

This Policy is based on Your proposal, which is the basis of this insurance and is deemed to be incorporated herein. This insurance is subject to the Sum Assured specified and the terms, conditions, exclusions and definitions contained in this Policy wording and the Schedule.

What We Cover

1). If a Doctor requires the Life Assured to be immediately Hospitalised as an In-Patient during the Policy Term because of an Illness or because of the Life Assured’s Physical Injury for more than 24 continuous hours, We will, subject to Clause 4, 6 and 8, 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, then We shall reimburse 80% (or higher as per Clause 1)viii))of the Medical Expenses incurred towards those Illnesses/Procedures/Group of Illnesses, subject to a maximum reimbursement limit 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	Hysterectomy Abdominal / Vaginal, with or without BSO.	20%	40,000
3	Laparoscopic Hysterectomy	20%	50,000
4	Hydrocoele	15%	30,000
5	Hernia	20%	40,000
6	Trans Urethral resection of the Prostate	20%	40,000
7	Knee replacement	50%	150,000
8	Hip replacement	50%	175,000
9	Cholecystectomy	20%	40,000
10	Lithotripsy	15%	30,000
11	Angioplasty	50%	150,000
12	Angiography	10%	20,000
13	Organ Transplant	50%	150,000

ii) If Hospitalisation is due to the Illnesses/Procedures/Group of Illnesses other than those mentioned under Clause 1)i), 80% (or higher as per Clause 1)viii))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.

- b) Operation theatre expenses subject to a maximum of two times the amount of one day room rent and boarding expenses incurred on the date of surgery/medical procedure limited to as per Clause 1)ii) a) above.
- 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 Life Assured.
- e) Anesthesia, blood, oxygen, medicines and drugs, diagnostic materials and x-ray.

In respect of Clause 1i)-ii) inclusive, We will make payment only for those days of treatment falling within the Policy Term.

- iii) We shall reimburse 80% (or higher as per Clause 1)viii)) of the cost incurred towards the following implantations as well, if implanted as part of a surgical procedure, subject to a maximum reimbursement limit as described in the table below:

Sl No.	Implants	The lower of:	
		% of Sum Assured	Lump sum in Rs
1.	Artificial limbs or joints	30%	100,000
2.	Cardiac Pacemaker - one chamber	20%	50,000
3.	Cardiac Pacemaker - two chamber	50%	150,000

- iv) If the Life Assured has undergone Major Organ Transplant surgery then We will pay an additional amount of 25% of the Sum Assured as a lump sum.
- v) The Pre- Hospitalisation Expenses subject to maximum of 10% of the Admissible Hospital Bill: 80% (or higher as per Clause 1)viii)) will be reimbursed.
- vi) The Post-Hospitalisation Expenses subject maximum of 10% of the Admissible Hospital Bill: 80% (or higher as per Clause 1)viii)) will be reimbursed.
- vii) The prior requirement for Clauses 1)i) to 1)vi) that a Life Assured be Hospitalised for more than 24 hours will not apply if the Hospitalisation has taken place due to Eye surgery, Cataract, Lithotripsy (kidney stone removal), Tonsillectomy, Dilatation & Curettage, Cardiac Catheterization, Hydrocoele Surgery and Hernia repair surgery.
- viii) With respect to Clause 1)i) to 1)vii) except Clause 1)iv), if there has been no claim by the Life Assured during the previous Policy Year, the amount We will contribute shall be increased to 85% for a claim made in the subsequent Policy Year, and if there has been no claims by the Life Assured during the previous two Policy Years, the amount We will contribute shall be further increased to 90% for a claim made in the subsequent Policy Year. If a claim is made by the Life Assured after either of these provisions has come into force, then the amount We will contribute shall reduce to 80% for claims made in subsequent Policy Year.

- 2). If the Life Assured is diagnosed during the Policy Term to be suffering from Cancer and/ or Chronic Renal Failure then subject to Clause 6 and 8, We will pay the Sum Assured less any reimbursement already paid or payable during the Policy Year, immediately as lump sum and thereafter We will not reimburse any Medical Expenses under the Policy if a claim is arising due to Cancer and/or Chronic Renal Failure or due to any Illness related with Cancer and/or Chronic Renal Failure.
- 3). If the Life Assured dies then subject to Clause 7, We will pay to the Nominee the Sum Assured less any reimbursement already paid or payable during the Policy Year.
- 4). In a Policy Year, Our total liability under this Policy is limited to the Sum Assured, without making any reference to what We reimbursed or are liable to reimburse for the claims made in the previous Policy Year.

Definitions:

- 5). The following terms shall have the meaning assigned to them as follows:
 - 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 You for the In-Patient treatment subject to the admissibility limit by Us as per Clause 1)ii)a) to 1)ii)e).
 - c) Age means age at last birthday.
 - d) Cancer means the presence of one or more malignant tumours including leukaemia (other than chronic lymphocytic leukaemia), lymphomas and Hodgkin's disease characterised by the uncontrollable growth and spread of malignant cells and the invasion and destruction of normal tissue diagnosed by a Doctor who is a consultant oncologist. This does not cover: -
 - i) Tumours showing the malignant changes of carcinoma in situ (including cervical dysplasia CIN-1, CIN-2, and CIN- 3) or, which are histologically described as pre malignant and Ductal carcinoma in situ of the breast;
 - ii) Melanomas of less than 1.5-mm maximum thickness as determined by histological examination or less than Clark Level 3 Depth of invasion;
 - iii) All hyperkeratoses or basal cells carcinomas of the skin;
 - iv) All squamous cell carcinomas of the skin unless there has been a spread to other organs;
 - v) Kaposi's sarcoma ;
 - vi) Papillary carcinoma of the bladder and Prostatic cancers which are histologically described as TNM Classification T1(includingT1(a) T2 (b) or are of another equivalent or lesser classification) and
 - vii) Hodgkin's disease stage 1.
 - e) Chronic Renal Failure means end stage renal disease of chronic irreversible failure of kidneys of the Life Assured undergoing regular peritoneal dialysis or haemodialysis or having had a renal transplantation.

- 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.
- 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, detoxification centre, sanatorium, home for the aged, mentally disturbed, remodelling clinic or similar institution; and
 - ii) has:
 - (1) At least 10 inpatient 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 the Life Assured 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 Life Assured'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 Life Assured 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) Life Assured means the person specified in the Schedule whose life is assured under the Policy.
- n) Medical Expenses means a charge for medical treatment taken at the advice of the Doctor which shall include room rent and boarding expenses and shall be considered reasonable and customary to the extent that it 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..

- o) Nominee is a person who has been nominated by You to receive a benefit upon the death of the Life Assured and whose name is appearing in the Schedule
- p) Major Organ Transplant means the receipt of a transplant of a) Human bone marrow using haematopoietic stem cells preceded by total bone marrow ablation; or b) one of the following whole human organs: heart, lung, liver, kidney, pancreas (excluding the transplantation of the islets of Langerhans only), that resulted from irreversible end-stage failure of the relevant organ. Other stem cell transplants are excluded.
- q) Physical Injury means any accidental physical bodily harm or injury, but does not include any mental disease or illness or sickness.
- r) Policy means the insurance arrangements established by this Policy Document
- s) Policy Anniversary means the date corresponding numerically with the Policy Commencement Date each subsequent year during the Policy Term.
- t) Policy Commencement Date means the commencement date of this Policy as specified in the Schedule.
- u) Policy Document means this policy wording, 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 (submitted by or on behalf of the Policyholder for the purpose of obtaining this Policy) along with any other information or documentation provided to Us for that purpose and based upon which this Policy is issued.
- v) Policy Term means the period between the Policy Commencement 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) Post - Hospitalisation Expenses means Medical Expenses incurred by You at the advise of the Doctor as follow up treatment in the same Hospital or by the same Doctor for such Illness or Physical Injury which led to the Hospitalisation of the Life Assured and only for those days that falls within the Policy Term and within a period of 30 days immediately following the discharge from Hospital.
- y) Pre Existing Condition means any condition for which prior to the Policy Commencement Date the Life Assured had signs or symptoms of an Illness, 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 Life Assured has undergone medical tests or investigations. Any condition, which We find to be of such nature that ought to have existed or begun to set in, prior to the Policy Commencement Date, whether or not the Life Assured was aware of such condition, shall also be considered

as a Pre-Existing Condition. Any complication, ailment arising out of or connected to a Pre-Existing Condition shall also be considered as part of Pre-Existing Condition.

- z) Pre - Hospitalisation Expenses means Medical Expenses incurred for specialist consultation, pathology and radiography by You at the advice of the Doctor and for such Illness or Physical Injury which subsequently led to the Hospitalisation of the Life Assured and only for those days that fall within the Policy Term and within a period of 15 days preceding Hospital admission.
- aa) Premium means the premium payable by You at regular intervals in the amounts and at the frequency as specified in the Schedule.
- bb) We/Our/Us/Company means the Bajaj Allianz Life Insurance Company.
- cc) You/Your/Policyholder means the person named in the Schedule who has concluded this Policy with Us.
- dd) Schedule means the schedule to this Policy and any endorsements thereto issued by Us to evidence this insurance and, if more than one, then the latest in time.
- ee) Sum Assured means the sum shown in the Schedule which shall be Our maximum liability for any and all claims made by You during the Policy Year, regardless of how many prior policies You may have taken.
- ff) Third Party Administrator (TPA) means an agency which has been licensed by the Insurance Regulatory and Development Authority to work as TPA and to whom We have engaged for fee or remuneration to provide You the health benefit services under this Policy.
- gg) Waiting Period means the initial period from the Policy Commencement Date or date of reinstatement of this Policy during which the Life Assured is required to wait for the risk cover to commence for the Illnesses or treatments listed under Clause 8. Any incidence of Illness/treatment listed under Clause 8, during the Waiting Period, will render the Life Assured ineligible, forever, for the benefit under Clause 1 & 2, due to the same Illness.

What We Exclude:

- 6). We shall not be liable to make any payment if Hospitalisation or Medical Expenses or claims are attributable to, 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 or Hospital services or claims arising out of a Pre-Existing Condition unless explicitly stated in the Proposal Form and specifically accepted by Us as evidenced by Our endorsement on the Schedule.
 - c) Hospitalisation and/or treatment within the Waiting Period and Hospitalisation and/or treatment following the diagnosis within the Waiting Period;
 - d) 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;

- e) Treatment for weight reduction or weight improvement regardless of whether the same is caused (directly or indirectly) by a medical condition;
- f) Eye tests, refractive errors of the eyes and the provision of appliances, including spectacles, lenses, hearing aids and wheelchairs;
- g) 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;
- h) Treatment arising from pregnancy which shall include childbirth (including diagnostic tests for infertility), infertility or impotency, miscarriage (except as a result of an Accident), abortion, sterilization and contraception including any complications relating thereto;
- 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, and charges for telephone, television, newspapers and other ineligible non-medical items whilst as an In-Patient or undergoing day-surgery;
- k) Hospitalisation primarily for diagnosis, X-ray examinations, general physical or medical check-up;
- l) Treatment arising from any geriatric, psycho-geriatric or psychiatric condition, insanity, mental or nervous breakdown/disorder or "rest cures";
- m) Charges for services received in convalescent home and nursing homes, nature cure clinics and similar establishments;
- n) 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;
- o) 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;
- p) Acquired Immune Deficiency Syndrome (AIDS) and all illnesses or diseases caused by or related to the Human Immuno-deficiency Virus
- q) Sexually transmitted diseases
- r) Expenses for services or treatment which are paid for by any other party or which are claimable under workmen's compensation insurance ;
- s) 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;
- t) Study and treatment of sleep apnoea;
- u) Deliberate exposure to exceptional danger (except in an attempt to save human life);
- v) Nuclear disaster, radioactive contamination and/or release of nuclear or atomic energy;

- w) 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.
- x) Treatment for Physical Injury or Illness caused by intentionally self-inflicted injuries; or any attempts at suicide while sane or insane;
- y) Treatment for Physical Injury or Illness caused by violation or attempted violation of the law, or resistance to arrest;
- z) Treatment for Physical Injury or Illness caused by professional sports, racing of any kind, scuba diving, aerial sports, activities such as hang-gliding, ballooning, and any other hazardous activities or sports unless agreed by special endorsement;
- aa) Cost of procurement of a replacement organ, transportation costs of the replacement organ and associated administration costs and all costs incurred by the donor; or
- bb) Associated with the failure of seeking timely medical advice
- cc) Tympanoplasty; Valve Replacement; Cerebral Haemorrhage; Angiographies, Angioplasty (with or without stent), Coronary Artery Bypass Graft no matter when detected. This exclusion will not apply if Hospitalization or Medical Expenses for these Illnesses/ treatments are incurred due to an Accident. These Illnesses/ treatments would be covered from the date of first Renewal as per Clause 23 provided that these Illnesses are not diagnosed or treatment has not been taken during the first 3 years after the Policy Commencement Date. The first Renewal will be due after three years from the Policy Commencement Date.
- dd) Total knee replacement, total hip replacement, arthroscopy, Pelvic Inflammatory Disease, diskectomy; Varicose Veins; Diabetes with or without high blood pressure and its complications, direct results of or accompanied by it; Chronic Renal Failure no matter when detected. This exclusion will not apply if Hospitalization or Medical Expenses for these Illnesses / treatments are incurred due to an Accident. These Illnesses / treatments would be covered after two years from the date of first Renewal as per Clause 23 provided that these Illnesses are not diagnosed or treatment has not been taken during the first 5 years after the Policy Commencement Date. The first Renewal will be due after three years from the Policy Commencement Date.
- 7). We shall not be liable to make any payment of death benefit under Clause 3 if the death claim is arising due to the Life Assured committing suicide within one year of the Policy Commencement Date whether sane or insane and whether or not any beneficial interest has been created under the Policy.

Waiting Period

- 8). We shall not be liable to make any payment if claims are made due to;
- a) Any treatment of Illness diagnosed or Hospitalisation taking place during the first 30 days of the Policy Commencement Date;
 - b) Mastectomy if diagnosed within 6 months of the Policy Commencement Date;
 - c) Any of the following Illnesses if diagnosed within 1 year of the Policy Commencement Date
 - i) Tonsillectomy,
 - ii) Cancer of any kind
 - d) Any of the following Illnesses if diagnosed or treatment is taken within 2 years of the Policy Commencement Date;
 - i) Kidney Stone/ Lithotripsy
 - ii) Cataract, Hysterectomy, Cholecystectomy, Turp, Hernia (Inguinal), Haemorrhoidectomy, Fissurectomy, Fistulectomy, Exploratory Laparotomy, Lapchole, Operative Laparoscopy, any gynaecological disease , Hydrocoele, Fibroids,
 - e) With respect to Clause 8)a) to 8)d), the Waiting Period will not apply for Hospitalization or Medical Expenses incurred due to Accident.
 - f) We will not be liable to make any payment for Medical Expenses incurred due to Ventral/Incisional Hernia unless the first operation was paid by Us .

What We cover only after first Renewal

- 9). We shall cover the following Illnesses only from the date of first Renewal as per Clause 23 subject to the exclusion as per Clause 6)cc):
- i) Tympanoplasty
 - ii) Valve Replacement
 - iii) Cerebral Haemorrhage
 - iv) Angiographies, Angioplasty (with or without stent), Coronary Artery Bypass Graft, no matter when detected.

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

- 10). We shall cover the following Illnesses only after two years from the date of first Renewal as per Clause 23 subject to the exclusion as per Clause 6)dd):

- i) Total knee replacement, total hip replacement, arthroscopy, Pelvic Inflammatory Disease, diskectomy, unless post-Accident
- ii) Varicose Veins
- iii) Diabetes with or without high blood pressure and its complications, direct results of or accompanied by it.
- iv) Chronic Renal Failure, no matter when detected.

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

General Conditions

Due Observance

- 11). Your 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 You shall be a condition precedent to Our liability under this Policy.

Notice of Claims

- 12). If You wish to avail Cash Less Service (CLS) facility in our specified network Hospitals then in case of planned Hospitalisation You have to take pre-authorization from the TPA or from Us and in case of emergency Hospitalisation You have to notify the TPA or to Us in writing within 48 hours of the Hospitalisation of the Life Assured. However if You do not wish to avail CLS facility or CLS facility has been disapproved by Us, You have to notify Us in writing, within 7 days of the Hospitalisation of the Life Assured.

Claims Information & Documentation

- 13). You and/or the Life Assured may apply for a photo identity card with a unique membership number from Our Third Party Administrator which will entitle You and/or the Life Assured 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 either from Us or Our TPA.
- 14). If the Life Assured is Hospitalised in any Hospital other than the specified network Hospitals or the Cash Less Service has been disapproved in specified network Hospital, We will reimburse the Medical Expenses as per Clause 1 above within 7 days of You making a claim in writing subject to You providing or causing to be provided to Us within 60 days of discharge from the Hospital, any and all information and documentation We request in relation to the claim or Our liability for it, including but not limited to the original of this Policy and all medical reports, original bills or receipts from Hospital or from the place from which the Life Assured received the treatment either before or after Hospitalisation, investigation reports, treatment papers, discharge card, Hospital Summary, Doctors Certificate containing diagnosis and treatment details and Surgeon's recommendation for Post Hospitalisation treatment.
- 15). If claim has arisen due to an Accident then You have to provide Us or cause to be provided a self declaration by the Life Assured and wherever required a copy of First Investigation Report (FIR) and Medico Legal Certificate (MLC) issued by the Hospital.
- 16). In case of unfortunate death of the Life Assured We will be entitled to receive within 180 days of the death any and all information and documentation We request in relation to the claim or Our liability for it, including but not limited to the original of this Policy and all

medical reports from the Doctor last seen, Coroners/Post-mortem Report, Police Report in case of un-natural death and death certificate.

Examination

17). You agree that the Life Assured be examined by any Doctor We authorise for this purpose when and so often as We may reasonably require.

Fraud

18). If any claim is in any manner dishonest or fraudulent, or is supported by any dishonest or fraudulent means or devices, whether by You or any person acting on Your behalf, then this Policy shall be void and all benefits actually paid or potentially payable under it shall be forfeited.

Other insurance

19). If at the time when any claim arises under this Policy, there is in existence any other Policy effected by You or on Your behalf which covers any claim made under this Policy (or which would cover any claim made under this Policy if this Policy did not exist) then We shall not be liable to pay or contribute more than our rateable proportion of Your claim.

Termination

20). 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 28.
- b) On the death of the Life Assured.
- c) On the Expiry Date.

Free Look

21). Within 15 days of the receipt of this Policy You may, if dissatisfied with it for any reason, give Us written notice of cancellation along with Your reasons for cancelling and return the original Policy to Us, subject to which We will send You a refund comprising the Premium paid less the proportionate risk premium for the period the Life Assured were on cover and the expenses incurred by Us for the medical examination of the Life Assured and stamp duty charges.

Renewal

22). This Policy will automatically terminate at the Expiry Date. We are not bound to give You notice that it is due for renewal, or to renew it.

23). 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 provided there is no increase in the Sum Assured on renewal. On renewal, the Waiting Period as stated under Clause 8 above would be reduced by the number of continuous years the Life Assured has been insured with Us under this plan or Our any other plan of similar nature.

- 24). If the Policy is not renewed within 30 days after the Expiry Date of the previous Policy or the Sum Assured under new Policy is more than the Sum Assured under previous Policy, the re-issuance of Policy would be subject to the Life Assured satisfying Our underwriting requirements. If We agree to reissue the Policy, then it will be on revised premium rates and the prevailing terms and conditions. The Waiting Period under such Policy, as stated under Clause 8 above shall be applicable as it is, without any reduction therein.

Age

- 25). The Premium for this Policy has been calculated on the Age of the Life Assured as declared in the proposal form. If the Age of the Life Assured is not as disclosed then, without prejudice to any other right or remedy We may have:
- a) If the Life Assured's correct Age is such that We say the Life Assured would not have been covered under this Policy, then this Policy 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 Life Assured's correct Age from the Policy Commencement Date. If the revised Premium is higher than the Premium paid, You will pay Us the difference of Premium with interest at the rate as determined by Us from time to time, from the Policy Commencement Date, within 30 days of We making demand to You otherwise the Policy will lapse without acquiring any surrender value or paid up value.

Grace Period & Reinstatement

- 26). If any installment of Premium is not received in full by the date specified in the Schedule, We 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.
- 27). If Your Hospitalisation occurs during this grace period or Life Assured dies during this grace period, the Policy would be treated as inforce and We will deduct unpaid Premium due as at the date of payment from any benefit payable to You.
- 28). A lapsed Policy may be revived if:
- a) You make a written application for revival, which is received by Us within 30 days of the due date of the first unpaid Premium and before the Expiry Date.
 - b) We are satisfied as to Life Assured's health, for which purpose You agree to submit medical examination report at your cost if so requested by Us and You also agree to provide Us with any additional documentation and information We may require.
 - c) You pay Us the arrears of Premium with interest at the rate as determined by Us from time to time.
 - d) You accept that if We agree to revive the Policy it may be on the terms then prevailing rather than those that applied at the Policy Commencement Date.

e) We agree to the revival, it being agreed and understood that We are under no obligation to agree to the revival even if You have taken the steps at a) to d) above.

29). If We agree to the revival it will only be effective when specifically communicated to You.

Territory, Currency & Law

30). 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.

Arbitration

31). If any dispute or difference shall arise as to the quantum to be paid under this Policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of a sole arbitrator to be appointed in writing by the parties to this insurance or if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration the same shall be referred to a panel of three arbitrators, comprising of two arbitrators, one to be appointed by each of the parties to the dispute or difference and the third arbitrator (who shall serve as the presiding arbitrator) to be appointed by such two arbitrators and the arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act 1996 and the seat of the arbitration and venue for all hearing shall be in Pune, India.

32). It is clearly agreed and understood that no difference or dispute shall be referable to arbitration as hereinbefore provided, if We have disputed or not accepted liability under or in respect of this Policy.

33). It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this Policy that award by such arbitrator or arbitrators shall be first obtained.

Notices

34). Any notice, direction or instruction under this Policy shall be in writing and if it is to:

- a. You it shall be sent to Your address specified in the Schedule.
- b. Us shall be delivered to Us at Our address specified in the Schedule.

Electronic Transactions

35). You agree to adhere to and comply with all such terms and conditions as We may prescribe from time to time with regard to all transactions and hereby agree and confirm 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 Us, for and in respect of the Policy or its terms, or Our other products and

services, shall constitute legally binding and valid transactions when done in adherence to and in compliance with the Our terms and conditions for such facilities, as may be prescribed from time to time.

Modifications

36). 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 Our officer authorised for the purpose.

Taxation

37). You agree to pay for or allows Us to deduct from any of the benefits receivable under this Policy, on account of any tax or other payment which may be imposed by any legislation, order, regulation or otherwise, upon Us which in Our opinion is necessary and appropriate, for the services availed by You under this Policy.

Grievance Redressal

For any assistance pertaining to the Policy servicing, You may contact any nearest Customer Care Center during Our office hours from 9 am to 6 pm. Alternatively, You may communicate with us:

By post at:

Customer Care Desk

Bajaj Allianz Life Insurance Company Ltd.

GE Plaza, Airport Road,

Yerawada,

Pune. 411006

By Fax: 020 66026772

By Phone: 020 66026777 (Ext 741)

By Email: care@bajajallianz.co.in

Customer Care Desk

Bajaj Allianz Life Insurance Company Ltd.

Macmet House, 5th Floor,

10 B O C Ganguly Sarani

Kolkata -700020

Phone : +91 9339898989

: 033 30531565/30531566

Grievance Redressal Committee

38). We are concerned about Your grievances and have a grievance redressal mechanism in place for quick and satisfactory resolution of grievances. Any grievance or complaint or dispute or suggestions in respect of this Policy or on the functioning of the office may be sent to the above email address/fax/phone or by post addressed to:

Grievance Redressal Officer

Bajaj Allianz Life Insurance Company Ltd.

GE Plaza, Airport Road,

Yerawada, Pune. 411006

Ombudsman

39). To attend to Your grievances with respect to Your insurance policies, the Central Government has established offices of insurance ombudsman. The details of ombudsman are

available on the IRDA website at and also at the Bajaj Allianz website:
<http://www.bajajallianz.co.in>

Loss of the Policy Document

- 40). We will replace a lost Policy Document when satisfied that it is lost. However, We reserve the right to make such investigations into and to call for such evidence of the loss of the Policy Document, at Your expense, as We consider necessary before issuing a copy of the Policy Document. We have the right to charge a fee for the issue of a copy of the Policy Document.
- 41). It is hereby understood and agreed that You will protect Us and hold Us harmless against any claims, costs, expenses, awards or judgments arising out of or howsoever connected with the original Policy Document or arising out of issuance of duplicate Policy Document.

Nomination

- 42). You may appoint a nominee to receive the payment in the event of death of the Life Assured. You must inform Us in writing of any change of nominee. The nomination or change in nomination will take effect through an endorsement on the Policy. We do not accept any responsibility towards the validity of nomination or registering the nomination or change in nomination.

Status of Insurance Agent

- 43). The insurance agent designated by Us as insurance consultant is only authorized by Us to arrange completion and submission of the proposal form. The insurance agent is not authorized to act as Our legal representative or act in any other way on Our behalf. Information given to the insurance agent should be considered as given to Us.

Section 45 of the Insurance Act 1938

- 44). 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

Authorised Signatory