- After the completion of maximum renewal age of dependant children, the policy would be renewed for lifetime. However a separate proposal form should be submitted to us at the time of renewal with the insured member as proposer. Suitable credit of continuity/waiting periods for all the previous policy years would be extended in the new policy, provided the policy has been maintained without a break.
- Premium payable on renewal and on subsequent continuation of cover are subject to change with prior approval from IRDA.
- We may cancel this insurance by giving You at least 15 days written notice, and if no claim has been made then We shall refund a pro-rata premium for the unexpired Policy Period. Under normal circumstances, policy will not be cancelled except for reasons of non-disclosure while proposing for insurance and /or lodging any fraudulent claim.
- You may cancel this insurance by giving Us at least 15 days written notice, and if no claim has been made then the We shall refund premium on short term rates for the unexpired Policy Period as per the rates detailed below.

% of Annual Premium Refunded
75.00%
50.00%
25.00%
Nil

Portability Conditions

- As per the Portability Guidelines issued by IRDA, If you are insured under any other health insurance policy of Non life insurer you can transfer to Family Floater Health Guard policy with all your accrued benefits after due allowances for waiting periods and enjoy all the available benefits of Family Floater Health quard.
- The pre-policy medical examination requirements and provisions for such cases shall remain similar to non-portable cases
- Revision/ Modification of the policy:

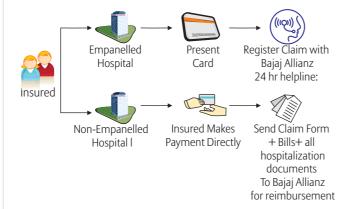
There is a possibility of revision/ modification of terms, conditions, coverages and/or premiums of this product at any time in future, with appropriate approval from IRDA. In such an event of revision/modification of the product, intimation shall be set out to all the existing insured members at least 3 months prior to the date of such revision/modification comes into the effect

Withdrawal of Policy

There is possibility of withdrawal of this product at any time in future with appropriate approval from IRDA, as We reserve Our right to do so with a intimation of 3 months to all the existing

insured members. In such an event of withdrawal of this product, at the time of Your seeking renewal of this Policy, You can choose, among Our available similar and closely similar Health insurance products. Upon Your so choosing Our new product, You will be charged the Premium as per Our Underwriting Policy for such chosen new product, as approved by IRDA.

What would be the process in case of a claim under my Health Guard Family Floater policy?



What are the premium rates?

Health Guard Family Floater Policy Annual Premium in Rupees

Sum Insured Rs	Self	Self + spouse	Self + Spouse +1 child	Self + Spouse +2 children	Self +Spouse +3 children	Self + Spouse +4 children
200000						
90 Days-25yrs	2338	3507	4092	4676	5261	5845
26-40yrs	3283	4925	5745	6566	7387	8208
41-45yrs	4309	6464	7541	8618	9695	10773
46-55yrs	6703	10055	11730	13406	15082	16758
56-60yrs	10260	15390	17955	20520	23085	25650
61-65yrs	11800	17700	20650	23600	26550	29500
66-70yrs	12980	19470	22715	25960	29205	32450
71-75yrs	15576	23364	27258	31152	35046	38940
76 yrs & above	18692	28038	32711	37384	42057	46730
300000						
90 Days-25yrs	3306	4959	5786	6612	7439	8265
26-40yrs	4430	6645	7753	8860	9968	11075
41-45yrs	6065	9098	10614	12130	13646	15163
46-55yrs	8380	12570	14665	16760	18855	20950
56-60yrs	12826	19239	22446	25652	28859	32065
61-65yrs	14749	22124	25811	29498	33185	36873
66-70yrs	16224	24336	28392	32448	36504	40560
71-75yrs	19469	29204	34071	38938	43805	48673
76 yrs & above	23363	35045	40885	46726	52567	58408

^{**} Premiums exclusive of service taxes

Sum Insured Rs

90 Days-25yrs

26-40yrs

41-45yrs

46-55yrs

56-60yrs

61-65yrs

71-75yrs

76 yrs &

90 Days-25yrs

26-40yrs

41-45yrs

46-55yrs

56-60vrs

61-65yrs

66-70yrs

71-75yrs

76 yrs &

26-40yrs

41-45yrs

46-55yrs

56-60vrs

61-65yrs

66-70yrs

71-75yrs

76 yrs &

90 Davs-25vrs

26-40yrs

41-45yrs

46-55yrs

56-60yrs

61-65yrs

66-70vrs

71-75yrs

76 yrs &

above

90 Days-25yrs

Renewal Premiums



Get yourself and your family covered by Health Guard Family Floater Policy today and sleep easy.

- Cashless facility offered through network hospitals of Bajaj Allianz only.
- Cashless facility at 3300+ Network hospitals PAN India.
- Special discounts and offers through our value added providers.*

To know more visit our website, Website: www.bajajallianz.com or get in touch with Email: wellness.HAT@bajajallianz.co.in;24*7 helpline number: 1800-103-2529 (toll free) / 020-30305858

Network Hospital & Value Added service Provider list is provisional & subject to change based on the review of the providers

Disclaimer: The above information is only indicative in nature. For details of the coverage & exclusions please contact our nearest office.

Contact Details

Bajaj Allianz General Insurance Company Limited, G.E. Plaza, Airport Road, Yerawada, Pune - 411 006. Tel: (020) 6602 6666. Fax: (020) 6602 6667. www.bajajallianz.com

For any queries please contact:

BSNL/MTNL	Bharati Mobile & Landline	Other
(Toll Free)	(Toll Free)	(Chargeble)
1800 22 5858	1800 102 5858	<prefix city="" code=""> 3030 5858</prefix>

Email: info@bajajallianz.co.in

FFHG/ V004/ wef 1st Oct 2013
Insurance is the subject matter of the solicitation

Disclaimer – The above terms & conditions are indicative in nature, for details please get in touch with the nearest office.

BJAZ-B-0101\7-Oct-13



Jiyo Befikar

UIN: IRDA/NL-HLT/BAGI/P-H/V.1/113/13-14

Bajaj Allianz

Bajaj Allianz General Insurance Company Limited is a joint venture between Bajaj Finserv Limited (recently demerged from Bajaj Auto Limited) and Allianz SE. Both enjoy a reputation of expertise, stability and strength. This joint venture company incorporates global expertise with local experience. The comprehensive, innovative solutions combine the technical expertise and experience of the 110 year old Allianz SE, and indepth market knowledge and good will of Bajaj brand in India. Competitive pricing and quick honest response have earned the company the customer's trust and market leadership in a very short time.

■ The Bajaj Allianz Advantage



HAT: In-house Claim Administration



Global expertise & local knowledge



Innovative packages to match individual needs



Quick disbursement of claims

■ How does the Health Guard Family Floater policy benefit me?

In these times of rising medical costs, Bajaj Allianz's Health Guard Family Floater policy is the perfect Health protection for you and your family. It takes care of the expensive medical treatment incurred during hospitalization resulting from serious accident or illness

What are the details of coverage the policy offers?

- Hospitalisation expenses incurred during hospitalisation
- Pre and post hospitalization expenses covers relevant medical expenses incurred 60 days prior to and 90 days after hospitalization.
- Ambulance charges Rs 1000/- per hospitalisation.
- 130 daycare procedures are covered subject to terms & conditions

What is the entry age?

- Entry age for proposer and spouse is 18 yrs 65 yrs.
- Children from 3 Months to 25 years can be covered as dependants, under this policy
- What will be the renewal age?
- Under normal circumstances, lifetime renewal benefit is available under the policy except on the grounds of fraud, misrepresentation or moral hazard
- What is the policy period?
- This is an annual policy

Who can be covered under the Policy?

- Self, spouse, dependant children (maximum upto 4 children) can be covered under this policy.
- What are sum insured options available under this policy?
- Sum insured from Rs 2 lakh to Rs.10 lakhs can be opted from age 3 months to 55 yrs.
- Sum insured from Rs 2 lakh to Rs 5 lakhs can be opted from age 56 yrs to 65 yrs.
- Is there any pre-policy check up for enrolling under Health Guard Family Floater policy?
- Medical tests are not required up to 45 years, subject to no adverse medical history.
- Medical tests (pre-policy check up) are mandatory for members 46 years and above.
- List of the medical tests to be conducted are: Full Medical report, ECG, Complete Blood Count, Fasting Blood Sugar, Lipid Profile, Serum Creatinine, SGOT, SGPT, GGTP and Urine Routine
- The pre-policy check up would be arranged at our empanelled diagnostic centers.
- The validity of the test reports would be 30 days from date of medical examination.
- 100% cost of pre-policy check up would be refunded if the proposal is accepted & policy is issued.
- What benefits do I get?
- Cumulative Bonus

For every claim free year you are eligible for Cumulative Bonus (CB) of 10% of sum insured.

Maximum cumulative bonus would be 50% of sum insured up to 5 claim free years. In the event of a claim, Cumulative Bonus will be reduced by 10% of the sum insured on the next renewal.

Free Health Check-up

At the end of every continuous period of 4 years during which You have held Our Family Floater Health Guard policy without making a claim You may apply to Us for a free medical checkup (Physician Consultation, ECG, Complete Blood Count, Fasting Blood Sugar, Lipid Profile, Serum Creatinine, SGOT, SGPT and Urine Routine) at a Bajaj Allianz Diagnostic Centre, the location of which We will specify at the time of Your application. This benefit also floats over the family member (s) covered under the policy.

- Income tax benefit on the premium paid as per section 80-D of the Income Tax Act
- When can I increase the Sum insured?
- Sum Insured enhancement can be done only at renewals.
- For enhancement of sum insured, fresh proposal form along with the renewal notice should be submitted.
- What are the exclusions and waiting periods under the policy?
- Benefits will not be available for any pre existing condition, ailment

or injury, until 48 months of continuous coverage have elapsed, after the date of inception of the first Health Guard Family Floater Policy

First 2 years waiting period applicable for below diseases:

Any types of gastric or duodenal ulcers	10. Hernia of all types and Hydrocele	
2. Benign prostatic hypertrophy	11. Fistulae,	
3. All types of sinuses	12. Fissure in ano	
4. Haemorrhoids	13. Fibromyoma	
5. Dysfunctional uterine bleeding	14. Hysterectomy	
6. Endometriosis	15. Surgery for any skin ailment	
7. Stones in the urinary and biliary systems	16. Surgery on all internal or external tumours/ cysts/	
8. Surgery on ears/tonsils/adenoids/ paranasal sinuses	nodules/polyps of any kind including breast lumps with exception of Malignant tumor	
9. Cataracts,	or growth.	

- 4 years waiting period applicable for below ailments:
- Joint replacement surgery,
- Surgery for prolapsed inter vertebral disc (unless necessitated due to an accident)
- Surgery to correct deviated nasal septum
- Hypertrophied turbinate
- Congenital internal diseases or anomalies
- Laser treatment for correction of eye sight due to refractive error.
- 30 days waiting period is applicable from date of first policy inception for any illness/ disease except for Accidental Bodily Injury.
- War, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, commotion, unrest, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalisation or requisition of or damage by or under the order of any government or public local authority and claims due to nuclear weapons and/or materials.
- Circumcision, cosmetic or aesthetic treatments, surgery for change of life/gender.
- Plastic surgery unless necessary for the treatment of cancer, burns or accidental Bodily Injury
- The cost of spectacles, contact lenses, hearing aids, crutches, artificial limbs, dentures, artificial teeth and all other external medical equipments or devices
- Dental treatment or surgery of any kind unless as a result of Accidental Bodily Injury to natural teeth and also requiring hospitalization.
- Convalescence, general debility, rest cure, congenital external diseases or defects or anomalies, genetic disorders, stem cell implantation or surgery, or growth hormone therapy.
- Intentional self-injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol) and treatment due to

use or abuse of any substance, drug or alcohol and treatment for de-addiction.

- Human Immunodeficiency Virus or Variant/mutant viruses and AIDS, Venereal disease or any sexually transmitted disease.
- Hospitalisation primarily and specifically for diagnostic, X-ray or laboratory examinations and investigations.
- Medical expenses where hospitalisation is not warranted.
- Treatment arising from or traceable to pregnancy and childbirth and related complications. (Ectopic pregnancy is covered under the policy)
- Vaccination or inoculation unless forming a part of post bite treatment.
- Any fertility, sub fertility, impotence, assisted conception operation or sterilization procedure.
- Vitamins, tonics, nutritional supplements unless forming part of the treatment
- Treatment for any other system other than modern medicine (also known as Allopathy), Experimental, unproven or non-standard treatment.
- Expenses related to donor screening, treatment, including surgery to remove organs from a donor in the case of transplant surgery.
- Weight management services and treatment related to weight reduction programmes including treatment of obesity.
- Treatment for any mental illness or psychiatric illness, Parkinson's and Alzheimer's disease.

Special Conditions:

- 10% co-payment of applicable for all claims from a non network hospital. Waiver of the co-payment clause is available on payment of 10% of loading on standard premium.
- 20% Co-payment applicable, If the policy is opted for the first time for insured person aged 56 years and above. This Co payment would continue to apply for subsequent renewals also. The above Co payment is not applicable for our renewals if the policy is opted for the first time prior to the age of 56 years.
- Payment of claims for Cataract shall be restricted to lower of 10% of the sum insured or the actual incurred amount, upto maximum Rs 35000/- per claim per policy period, subject to policy terms and conditions.

Voluntary Deductible option:

 Voluntary Deductible means the deductible You have opted for, and is the amount stated in the schedule, which shall be borne by the insured in respect of each and every hospitalization claim incurred in the policy period.

- The company's liability to make any payment for each and every claim under the policy is in excess of the deductible. Each and every hospitalization would be considered as a separate claim.
- This policy has an option of voluntary deductible , if voluntary deductible is opted discount in the premium will be applicable as per below table:

10.00%
15.00%
17.50%
20.00%
22.50%
25.00%
27.50%
30.00%
32.50%

Free Look Period

If you are not satisfied with policy coverage, terms and conditions, You have the option of canceling the policy within 15 days of receipt of the policy documents, provided there has been no claim.

Grace period:

- In case of our own renewal a grace period of 30 days is permissible and the Policy will be considered as continuous for the purpose of Two year waiting period / Four year waiting periods and Health Check-up benefit.
- Any medical expenses incurred as a result of disease condition/ Accident contracted during the break period will not be admissible under the policy.

Renewal & Cancellation

- Under normal circumstances, lifetime renewal benefit is available under the policy except on the grounds of fraud, misrepresentation or moral hazard.
- In case of Our own renewal a grace period of 30 days is permissible and the Policy will be considered as continuous for the purpose of two year waiting period / Four year waiting periods and Health Check-up benefit. Any medical expenses incurred as a result of disease condition/ Accident contracted during the break period will not be admissible under the policy.
- For renewals received after completion of 30 days grace period, a fresh application of health insurance should be submitted to Us, it would be processed as per a new business proposal.