

**Bajaj Allianz Family CareFirst**  
**UIN: 116N061V03**

This Policy is issued on the basis of the information given by the Policyholder in the Proposal Form, which is deemed to be incorporated herein. This insurance is subject to the Sum Assured specified and the terms, conditions, exclusions, Waiting Period and definitions contained in this Policy wording and the Schedule.

**Benefits**

1). If a Doctor requires any of the Member to be immediately Hospitalised as an In-Patient during the Policy Term because of an Illness or Physical Injury, the Company shall, subject to Clause 2 and Clause 5 to 10 inclusive, reimburse the expenses to the Policyholder incurred in the manner as described below:

i) If Hospitalisation is due to one of the following Illnesses/procedures/group of Illnesses for more than 24 continuous hours, then the Company shall reimburse 95% of the Medical Expenses incurred towards those Illnesses/procedures/group of Illnesses, subject to a maximum reimbursement limit per Member in a Policy Year as described in the table below:

Sl no.	Illnesses/procedures/group of Illnesses	The lower of:	
		% of Sum Assured	Lump sum in Rs
1	Cataract	12%	25,000
2	Knee replacement	50%	150,000
3	Hip replacement	50%	175,000
4	Miscarriage (as a result of an Accident) or Ectopic Pregnancy	Not Applicable	30,000

ii) If Hospitalisation is due to the Illnesses/procedures/Group of Illnesses other than those mentioned under Clause 1)i) for more than 24 continuous hours, 95% of the head of costs as described below shall be reimbursed:

- a) Room rent and boarding expenses subject to a daily limit of 1.5% of the Sum Assured for each day of non Intensive Care Unit Hospitalisation and 3% of the Sum Assured for each day of Intensive Care Unit Hospitalisation. Room rent and boarding expenses would include registered medical officer charges, administration charges for IV Fluids/Blood Transfusion/Injections;
- b) Operation theatre expenses;
- c) Nursing expenses;
- d) Doctor's fees subject to a maximum limit of 25% of the total Medical Expenses incurred on In-Patient treatment of the Member
- e) Anesthesia, blood, oxygen, medicines and drugs, diagnostic materials, x-ray, surgical appliances, any disposable surgical consumables, dialysis, radiotherapy, cardiac pacemaker, artificial limbs, stents and implants

In respect of Clause 1i)-ii) inclusive, the Company shall make payment only for those days of treatment of Member as an In-Patient falling within the Policy Term.

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- iii) The Hospitalisation requirement for more than 24 continuous hours shall not apply if the Hospitalisation has taken place due to following 140 day care procedures as mentioned below and in such case, the Company shall reimburse the expenses in the same manner as mentioned in Clause 1)ii) above .

Sl No	Day Care Procedure	Sl No	Day Care Procedure
1	Surgical debridement of wound	71	Surgery for ligament tear
2	Therapeutic Ascitic Tapping	72	Surgery for meniscus tear
3	Therapeutic Pleural Tapping	73	Surgery for hemoarthrosis/pyoarthrosis
4	Therapeutic joint Aspiration	74	Removal of fracture pins/nails
5	Aspiration of an internal abscess under ultrasound guidance	75	Removal of metal wire
6	Aspiration of hematoma	76	Incision of bone, Septic and aseptic
7	Endoscopic Foreign Body Removal- trachea/ - pharynx-larynx/ / bronchus / esophagus / stomach / rectum	77	Closed reduction of fracture, subluxation or epiphyseolysis with osetosynthesis
8	True cut Biopsy-Breast/-liver/-kidney- Lymph Node/-Pleura/-lung/-Muscle biopsy/Nerve Biopsy/-Synovial Biopsy/- Bone trephine Biopsy/-pericardial biopsy	78	Structure and other operations tendons and tendon sheath
9	Sclerotherapy	79	Reduction of dislocation under GA
10	Dilatation of digestive tract strictures	80	Cataract Surgery
11	Endoscopic Ultrasonography and biopsy	81	Excision of lachrymal cyst
12	Nissen fundoplication for Hiatus Hernia/Gastro esophageal reflux disease	82	Excision of pterigium
13	Endoscopic placement/removal of stents	83	Glaucoma Surgery
14	Endoscopic Gastrostomy	84	Surgery for retinal detachment
15	Replacement of Gastrostomy tube	85	Chalazion Removal (Eye)
16	Endoscopic polypectomy	86	Incision of lachrymal glands
17	Endoscopic decompression of colon	87	Incision of diseased eye lids
18	Therapeutic ERCP	88	Excision of eye lid granuloma
19	Brochoscopic treatment of bleeding lesion	89	Operation on canthus & epicanthus
20	Brochoscopic treatment of fistula/stenting	90	Corrective surgery for entropion & ectropion
21	Bronchoalveolar lavage & Biopsy	91	Corrective surgery for blepharoptosis
22	Tonsillectomy without Adenoidectomy	92	Foreign body removal from Conjunctiva
23	Tonsillectomy with Adenoidectomy	93	Foreign body removal from cornea
24	Excision and destruction of lingual tonsil	94	Incision of cornea
25	Myringotomy	95	Foreign body removal from lens of the eye
26	Myringotomy With Grommet Insertion	96	Foreign body removal from posterior chamber of eye
27	Myringoplasty/Tympanoplasty	97	Foreign body removal from orbit and eyeball
28	Antral Wash under LA	98	Excision of breast lump/Fibro adenoma
29	Quinsy drainage	99	Operations on the nipple
30	Direct Laryngoscopy With biopsy	100	Incision/Drainage of breast abscess
31	Reduction of nasal fracture	101	Incision of pilonidal sinus
32	Mastoidectomy	102	Local excision of diseased tissue of skin and subcutaneous tissue
33	Removal of tympanic drain	103	Simple restoration of surface continuity of the skin and subcutaneous tissue
34	Reconstruction of middle ear	104	Free skin transportation, donor site
35	Incision of mastoid process & middle ear	105	Free skin transportation, recipient site

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36	Excision of nose granuloma	106	Revision of skin plasty excepting burns / injuries
37	Therapeutic Phlebotomy	107	Destruction of the diseases tissue of the skin and subcutaneous tissue
38	Haemodialysis /Peritoneal Dialysis	108	Incision, excision, destruction of the diseased tissue of the tongue
39	Chemotherapy	109	Incision and lancing of the salivary gland and salivary duct
40	Radiotherapy	110	Resection of Salivary duct
41	Coronary Angioplasty (PTCA)	111	Reconstruction of a salivary gland and salivary duct
42	Pericardiocentesis	112	External incision and drainage in the region of the mouth, jaw and face
43	Insertion of filter in inferior vena cava	113	Incision of hard and soft palate
44	Insertion of gel foam in artery or vein	114	Excision and destruction of the diseased hard and soft palate
45	Carotid angioplasty	115	Incision, Excision and destruction in the mouth
46	Renal angioplasty	116	Surgery to the floor of mouth
47	Tumor embolisation	117	Palatoplasty
48	TIPS Procedure for portal hypertension	118	Transoral incision and drainage of pharyngeal abscess
49	Endoscopic Drainage of Pseudopancreatic cyst	119	Dilatation and curettage, Myomectomy, hysteroscopic or laparoscopic biopsy or removal
50	Lithotripsy	120	Vaccination/Inoculation forming a part of post bite treatment
51	PCNS (Percutaneous nephrostomy)	121	Coronary Angiography
52	PCNL (Percutaneous nephrolithotomy)	122	Dental surgery due to accident
53	Suprapubic cystostomy	123	Any surgery under general an aesthesia requiring OT
54	Trans urethral resection of bladder tumor	124	Genital surgery
55	Hydrocele surgery	125	Laparoscopic therapeutic surgeries
56	Epididymectomy	126	Suturing - CLW -under LA or GA
57	Orchidectomy	127	Incision and Drainage
58	Herniorrhaphy	128	Endoscopic ligation/banding
59	Hernioplasty	129	Foreign body removal from nose
60	Incision and Excision of tissue in the perianal region	130	Excision of granuloma including nose granuloma
61	Surgical treatment of anal fistula	131	Glossectomy
62	Surgical treatment of hemorrhoids	132	Reconstruction of the tongue
63	Sphincterotomy / Fissurectomy	133	Myomectomies
64	Laparoscopic appendicectomy	134	Simple Oophorectomies
65	Laparoscopic Cholecystectomy	135	Intravitreal Injection Avastin for macular degeneration
66	TURP (endoscopic Resection prostate)	136	Intravenous Injection Pegasys for treatment of Hepatitis B
67	Varicose vein stripping or ligation	137	Cryopexy and Laser Photocoagulation for retinal detachment
68	Excision of dupuytren's contracture	138	Vitreotomy
69	Carpal tunnel decompression	139	Chelation therapy for vascular diseases
70	Arthroscopic therapy	140	Steroids administered intra articular, intravertebral

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- iv) A flat benefit of 3% of the Admissible Hospital Bill will be paid on each Hospitalisation claim towards pre-Hospitalisation and post-Hospitalisation expenses.
  - v) With respect to Clause 1).i) to 1).iv) above, if none of the Members claim during the previous Policy Year, the Sum Assured under the Policy shall be increased by an amount equivalent to 5% of the Basic Sum Assured in the subsequent Policy Year without a corresponding increase in Premium, subject to a maximum increase of 25% of the Basic Sum Assured over the duration of the Policy including Renewals. The Basic Sum Assured is the Sum Assured chosen as on Policy Commencement Date. If a claim is made by any of the Members after this provision has come into force, then the Sum Assured under this Policy will be reduced back to Basic Sum Assured in the subsequent Policy Year.
  - vi) In case the Hospitalisation requires an ambulance, the expenses for ambulance will be reimbursed by the Company subject to a maximum reimbursement limit of Rs. 1,000 for a Member in a Policy Year provided the Hospitalisation of Member is more than 24 continuous hours.
- 2). In a Policy Year, the total liability of the Company under this Policy is limited to the Sum Assured, without making any reference to what the Company had reimbursed or is liable to reimburse for the claims made in the previous Policy Year.
- 3). If, as per the Schedule of this Policy, the Primary Member and/or his spouse is covered under **Health Critical Illness Rider**, then he will be entitled to the rider benefits as per the terms and conditions, exclusions, waiting period and definitions of the Rider.
- 4). No death benefit will be payable in case of death of any Member. In case of death of any Member, subject to Clause 25, the Policy will continue with rest of the Members.

**Definitions:**

- 5). The following terms shall have the meaning assigned to them as below. The singular includes the plural and references to the male include the female where the context so permits:
- a) “**Accident**” means a violent, sudden, unexpected, external, visible and fortuitous event, which shall independently of any other cause be the sole cause of Physical Injury.
  - b) “**Admissible Hospital Bill**” means the Medical Expenses incurred by the Member for the In-Patient treatment subject to the admissibility limit by the Company as per Clause 1)ii).
  - c) “**Age**” means age at last birthday.
  - d) “**Company**” means the BAJAJ ALLIANZ LIFE INSURANCE COMPANY LIMITED.
  - e) “**Dependent Member**” means the Member(s) listed in the Schedule other than Primary Member.
  - f) “**Doctor**” means a person who holds a recognised qualification in Allopathic medicine, is registered by the medical council of the respective state of India in which he operates and is practicing within the scope of such license and is not a family member or the relative of the Member.
  - g) “**Expiry Date**” means the expiry date of this Policy as specified in the Schedule.
  - h) “**Hospital**” means an institution in India established for the indoor medical care and treatment of patients as long as this:
    - i) is registered and licensed as a hospital or nursing home with the appropriate local authorities and is under the supervision of a Doctor in attendance for 24 hours a day and is not, except incidentally, a clinic, nursing home, rest home, or convalescent home for the addicted,

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detoxification centre, sanatorium, home for the aged, mentally disturbed, remodelling clinic or similar institution; or

- ii) has:
- (1) At least 10 In-Patient beds
  - (2) A fully equipped and functioning operating theatre
  - (3) Qualified nursing staff (i.e. any person who holds a certificate issued by a recognized nursing council) in attendance 24 hours a day
  - (4) A Doctor who is in attendance 24 hours a day
  - (5) Maintains daily records for each of its patients
- i) **“Hospitalisation”** means the admission of Member into a Hospital because of an Illness or Physical Injury upon the advice of a Doctor.
- j) **“Illness”** means sickness (a condition or an ailment affecting the general soundness and health of the Member’s body) or disease (an affliction of the bodily organs having a defined and recognized pattern of symptoms) that first manifests itself during the Policy Term and for which immediate treatment by a Doctor is necessary, but does not include any mental disease, sickness or illness.
- k) **“In-Patient”** means the Member who is admitted to a Hospital and stays for a minimum and continuous period of 24 hours, for the sole purpose of receiving treatment.
- l) **“Intensive Care Unit”** means a specially designed facility of the Hospital that provides the highest level of medical care (intensive medical care) and which is restricted to those patients who are critically ill or injured.
- m) **“Medical Expenses”** means a charge for medical treatment taken at the advice of the Doctor which shall include room rent and boarding expenses, operation theatre expenses, nursing expenses, Doctor’s fees (excluding RMO charges), charges for undergoing medically necessary procedures, medical consumables and relevant investigation charges and shall be considered reasonable and customary to the extent that it
- i. Does not exceed the general level of charges being made by others of similar standing in the locality where the charge is incurred when furnishing like or comparable treatment, services or supplies to individuals of the same sex and of comparable age, for a similar disease, illness, medical condition or injury. It also does not include reimbursement of tax applicable to the Hospitalisation expenses, if any.
  - ii. Is charged for medical treatment, supplies or medical services that are medically necessary to treat the Member’s condition
  - iii. Does not include charges that would not have been made if this Policy would not have existed.
- n) **“Member”** means the person(s) named in the Schedule whose life is insured to receive the Benefit under this Policy in case of his Hospitalisation.
- o) **“Nominee”** means the person specified in the Schedule who has been nominated by the Primary Member / Policyholder to receive benefit, if any, upon the death of the Primary Member.
- p) **“Physical Injury”** means any Accidental physical bodily harm or injury, but does not include any mental disease or illness or sickness.
- q) **“Policy”** means the insurance arrangements established by this Policy Document

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- r) **“Policy Anniversary”** means the date corresponding numerically with the Policy Commencement Date in each subsequent year during the Policy Term.
- s) **“Policy Commencement Date”** means the commencement date of this Policy as specified in the Schedule.
- t) **“Policy Document”** means this policy wording including the policy wording of Rider, the Schedule (which is attached to and forms part of this Policy and includes any Annexure to it) including any subsequent endorsement but latest in time and the Proposal Form.
- u) **“Policyholder”** means the adult person named in the Schedule who has concluded this Policy with the Company
- v) **“Policy Term”** means the period between the Policy Commencement Date or latest Renewal Date, and the Expiry Date.
- w) **“Policy Year”** means a year following the Policy Commencement Date and the subsequent Policy Anniversary during the Policy Term.
- x) **“Pre-Existing Condition”** means any condition for which the Member had signs or symptoms of an Illness, prior to the Policy Commencement Date and which would have caused any ordinary prudent person to seek treatment, diagnosis or care; or medical advice or treatment was recommended by or received from a Doctor; or the Member has undergone medical tests or investigations.

The Pre-Existing Condition shall not include any Illness, which was not disclosed by the Member in the Proposal Form, or the Illness, which was diagnosed after the Policy Commencement Date.

- y) **“Premium”** means the premium including premium for any rider benefit payable by the Policyholder at regular intervals in the amounts and at the frequency specified in the Schedule.
- z) **“Primary Member”** is one of the Member(s) named as Primary Member in the Schedule.
- aa) **“Proposal Form”** means the proposal for this Policy submitted by or on behalf of the Policyholder for the purpose of obtaining this Policy along with any other information or documentation provided to the Company for that purpose prior to inception of this Policy and based upon which this Policy is issued.
- bb) **“Renewal Date”** means the date on which this Policy is renewed as per Clause 17 and as specified in the Schedule
- cc) **“Schedule”** means the schedule to this Policy and any endorsements thereto issued by the Company to evidence this insurance and, if more than one, then the latest in time.
- dd) **“Sum Assured”** means the amount specified in the Schedule which shall be the maximum liability of the Company for any or all the claims made by any or all the Members together during the Policy Year, regardless of how many prior policies the Policyholder may have taken. The Sum Assured would float across all the Members.
- ee) **“Waiting Period”** means the initial period from the Policy Commencement Date or date of Revival of this Policy as per clause 13 during which the Member is required to wait for the risk cover to commence for the Illnesses or treatments listed under Clauses 7 to 10 inclusive. Any incidence of Illness/treatment listed under Clause 7 to 10 inclusive, during the Waiting Period, will render the Member ineligible, forever, for the Benefit under Clause 1, due to the same Illness

**Exclusions:**

- 6). The Company shall not be liable to make any payment if Hospitalisation or Medical Expenses or claims are attributable to, or based on, or arise out of, or are directly or indirectly connected to any of the following:
- a) Hospitalisation and Hospital services not recommended and approved by a Doctor and not in accordance with the diagnosis and treatment of the condition for which the Hospital confinement was required.
  - b) Hospitalisation and/or treatment within the Waiting Period and Hospitalisation and/or treatment following the diagnosis within the Waiting Period;
  - c) Charges which are not for actual, necessary and reasonable expenses incurred in the treatment of the Illness or Physical Injury, or any elective surgery or treatment which is not medically necessary;
  - d) Treatment for weight reduction or weight improvement regardless of whether the same is caused (directly or indirectly) by a medical condition;
  - e) Eye tests, refractive errors of the eyes and the provision of appliances, including spectacles, lenses, hearing aids and wheelchairs;
  - f) Any dental care or surgery of cosmetic nature, extraction of impacted tooth/teeth, orthodontics or orthognathic surgery, or Temporomandibular joint disorder except as necessitated by an Accidental injury;
  - g) Diagnostic tests for infertility, treatment for infertility or impotency, sex change or any treatment related to it, abortion, sterilization and contraception including any complications relating thereto;
  - h) Treatment arising from pregnancy which shall include childbirth or miscarriage (except as a result of an Accident) excepting Ectopic pregnancy;
  - i) Treatment for congenital conditions, including physical defects present from birth;
  - j) Charges for seeing a general practitioner, routine health checks, precautionary services, acupuncture and inoculation, referral fee to family physician and charges for telephone, television, newspapers and other ineligible non-medical items whilst as an In-Patient or undergoing -surgery; including but not limited to;
    - 1. Expenses on irrelevant investigations / treatment
    - 2. External / durable medical or non-medical equipments of any kind used for diagnosis/ treatment including CPAP, CAPD, infusion pump etc.
    - 3. Devices like walker, crutches, belts, collars, caps, splints, slings, braces, stockings, diabetic footwear, glucometer, thermometer and similar related items and any medical equipment which could be used at home subsequently
    - 4. Personal comfort / convenience items like maid servant/attendant, barber, beauty services, diet charges, baby food, cosmetics, napkins, toiletries, guest services etc.
    - 5. Any kind of service charges, surcharges, admission fees, registration charges etc. levied by the Hospital
  - k) Hospitalisation primarily for diagnosis, X-ray examinations, general physical or medical check-up not followed by active treatment during the Hospitalisation period.

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- l) Stay in Hospital for domestic reason where no active regular treatment is given by a Doctor
- m) Experimental or unproven procedures or treatments, devices or pharmacological regimens of any description (not recognized by Indian Medical Council)
- n) Non prescribed drugs or medical supplies
- o) Treatment under any system other than allopathic.
- p) Treatment arising from any geriatric, psycho-geriatric or psychiatric condition, insanity, mental or nervous breakdown/disorder or "rest cures";
- q) Charges for services received in convalescent home and nursing homes, nature cure clinics and similar establishments;
- r) Treatment directly or indirectly arising from alcoholism or drug abuse and any illness or Physical Injury which may be suffered after consumption of intoxication liquors or drugs;
- s) Treatment directly or indirectly arising from or consequent upon war, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, terrorism, rebellion, active participation in strikes, riots or civil commotion, revolution, insurrection or military or usurped power, and full-time service in any of the armed forces;
- t) Acquired Immune Deficiency Syndrome (AIDS) and all illnesses or diseases caused by or related to the Human Immuno-deficiency Virus
- u) Sexually transmitted diseases
- v) Expenses for services or treatment which are paid for by any other party or which are claimable under workmen's compensation insurance. In such case, the Company will reimburse the difference between the expenses that would have been reimbursable by the Company had there been no other party or workmen's compensation insurance involved and the amount already reimbursed or reimbursable by other party or by workmen's compensation insurance;
- w) Cosmetic or plastic surgery except to the extent that such surgery is necessary for the repair of damage caused solely by Accidental injuries; treatment of xanthelesema, syringoma, acne and alopecia;
- x) Study and treatment of sleep apnoea;
- y) Deliberate exposure to exceptional danger (except in an attempt to save human life);
- z) Nuclear disaster, radioactive contamination and/or release of nuclear or atomic energy;
- aa) Injuries arising out of or in connection with
  - 1. Commando or bomb disposal duties or training, active military and police duties such as maintenance of civil order, engagement in hostilities, whether war be declared or not, and travel by military aircraft or waterborne vessel; or
  - 2. Military duties of a peace-time nature, namely normal training range work and military exercises.
- bb) Treatment for Physical Injury or Illness caused by intentionally self-inflicted injuries; or any attempts at suicide while sane or insane;
- cc) Treatment for Physical Injury or Illness caused by violation or attempted violation of the law, or resistance to arrest;



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- dd) Treatment for Physical Injury or Illness caused by professional sports, racing of any kind, scuba diving, aerial sports, activities such as hand-gliding, ballooning, and any other hazardous activities or sports unless agreed by special endorsement;
- ee) Cost of procurement of a replacement organ, transportation costs of the replacement organ and associated administration costs and all costs incurred by the donor;
- ff) Associated with the failure of seeking timely medical advice in order to circumvent the Waiting Period or other conditions and restrictions applied by the Company.
- gg) Circumcision unless necessary for treatment of a disease or necessitated due to an Accident
- hh) Medical Expenses incurred due to Ventral/Incisional Hernia unless the Company has paid the first operation

**Waiting Period**

- 7). The Company shall not be liable to make any payment ever during the currency of the Policy if claims are made due to;
- a) Any treatment of Illness diagnosed or Hospitalisation or Medical Expenses incurred during the first thirty days of the Policy Commencement Date or date of Revival, whichever is later;
  - b) Any of the following Illnesses if diagnosed or Hospitalisation or Medical Expenses incurred due to the following within 6 months of the Policy Commencement Date or date of Revival whichever is later:
    - i) Hepatitis of Any kind
    - ii) Tuberculosis of any kind
  - c) Any of the following Illnesses if diagnosed or Hospitalisation or Medical Expenses incurred due to the following within one year of the Policy Commencement Date or date of Revival whichever is later:
    - i) Tonsillitis,
    - ii) Arthritis
    - iii) Any back, spine or spinal chord disorder  
Excludes Invertebral Disc disease (4 year waiting period)
    - iv) Treatment for Hernia  
Excludes Inguinal hernia ( 2 year waiting period)
  - d) Any of the following Illnesses if diagnosed or Hospitalisation or Medical Expenses incurred due to the following within two years of the Policy Commencement Date or date of Revival whichever is later:
    - i) Kidney Stone/ Ureteric Stone / Lithotripsy
    - ii) Cancer of any kind
    - iii) Treatment of any kind of joint disorder  
Excludes Arthritis (2 year waiting period) , Total Knee and Hip replacement and Arthroscopy ( 4 year waiting period)
    - iv) Cataract, Hysterectomy, Cholelithiasis, Choledocholithiasis, surgery of Gall bladder and Bile ducts excluding Malignancy, surgery of Benign Prostatic Hypertrophy, Hernia (Inguinal),

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Hemorrhoids, Anal Fissure, Fistula-in-anus, Exploratory Laparotomy, Lapchole, diagnostic Laparoscopy, any gynaecological disease, Hydrocoele, Fibroids,

- e) With respect to Clause 7)a) to 7)c) inclusive, the Waiting Period will not apply for Hospitalization or Medical Expenses incurred due to Accident

**Illnesses covered only after first Renewal**

- 8). The Company shall be liable to make payment for the following Illnesses only from the first Renewal Date or date of Revival, whichever is later, provided these Illnesses are diagnosed or Hospitalisation or Medical Expenses incurred after the first Renewal Date or date of Revival, whichever is later:

Any heart related disease, Tympanoplasty, Valve Replacement, Valvotomy, Cerebral Haemorrhage; Angiographies, Angioplasty (with or without stent), Coronary Artery Bypass Graft unless post Accident

The first Renewal will be due after three years from the Policy Commencement Date.

- 9). The Company shall be liable to make payment for the following Illnesses only after one year from the first Renewal Date or date of Revival, whichever is later, provided these Illnesses are diagnosed or Hospitalisation or Medical Expenses incurred one year after the first Renewal Date or date of Revival, whichever is later:

- i) Total Knee Replacement, Total Hip Replacement, Discectomy, Arthroscopy unless post Accident for each of these treatments/surgeries/procedures;
- ii) Asthma, Pelvic Inflammatory Disease, Varicose Veins; Diabetes with or without high blood pressure and its complications, direct results of or accompanied by it; Renal Failure, Liver Cirrohsis no matter when detected

The first Renewal will be due after three years from the Policy Commencement Date.

- 10). The Company shall be liable to make payment for any Hospitalisation or Medical Expenses incurred due to Pre-Existing Condition only after one year from the first Renewal Date or date of Revival, whichever is later, provided Hospitalisation or Medical Expenses due to Pre-Existing Condition incurred one year after the first Renewal Date or date of Revival, whichever is later. [Only those illnesses/ailments/diseases which have been disclosed in the proposal form shall be considered as pre existing](#)

The first Renewal will be due after three years from the Policy Commencement Date.

**Grace Period, Lapse & Revival**

- 11). If any installment of Premium is not received in full by the date specified in the Schedule, the Company shall allow a grace period of 15 days for Premium to be received in full. If Premium is not received within the grace period then the Policy will lapse without acquiring any surrender value or paid up value.
- 12). If Hospitalisation of the Member occurs during this grace period, the Policy would be treated as inforce and the Company will deduct unpaid Premium due as at the date of payment from any Benefit payable to the Policyholder.
- 13). Revival of a lapsed Policy will be subject to the following conditions:
- a) The Company receives a written application for revival from the Policyholder within 30 days of the due date of the first unpaid Premium and before the Expiry Date.

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- b) The Policyholder, at his own expense, agrees to undergo medical examination and provides any additional documentation and information, if requested by the Company so as to satisfy the Company with the current health condition of the Member.
  - c) The Company receives the arrear of Premiums.
  - d) The revival of lapsed Policy will be on the terms then prevailing rather than those that applied at the Policy Commencement Date or Renewal Date.
  - e) The revival will only be effective when the Company has specifically communicated to the Policyholder.
- 14).The Company will not be liable to make any payments if claims are made due to any treatment of Illness diagnosed or Hospitalisation or Medical Expenses incurred during the period the Policy was in lapse status.
- 15).If the lapsed Policy is not revived within 30 days of the due date of the first unpaid Premium, then the Policy will be terminated and no surrender value will be payable.

**Renewal**

- 16).The Policy will automatically terminate at the Expiry Date. The Company is not bound to give notice to the Policyholder that it is due for renewal, or to renew it.
- 17).The Policy can be renewed within 30 days after the Expiry Date of the previous Policy at the premium rates (if any) and the terms and conditions prevailing at the time of renewal of the Policy.
- 18).If the Sum Assured after renewal is more than the Sum Assured of previous Policy, the renewal of Policy would be subject to the Member satisfying the underwriting requirements of the Company. The Company shall have the right to refuse such increase in Sum Assured on renewal.
- 19).On renewal, the Waiting Period, as stated in Clause 7 to 10 inclusive, shall be reduced by the number of continuous years the Member has been insured with the Company under this Policy or any other Policy of the Company of similar nature.
- 20).The Policyholder's right to renew the Policy will expire at the end of 30 days after the Expiry Date of the previous Policy

**Inclusion of Members**

- 21).On any Policy Anniversary, the Policyholder has the option to include his spouse, parents and/or children under this Policy by giving written notice to the Company at least 30 days before the Policy Anniversary.
- 22).The inclusion of a new person as a Member in the Policy will be subject to:
- a) The person satisfying the underwriting requirements of the Company, and
  - b) The application of the Waiting Period as per Clause 7 to 10 inclusive from the date of their joining this Policy.

The Company reserves the right to refuse the inclusion of a new person as a Member.

- 23).Any inclusion of new Member will be effected through endorsement in the Schedule.

**Alteration of Premium payment frequency**

24). On any Policy Anniversary, the Policyholder has the option to change the frequency of payment of Premium subject to minimum Premium requirements as determined by the Company from time to time, by giving written notice to the Company at least 30 days before the Policy Anniversary. A monthly frequency for payment of Premium will be allowed only under the salary deduction schemes or through ECS.

**Termination**

25). This Policy shall automatically terminate on the earlier of:

- a) The expiry of the revival period of 30 days from the date of lapse, if the Policy is not revived as per Clause 13.
- b) On the death of both the Primary Member and his spouse.
- c) On the Expiry Date.

**General Conditions**

**Due Observance**

26). The Policyholder's due observance of the terms and conditions of this Policy including the payment of Premium by the due dates mentioned in the Schedule insofar as they relate to anything to be done or complied with by the Policyholder shall be a condition precedent to the Company's liability under this Policy.

**Notice of Claims**

27). If the Policyholder wishes to avail Cash Less Service (CLS) facility in network Hospitals specified by the Company, then, in case of planned Hospitalisation, the Policyholder has to take pre-authorization from the Company prior to taking admission at any specified network Hospital and in case of emergency Hospitalisation, the Policyholder has to notify the Company in writing within 48 hours of the Hospitalisation of the Member. However, if the Policyholder does not wish to avail CLS facility or the Member is Hospitalized in any Hospital other than the specified network Hospitals or CLS facility has been disapproved by the Company, the Policyholder has to notify the Company in writing, within 7 days of the Hospitalisation of the Member.

**Claims Information & Documentation**

28). The Member(s) will be provided with a identity card with a unique membership number from the company which will entitle the them to avail Hospitalisation services without cash payment (Cash Less Service) to the extent the Medical Expenses are reimbursable as per Clause 1 above, upon Hospitalisation in specified network Hospitals in India subject to pre-authorization or approval from the Company

29). If the Member is Hospitalised in any Hospital other than the specified network Hospitals or the Cash Less Service has been disapproved in specified network Hospital, the Company will reimburse the Medical Expenses as per Clause 1 above within 7 days of the Policyholder making a claim in writing subject to the Policyholder providing or causing to be provided to the Company within 60 days of discharge from the Hospital at the Policyholder's expense, any and all information and documentation that the Company may request in relation to the claim or the Company's liability for it, including but not limited to the original

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Policy Document and all medical reports, original bills or receipts from Hospital, investigation reports, treatment papers, discharge card, Hospital summary, Doctor's certificate containing diagnosis and treatment details. The company reserves the right to deny pre-authorization in case the Policyholder / Member is unable to prove the relevant medical details as required by the company. The company will make it clear to the Policyholder / Member that denial of Cash Less Service is in no way construed to be denial of treatment or denial of reimbursement by the Company. The company may repudiate the claim, based on wordings of this Policy Document giving reasons for the repudiation.

- 30). If claim has arisen due to an Accident then the Policyholder has to provide or cause to be provided to the Company a self-declaration by the Member who had an Accident and wherever required, a copy of First Investigation Report (FIR) and Medico Legal Certificate (MLC) issued by the Hospital.

**Examination**

- 31). The Company reserves the right to examine the Member by any Doctor as authorized and appointed by the Company when and as often as the Company may reasonably require for the purpose of verification of any claim.

**Fraud**

- 32). If the Policyholder or anyone acting at its direction or with his knowledge makes or advances any claim under this Policy knowing it to be dishonest or fraudulent or is supported by any dishonest or fraudulent means or devices in any respect, then this Policy shall be void and any benefit actually paid or potentially payable shall be forfeited.

**Other Insurance**

- 33). If a Member is simultaneously covered under any other health insurance policy as well and if any claim arises under this Policy on the life of the Member when this Policy is in force, then the Company shall reimburse the difference between the expenses that would have been reimbursable by the Company had there been no other health insurance policy and the amount already reimbursed or reimbursable by other health insurance policy.

**Free Look**

- 34). Within 15 days of the receipt of this Policy, the Policyholder may, if dissatisfied with it for any reason, give the Company a written notice of cancellation along with reasons for the same, and return the original Policy Document to the Company, subject to which the Company shall send the Policyholder a refund comprising the Premium paid less the proportionate Premium for the period the Member was on cover and the expenses incurred by the Company on medical examination of Member and stamp duty charges.

**Age**

- 35). The Premium for this Policy has been calculated on the basis of Age of the Member as declared in the Proposal Form. If the Age of the Member is not as disclosed, then without prejudice to the Company's other rights and remedies including those under the Insurance Act 1938, the following actions shall be taken:
- a) If the Member's correct Age is such as would have made the Member not being covered under this Policy or for rider benefit only, if any, then this Policy or the rider benefit only, if any, as the case

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may be, shall stand cancelled with immediate effect without any residual value and all claims paid or payable shall be forfeited.

- b) Otherwise the Premium payable for the Policy shall be altered corresponding to the Member's correct Age from the Policy Commencement Date. If the revised Premium is higher than the Premium paid, the Policyholder will pay the difference with interest at the rate as determined by the Company from time to time, from the Policy Commencement Date, within 30 days of the Company making demand otherwise the Policy will lapse without acquiring any surrender value or paid up value.

**Occupation:**

36).The Member must notify the Company in writing of any change in occupation as soon as reasonably practicable and in any event within 10 days of such change.

- a) The new occupation shall be classified according to the underwriting rules of the Company at the time of change.
- b) If, in the Company's opinion, the new occupation is in a class of risk, which the Company declines for any of the Benefits per Clause 1) and Clause 3), then those Benefits shall cease to apply as from the date of change of occupation with no surrender value payable.
- c) If, in the Company's opinion, the new occupation is in a class of risk, lower than that covered under the Policy, then the Premium, shall be reduced accordingly and applied from the Policy Year following the Policy Year in which the change of occupation was intimated to the Company.
- d) If, in the Company's opinion, the new occupation is in a class of risk which the Company accepts but is a higher risk than that covered under the Policy, then the Premium shall be increased accordingly and applied from the Policy Year in which the change of occupation occurred irrespective of when the change of occupation was intimated to the Company.
- e) If any of the Member does not notify the Company of a change in occupation and the Premium is based on the former occupation class and the new occupation is in a class of risk higher than that covered under the Policy, the, the Company shall deduct the difference in Premium from the benefits payable as per Clause 1) and Clause 3).

**Territory, Currency & Law**

37).This Policy only covers medical treatment taken wholly within India, and payments under this Policy shall only be made in Indian Rupees within India. This Policy and the applicable terms and conditions are subject to Indian law.

**Notices**

38). Any notice, direction or instruction under this Policy which may be in writing or in any kind of electronic/digital format and if it is to:

- a. The Policyholder or the Life Assured:

1. Shall be sent either by hand, post, courier, facsimile, Short Messaging Service (SMS), Voice call, e-mail or through any other digital/electronic media to the Policyholder or Life Assured to the address or communication/correspondence details specified by the Policyholder in the Proposal Form or as per subsequent most recent change of address and/or communication/correspondence details intimation submitted by him to the Company.

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2. Notice and instructions shall be deemed served to the Policyholder on the 7<sup>th</sup> (seventh) day of posting, hand-delivery, courier, facsimile, SMS, Voice call, e-mail or through any other digital/electronic media of it being sent/communicated to the Policyholder's address and/or communication/correspondence details or immediately upon actual receipt, whichever is earlier.
3. The Company shall not be responsible for any consequences arising out of non-intimation of change of the Policyholder's address and/or communication/correspondence details. In case the notice comes back to the Company undelivered to the Policyholder due to any reason, the notice shall be deemed to have been served to the Policyholder on the 7<sup>th</sup> (seventh) day from the date of dispatch of the notice by the Company, without any obligation upon the Company to make any attempt again towards dispatch of the notice which was returned undelivered.
- b. The Company, shall be submitted by hand, post, facsimile or e-mail to:  
Bajaj Allianz Life Insurance Company,  
GE Plaza, Airport Road, Yerawada, Pune - 411006  
Toll Free No. 1800225858  
Email: life@bajajallianz.co.in

**Electronic Transaction**

39). The Policyholder agrees to adhere to and comply with all such terms and conditions as the Company may prescribe from time to time with regard to all transactions and hereby agrees and confirms that all transactions (other than those requiring a written notice or communication under this Policy) effected by or through facilities for conducting remote transactions including the Internet, World Wide Web, electronic data interchange, call centres, teleservice operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication, established by or on behalf of the Company, for and in respect of the Policy or its terms, or other products and services of the Company, shall constitute legally binding and valid transactions when done in adherence to and in compliance with the terms and conditions of the Company for such facilities, as may be prescribed from time to time.

**Modifications**

40). This Policy Document constitutes the complete contract of insurance. This Policy Document cannot be changed or varied by any one (including an insurance agent) except by a Policy endorsement in writing signed by an officer of the Company authorized for this purpose.

**Taxation**

41). The Policyholder agrees to pay for or allows the Company to deduct from any of the benefits receivable under this Policy, a sum on account of any tax or other payment which may be imposed by any legislation, order, regulation or otherwise, upon the Company or Policyholder which in the opinion of the Company is necessary and appropriate, for the services availed by the Policyholder under this Policy.

**Grievance Redressal**

42). In case you have any query or complaint/grievance, you may contact any nearest Customer Care Center during the Company's office hours from 9 am to 6 pm. Alternatively, you may communicate with the Company:

By post at: Customer Care Desk,  
Bajaj Allianz Life Insurance Company Ltd.,  
GE Plaza, Airport Road, Yerawada, Pune - 411006

By Phone at: Toll Free No. 1800225858

By Fax at: 020-6602-6789

By Email: [life@bajajallianz.co.in](mailto:life@bajajallianz.co.in)

In case you are not satisfied with the resolution provided to you by the above office, or have not received any response within 10 days, or you have any suggestion in respect of this 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.,  
GE Plaza, Airport Road, Yerawada, Pune - 411006  
Contact No: (+9120) 30514724, (+9120) 30514749  
Email ID: praveen.bhat@bajajallianz.co.in, pawan.mahajan@bajajallianz.co.in  
Fax No. (+9120) 66026789

**Ombudsman**

43).

- a) In case you are not satisfied with the decision/resolution of the Company, you may approach the Insurance Ombudsman if your grievance pertains to any of the following:
  - i) Insurance claim that has been rejected or dispute of a claim on legal construction of the Policy
  - ii) Delay in settlement of claim
  - iii) Dispute with regard to premium
  - iv) Non-receipt of your insurance document
- b) The address of the Insurance Ombudsman is provided as Annexure 2 attached herewith. For the latest list of insurance ombudsman, please refer to the IRDA website at [http://www.irdaindia.org/ins\\_ombusman.htm](http://www.irdaindia.org/ins_ombusman.htm).
- c) The complaint should be made in writing and duly signed by the complainant or by his legal heirs with full details of the complaint and the contact information of complainant.
- d) Also please note that as per provision 13(3) of the Redressal of Public Grievances Rules 1998, the complaint to the Ombudsman can be made
  - i) Only if the grievance has been rejected by the grievance redressal mechanism of the Company.
  - ii) The complaint should be filed within a period of one year from the date of rejection by the Company.
  - iii) The complaint should not be simultaneously under any litigation.



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**Loss of the Policy Document**

44). If the Policy Document is lost or destroyed, then at the request of the Policyholder, the Company, if satisfied that the Policy Document has been lost or destroyed, will issue a copy Policy Document duly endorsed to show that it is issued following the loss or destruction of the original Policy Document. The Company reserves the right to make such investigations into and call for such evidence of the loss or destruction of the Policy Document at the expense of the Policyholder as it considers necessary before issuing a copy of the Policy Document. The Company may charge a fee for the issuance of a copy of the Policy Document.

45). Upon the issuance of a copy Policy Document the original Policy Document will cease to have any legal effect.

46). It is hereby understood and agreed that the Policyholder will protect the Company and hold the Company harmless against any claims, costs, expenses, awards or judgments arising out of or howsoever connected with the original Policy Document or arising out of the issuance of a copy of the Policy Document.

**Nomination**

47). The Policyholder may, at any time, specify in writing a Nominee to receive the payment, if any, in the event of death of the Primary Member. The Policyholder must inform the Company in writing of any change of Nominee. If the Nominee is a minor, the Policyholder shall also appoint a person to receive the money, if any, during the minority of the Nominee. The nomination or change in nomination will take effect through an endorsement on the Policy. The Company will not accept any responsibility towards the validity of nomination or registering the nomination or change in nomination.

**Status of Insurance Agent**

48). The insurance agent designated by the Company as insurance consultant is only authorized to arrange completion and submission of the Proposal Form. The insurance agent is not authorized to act as the Company's legal representative or act in any other way on behalf of the Company. Information or payment given to the insurance agent should be considered as having been given to the Company.

**Section 45 of the Insurance Act 1938**

49). The Policy is subject to the provisions of Section 45 of the Insurance Act 1938 which states as follows: No Policy of life insurance after the coming into force of this Act shall, after the expiry of two years from the date on which it was effected, be called in question by an insurer on the ground that a statement made in the proposal for insurance or in any report of a medical officer, or referee, or friend of the insured, or in any other document leading to the issue of the Policy, was inaccurate or false, unless the insurer shows that such statement was on a material matter or suppressed facts which it was material to disclose and that it was fraudulently made by the policyholder and that the policyholder knew at the time of making it that the statement was false or that it suppressed facts which it was material to disclose.

Dated at \_\_\_\_\_ this \_\_\_ Day of \_\_\_\_\_ 200 .

For and behalf of Bajaj Allianz Life Insurance Company Limited

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Authorised Signatory