical charges, surgeon's fees, OT charges etc
5. Original Paid Receipt against the final Hospital Bill.
6. Original bills towards Investigations done / Laboratory Bills.
7. Original/Attested copies of Investigation Reports against Investigations done.
8. Original bills and receipts paid for the transportation from Registered Ambulance Service Provider. Treating Medical Practitioner certificate to transfer the Injured person to a higher medical centre for further treatment (if Applicable).
9. Cashless settlement letter or other Company settlement letter
10. First consultation letter for the current ailment.
11. In case of implant surgery, invoice & sticker.

Note- The list of documents given above is an indicative list and Insurer reserves rights for asking additional documents related to claim(s) in case required.

Please send the documents on below address

Bajaj Allianz General Insurance Company Ltd

2nd Floor, Bajaj Finserv Building,

Behind Weikfield IT park,

Off Nagar Road, Viman Nagar

Pune 411014 | Toll free: 1800-103-2529, 1800-22-5858

Paying a Claim

i. You agree that We will only make payment when You or someone claiming on Your behalf has provided Us with necessary documentation and information.

ii. We will make payment to You or Your Nominee. If there is no Nominee and You are incapacitated or deceased, We will pay Your heir, executor or validly appointed legal representative and any payment We make in this way will be a complete and final discharge of Our liability to make payment.

iii. On receipt of all the documents and on being satisfied with regard to the admissibility of the claim as per Policy terms and conditions, the Company will settle the claim within 30 (thirty) days of the receipt of the last necessary document. Upon acceptance of an offer of settlement by the Insured Beneficiary, the payment of the amount due shall be made within 7 days from the date of acceptance of the offer by the Insured Beneficiary. In the cases of delay in the payment, the Insurer shall be liable to pay interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed by it.

iv. However, where the circumstances of a claim warrant an investigation, the Company will initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such

cases, the Company will settle the claim within 45 days from the date of receipt of last necessary document. In case of delay beyond stipulated 45 days, the Company will be liable to pay interest at a rate which is 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

v. If the Insurer, for any reasons decides to reject the claim under the Policy the reasons regarding the rejection shall be communicated to the Insured Beneficiary in writing within 30 days of the receipt of documents. The Insured Beneficiary may take recourse to the Grievance Redressal procedure stated under Policy.

Basis of Claims Payment

I. If You suffer a relapse within 45 days from the date when You last obtained medical treatment or consulted a Medical Practitioner and for which a claim has been made, then such relapse shall be deemed to be part of the same claim.

II. The day care procedures listed are subject to the exclusions, terms and conditions of the Policy and will not be treated as independent coverage under the Policy.

I. We shall make payment in Indian Rupees only.

Claim Settlement

i. The Company shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.

ii. In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the Insured Beneficiary from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.

iii. However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, the Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document.

iv. In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the Insured Beneficiary at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim. (Explanation: "Bank rate" shall mean the rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due)

General Exclusions

1. Any dental treatment that comprises of cosmetic surgery, dentures, dental prosthesis, dental implants, orthodontics, surgery of any kind unless as a result of Injury to natural teeth and also requiring Hospitalisation.

2. Medical Expenses where Inpatient care is not warranted and does not require supervision of qualified nursing staff and qualified medical practitioner round the clock

3. War, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, commotion, unrest, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalization or requisition of or damage by or under the order of any government or public local authority. Any Medical Expenses incurred due to Act of Terrorism will be covered under the Certificate of Insurance.

4. The cost of spectacles, contact lenses, hearing aids the cost of crutches, dentures, artificial teeth and all other external appliances and/or devices whether for diagnosis or treatment except for Cost of Artificial Limbs, Cost of prosthetic devices and other devices or equipment if implanted internally like pacemaker during a surgical process etc.

5. External medical equipment of any kind used at home as post Hospitalisation care including cost of instrument used in the treatment of Sleep Apnoea Syndrome (C.P.A.P), Continuous Peritoneal Ambulatory Dialysis (C.P.A.D) and Oxygen concentrator for Bronchial Asthmatic condition.

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 haematological conditions.

7. Intentional self-Injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol).

GENERAL TERMS AND CONDITIONS

1. Disclosure of Information

The Certificate of Insurance shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non-disclosure of any material fact.

2. Condition Precedent to Admission of Liability

The terms and conditions of the Group Policy and Certificate of Insurance must be fulfilled by the Insured Beneficiary for the Company to make any payment for claim(s) arising under the Certificate of Insurance

3. Fraud

i. If any claim made by the Insured Beneficiary, is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the Insured Beneficiary or anyone acting on his/her behalf to obtain any benefit under the Certificate of Insurance, all benefits under the Certificate of Insurance and the premium paid shall be forfeited.

ii. Any amount already paid against claims which are found fraudulent later under the Certificate of Insurance shall be repaid by all person(s) named in Certificate of Insurance, who shall be jointly and severally liable for such repayment.

iii. For the purpose of this clause, the expression "fraud" means any of the following acts committed by the Insured Beneficiary, with intent to deceive the Insurer or to induce the Insurer to issue Certificate of Insurance:

a. the suggestion, as a fact of that which is not true and which the Insured Beneficiary does not believe to be true;

b. the active concealment of a fact by the Insured Beneficiary having knowledge or belief of the fact;

c. any other act fitted to deceive; and

d. any such act or omission as the law specially declares to be fraudulent

iv. The Company shall not repudiate the claim under Certificate of Insurance on the ground of Fraud, if the Insured Beneficiary / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are within the knowledge of the Insurer. Onus of disproving is upon the Insured Beneficiary, if alive, or beneficiaries.

Additional Grievance Redressal Procedure

Welcome to Bajaj Allianz and Thank You for choosing Us as Your Insurer.

This Group Policy wordings, and Group Policy Schedule/ Certificate of Insurance set out the terms of Your contract with Us. Please read Your Group Policy wordings, and Certificate of Insurance carefully to ensure that the cover meets Your needs. We do Our best to ensure that Our customers are delighted with the service they receive from Bajaj Allianz. If You are dissatisfied We would like to inform You that We have a procedure for resolving issues. Please include Your Policy number in any communication. This will help Us deal with the issue more efficiently.

Please e-mail or write to:

Toll free:1800-225858 (free calls from BSNL/MTNL lines only)

1800-1025858 (free calls from Bharti users – mobile /landline) or 020-30305858

E-mail: bagichelp@bajajallianz.co.in

Fax : 020-66026667

Courier: Bajaj Allianz General Insurance Co. Ltd

Bajaj Allianz House, Airport Road Yerawada, Pune 411006

Insured Beneficiary may also approach the grievance cell at any of the Company's branches with the details of grievance

If Insured Beneficiary is not satisfied with the redressal of grievance through one of the above methods, Insured Beneficiary may contact the grievance officer at ggro@bajajallianz.co.in

For updated details of grievance officer, <https://www.bajajallianz.com/about-us/customer-service.html>

Grievance may also be lodged at IRDAI **Integrated Grievance Management System** - <https://igms.irda.gov.in/>

If You are still not satisfied, You can approach the Insurance Ombudsman as mentioned in standard General Terms and Conditions:

Annexure I

Day Care Treatment

ENT	General Surgery
1 Stapedotomy	204 Infected Keloid Excision
2 Myringoplasty(Type I Tympanoplasty)	205 Incision of a pilonidal sinus / abscess
3 Revision stapedectomy	206 Axillary lymphadenectomy
4 Labyrinthectomy for severe Vertigo	207 Wound debridement and Cover
5 Stapedectomy under GA	208 Abscess-Decompression
6 Ossiculoplasty	209 Cervical lymphadenectomy
7 Myringotomy with Grommet Insertion	210 infected sebaceous cyst
8 Tympanoplasty (Type III)	211 Inguinal lymphadenectomy
9 Stapedectomy under LA	212 Incision and drainage of Abscess
10 Revision of the fenestration of the inner ear.	213 Suturing of lacerations
11 Tympanoplasty (Type IV)	214 Scalp Suturing
12 Endolymphatic Sac Surgery for Meniere's Disease	215 Infected lipoma excision
13 Turbinectomy	216 Maximal anal dilatation
14 Removal of Tympanic Drain under LA	217 Piles
15 Endoscopic Stapedectomy	A)Injection Sclerotherapy
16 Fenestration of the inner ear	B)Piles banding
17 Incision and drainage of perichondritis	218 Liver Abscess- catheter drainage
18 Septoplasty	219 Fissure in Ano- fissurectomy
19 Vestibular Nerve section	220 Fibroadenoma breast excision
20 Thyroplasty Type I	221 OesophagealvaricesSclerotherapy
21 Pseudocyst of the Pinna - Excision	222 ERCP - pancreatic duct stone removal
22 Incision and drainage - Haematoma Auricle	223 Perianal abscess I&D
23 Tympanoplasty (Type II)	224 Perianal hematoma Evacuation
24 Keratosis removal under GA	225 Fissure in anosphincterotomy
25 Reduction of fracture of Nasal Bone	226 UGI scopy and Polypectomyoesophagus
26 Excision and destruction of lingual tonsils	227 Breast abscess I& D
27 Conchoplasty	228 Feeding Gastrostomy
28 Thyroplasty Type II	229 Oesophagoscopy and biopsy of growth oesophagus
29 Tracheostomy	230 UGI scopy and injection of adrenaline, sclerosants - bleedingulcers

30 Excision of Angioma Septum	231 ERCP - Bile duct stone removal
31 Turbinoplasty	232 Ileostomy closure
32 Incision & Drainage of Retro Pharyngeal Abscess	233 Colonoscopy
33 UvuloPalatoPharyngoPlasty	234 Polypectomy colon
34 Palatoplasty	235 Splenic abscesses Laparoscopic Drainage
35 Tonsillectomy without adenoidectomy	236 UGI SCOPY and Polypectomy stomach
36 Adenoidectomy with Grommet insertion	237 Rigid Oesophagoscopy for FB removal
37 Adenoidectomy without Grommet insertion	238 Feeding Jejunostomy
38 Vocal Cord lateralisation Procedure	239 Colostomy
39 Incision & Drainage of Para Pharyngeal Abscess	240 Ileostomy
40 Transoral incision and drainage of a pharyngeal abscess	241 colostomy closure
41 Tonsillectomy with adenoidectomy	242 Submandibular salivary duct stone removal
42 Tracheoplasty Ophthalmology	243 Pneumatic reduction of intussusception
43 Incision of tear glands	244 Varicose veins legs - Injection sclerotherapy
44 Other operation on the tear ducts	245 Rigid Oesophagoscopy for Plummer vinson syndrome
45 Incision of diseased eyelids	246 Pancreatic Pseudocysts Endoscopic Drainage
46 Excision and destruction of the diseased tissue of the eyelid	247 ZADEK's Nail bed excision
47 Removal of foreign body from the lens of the eye.	248 Subcutaneous mastectomy
48 Corrective surgery of the entropion and ectropion	249 Excision of Ranula under GA
49 Operations for pterygium	250 Rigid Oesophagoscopy for dilation of benign Strictures
50 Corrective surgery of blepharoptosis	251 Eversion of Sac
51 Removal of foreign body from conjunctiva	a) Unilateral
52 Biopsy of tear gland	b) Bilateral
53 Removal of Foreign body from cornea	252 Lord's plication
54 Incision of the cornea	253 Jaboulay's Procedure
55 Other operations on the cornea	254 Scrotoplasty
56 Operation on the canthus and epicanthus	255 Surgical treatment of varicocele
57 Removal of foreign body from the orbit and the eye ball.	256 Epididymectomy
58 Surgery for cataract	257 Circumcision for Trauma
59 Treatment of retinal lesion	258 Meatoplasty
60 Removal of foreign body from the posterior chamber of the eye	259 Intersphincteric abscess incision and drainage
Oncology	260 Psoas Abscess Incision and Drainage
61 IV Push Chemotherapy	261 Thyroid abscess Incision and Drainage
62 HBI-Hemibody Radiotherapy	262 TIPS procedure for portal hypertension
63 Infusional Targeted therapy	263 Esophageal Growth stent
64 SRT-Stereotactic Arc Therapy	264 PAIR Procedure of Hydatid Cyst liver
65 SC administration of Growth Factors	265 Tru cut liver biopsy
66 Continuous Infusional Chemotherapy	266 Photodynamic therapy or esophageal tumour and Lung tumour
67 Infusional Chemotherapy	267 Excision of Cervical RIB

68 CCRT-Concurrent Chemo + RT	268 laparoscopic reduction of intussusception
69 2D Radiotherapy	269 Microdochectomy breast
70 3D Conformal Radiotherapy	270 Surgery for fracture Penis
71 IGRT- Image Guided Radiotherapy	271 Sentinel node biopsy
72 IMRT- Step & Shoot	272 Parastomal hernia
73 Infusional Bisphosphonates	273 Revision colostomy
74 IMRT- DMLC	274 Prolapsed colostomy- Correction
75 Rotational Arc Therapy	275 Testicular biopsy
76 Tele gamma therapy	276 laparoscopic cardiomyotomy(Hellers)
77 FSRT-Fractionated SRT	277 Sentinel node biopsy malignant melanoma
78 VMAT-Volumetric Modulated Arc Therapy	278 laparoscopic pyloromyotomy(Ramstedt)
79 SBRT-Stereotactic Body Radiotherapy	Orthopedics
80 Helical Tomotherapy	279 Arthroscopic Repair of ACL tear knee
81 SRS-Stereotactic Radiosurgery	280 Closed reduction of minor Fractures
82 X-Knife SRS	281 Arthroscopic repair of PCL tear knee
83 Gammaknife SRS	282 Tendon shortening
84 TBI- Total Body Radiotherapy	283 Arthroscopic Meniscectomy – Knee
85 intraluminal Brachytherapy	284 Treatment of clavicle dislocation
86 Electron Therapy	285 Arthroscopic meniscus repair
87 TSET-Total Electron Skin Therapy	286 Haemarthrosis knee- lavage
88 Extracorporeal Irradiation of Blood Products	287 Abscess knee joint drainage
89 Telecobalt Therapy	288 Carpal tunnel release
90 Telesesium Therapy	289 Closed reduction of minor dislocation
91 External mould Brachytherapy	290 Repair of knee cap tendon
92 Interstitial Brachytherapy	291 ORIF with K wire fixation- small bones
93 Intracavity Brachytherapy	292 Release of midfoot joint
94 3D Brachytherapy	293 ORIF with plating- Small long bones
95 Implant Brachytherapy	294 Implant removal minor
96 Intravesical Brachytherapy	295 K wire removal
97 Adjuvant Radiotherapy	296 POP application
98 Afterloading Catheter Brachytherapy	297 Closed reduction and external fixation
99 Conditioning Radiotherapy for BMT	298 Arthrotomy Hip joint
100 Extracorporeal Irradiation to the Homologous Bone grafts	299 Syme's amputation
101 Radical chemotherapy	300 Arthroplasty
102 Neoadjuvant radiotherapy	301 Partial removal of rib
103 LDR Brachytherapy	302 Treatment of sesamoid bone fracture
104 Palliative Radiotherapy	303 Shoulder arthroscopy / surgery
105 Radical Radiotherapy	304 Elbow arthroscopy
106 Palliative chemotherapy	305 Amputation of metacarpal bone
107 Template Brachytherapy	306 Release of thumb contracture
108 Neoadjuvant chemotherapy	307 Incision of foot fascia

109 Adjuvant chemotherapy	308 calcaneum spur hydrocort injection
110 Induction chemotherapy	309 Ganglion wrist hyalase injection
111 Consolidation chemotherapy	310 Partial removal of metatarsal
112 Maintenance chemotherapy	311 Repair / graft of foot tendon
113 HDR Brachytherapy	312 Revision/Removal of Knee cap
Plastic Surgery	313 Amputation follow-up surgery
114 Construction skin pedicle flap	314 Exploration of ankle joint
115 Gluteal pressure ulcer-Excision	315 Remove/graft leg bone lesion
116 Muscle-skin graft, leg	316 Repair/graft achilles tendon
117 Removal of bone for graft	317 Remove of tissue expander
118 Muscle-skin graft duct fistula	318 Biopsy elbow joint lining
119 Removal cartilage graft	319 Removal of wrist prosthesis
120 Myocutaneous flap	320 Biopsy finger joint lining
121 Fibro myocutaneous flap	321 Tendon lengthening
122 Breast reconstruction surgery after mastectomy	322 Treatment of shoulder dislocation
123 Sling operation for facial palsy	323 Lengthening of hand tendon
124 Split Skin Grafting under RA	324 Removal of elbow bursa
125 Wolfe skin graft	325 Fixation of knee joint
126 Plastic surgery to the floor of the mouth under GA	326 Treatment of foot dislocation
Urology	327 Surgery of bunion
127 AV fistula – wrist	328 intra articular steroid injection
128 URSL with stenting	329 Tendon transfer procedure
129 URSL with lithotripsy	330 Removal of knee cap bursa
130 CystoscopicLitholapaxy	331 Treatment of fracture of ulna
131 ESWL	332 Treatment of scapula fracture
132 Haemodialysis	333 Removal of tumor of arm/ elbow under RA/GA
133 Bladder Neck Incision	334 Repair of ruptured tendon
134 Cystoscopy & Biopsy	335 Decompress forearm space
135 Cystoscopy and removal of polyp	336 Revision of neck muscle (Torticollis release)
136 Suprapubiccystostomy	337 Lengthening of thigh tendons
137 percutaneous nephrostomy	338 Treatment fracture of radius & ulna
139 Cystoscopy and "SLING" procedure.	339 Repair of knee joint Paediatric surgery
140 TUNA- prostate	340 Excision Juvenile polyps rectum
141 Excision of urethral diverticulum	341 Vaginoplasty
142 Removal of urethral Stone	342 Dilatation of Accidental caustic stricture oesophageal
143 Excision of urethral prolapse	343 PresacralTeratomas Excision
144 Mega-ureter reconstruction	344 Removal of vesical stone
145 Kidney renoscopy and biopsy	345 Excision Sigmoid Polyp
146 Ureter endoscopy and treatment	346 SternomastoidTenotomy
147 Vesico ureteric reflux correction	347 Infantile Hypertrophic Pyloric Stenosis pyloromyotomy
148 Surgery for pelvi ureteric junction obstruction	348 Excision of soft tissue rhabdomyosarcoma
149 Anderson hynes operation	349 Mediastinal lymph node biopsy

150 Kidney endoscopy and biopsy	350 High Orchiectomy for testis tumours
151 Paraphimosis surgery	351 Excision of cervical teratoma
152 Injury prepuce- circumcision	352 Rectal-Myomectomy
153 Frenular tear repair	353 Rectal prolapse (Delorme's procedure)
154 Meatotomy for meatal stenosis	354 Orchidopexy for undescended testis
155 surgery for fournier's gangrene scrotum	355 Detorsion of torsion Testis
156 surgery filarial scrotum	356 lap.Abdominal exploration in cryptorchidism
157 surgery for watering can perineum	357 EUA + biopsy multiple fistula in ano
158 Repair of penile torsion	358 Cystic hygroma - Injection treatment
159 Drainage of prostate abscess	359 Excision of fistula-in-ano
160 Orchiectomy	Gynaecology
161 Cystoscopy and removal of FB	360 Hysteroscopic removal of myoma
Neurology	361 D&C
162 Facial nerve physiotherapy	362 Hysteroscopic resection of septum
163 Nerve biopsy	363 thermal Cauterisation of Cervix
164 Muscle biopsy	364 MIRENA insertion
165 Epidural steroid injection	365 Hysteroscopicadhesiolysis
166 Glycerol rhizotomy	366 LEEP
167 Spinal cord stimulation	367 Cryocauterisation of Cervix
168 Motor cortex stimulation	368 Polypectomy Endometrium
169 Stereotactic Radiosurgery	369 Hysteroscopic resection of fibroid
170 Percutaneous Cordotomy	370 LLETZ
171 Intrathecal Baclofen therapy	371 Conization
172 Entrapment neuropathy Release	372 polypectomy cervix
173 Diagnostic cerebral angiography	373 Hysteroscopic resection of endometrial polyp
174 VP shunt	374 Vulval wart excision
175 Ventriculoatrial shunt	375 Laparoscopic paraovarian cyst excision
Thoracic surgery	376 uterine artery embolization
176 Thoracoscopy and Lung Biopsy	377 Bartholin Cyst excision
177 Excision of cervical sympathetic Chain Thoracoscopic	378 Laparoscopic cystectomy
178 Laser Ablation of Barrett's oesophagus	379 Hymenectomy(imperforate Hymen)
179 Pleurodesis	380 Endometrial ablation
180 Thoracoscopy and pleural biopsy	381 vaginal wall cyst excision
181 EBUS + Biopsy	382 Vulval cyst Excision
182 Thoracoscopy ligation thoracic duct	383 Laparoscopic paratubal cyst excision
183 Thoracoscopy assisted empyaema drainage	384 Repair of vagina (vaginal atresia)
Gastroenterology	385 Hysteroscopy, removal of myoma
184 Pancreatic pseudocyst EUS & drainage	386 TURBT
185 RF ablation for barrett'sOesophagus	387 Ureterocoele repair - congenital internal
186 ERCP and papillotomy	388 Vaginal mesh For POP
187 Esophagoscope and sclerosant injection	389 Laparoscopic Myomectomy

188 EUS + submucosal resection	390 Surgery for SUI
189 Construction of gastrostomy tube	391 Repair recto- vagina fistula
190 EUS + aspiration pancreatic cyst	392 Pelvic floor repair(excluding Fistula repair)
191 Small bowel endoscopy (therapeutic)	393 URS + LL
192 Colonoscopy ,lesion removal	394 Laparoscopic oophorectomy
193 ERCP	Critical care
194 Colonoscopy stenting of stricture	395 Insert non- tunnel CV cath
195 Percutaneous Endoscopic Gastrostomy	396 Insert PICC cath (peripherally inserted central catheter)
196 EUS and pancreatic pseudo cyst drainage	397 Replace PICC cath (peripherally inserted central catheter)
197 ERCP and choledochoscopy	398 Insertion catheter, intra anterior
198 Proctosigmoidoscopy volvulus detorsion	399 Insertion of Portacath
199 ERCP and sphincterotomy	
200 Esophageal stent placement	
201 ERCP + placement of biliary stents	
202 Sigmoidoscopy w / stent	
203 EUS + coeliac node biopsy	

Annexure II:-

List I: List of Non-Medical Item

SL No	Item	
1	BABY FOOD	Not Payable
2	BABY UTILITIES CHARGES	Not Payable
3	BEAUTY SERVICES	Not Payable
4	BELTS/ BRACES	Not Payable
5	BUDS	Not Payable
6	COLD PACK/HOT PACK	Not Payable
7	CARRY BAGS	Not Payable
8	EMAIL / INTERNET CHARGES	Not Payable
9	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)	Not Payable
10	LEGGINGS	Essential in bariatric and varicose vein surgery and should be considered for these conditions where surgery itself is payable.
11	LAUNDRY CHARGES	Not Payable
12	MINERAL WATER	Not Payable
13	SANITARY PAD	Not Payable
14	TELEPHONE CHARGES	Not Payable
15	GUEST SERVICES	Not Payable
16	CREPE BANDAGE	Not Payable
17	DIAPER OF ANY TYPE	Not Payable
18	EYELET COLLAR	Not Payable
19	SLINGS	Not Payable
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	Not Payable

21	SERVICE CHARGES WHERE NURSING CHARGES ALSO CHARGED	Not Payable
22	Television Charges	Not Payable
23	SURCHARGES	Not Payable
24	ATTENDANT CHARGES	Not Payable
25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)	Not Payable
26	BIRTH CERTIFICATE	Not Payable
27	CERTIFICATE CHARGES	Not Payable
28	COURIER CHARGES	Not Payable
29	CONVEYANCE CHARGES	Not Payable
30	MEDICAL CERTIFICATE	Not Payable
31	MEDICAL RECORDS	Not Payable
32	PHOTOCOPIES CHARGES	Not Payable
33	MORTUARY CHARGES	Not Payable
34	WALKING AIDS CHARGES	Not Payable
35	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)	Not Payable
36	SPACER	Not Payable
37	SPIROMETRE	Not Payable
38	NEBULIZER KIT	Not Payable
39	STEAM INHALER	Not Payable
40	ARMSLING	Not Payable
41	THERMOMETER	Not Payable
42	CERVICAL COLLAR	Not Payable
43	SPLINT	Not Payable
44	DIABETIC FOOT WEAR	Not Payable
45	KNEE BRACES (LONG/ SHORT/ HINGED)	Not Payable
46	KNEE IMMOBILIZER/S HOULDER IMMOBILIZER	Not Payable
47	LUMBOSACRAL BELT	Not Payable
48	NIMBUS BED OR WATER OR AIR BED CHARGES	Not Payable
49	AMBULANCE COLLAR	Not Payable
50	AMBULANCE EQUIPMENT	Not Payable
51	ABDOMINAL BINDER	Not Payable
52	PRIVATE NURSES CHARGES - SPECIAL NURSING CHARGES	Not Payable
53	SUGAR FREE Tablets	Not Payable
54	CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable)	Not Payable
55	ECG ELECTRODES	Not Payable
56	GLOVES	Not Payable
57	NEBULISATION KIT	Not Payable

List II - Items that are to be subsumed into Room Charges

S. No.	Item
1	BABY CHARGES (UNLESS SPECIFIED /INDICATED)
2	HAND WASH
3	SHOE COVER
4	CAPS
5	CARDLE CHARGES
6	COMB

7	EAU-DE-COLOGNE/ROOM FRESHNERS
8	FOOT COVER
9	GOWN
10	SLIPPERS
11	TISSUE PAPPER
12	TOOTH PASTE
13	TOOTH BRUSH
14	BED PAN
15	FACE MASK
16	FLEXI MASK
17	HAND HOLDER
18	SPUTUM CUP
19	DISINEFCTANT LOTIONS
20	LUXURY TAX
21	HVAC
22	HOUSE KEEPING CHARGES
23	AIR CONDITIONER CHARGES
24	IM IV INJECTION CHARGES
25	CLEAN SHEET

List III - Items that are to be subsumed into Procedure Charges

S. No.	Item
1	HAIR REMOVAL CREAM
2	DISPOSABLES RAZORS CHARGES(for site preparations)
3	EYE PAD
4	EYE SHEILD
5	CAMERA COVER
6	DVD ,CD CHARGES
7	GAUSE SOFT
8	GAUZE
9	WARD AND THEATRE BOOKING CHARGES
10	ARTHROSCOPE AND ENDOSCOPY INSTRUMENTS
11	MICROSCOPE COVER
12	SURGICAL BLADES,HARMONICSCALPEL,SHAVER
13	SURGICAL DRILL
14	EYE KIT
15	EYE DRAPE
16	X-RAY FILM
17	BOYLES APPARATUS CHARGES
18	COTTON
19	COTTON BANDAGE
20	SURGICAL TAPE
21	APRON
22	TORNIQUET
23	ORTHOBUNDLE, GYNAEC BUNDLE

List IV - Items that are to be subsumed into costs of treatment

S. No.	Item
1	ADMISSION/REGISTRATION CHARGES
2	HOSPITALIZATION FOR EVALUATION/DIAGNOSTIC PURPOSE
3	URINE CONTAINER
4	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES
5	BIPAP MACHINE
6	CPAP/CAPD EQUIPMENTS
7	INFUSION PUMP-COST
8	HYDROGEN PERPOXIDE\SPIRIT\DISINFECTION ETC
9	NUTTRITION PLANNING CHARGES - DIETICIAN CHARGES - DIET CHARGES
10	HIV KIT
11	ANTISEPTIC MOUTHWASH
12	LOZENGES
13	MOUTH PAINT
14	VACCINATION CHARGES
15	ALCOHOL SWABES
16	SCRUB SOLUTION / STERILLIUM
17	GLUCOMETER & STRIPS
18	URINE BAG

Annexure

II: Modern Treatment Methods and Advancement in Technologies

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 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

Annexure IV:

ICD specific for Mental Illness

ICD Codes	ICD Description
F00	Dementia in Alzheimer disease
F02	Dementia in other diseases classified elsewhere
F03	Unspecified dementia

F05	Delirium, not induced by alcohol and other psychoactive substances
F07	Personality and behavioural disorders due to brain disease, damage and dysfunction
F09	Unspecified organic or symptomatic mental disorder
F20	Schizophrenia
F21	Schizotypal disorder
F22	Persistent delusional disorders
F23	Acute and transient psychotic disorders
F24	Induced delusional disorder
F25	Schizoaffective disorders
F31	Bipolar affective disorder
F32	Depressive episode
F33	Recurrent depressive disorder
F40	Phobic anxiety disorders

Annexure V –

List of Ombudsmen offices in India and their contact details

Office Details	Jurisdiction of Office Union Territory, District
AHMEDABAD - Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@cioins.co.in (mailto:bimalokpal.ahmedabad@cioins.co.in)	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
BENGALURU - Office of the Insurance Ombudsman,	Karnataka
Office Details	

<p>CHANDIGARH -</p> <p>Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017.</p> <p>Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274</p> <p>Email: bimalokpal.chandigarh@cioins.co.in (mailto:bimalokpal.chandigarh@cioins.co.in)</p>	<p>Punjab, Haryana(excluding Gurugram, Faridabad, Sonapat and Bahadurgarh) Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh.</p>
<p>CHENNAI -</p> <p>Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664</p> <p>Email: bimalokpal.chennai@cioins.co.in (mailto:bimalokpal.chennai@cioins.co.in)</p>	<p>Tamil Nadu, Tamil Nadu PuducherryTown and Karaikal (which are part of Puducherry).</p>
<p>DELHI -</p> <p>Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481/23213504</p> <p>Email: bimalokpal.delhi@cioins.co.in (mailto:bimalokpal.delhi@cioins.co.in)</p>	<p>Delhi & Following Districts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh.</p>
<p>GUWAHATI -</p> <p>Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205</p> <p>Email: bimalokpal.guwahati@cioins.co.in (mailto:bimalokpal.guwahati@cioins.co.in)</p>	<p>Assam, Meghal aya, Manipu r, Mizora m,</p>

	<p>Arunachal Pradesh, Nagaland and Tripura.</p>
<p>Jeevan Soudha Building,PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email:bimalokpal.bengaluru@cioins.co.in (mailto:bimalokpal.bengaluru@cioins.co.in)</p>	
<p>BHOPAL - Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email:bimalokpal.bhopal@cioins.co.in (mailto:bimalokpal.bhopal@cioins.co.in)</p>	<p>Madhya Pradesh Chhattisgarh</p>
<p>BHUBANESHWAR - Office of the Insurance Ombudsman,62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@cioins.co.in (mailto:bimalokpal.bhubaneswar@cioins.co.in)</p>	<p>Orissa</p>

Office Details	Jurisdiction of Office Union Territory, District
<p>HYDERABAD -</p> <p>Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004.</p> <p>Tel.: 040 - 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@cioins.co.in (mailto:bimalokpal.hyderabad@cioins.co.in)</p>	<p>Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.</p>
<p>JAIPUR -</p> <p>Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005.</p> <p>Tel.: 0141 - 2740363 Email: bimalokpal.jaipur@cioins.co.in (mailto:bimalokpal.jaipur@cioins.co.in)</p>	<p>Rajasthan.</p>

ERNAKULAM -

Office of the Insurance Ombudsman,
2nd Floor, Pulinat Bldg.,

Opp. Cochin Shipyard, M. G. Road,
Ernakulam - 682 015.

Tel.: 0484 - 2358759 / 2359338
Fax: 0484 – 2359336

Kerala,
Lakshadweep,
Mahe-a part of Union Territory of Puducherry.

Office Details**CHANDIGARH -**

Office of the Insurance Ombudsman,

S.C.O. No. 101, 102 & 103, 2nd Floor,
Batra Building, Sector 17 – D,
Chandigarh – 160 017.

Tel.: 0172 - 2706196 / 2706468
Fax: 0172 - 2708274

Email: bimalokpal.chandigarh@cioins.co.in
(<mailto:bimalokpal.chandigarh@cioins.co.in>
)

CHENNAI -

Office of the Insurance Ombudsman,
Fatima Akhtar Court, 4th Floor, 453,
Anna Salai, Teynampet,

CHENNAI – 600 018.

Tel.: 044 - 24333668 / 24335284
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<p>DELHI -</p> <p>Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002.</p> <p>Tel.: 011 - 23232481/23213504</p> <p>Email: bimalokpal.delhi@cioins.co.in (mailto:bimalokpal.delhi@cioins.co.in)</p>	<p>Delhi & Following Districts of Haryana - Gurugram, Faridabad, Sonepat & Bahadurgarh.</p>
<p>GUWAHATI -</p> <p>Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM).</p> <p>Tel.: 0361 - 2632204 / 2602205</p> <p>Email:bimalokpal.guwahati@cioins.co.in (mailto:bimalokpal.guwahati@cioins.co.in)</p>	<p>Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.</p>
<p>Email: bimalokpal.ernakulam@cioins.co.in (mailto:bimalokpal.ernakulam@cioins.co.in)</p>	
<p>KOLKATA -</p> <p>Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072.</p> <p>Tel.: 033 - 22124339 / 22124340</p> <p>Fax : 033 - 22124341</p> <p>Email:bimalokpal.kolkata@cioins.co.in (mailto:bimalokpal.kolkata@cioins.co.in)</p>	<p>West Bengal, Sikkim, Andaman & Nicobar Islands.</p>

Office Details	Jurisdiction of Office Union Territory, District
<p>HYDERABAD -</p> <p>Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004.</p> <p>Tel.: 040 - 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@cioins.co.in (mailto:bimalokpal.hyderabad@cioins.co.in)</p>	<p>Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.</p>
<p>JAIPUR -</p> <p>Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005.</p> <p>Tel.: 0141 - 2740363 Email: bimalokpal.jaipur@cioins.co.in (mailto:bimalokpal.jaipur@cioins.co.in)</p>	<p>Rajasthan.</p>
<p>ERNAKULAM -</p> <p>Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015.</p> <p>Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@cioins.co.in (mailto:bimalokpal.ernakulam@cioins.co.in)</p>	<p>Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.</p>

<p>KOLKATA -</p> <p>Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072.</p> <p>Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341</p> <p>Email: bimalokpal.kolkata@cioins.co.in (mailto:bimalokpal.kolkata@cioins.co.in)</p>	<p>West Bengal, Sikkim, Andaman & Nicobar Islands.</p>
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Office Details	Jurisdiction of Office Union Territory, District
<p>LUCKNOW –</p> <p>Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001.</p> <p>Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310</p> <p>Email: bimalokpal.lucknow@cioins.co.in (mailto:bimalokpal.lucknow@cioins.co.in)</p>	<p>Districts of Uttar Pradesh :</p> <p>Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.</p>

<p>MUMBAI -</p> <p>Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054.</p> <p>Tel.: 69038821/23/24/25/26/27/28/28/29/30/31</p> <p>Fax: 022 - 26106052</p> <p>Email: bimalokpal.mumbai@cioins.co.in</p> <p>(mailto:bimalokpal.mumbai@cioins.co.in)</p>	<p>Goa,</p> <p>Mumbai Metropolitan Region excluding Navi Mumbai & Thane.</p>
<p>NOIDA -</p> <p>Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301.</p> <p>Tel.: 0120-2514252 / 2514253</p> <p>Email: bimalokpal.noida@cioins.co.in</p> <p>(mailto:bimalokpal.noida@cioins.co.in)</p>	<p>State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanoorj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.</p>
<p>PATNA -</p>	<p>Bihar, Jharkhand.</p>
<p>Office Details</p>	
<p>PUNE -</p> <p>Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No. s. 195 to 198,</p>	

<p>N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@cioins.co.in (mailto:bimalokpal.pune@cioins.co.in)</p>	<p>Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.</p>
<p>Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel. : 0612-2547068 Email: bimalokpal.patna@cioins.co.in (mailto:bimalokpal.patna@cioins.co.in)</p>	

Note: Address and contact number of Governing Body of Insurance Council

Executive Council Of Insurers, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054.Tel.: 022 - 69038801/03/04/05/06/07/08/09

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Please visit Our **website for list of** Bajaj Allianz Network Providers **and network Diagnostic Centres,**

Website: www.bajajallianz.com/general-insurance.html. Please refer to **Support** (Customer Service Support Page) on the website.

or Please get in touch with 24*7 helpline number: 1800-103-2529 (toll free) / 020-30305858

For detailed list of Scope of Coverage, Claims process, general terms and conditions, general and specific exclusions applicable to the benefits offered under this Master Policy, please refer the [Policy wordings](#).

The above insurance cover is offered to the Group Manager "Finzoom Investment Advisors Pvt Limited" bearing the Group Master Policy No OG-24-9999-9960-00000038, issued by BAJAJ Allianz General Insurance Company Limited (hereinafter referred as "the Company") and subscribers of INDmoney app, are the members of the group subject to terms and conditions of the group policy and underwriting decision of the Company. Premium for this group policy is paid by the Group Manager "Finzoom Investment Advisors Pvt Limited" and subscribers are free to opt for this insurance cover. The Company shall not be liable for any issue or deficiency arising out of any other services that are provided by Finzoom Investment Advisors Pvt Limited in any manner. Above mentioned are the highlights of the Group Policy, however, if there is any contradiction between what is stated in this document and the group policy wordings, then the Group [Policy wordings](#) shall prevail.