

SI No	Title	Description	Policy Clause Number
1	Name of Insurance Product/Policy	Bajaj Allianz Life Group Critical Illness Rider	Policy Schedule
2	Policy Number	<xxxxxxxx></xxxxxxxx>	As per Base Policy
3	Type of Insurance Product/ Policy	Benefit	As per Base Policy
4	Sum Assured (Basis) (Along with amount)	<xxxxxxxx></xxxxxxxx>	As per Base Policy
5	Policy Coverage (What the policy covers)	On first diagnosis of any of the 17/32 Critical Illnesses on the life of the Member, during the coverage term of the Rider, subject to the Waiting Period	Policy WordingSection 2 & 3- Rider Benefit & Critical Illness
	BAJA FE GOALS	and Survival Period, if any, then, the Company, shall pay the Accelerated/ Additional Critical Illness Sum Assured to the Member. a) If Accelerated Critical Illness Benefit was chosen in the Policy: i) If the Accelerated Critical Illness Sum Assured is equal to Sum assured under the base Policy, then, the risk-cover for the Member under the base Policy including the Rider, will terminate after the Accelerated Critical Illness Benefit is paid. ii) If the Accelerated Critical Illness Sum Assured is less than the Sum Assured under the base Policy, then, the Rider cover will terminate after the Accelerated Critical Illness Benefit is paid. But, the risk cover for the Member under the base Policy will continue for the balance Sum Assured (which is equal to the base Sum Assured minus the Accelerated Critical Illness Sum Assured Critical Illness Sum Assured Massured).	Z (II)



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		b) If Additional Critical Illness	
		Benefit was chosen in the	
		Policy, then, the Rider cover	
		will terminate after the	
		Additional Critical Illness	
		Benefit is paid. But, the risk	
		cover for the Member under the	
		base Policy will continue for the	
		base Sum Assured	
6	Exclusions	As per benefit chosen	Policy Wording
		1	Section 9 -
			Exclusions
7	Waiting Period	Period of ninety (90) days from	Policy Wording
	, , , , , , , , , , , , , , , , , , , ,	the date of commencement of	Section 9 –
		Rider cover	Exclusions
8	Financial limits of	Not Applicable	Not Applicable
O	coverage	The rippileasie	rvot ripplicable
	i) Sub-limit		
	ii) Co-payment		
	iii) Deductible		
	iv) Any other	Allian	/ulu\
	limit (as	L Allian	/ 11111
	applicable)		
9	Claims/Claims	For claims, member will have to	Policy Wording
	Procedure	submit the necessary	Section 11-
	Trocedure	documents to Company within	Payment of
		the prescribed time limit	Claim
10	Policy Servicing	In case you have any query or	Policy
10	Toney Servicing	compliant/grievance, you may	Wording-
	TE CONTO	contact the Grievance Officer of	Grievance
LII	FE GUALS.	any nearest Customer Care	Redressal is as
		Center at Branch Office of the	per the base
		Company during the	policy
		Company's office hours from 9	policy
		am to 6 pm. Alternatively, you	
		may communicate with the	
		Company:	
		By post at: Customer Care Desk,	
		Bajaj Allianz Life Insurance	
		Company Ltd.,	
		Bajaj Allianz House, Airport	
		Road, Yerawada, Pune - 411006	
		By Phone at: Toll Free No. 1800	
		209 7272	



	T		
		By Email:	
		Customercare@bajajallianz.co.in	
11	Grievances/Complaints	In case you are not satisfied	Policy
		with the resolution provided to	Wording-
		you by the above office, or have	Grievance
		not received any response	Redressal is as
		within 10 days, or you have any	per the base
		suggestion in respect of this	policy
		Policy or on the functioning of	
		the office, you may contact the	
		following official for resolution:	
		Grievance Redressal Officer,	
		Bajaj Allianz Life Insurance	
		Company Ltd. Bajaj Allianz	
		House, 5th floor, Airport Road	
		Yerawada, Pune, District –	
		Pune, Maharashtra -411006	
		Tel. No: 1800- 209- 7272	
		Email ID: gro@bajajallianz.co.in	
		Eman ib. growbajajamanz.co.m	/.1.\
		If Policyholder is not satisfied	7 (111)
		If Policyholder is not satisfied	- VIII
		with the response or does not	
		receive a response from the	
		Company within fifteen (15)	
		days, he may approach the	
		IRDAI Grievance Cell Centre	
		(IGCC) on the following contact	
		details:	
	FF GOALS		
_ ' ' '	L JUMLJ.	By Phone: TOLL FREE NO:	
		155255 By Email:	
		complaints@irdai.gov.in By	
		post at: Consumer Affairs	
		Department Insurance	
		Regulatory and Development	
		Authority of India Sy. No.	
		115/1, Financial District,	
		Nanakramguda, Gachibowli,	
		Hyderabad – 500 032	
		The Policyholder can also	
		register his complaint online at	
		http://www.igms.irdai.gov.in/	
12	Things to	Free Look period of 15 days	Policy Wording
	remember(free look	from the date of receipt of the	



	cancellation, policy	policy shall be applicable at the	Section 6- Free
	renewal, migration and	inception. All these options are	Look Option
	portability, change in	available subject to detailed	
	sum insured)	terms & conditions as	
		mentioned in the policy	
		document	
13	Your obligations	Please disclose all pre-existing	Policy Schedule
	_	disease/s or condition/s before	-
		buying a policy. Non-disclosure	
		may result in claim not being	
		paid.	

Legal Disclaimer Note: The information must be read in conjunction with the product brochure and policy document. In case of any conflict between the CIS and the policy document, the terms and conditions mentioned in the policy document shall prevail.

Declaration by the Policy Holder:

I have read the above and confirm having noted the details.

Place:

Date:

(Signature of the Policy)

LIFE GOALS, DONE.