



Allianz 

LIFE GOALS. DONE.

Bajaj Allianz Life Health Care Goal

Covers 36 Critical Illness Including Heart & Cancer



Bajaj Allianz Life Health Care Goal

Today, good health is an integral component in building and nurturing your dreams. The rise of critical illness cases is alarming. Such contingencies often lead to financial crisis as there is no fund to take care of the expenses. Critical Illnesses may not only result in the risk of your life, but also result in the loss of income. In certain cases, one may undergo a severe change in lifestyle and challenges to manage day to day to activities independently. The burden of such contingencies can be devastating, hence you need to secure your Life Goals against such unforeseen circumstances.

Presenting, Bajaj Allianz Life Health Care Goal, which is a non-participating, life, regular/limited premium payment individual Health Plan covering 36 critical illness including Heart & Cancer, with an option of Family Cover & Return of Premium. The plan offers an inbuilt Waiver of Premium rider.

The plan offers 4 variants for you to choose from depending on your need for comprehensive health coverage & also offers tax benefits.

Key Advantages



 **Covers 36 Critical Illness including Heart & Cancer**



Four variants to choose from as per your need

 **Option to cover spouse and dependent children**



Flexibility to choose individual cover for yourself, your spouse and your children

 **Return of premium at maturity***



Inbuilt waiver of premium*

 **Return premium at Death**

Note: *Depending upon the variant opted for by the Policyholder.

Plan Working

Step 1: Choose your variant[^]

- Critical Long Term Health Care – Individual Cover
- Critical Long Term Health Care Plus - Individual Cover with Return of Premium at Maturity
- Long Term Family Health Care – Family Cover
- Long Term Family Health Care Plus – Family Cover with Return of Premium at Maturity

[^]The variant chosen at inception cannot be changed during the policy term

Step 2: Choose your cover (Sum Assured)

Depending upon the variant chosen, decide the individual Sum Assured for yourself/ your Family members.

Step 3: Choose your Policy Term & Premium Payment Term depending on the variant chosen.

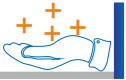
Step 4: Choose your Premium Payment Frequency

For your convenience, this plan offers multiple premium payment frequencies - Annual, Half-yearly, Quarterly & Monthly

Your premium will be based on number of lives covered, their age, gender, sum assured, plan variant, Policy Term, and Premium Payment Term.







Benefits Details







In Critical Long Term Health Care and Critical Long Term Health Care Plus:



Variant	Life Assured	 Sum Assured in case of Critical Illness	 Waiver of premium in case of Accidental Permanent Total Disability	 Return of total premiums paid till Death	 Return of total premiums paid till Maturity
Critical Long Term Health Care	Self~	✓	✓	✓	✗
Critical Long Term Health Care Plus	Self~	✓	✓	✓	✓

In Long Term Family Health Care and Long Term Family Health Care Plus:



Variant	Life Assured(s)	 Sum Assured in case of Critical Illness	 Waiver of premium in case of Accidental Permanent Total Disability, Critical Illness & Death	 Return of total premiums paid till Death	 Return of total premiums paid till Maturity
Long Term Family Health Care	Self, Spouse & Children~	✓	✓	✓	✗
Long Term Family Health Care Plus	Self, Spouse & Children~	✓	✓	✓	✓

~Self is the Policyholder and the Life Assured under the policy. The spouse and children of the Policyholder are the Life Assured(s) under the plan

Note:
Family is defined as policyholder, spouse and dependent children only, subject to a maximum of 6 members. The feature of Addition/Deletion of Life Assured(s) during the Policy term under Long Term Family Health Care & Long Term Family Health Care Plus is not available.

Critical Illness Benefit



Under Critical Long Term Health Care and Critical Long Term Health Care Plus

- On diagnosis of any of the covered Critical Illnesses to the Life Assured during the Policy Term and after the Waiting Period has expired, the Sum Assured will be paid as per the terms and conditions.
- If the diagnosed Critical Illness requires Angioplasty, lower of Sum Assured or ₹ 5,00,000 will be paid. No further CI benefit will be paid for any future occurrence of Angioplasty throughout the term of the Policy. But, the Policy will continue for the remaining Sum Assured (if any) for the rest of the Critical Illnesses covered, subject to payment of all due premiums.

Under Long Term Family Health Care and Long Term Family Health Care Plus

- On diagnosis of any of the covered Critical Illnesses to any of the Life Assured (s) during the Policy Term and after the Waiting Period

has expired, the Sum Assured applicable to the Life Assured will be paid as per the terms and conditions and the Critical Illness cover will terminate for that Life Assured. For the remaining Life Assured(s), the Policy will continue with their respective Sum Assured(s), subject to payment of all due premiums.

- b) If the diagnosed Critical Illness for any Life Assured requires Angioplasty, lower of ₹ 5,00,000 or Sum Assured applicable to the Life Assured, will be paid. No further Critical Illness benefit will be paid for any future occurrence of Angioplasty throughout the term of the Policy for that Life Assured and the policy will continue for the remaining Sum Assured (if any) for the rest of the Critical Illnesses covered, subject to payment of all due premium.
- c) The Policy will continue on the lives of the remaining Life Assured(s), for their respective Sum Assured(s), subject to payment of all due premiums.

Death Benefit



Under Critical Long Term Health Care and Critical Long Term Health Care Plus

- a) If no prior Critical Illness benefit has been paid, on Death of the Life Assured during the Policy Term, the total premiums[@] paid till date of death will be payable to the Nominee.
- b) If a Critical Illness benefit for Angioplasty has been paid, on Death of the Life Assured during the Policy Term, the proportionate premiums[§] paid till date of death will be payable to the Nominee.

Under Long Term Family Health Care and Long Term Family Health Care Plus

- a) If no prior Critical Illness benefit has been paid, than on Death of the Life Assured during the Policy Term, the total premiums[@] paid till date of death for that Life Assured will be payable.
- b) If a Critical Illness benefit for Angioplasty has been paid, on Death of the Life Assured, the proportionate premiums[§] paid till date of death for that Life Assured, will be payable.
- c) The Policy will continue on the lives of the remaining Life Assured(s), for their respective Sum Assured(s), subject to payment of all due premiums.

Inbuilt Waiver of Premium Benefit



Under Critical Long Term Health Care and Critical Long Term Health Care Plus


In case of Accidental Permanent Total Disability of the Life Assured who is also the Policyholder during the Policy Term, all future premiums will be waived and the Policy will continue with other applicable benefits till the end of the current Policy Term.

Under Long Term Family Health Care and Long Term Family Health Care Plus

In case of earlier occurrence of Accidental Permanent Total Disability or diagnosis of any of the covered Critical Illness (excluding Angioplasty) or Death of the Life Assured (who is also the Policyholder*), all future premiums will be waived and the policy will continue with other applicable benefits for remaining Life Assured (s) already covered under the Policy.

Maturity Benefit



Variant	Life Assured	 Return of total premiums paid till Maturity
Critical Long Term Health Care Plus	Self	✓
Long Term Family Health Care Plus	Self, Spouse & Children	✓

Bajaj Allianz Life

Health Care Goal

For Critical Long Term Health Care Plus:

- If no prior Critical Illness benefit has been paid, at maturity, the total premiums[®] paid till date of maturity for the Life Assured will be payable as maturity benefit.
- If a Critical Illness benefit for Angioplasty has been paid to Life Assured, the proportionate premiums[§] paid for that Life Assured/(s) till date of maturity, will be payable as maturity benefit.

For Long Term Family Health Care Plus:

- If no prior Critical Illness benefit has been paid to any of the Life Assured/(s), at maturity, the total premiums[®] paid till date of maturity for the Life Assured/(s) will be payable as maturity benefit
- If a Critical Illness benefit for Angioplasty has been paid to any of the Life Assured/(s), the proportion of the total premiums[§] paid till date of maturity, for each of the Life Assured/(s) for whom prior CI Benefit for Angioplasty has been paid will be payable as maturity benefit *plus*, the total premiums[®] paid till date of maturity for the Life Assured/(s) for whom no prior Critical Illness benefit will be payable.

Notes:

[®]Total premiums means total of all Regular/Limited premiums paid under the Policy till date and is exclusive of Goods & Service tax/any other applicable tax levied, subject to changes in tax laws, and any extra premium but includes any extra premium which has been credited due to any Waiver of Premium Benefit (if applicable).

[§]Proportionate premium is the proportion of total premium paid till the date of death/maturity and is calculated as [(Sum Assured with respect to that Life Assured MINUS ₹ 500,000) / Sum Assured]

*Policyholder is the Life Assured under the plan who has concluded the Policy with the Company.

The Critical Illness benefit in respect of each Life Assured is payable only once during the term of the Policy.

Also the survival period from the date of diagnosis of the Critical Illness is 30 days.

Premium rates under this plan will be guaranteed for a period of 5 years.

Sample Scenario

Life Assured	Age	Gender	Sum Assured	Policy Term	Premium Payment Term
Self	35 years	Male	Assuming all Life Assured (s) have same Sum Assured	10 years	7 years
Spouse	32 years	Female			
Child 1	7 years	Female			
Child 2	5 years	Male			

Critical Illness Benefit (Sum Assured) ₹	Annualized Premium ₹			
	Critical Long Term Health Care (Self)	Critical Long Term Health Care Plus (Self)	Long Term Family Health Care (Self + Spouse + 2 Children)	Long Term Family Health Care Plus (Self + Spouse + 2 Children)
5,00,000	3,500	12,575	6,477	20,433
7,00,000	4,580	16,445	8,550	26,715
10,00,000	6,200	22,250	11,659	36,139
15,00,000	8,900	31,925	16,842	51,846
20,00,000	11,600	41,600	22,024	67,552
35,00,000	19,700	70,625	37,570	1,14,671
50,00,000	27,800	99,650	53,116	1,61,790

Premium shown in the above illustrations are exclusive of Goods and Service Tax/any other applicable tax levied, subject to changes in tax laws, and any extra premium. All figures are in Rupees.



Waiting Period

For the Critical Illness benefit, Waiting Period of 90 days will be applicable from the date of commencement of risk or the latest revival, whichever is later. If the Critical Illness was during the waiting period, the Critical Illness benefit will not be payable and the Policy will be continued subject to payment of Regular/Limited Premiums due.

Policy Renewal

You have the option to renew the policy for yourself or any of the Life Assured (s), within the Grace Period of thirty (30) days from the maturity date of the current policy subject to then prevailing terms & conditions of the plan.

Surrender Benefit (Applicable only for Critical Long Term Health Care Plus & Long Term Family Health Care Plus)

The Policy can be surrendered by the Policyholder anytime, provided the Policy has acquired a paid-up value, subject to the following -

- If at least two (2) full years' Regular Premiums have been paid under a Policy.
- The surrender value payable will be higher of the guaranteed surrender value (GSV) or the special surrender value (SSV) as per the factors specified in the Policy.
- The Policy will terminate on payment of Surrender Benefit.
- The SSV factors are not guaranteed and company will review these factors from time to time, subject to the prior approval of IRDAI.

Sample GSV & SSV factors:

Policy Surrender Year	GSV Factors				SSV Factors			
	PT =10	PT =10	PT =15	PT =20	PT =10	PT =10	PT =15	PT =20
	PPT =5	PPT =7	PPT =15	PPT =20	PPT =5	PPT =7	PPT =15	PPT =20
2	30%	30%	30%	30%	45%	45%	29%	21%
5	50%	50%	50%	50%	59%	59%	38%	25%
10	90%	90%	60%	60%	92%	92%	58%	38%
15	NA	NA	90%	70%	NA	NA	91%	58%
19	NA	NA	NA	90%	NA	NA	NA	83%

PT = Policy Term (in years), PPT = Premium Payment Term (in years)

Product Terms and Conditions

Eligibility Conditions

Parameter	Details	
Minimum Age at Entry	Adult	Child
	18 years	5 years
Maximum Age at Entry	Adult	Child
	65 years	17 years
Maximum Age at Maturity	Adult	Child
	75 years	37 years
Policy Term	Critical Long Term Health Care & Long Term Family Health Care	10 years
	Critical Long Term Health Care Plus & Long Term Family Health Care Plus	10, 15, 20 years

Parameter	Details				
Premium Payment Term	Variant	Critical Long Term Health Care & Long Term Family Health Care	Critical Long Term Health Care Plus & Long Term Family Health Care Plus		
	Policy Term (years)	10	10	15	20
	Premium Payment Term (years)	5, 7	5, 7	15	20
Minimum Premium	Critical Long Term Health Care	Critical Long Term Health Care Plus	Long Term Family Health Care	Long Term Family Health Care Plus	
	₹ 3,000 per annum	₹ 3,458 per annum	₹ 3,000 per annum	₹ 3,669 per annum	
Maximum Premium	As per the maximum age, minimum Premium Payment Term, maximum sum assured chosen under the Policy				
Premium Payment Frequency ^{###}	Yearly, Half yearly, Quarterly and Monthly				
Minimum Sum Assured	Proposer/Policyholder	Child	Spouse		
	₹ 5,00,000	₹ 1,25,000	₹ 2,50,000		
Maximum Sum Assured	₹ 50,00,000				

Each Life Assured under Long Term Family Health Care & Long Term Family Health Care Plus, will have the flexibility to choose individual sum assured.

The sum assured on the spouse and children can be equal to, but not higher than the sum assured of the Policyholder.

^{###} Quarterly and monthly premium frequencies are only allowed under salary deduction schemes and auto-debit process as allowed by RBI

Non-Payment of Premiums and Forfeiture

- Under Critical Long Term Health Care or Long Term Family Health Care, if any regular/limited premiums is end of the Grace Period, the Policy will, immediately & automatically lapse and no benefit will be payable under the Policy.
- Under Critical Long Term Health Care Plus or Long Term Family Health Care Plus,
 - If at least two (2) full years' Regular/Limited Premiums are not paid before the expiry of the applicable Grace Period under a Policy, the Policy will immediately & automatically lapse at the expiry of the Grace Period, and no benefit will be payable under the Policy.
 - If at least two (2) full years' Regular/Limited Premiums have been paid under a Policy, and subsequent premiums are not paid in full before the expiry of the applicable Grace Period, then, the Policy will be, immediately & automatically, converted to a Paid-up Policy at the expiry of the Grace Period, by reducing the Sum Assured to the Paid-up Sum Assured with respect to each Life Assured
- The Policyholder may revive a lapsed/paid-up Policy subject to the revival conditions.

Premium Rebates

A "high sum assured rebate" or "HSAR" on the premium payable will be offered for each additional Sum Assured of Rs 1,000 exceeding the minimum Sum Assured. Such rebate (in Rupees) on premium payable is as per the below table:

Life	PT/PPT (in years)	10/5	10/7	15/15	20/20
Life Assured	Critical Long Term Health Care	2.10	1.60	NA	NA
	Critical Long Term Health Care Plus	5.90	5.80	4.40	3.70
Policyholder *	Long Term Family Health Care	2.10	1.60	NA	NA
	Long Term Family Health Care Plus	5.90	5.80	4.40	3.70
Spouse & Children	Long Term Family Health Care	1.80	1.30	NA	NA
	Long Term Family Health Care Plus	5.10	4.80	2.70	1.70

*Policyholder is the Life Assured under the plan who has concluded the Policy with the Company.

Option to Change Premium Payment Frequency

You will have the option to change the prevailing premium payment frequency on any policy anniversary, during the policy term, subject to availability, then, of the frequency (i.e. yearly, half-yearly, quarterly & monthly) and minimum modal premium criteria under the plan then.

The modal premium for frequencies other than yearly premium frequency is arrived at by multiplying the annual premium (after applicable HSAR) by the premium payment frequency factors and as given below:

Premium frequency	Monthly	Quarterly	Halfyearly	Yearly
Frequency Factor	0.09	0.26	0.51	1.00

Loan

Policy loan is not available under the plan.

Tax Benefits

The premium payable under this product is eligible for Section 80(D) benefit of Income Tax Act, 1961. Kindly refer to the latest provision of tax and take advice of your consultant.

Revival

If your policy is lapsed or has become a Paid-up Policy with reduced benefits due to non-payment of premium after the Grace Period which is due under the Policy, then, you may revive the policy subject to the following conditions:

- If a claim for CI Benefit for Angioplasty was made during the paid-up period, then, revival will not be allowed in the policy
- A written application for revival is made to the Company within Five (5) years from the due date of the first unpaid premium and before the end of the Premium Paying term.
- All the due premiums together with applicable interest, at such rate as specified by the Company from time to time, along with applicable taxes are paid in full.
- You at your own expense, agree to undergo medical examination and provide /furnish evidence of continuity of insurability for all the lives under the policy.
- The revival of the policy may be on terms different from those applicable to the Policy before it lapsed or renewal of the Policy.
- The Company may revive or refuse to revive the lapsed/ paid-up policy, based on the Board approved underwriting guidelines. In case revival of lapsed policy is refused, the Company will refund the amount deposited for the purposes of revival of the Policy.
- The revival will take effect only on it being specifically communicated in writing by the Company to you.
- On revival, the sum assured under the policy which prevailed before the date of latest lapse /Policy becoming paid up with reduced benefits will be reinstated.

Termination

The policy termination will be on earlier occurrence of-

- 1) Death of the Life Assured (s).
- 2) Payment of the full Critical Illness benefit with respect to the Life Assured (s)
- 3) Maturity of the policy
- 4) Expiry of the revival period of 5 years in a lapsed policy
- 5) Payment of surrender benefit
- 6) Free Look cancellation

The cessation of cover on each Life Assured in Long Term Family Health Care & Long Term Family Health Care Plus, on earlier occurrence of–

- 1) Death
- 2) Payment of Critical Illness benefit with respect to the Life Assured
- 3) Policy termination

Grace Period for Premium Payment

If you have failed to make payment of the premium by the due date specified, you will be allowed a grace period of 30 days for premium payment frequencies other than monthly and 15 days for monthly frequency to pay the due premium without any late fee, during which time the Policy is considered to be in-force with the risk cover without any interruption as per the Policy terms and conditions.

During the Grace Period, the Life Assured will be covered for the contingent events as per the variant chosen. On occurrence of the contingent event during the Grace Period when the due premium was not paid, the same will be deducted from the benefit payable.

Free Look Period

Within 15 days of the receipt of this policy and thirty (30) days in case of electronic policy and policy obtained through distance mode, you will have an option to review the terms and conditions of the policy and if you disagree to any of the terms & conditions, you shall have an option to return the policy stating the reasons for objections. You shall be entitled to a refund comprising of all premiums (excluding applicable taxes) paid, less the proportionate amount of risk premium including proportionate amount of rider risk premium for the period the life assured was provided cover and the expenses incurred by the company on account of medical examination and stamp duty charges.

Exclusions

Suicide Exclusion

In case of death of the life assured or any of the lives assured (as applicable) due to suicide within 12 months from the date of commencement of risk or the date of latest revival of the policy, whichever is later, then the nominee or beneficiary of the life assured shall be entitled to receive the higher of 80% of the total premiums paid or the Surrender Value as on date of death, provided the policy is in-force.

For any CI benefit for Angioplasty already paid in the policy, the "80% of premiums paid" will be adjusted by the proportion of the [Remaining Sum Assured / Sum Assured] for that life assured.

Accident Total Permanent Disability:

ATPD Benefit shall not be payable for any disease or losses caused or aggravated directly or indirectly, wholly or partly by any one of the following:

- 1) Any medical condition which first manifests itself within 90 days of the Date of Commencement of Risk or date of latest revival, if any.
- 2) Any Pre-existing medical condition. Pre-Existing is defined as condition, ailment, injury or disease
 - a) That is /are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement or
 - b) For which medical advice or treatment was recommended by, or received from, a physician within forty-eight (48) months prior to the effective date of the policy issued by the insurer or its reinstatement.
- 3) Any External Congenital Anomaly (known and/or visible at the time of proposal), which is not as a consequence of Genetic disorder, unless the Life Assured has disclosed at the time of proposal and the company has specifically accepted the same.
- 4) Suicide or attempted suicide or intentional self-inflicted injury, by the life insured.
- 5) Life assured being under the influence of drugs, alcohol, narcotics or psychotropic substance, not prescribed by a Registered Medical Practitioner
- 6) War, invasion, hostilities (whether war is declared or not), civil war, rebellion, terrorist activity, revolution or taking part in a riot or civil commotion, strike or industrial action.
- 7) Participation by the life assured in a criminal or unlawful act or committing any breach of law with criminal intent including



involvement in any fight or affray.

- 8) Treatment for injury or illness caused by avocations / activities such as hunting, mountaineering, steeple-chasing, professional sports, racing of any kind, scuba diving, aerial sports, activities such as hand-gliding, ballooning, deliberate exposure to exceptional danger.
- 9) Any underwater or subterranean operation or activity. Racing of any kind other than on foot
- 10) Services in any military, air force, naval, police, paramilitary or similar organization including service in the armed forces in time of declared or undeclared war or while under orders for warlike operations or restoration of public order,
- 11) Participation by the insured person in any flying activity other than as a bona-fide passenger (whether paying or not), in a licensed aircraft provided the life insured does not, at the time, have any duty on board such aircraft. Crew members and pilot for passenger carrying commercial flight are excluded under this exclusion unless they are bonafide passengers
- 12) Nuclear reaction, Radioactive or chemical contamination due to nuclear accident

Critical Illness:

Apart from the disease specific exclusions given along with definitions of diseases above, Critical Illness benefit will not be payable if the Critical Illness is caused or aggravated directly or indirectly by any of the following:

- 1) Any of the listed Critical Illness condition which first manifests itself within ninety (90) days of the Date of Commencement of Risk or date of latest revival (if any), whichever is later.
- 2) Pre-Existing Conditions or conditions connected to a Pre-Existing Condition will be excluded. Pre-Existing condition or disease is defined as condition, ailment, injury or disease
 - a) That is /are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement or
 - b) For which medical advice or treatment was recommended by, or received from, a physician within forty-eight (48) months prior to the effective date of the policy issued by the insurer or its reinstatement.
- 3) Any External Congenital Anomaly (known and/or visible at the time of proposal), which is not as a consequence of Genetic disorder, unless the Life Assured has disclosed at the time of proposal and the company has specifically accepted the same.
- 4) Suicide or attempted suicide or intentional self-inflicted injury, by the life insured.
- 5) Life assured being under the influence of drugs, alcohol, narcotics or psychotropic substance, not prescribed by a Registered Medical Practitioner.
- 6) War, invasion, hostilities (whether war is declared or not), civil war, rebellion, terrorist activity, revolution or taking part in a riot or civil commotion, strikes or industrial action.
- 7) Participation by the Life Assured in a criminal or unlawful act or committing any breach of law with criminal intent including involvement in any fight or affray.
- 8) Treatment for injury or illness caused by avocations / activities such as hunting, mountaineering, steeple-chasing, professional sports, racing of any kind, scuba diving, aerial sports, activities such as hand-gliding, ballooning, deliberate exposure to exceptional danger.
- 9) Any underwater or subterranean operation or activity. Racing of any kind other than on foot.
- 10) Participation by the Life Assured in any flying activity other than as a bona-fide fare-paying passenger, in a licensed aircraft. Crew members and pilot for passenger carrying commercial flight are excluded under this exclusion unless they are bonafide passengers.
- 11) Unreasonable failure to seek or follow medical advice, the Life Assured has delayed medical treatment in order to circumvent the waiting period or other conditions and restriction applying to this Policy.
- 12) Nuclear reaction, Biological, radioactive or chemical contamination due to nuclear accident.
- 13) Ayurvedic, Homeopathy, Unani, naturopathy, reflexology, acupuncture, bone-setting, herbalist treatment, hypnotism, rolfing, massage therapy, aroma therapy or any other treatments other than Allopathy / western medicines.
- 14) Any treatment of a donor for the replacement of an organ.
- 15) Out of 36 Critical Illness, Encephalitis and Bacterial Meningitis are juvenile Critical Illness and are applicable only to minor lives assured.



Definitions

A) Accident Total Permanent Disability:

If the Life Assured meets with an Accident and is being subject to one of the following impairments within ninety (90) days of the date of Accident, the benefit will be paid:

- 1) Total and irrecoverable loss of entire sight in both eyes or
- 2) Amputation of both hands at or above the wrists or
- 3) Amputation of both feet at or above the ankles or
- 4) Amputation of one hand at or above the wrist and one foot at or above the ankle

Loss of sight means total, permanent and irreversible loss of all vision in both eyes as a result of Accident (as applicable). The diagnosis must be clinically confirmed by a medical practitioner. The blindness must not be correctable by aides or surgical procedures.

B) Critical Illness:

Critical Illness means illness the signs or symptoms of which first commence more than ninety (90) days following the Date of Commencement of Risk or the date of latest revival (if any), and shall include either the first diagnosis of any of the following illnesses or first performance of any of the covered surgeries stated below:

- 1) **Alzheimer's Disease:** Progressive and permanent deterioration of memory and intellectual capacity as evidenced by accepted standardised questionnaires and cerebral imaging.

The diagnosis of Alzheimer's disease must be confirmed by a specialised medical practitioner. There must be significant reduction in mental and social functioning requiring the continuous supervision of the life assured. There must also be an inability of the Life Assured to perform (whether aided or unaided) at least three (3) of the following six (6)

"Activities of Daily Living" for a continuous period of at least three (3) months.

Activities of Daily Living are defined as:

- a) Washing – the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
- b) Dressing – the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, or artificial limbs or other surgical appliances;
- c) Transferring – the ability to move from a bed to an upright chair or wheelchair and vice versa;
- d) Toileting – the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- e) Feeding – the ability to feed oneself once food has been prepared and made available.
- f) Mobility - the ability to move from room to room without requiring any physical assistance.
- g) The following are excluded: (i) Drug-induced or toxic causes of Parkinsonism; (ii) Any other type of irreversible organic disorder/dementia; (iii) Non-organic disease such as neurosis and psychiatric illnesses; and (iv) Alcohol-related brain damage.

- 2) **Apallic Syndrome:** Universal necrosis of the brain cortex, with the brain stem intact.

Diagnosis must be definitely confirmed by a Registered Medical Practitioner who is also a neurologist is holding such an appointment at an approved hospital. This condition must be documented for at least one (1) month.

- 3) **Aplastic Anaemia:** Chronic Irreversible persistent bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least two (2) of the following:

(a) Regular blood product transfusion; (b) Marrow stimulating agents; (c) Immuno-suppressive agents; or (d) Bone marrow transplantation

The diagnosis and suggested line of treatment must be confirmed by a Haematologist acceptable to the Company using relevant laboratory investigations, including bone marrow biopsy. Two (2) out of the following three (3) values should be present (i) Absolute Neutrophil count of 500 per cubic millimetre or less; (ii) Absolute Reticulocyte count of 20,000 per cubic millimetre or less; and (iii) Platelet count of 20,000 per cubic millimetre or less.

Temporary or reversible aplastic anaemia is excluded.

4) Angioplasty: Coronary Angioplasty is defined as percutaneous coronary intervention by way of balloon angioplasty with or without stenting for treatment of the narrowing or blockage of minimum 50 % of one or more major coronary arteries. The intervention must be determined to be medically necessary by a cardiologist and supported by a coronary angiogram (CAG). Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery.

Diagnostic angiography or investigation procedures without angioplasty/stent insertion are excluded.

5) Benign Brain Tumour: Benign brain tumor is defined as a life threatening, non-cancerous tumor in the brain, cranial nerves or meninges within the skull. The presence of the underlying tumor must be confirmed by imaging studies such as CT scan or MRI.

This brain tumor must result in at least one of the following and must be confirmed by the relevant medical specialist.

i. Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or

ii. Undergone surgical resection or radiation therapy to treat the brain tumor.

The following conditions are **excluded**:

Cysts, Granulomas, malformations in the arteries or veins of the brain, hematomas, abscesses, pituitary tumors, tumors of skull bones and tumors of the spinal cord.

6) Blindness: Total, permanent and irreversible loss of all vision in both eyes as a result of illness or accident.

The Blindness is evidenced by:

i. corrected visual acuity being 3/60 or less in both eyes or ;

ii. the field of vision being less than 10 degrees in both eyes.

The diagnosis of blindness must be confirmed and must not be correctable by aids or surgical procedure.

7) Brain Surgery: The actual undergoing of surgery to the brain, under general anaesthesia, during which a Craniotomy with removal of bone flap to access the brain is performed.

The following are excluded: a) Burr hole procedures, trans-phenoidal procedures and other minimally invasive procedures such as irradiation by gamma knife or endovascular embolizations, thrombolysis and stereotactic biopsy, b) brain surgery as a result of an accident, and, c) Cysts, Granulomas, malformations in the arteries or veins of the brain, hematomas, abscesses, pituitary tumors, tumors of skull bones and tumors of the spinal cord.

The procedure must be considered necessary by a qualified specialist and the benefit shall only be payable once corrective surgery has been carried out.

8) Cancer of Specified Severity: A malignant tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukemia, lymphoma and sarcoma.

The following are excluded –

a. All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN - 2 and CIN-3.

b. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;

c. Malignant melanoma that has not caused invasion beyond the epidermis;

d. All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0

e. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;

f. Chronic lymphocytic leukaemia less than Rai stage 3

g. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,

h. All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;

9) Cardiomyopathy: An impaired function of the heart muscle, unequivocally diagnosed as Cardiomyopathy by a Registered Medical Practitioner who is a cardiologist, and which results in permanent physical impairment to the degree of New York Heart Association classification Class IV, or its equivalent, based on the following classification criteria:

Class IV - Inability to carry out any activity without discomfort. Symptoms of congestive cardiac failure are present even at rest. With any increase in physical activity, discomfort will be experienced. The Diagnosis of Cardiomyopathy has to be supported by



echographic findings of compromised ventricular performance. Irrespective of the above.

Cardiomyopathy directly related to alcohol or drug abuse is excluded.

10) End Stage Liver Disease: Permanent and irreversible failure of liver function that has resulted in all three of the following:

- i. Permanent jaundice; and
- ii. Ascites; and
- iii. Hepatic encephalopathy.

Liver failure secondary to drug or alcohol abuse is excluded.

11) End Stage Lung Disease: End stage lung disease, causing chronic respiratory failure, as confirmed and evidenced by all of the following:

- i. FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart; and
- ii. Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and
- iii. Arterial blood gas analysis with partial oxygen pressure of 55mmHg or less ($PaO_2 < 55\text{mmHg}$); and
- iv. Dyspnea at rest.

12) Coma of Specified Severity: A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following:

- i. no response to external stimuli continuously for at least 96 hours;
- ii. life support measures are necessary to sustain life; and
- iii. permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.

The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse is excluded.

13) Deafness: Total and irreversible loss of hearing in both ears as a result of illness or accident. This diagnosis must be supported by pure tone audiogram test and certified by an Ear, Nose and Throat (ENT) specialist. Total means "the loss of hearing to the extent that the loss is greater than 90 decibels across all frequencies of hearing" in both ears.

14) First Heart Attack of Specified Severity: The first occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria:

- i. A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. typical chest pain)
- ii. New characteristic electrocardiogram changes
- iii. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

The following are excluded:

- i. Other acute Coronary Syndromes
- ii. Any type of angina pectoris
- iii. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.

15) Heart Valve Surgery (Open Heart Replacement or Repair of Heart Valves): The actual undergoing of open-heart valve surgery is to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease- affected cardiac valve(s). The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of surgery has to be confirmed by a specialist medical practitioner. Catheter based techniques including but not limited to, balloon valvotomy/valvuloplasty are excluded.

16) Kidney Failure Requiring Regular Dialysis: End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (haemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.

17) Loss of Independent Existence: Confirmation by a Consultant Physician of the loss of independent existence due to illness or trauma, lasting for a minimum period of six (6) months and resulting in a permanent inability to perform at least three (3) of the following Activities of Daily Living either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons. For the purpose of this benefit, the word "permanent", shall mean beyond the scope of recovery with current medical knowledge and technology.

Activities of Daily Living:

- a) Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
- b) Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
- c) Transferring: the ability to move from a bed to an upright chair or wheelchair and vice-versa;
- d) Mobility: the ability to move indoors from room to room on level surfaces;
- e) Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- f) Feeding: the ability to feed one-self once food has been prepared and made available.

18) Loss of Limbs: The physical separation of two or more limbs, at or above the wrist or ankle level limbs as a result of injury or disease. This will include medically necessary amputation necessitated by injury or disease. The separation has to be permanent without any chance of surgical correction. Loss of Limbs resulting directly or indirectly from self-inflicted injury, alcohol or drug abuse is excluded.

19) Loss of Speech: Total and irrecoverable loss of the ability to speak as a result of injury or disease to the vocal cords. The inability to speak must be established for a continuous period of 12 months. This diagnosis must be supported by medical evidence furnished by an Ear, Nose, Throat (ENT) specialist.
All psychiatric related causes are excluded.

20) Major Burns: There must be third-degree burns with scarring that cover at least 20% of the body's surface area. The diagnosis must confirm the total area involved using standardized, clinically accepted, body surface area charts covering 20% of the body surface area.

21) Major Head Trauma: Accidental head injury resulting in permanent Neurological deficit to be assessed no sooner than 3 months from the date of the accident. This diagnosis must be supported by unequivocal findings on Magnetic Resonance Imaging, Computerized Tomography, or other reliable imaging techniques. The accident must be caused solely and directly by accidental, violent, external and visible means and independently of all other causes.

The Accidental Head injury must result in an inability to perform at least three (3) of the following Activities of Daily Living either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons. For the purpose of this benefit, the word "permanent" shall mean beyond the scope of recovery with current medical knowledge and technology.

The Activities of Daily Living are:

- i. Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
- ii. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
- iii. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
- iv. Mobility: the ability to move indoors from room to room on level surfaces;
- v. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- vi. Feeding: the ability to feed oneself once food has been prepared and made available.

The following are excluded: Spinal cord injury;

22) Major Organ / Bone Marrow Transplant: The actual undergoing of a transplant of:

- i. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
- ii. Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.

The following are excluded:

- i. Other stem-cell transplants
- ii. Where only islets of Langerhans are transplanted



23) Medullary Cystic Disease: Medullary Cystic Disease where the following criteria are met:

- a) the presence in the kidney of multiple cysts in the renal medulla accompanied by the presence of tubular atrophy and interstitial fibrosis;
- b) clinical manifestations of anaemia, polyuria, and progressive deterioration in kidney function; and
- c) the Diagnosis of Medullary Cystic Disease is confirmed by renal biopsy. Isolated or benign kidney cysts are specifically excluded from this benefit.

24) Motor Neurone Disease with permanent symptoms: Motor neuron disease diagnosed by a specialist medical practitioner as spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis. There must be progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurons. There must be current significant and permanent functional neurological impairment with objective evidence of motor dysfunction that has persisted for a continuous period of at least 3 months.

25) Multiple Sclerosis with persisting symptoms: The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:

- i. investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and
- ii. there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.

26) Muscular Dystrophy: A group of hereditary degenerative diseases of muscle characterised by weakness and atrophy of muscle based on three (3) out of four (4) of the following conditions:

- a) Family history of other affected individuals;
- b) Clinical presentation including absence of sensory disturbance, normal cerebro-spinal fluid and mild tendon reflex reduction;
- c) Characteristic electromyogram; or
- d) Clinical suspicion confirmed by muscle biopsy.

The condition must result in the inability of the Life Assured to perform (whether aided or unaided) at least three (3) of the six (6) 'Activities of Daily Living' as defined, for a continuous period of at least six (6) months.

Activities of Daily Living:

- i) Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
- ii) Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate any braces, artificial limbs or other surgical appliances;
- iii) Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
- iv) Mobility: the ability to move indoors from room to room on level surfaces;
- v) Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- vi) Feeding: the ability to feed one-self once food has been prepared and made available.

27) Open Chest CABG: The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breast bone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist.

The following are excluded:

- i. Angioplasty and/or any other intra-arterial procedures

28) Permanent Paralysis of Limbs: Total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist medical practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months.

29) Parkinson's Disease: Unequivocal Diagnosis of primary idiopathic Parkinson's disease (all other forms of Parkinsonism are excluded) made by a consultant neurologist. This diagnosis must be supported by all of the following conditions:

- a) The disease cannot be controlled with medication; and
- b) Objective signs of progressive impairment; and

c) There is an inability of the Life assured to perform (whether aided or unaided) at least 3 of the following five (6) "Activities of Daily Living" for a continuous period of at least 6 months.

Activities of Daily Living:

- i) Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
- ii) Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
- iii) Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
- iv) Mobility: the ability to move indoors from room to room on level surfaces;
- v) Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- vi) Feeding: the ability to feed one-self once food has been prepared and made available.

Drug-induced or toxic causes of Parkinsonism are excluded.

30) Poliomyelitis: The occurrence of Poliomyelitis where the following conditions are met:

- a) Poliovirus is identified as the cause
- b) Paralysis of the limb muscles or respiratory muscles must be present and persist for at least three (3) months.

The diagnosis of Poliomyelitis must be confirmed by a Registered Medical Practitioner who is a neurologist.

31) Primary Pulmonary Arterial Hypertension: An unequivocal diagnosis of Primary (Idiopathic) Pulmonary Hypertension by a Cardiologist or specialist in respiratory medicine with evidence of right ventricular enlargement and the pulmonary artery pressure above 30 mm of Hg on Cardiac Catheterization. There must be permanent irreversible physical impairment to the degree of at least Class IV of the New York Heart Association Classification of cardiac impairment.

The NYHA Classification of Cardiac Impairment are as follows:

- i. Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.
- ii. Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.

Pulmonary hypertension associated with lung disease, chronic hypoventilation, pulmonary thromboembolic disease, drugs and toxins, diseases of the left side of the heart, congenital heart disease and any secondary cause are specifically excluded.

32) Stroke resulting in Permanent Symptoms: Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extracranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.

The following are excluded:

- i. Transient ischemic attacks (TIA)
- ii. Traumatic injury of the brain
- iii. Vascular disease affecting only the eye or optic nerve or vestibular functions.

33) Surgery to Aorta: The actual undergoing of surgery for a disease or injury of the aorta needing excision and surgical replacement of the diseased part of the aorta with a graft. The term "aorta" means the thoracic and abdominal aorta but not its branches.

Surgery performed using only minimally invasive or intra-arterial techniques are excluded.

34) Systemic Lupus Eryth. with Renal Involvement: A multi-system, multi-factorial, autoimmune disease characterized by the development of auto-antibodies directed against various self-antigens. In respect of this Contract, Systemic Lupus Erythematosus (SLE) will be restricted to those forms of systemic lupus erythematosus which involve the kidneys (Class III to Class V Lupus Nephritis, established by renal biopsy, and in accordance with the WHO Classification). The final diagnosis must be confirmed by a certified doctor specializing in Rheumatology and Immunology. There must be positive anti-nuclear antibody test.

WHO Classification of Lupus Nephritis:

Class I: Minimal change Lupus Glomerulo-nephritis – Negative, normal urine.

Class II: Mesangial Lupus Glomerulo-nephritis – Moderate Protein-uria, active sediment



Class III: Focal Segmental Proliferative Lupus Glomerulo-nephritis – Protein-uria, active sediment

Class IV: Diffuse Proliferative Lupus Glomerulo-nephritis – Acute nephritis with active sediment and/or nephritic syndrome.

Class V: Membranous Lupus Glomerulo-nephritis – Nephrotic Syndrome or severe protein-uria.

Other forms, discoid lupus, and those forms with only haematological and joint involvement will be specifically excluded.

35) Encephalitis: A definite diagnosis of acute viral encephalitis resulting in a persistent neurological deficit documented for at least 3 months following the date of diagnosis. The diagnosis must be confirmed by a Consultant Neurologist and supported by typical clinical symptoms and cerebrospinal fluid or brain biopsy findings.

For the above definition, the following are not covered:

1. Encephalitis caused by bacterial or protozoal infections
2. Myalgic or paraneoplastic encephalomyelitis

36) Bacterial Meningitis: A definite diagnosis of Bacterial meningitis causing inflammation of the membranes of the brain or spinal cord resulting in a persistent neurological deficit documented for at least 3 months following the date of diagnosis. The diagnosis must be confirmed by a Consultant Neurologist and supported by growth of pathogenic bacteria from cerebrospinal fluid culture.

For the above definition, the following are not covered:

1. Aseptic, viral, parasitic or non-infectious meningitis

Waiting period 3 months.

Medical Practitioner – A medical practitioner is a person who holds a valid registration from the medical council of any state or Medical council of India or Council for Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of license.

The Medical Practitioner / Specialist Medical Practitioner are independent of the Insurance Company.

Hospital

A hospital means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under Clinical Establishments (Registration and Regulation) Act 2010 or under enactments specified under the Schedule of Section 56(1) and the said act Or complies with all minimum criteria as under:

- Has qualified nursing staff under its employment round the clock;
- Has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
- Has qualified medical practitioner(s) in charge round the clock;
- Has a fully equipped operation theatre of its own where surgical procedures are carried out;
- Maintains daily records of patients and makes these accessible to the insurance company's authorized personnel;

Critical Illness Benefit i.e. Sum Assured: is the benefit payable on diagnosis of any specified Critical Illness occurring on the life of the Life Assured

Paid-Up Sum Assured: is defined as the reduced value of the Sum Assured arrived at by multiplying the Sum Assured with the proportion of number of premiums paid to the number of premiums payable under the policy

Statutory Information

Assignment

Assignment should be in accordance with provisions of section 38 of the Insurance Act 1938 as amended from time to time.

Nomination

Nomination should be in accordance with provisions of section 39 of the Insurance Act 1938 as amended from time to time



Prohibition of Rebate

Prohibition of Rebate should be in accordance with provisions of section 41 of the Insurance Act 1938 as amended from time to time. "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 insurer. Any person making default in complying with the provision of this section shall be punishable with a fine which may extend up to ten lakh rupees."

Fraud, Misrepresentation & Forfeiture

Fraud, Misrepresentation and forfeiture would be dealt with in accordance with provisions of section 45 of the Insurance Act 1938 as amended from time to time.

Applicability of Goods & Service Tax

Goods and Service Tax is charged based on type of policy communication address of Policyholder. This may change subject to change in rate/state in address of the Policyholder as on date of adjustment.

About Bajaj Allianz Life Insurance

Bajaj Allianz is a joint venture between Bajaj Finserv 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 Allianz SE, and in-depth market knowledge and goodwill 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.

Disclaimer

All Charges applicable shall be levied. This brochure should be read in conjunction with the Benefit Illustration. The Policy document is the conclusive evident of contract and provides in details all the conditions and exclusions related to Bajaj Allianz Life Health Care Goal. Please ask for the same along with the quotation.



Bajaj Allianz Life

Health Care Goal

Contact Details



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Product Name & UIN

Bajaj Allianz Life Health Care Goal - UIN : 116N144V02

Disclaimer

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• IRDAI is not involved in activities like selling insurance policies, announcing bonus or investment of premiums. Public receiving such phone calls are requested to lodge a police complaint.

For More Information: Kindly consult our "Insurance Consultant" or call us today on the TOLL FREE numbers mentioned above. This brochure should be read in conjunction with the Benefit Illustration and Policy Exclusions. Please ask for the same along with the quotation.

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LIFE GOALS. DONE.