

## PRAVASI BHARATIYA BIMA YOJANA POLICY

### SECTION A) PREAMBLE

Bajaj Allianz General Insurance Company Limited (hereinafter called the "Insurance Company" or "Company") having received a Proposal by Insured Person which is hereby agreed to be the basis of this Policy and has paid the premium and the Company has received and realized the premium specified in the Policy Schedule and the proposal of Insured Person having been accepted and agreed to by the Company subject always to the following terms, conditions, exclusions, and limitations, to indemnify the Insured Person subject always upto to the Sum Assured against such loss/expenses as is herein provided.

### SECTION B) DEFINITION- STANDARD DEFINITION

The following words or terms shall have the meaning ascribed to them wherever they appear in this Policy, and references to the singular or to the masculine shall include references to the plural and to the female wherever the context so permits:

1. **Accident, Accidental** - An accident means sudden, unforeseen and involuntary event caused by external, visible and violent means.
2. **Cashless Facility** Cashless facility means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the network provider by the insurer to the extent pre-authorization is approved.
3. **Condition Precedent** shall mean a Policy term or condition upon which the Insurance Company's liability under the Policy is conditional upon.
4. **Day Care Centre** means any institution established for day care treatment of illness and/or injuries or a medical setup with a hospital and which has been registered with the local authorities, wherever applicable, and is under supervision of a registered and qualified Medical Practitioner AND must comply with all minimum criterion as under –
  - (a) has qualified nursing staff under its employment;
  - (b) has qualified Medical Practitioner/s in charge;
  - (c) has fully equipped operation theatre of its own where surgical procedures are carried out;
  - (d) Maintains daily records of patients and will make these accessible to the Company's authorized personnel.
5. **Day Care Treatment**- Day care treatment means medical treatment, and/or *surgical procedure* which is:
  - i. undertaken under General or Local Anesthesia in a *hospital/day care centre* in less than 24 hrs because of technological advancement, and
  - ii. which would have otherwise required hospitalization of more than 24 hours.

Treatment normally taken on an out-patient basis is not included in the scope of this definition.
6. **Disclosure to Information Norm**- The Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis- description or non-disclosure of any material fact.
7. **Emergency Care** means an illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a Medical Practitioner to prevent death or serious long term impairment of the Insured Person's health.
8. **Grace Period**- Grace period means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a Policy in force without loss of continuity benefits such as waiting periods and coverage of pre-existing diseases. Coverage is not available for the period for which no premium is received.
9. **Hospital** A hospital means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under Clinical Establishments (Registration and Regulation) Act 2010 or under enactments specified under the Schedule of Section 56(1) of the said act Or complies with all minimum criteria as under:
  - i) has qualified nursing staff under its employment round the clock;
  - ii) has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
  - iii) has qualified medical practitioner(s) in charge round the clock;
  - iv) has a fully equipped operation theatre of its own where surgical procedures are carried out;
  - v) maintains daily records of patients and makes these accessible to the insurance company's authorized personnel;
10. **Hospitalization**: Hospitalisation means admission in a Hospital for a minimum period of 24 consecutive In Patient Care hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.
11. **Illness** - means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.
  - (a) Acute condition - Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ illness/ injury which leads to full recovery
  - (b) Chronic condition - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics
    1. It needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests
    2. It needs ongoing or long-term control or relief of symptoms
    3. It requires rehabilitation for the patient or for the patient to be specially trained to cope with it
    4. It continues indefinitely
    5. It recurs or is likely to recur
12. **Injury** - Injury means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a Medical Practitioner.
13. **Maternity Expenses**-  
 Maternity expenses means;
  - a) medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization);
  - b) expenses towards lawful medical termination of pregnancy during the policy period.
14. **Medical Advisors** Medical Advice means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.
15. **Medical Expenses**: Medical Expenses means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been Insured Person and no more than other Hospitals or doctors in the same locality would have charged for the same medical treatment.
16. **Medically Necessary Treatment**-  
 Medically necessary treatment is defined as any treatment, tests, medication, or stay in Hospital or part of a stay in Hospital which
  - (a) is required for the medical management of the illness or injury suffered by the Insured Person;

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- (b) must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
  - (c) must have been prescribed by a Medical Practitioner,
  - (d) must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
17. **Notification of Claim-** Notification of Claim means the process of intimating a Claim to the insurer or TPA through any of the recognized modes of communication.
  18. **OPD treatment-** OPD treatment is one in which the Insured Person visits a clinic / Hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured Person is not admitted as a day care or in-patient.
  19. **Reasonable and Customary Charges-** Reasonable and Customary Charges means the charges for service or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of illness/ injury involved.
  20. **Renewal-** Renewal means the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of gaining credit for pre-existing diseases, time-bound exclusions and for all waiting periods.
  21. **Surgery or Surgical Procedure** means manual and / or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis, and cure of diseases, relief of suffering or prolongation of life, performed in a Hospital or day care Centre by a Medical Practitioner.
  22. **Unproven/Experimental treatment-** Unproven/Experimental treatment is treatment, including drug Experimental therapy, which is not based on established medical practice in India, is treatment experimental or unproven.

### SECTION B) DEFINITION- SPECIFIC DEFINITION

1. **Abroad or foreign country:** means any country outside India.
2. **Adventure Sports**  
Adventure sports (also called action sports, aggro sports, and Extreme sports) are a popular term for certain activities perceived as having a high level of inherent danger/risk. These activities often involve speed, height, a high level of physical exertion, and highly specialized gear such as racing on wheels or horseback, big game hunting, mountaineering, winter sports, Skydiving, Parachuting, Scuba Diving, Riding or Driving in Races or Rallies, Mountain Climbing, hunting or equestrian activities, rock climbing, pot holing, bungee jumping, skiing, ice hockey, ballooning, hand gliding, diving or under-water activity river rafting, canoeing involving rapid waters, polo, yachting or boating outside coastal waters.
3. **"Aircraft"** means any machine which can derive support in the atmosphere from reactions of the air, [other than reactions of the air against the earth's surface] but excluding balloons, whether fixed or free, airships, kites, gliders and flying machines.
4. **"Airline"** means a public airline that holds a proper license/registration/permissions for the jurisdiction in which it operates and that operates scheduled flights, through Aircraft, for passengers and cargo.
5. **Alternative treatments-** Alternative treatments are forms of treatments other than treatment "Allopathy" or "modern medicine" and includes Ayurveda, Unani, Sidha, Homeopathy and any likewise non-allopathic treatment in the Indian context.
6. **Bajaj Allianz Network Hospitals / Network Hospitals-** Bajaj Allianz Network Hospitals / Network Hospitals means the Hospitals which have been empanelled by Us as per the latest version of the Policy Schedule of Hospitals maintained by Us, which is available to You on request. For updated list please visit our website [www.bajajallianz.com](http://www.bajajallianz.com).
7. **Claim** means a Claim under an operative part of this Policy in respect of an Insured Person event that has taken place or is likely to take place during the Policy Period. All Claims resulting from one and the same event or circumstance shall jointly constitute one Claim under this Policy and as having been made at the time when the first Claim was made in writing and the Deductible shall be applicable to each section independently. **Claimed/Claims** shall be construed accordingly.
8. **Claims Administrator** means Health Administration Team of Bajaj Allianz General Insurance Company Ltd and or any other TPA/Service Provider authorized by Bajaj Allianz General Insurance Company Ltd.
9. **Common Carrier** means a person/entity/Airline, other than the Government, engaged in the business of transporting passengers or property from place to place, by land or water or by Air for all persons indiscriminately, through motor vehicle, seaworthy ships or Aircraft, in each case operated under a valid license/registration for the transportation of passengers for hire.
10. **Emigrant-** Emigrant means any citizen of India who intends to emigrate, or emigrates, or has emigrated but does not include:
  - i. A dependent of emigrant, whether such dependent accompanies that emigrant, or departs subsequently for the purpose of joining that emigrant in the country to which that emigrant has lawfully emigrated.
  - ii. Any person who has resided outside India at any time after attaining the age of eighteen years, for not less than three years or spouse or child of such person.
11. **Emigrate/Emigration**  
It means the departure out of India of Insured Person with a view to taking up employment with or without assistance of a recruitment agent or employer in any country or place outside India.
12. **Employer/Sponsor-** It means any person or institution or concern or entity or organization providing or offering to provide employment in any country or place outside India.
13. **Insurance Company or Company** means Bajaj Allianz General Insurance Company Ltd.
14. **Insured /Insured Person** shall mean the Emigrant who is covered under the Policy issued by the Company.
15. **Insured Person Journey** means a single journey (departure from India and arrival back to India) during the Policy Period.
16. **Family** means the Insured Person, Insured Person's spouse and first two dependent children up to twenty one years of Age.
17. **Family Members** means the Insured Person's spouse and first two dependent children up to twenty one years of Age.
18. **Most direct and cost effective route:** The benefit available under this Policy for transportation and journey cost is payable only by most direct and cost effective route by Common Carrier to International airport in India nearest to the address of the Insured, unless in Our opinion the longer route was undertaken due to contingencies involved and warranted.
19. **Physician/ Medical Practitioner/ Doctor** is a person who holds a valid registration/license from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government or holds a valid registration/license from the medical council of respective countries where the Insured Person emigrates/travels [for treatment in respective countries] and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of his registration/license. But "Medical Practitioner/Doctor/Physician" shall not include (i) any member of the Insured's family even if he is qualified as per this definition, and (ii) Chiropractitioner.

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20. **Pre-existing ailment or disease**- means any condition, ailment or injury or related condition(s) for which there were signs or symptoms, and / or were diagnosed, and / or for which medical advice / treatment was received within 48 months prior to the first Policy issued by the insurer and renewed continuously thereafter.
21. **Permanent Total Disablement:**  
 Means Loss of the physical ability through an accidental injury resulting in to the following:  
 a. loss of the sight of both eyes  
 b. physical separation of or the loss of ability to use both hands or both feet  
 c. physical separation of or the loss of ability to use one hand and one foot  
 d. loss of sight of one eye and the physical separation of or the loss of ability to use either one hand or one foot  
 Such Disability shall be calculated on basis of Disability Certificate from Civil Surgeon of Government Hospital stating the continuous and permanent disability with disability percentage.
22. **Prenatal period (also known as antenatal care)** refers to the regular medical and nursing care recommended for women during pregnancy.
23. **Post natal period** is the period beginning immediately after the birth of a child and extending for about six weeks.
24. **Reimbursement**- A reimbursement is a repayment for money You have spent on paying up Your bills.
25. **Policy Period** means the period between:  
 a. The Risk Inception Date [RID] specified in the Policy Schedule, being the date on which the Insured Person board the mode of transportation for his overseas departure from India.  
 b. The Risk Expiry Date [RED] specified in the Policy Schedule or the date on which the Insured Person disembarks from the mode of transportation by which he has returned to India,
26. **Policy Schedule or Policy** means the proposal, Pravasi Bharatiya Bima Yojana Policy Schedule, the Policy documents, these Terms and Conditions and any endorsements attaching to or forming part hereof either on the commencement date or during the Policy Period.
27. **Sickness** means a condition or an ailment affecting the general soundness and health of the Insured Person's body that first manifests itself during the Policy Period and for which immediate treatment by a Physician is necessary.
28. **Substantive change** means any reduction of 25 % or more of the basic salary / wages / remuneration as agreed upon within the job / employment contract / agreement; or if accommodation / lodging facility has been promised as per the job/employment contract /agreement and the same has not been provided for.
29. **Suicide**- "Sui" means "self" and "cide" means "killing", thus implying an act of self-killing. In short, a person committing suicide must commit it by himself, irrespective of the means employed by him in achieving his object of killing himself.
30. **Sum Assured/ Sum Insured means** the amount stated in the Policy Schedule against each relevant Section, which shall be the Company's maximum liability under this Policy (regardless of the number of the amount of Claims made) for any one Claim and in the aggregate for all Claims under such Section.
31. **Usual and Customary Level** means medical charges that:  
 a. Do not exceed the usual levy of charges for similar treatment or allied services, in the locality where such treatment or allied services have been obtained; and  
 b. Do not include charges that would not have been made if no insurance existed.
32. **We, Our, Ours, Us,** Company means the Bajaj Allianz General Insurance Company Limited.
33. **Work-**  
 i any unskilled work, including any form of industrial or agricultural labour;  
 ii any domestic service;  
 iii any service, not being a service in a managerial capacity, in any hotel, restaurant, tea-house or other place of public resort;  
 iv work as a driver of a truck or other vehicle, mechanic, technician or skilled laborer or artisan;  
 v work as an office assistant or accountant or typist or stenographer or salesman, or nurse or operator of any machine;  
 vi work in connection with, or for the purposes of, any cinema, exhibition or entertainment; (vii) any such work of a professional or of any other nature as the Central Government may, having regard to the need for the protection of citizens of India who may be employed in such work outside India and other relevant circumstances, specify by notification: PROVIDED that the Central Government may, if satisfied that it is necessary so to do having regard to the conditions of service applicable with respect to employment in any of the aforementioned categories of work or any sub-category thereof, whether generally or in relation to any particular country or place and other relevant circumstances, declare by notification that such category of work or sub-category of work shall not be deemed to be work within the meaning of this definition.
34. **You, Your, Yourself / Your Family** named in the Policy Schedule means the person or persons that We insure as set out in the Policy Schedule.

### SECTION C) COVERAGE

#### SECTION 1: ACCIDENTAL CONTINGENCIES

##### I. PERSONAL ACCIDENT

The Insurance Company will pay Sum Assured specified in the Policy Schedule if the Insured Person sustains Accidental Bodily Injury during his stay as Emigrant Abroad and or during visit of Insured to India or any third country during the Policy Period and if such Bodily Injury within 12 months of the date upon which it was sustained is the sole and direct cause of the Insured Person's Death or Permanent Total Disablement leading to loss of employment Abroad.

The insurance shall remain valid irrespective of change of employer or the Insured's location at Abroad during the Policy Period.

##### II. REPATRIATION OF MORTAL REMAINS AND AIRFARE FOR ATTENDANT

After the event of a Claim being paid due to Accidental death of Insured Person whilst in employment Abroad under Section 1 of this Policy (Personal Accident) :

- (i) Company will reimburse actual cost of repatriating the Insured Person's mortal remains to India
- (ii) Company will reimburse additional cost of economy class ticket with the most direct and cost effective route via a Common Carrier return air fare for one attendant to accompany the mortal remains of the Insured Person in addition to the cost of repatriation.

#### **Condition Applicable To Section 1 (Accidental Contingencies)**

- (i) Insured Person or someone Claiming on his/her behalf must inform the Company in writing immediately and in any event within 30 days from the date of the accident and submit all documents to the Company within 90 days from the date of intimation.

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- (ii) In case of non-filing of Claim within 90 days, certificate from the Indian Mission/Post indicating reasons for the delay will be accepted by the Insurance Company. In case of accidental death /permanent disability in India, certificate from Protector of Emigrants will be accepted.
- (iii) In case where the repatriation is arranged by the Indian Mission/Post, the Insurance Company shall reimburse the actual expenses to the concerned Indian mission/post
- (iv) The Company will not liable for any payment, unless the grounds for repatriation are certified by Indian Mission/Post Abroad and original air tickets are submitted.

### SECTION 2: HOSPITALISATION

#### I. MEDICAL EXPENSES TO INSURED PERSON-

The Company will indemnify the Insured Person up to the Sum Assured specified in the Policy Schedule in respect of:

- (i) The reasonable Medical Expenses incurred by the Insured Person due to Hospitalization for medical treatment as an in-patient in an emergency in the country of employment/India/Third Country necessitated as a result of Accidental Bodily Injury and/or Illness and/or Sickness and/or Disease occurring or having first manifested itself during the Policy Period.
- (ii) This condition additionally will cover day Care Procedures/ Surgeries which are Specified Procedures/Surgeries requiring less than 24 hours of Hospitalization (Please see annexure I for complete details).
- (iii) The Company shall reimburse the actual medical expense [subject to maximum of Rupees one lakh only (up to Rupees Fifty thousand per hospitalization) in the event of Claim under section 2 and may extend to provide cashless treatment in case such medical treatment is taken in India.
- (iv) The Mental Illness as specified in Annexure III will be covered as per below Sub-limits within the medical expenses section
  - (i) In Patient Hospitalization Treatment (IPD) will be covered upto 1% of sum insured upto maximum 2000 USD per policy period
  - (ii) Out Patient Treatment (OPD) will be covered upto 100 USD per visit including consultations, investigations and pharmacy. Maximum 3 sessions will be allowed per policy period
  - (iii) Overall medical expenses limit for Mental Illness including In Patient Hospitalization Treatment and Out Patient Treatment shall not exceed 1% of SI upto maximum 2000 USD whichever is lower per policy period

#### II. HOSPITALIZATION EXPENSES TO INSURED PERSON'S FAMILY MEMBERS

In case Claim is accepted under Section 1 (Accidental Contingency) of this Policy, the Company will indemnify Insured Person's Family Members reasonable Medical Expenses incurred within India for Hospitalisation for medical treatment as an in-patient or day Care Procedures/ Surgeries (detailed in Annexure I) as a result of Accidental Bodily Injury and/or Sickness and/or Disease occurring or having manifested itself during the Policy Period subject to a maximum of for maximum fifty thousand rupees per annum during the Policy Period specified in Policy Schedule. The amount of Claim paid to any of Family Member will reduce the Sum Insured specified in Policy Schedule.

#### III. MATERNITY BENEFIT TO INSURED PERSON (FOR WOMEN EMIGRANT)-

The Company will indemnify the Insured Person (women emigrant) for the expense incurred towards-

- (i) delivery of baby (including caesarean section) and/or
- (ii) lawful termination of pregnancy (maximum first two deliveries or termination(s) or either, during the lifetime)

##### **Waiting Period Applicable for Maternity benefit to Insured Person (for women emigrant)**

The benefit under this is payable after the period of nine months from the date of proposing this Policy. Period of nine months is relating to normal delivery or caesarean section or abdominal surgery for extra uterine pregnancy.

##### **Conditions Applicable for Maternity benefit to Insured Person (for women emigrant)**

- (i) the medical treatment is taken as an in-patient in India by Hospitalisation.
- (ii) In case of medical treatment in the country of employment, the maternity benefits would be payable only if the requisite documents are certified by the concerned Indian Mission/Post.

### SECTION 3: EMPLOYMENT CONTINGENCY

#### I. LOSS OF JOB

The Company will reimburse the Insured Person up to a maximum of the Sum Assured specified in the Policy Schedule in respect of actual one way economy class ticket with the most direct and cost effective route via a Common Carrier to return to India in the event of :

1. The Insured Person falling sick and being declared medically unfit to commence or continue or resume working, within the first 12 calendar months of the Policy Period provided that the grounds for repatriation are certified by concerned Indian Mission and air tickets are submitted in original or,
2. On arrival at his work place or destination Abroad, if the Insured Person is not received by the employer (ie. No job/employment available or the employer refuses the job/employment) or
3. If there is any substantive change in the Job/Employment Contract/Agreement to the disadvantage of the Insured Person there by causing the Insured Person to return to India immediately thereafter provided that the grounds for repatriation are certified by Indian mission and the air tickets are submitted in original or,
4. If the employment is prematurely terminated within the period of employment contract, for no fault the Insured Person and the Insured Person has to return back to India within 1 month immediately thereafter.

##### **Conditions applicable:**

1. The cost of one way ticket will be up to the International airport nearest to the address of the Insured with the most direct and cost-effective route via a Common Carrier
2. The grounds for repatriation must be certified by the concerned Indian Mission/Post and the Air-tickets must be submitted in original

#### II. Legal Expenses

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The company will reimburse the Insured Person the legal expenses incurred by him in any litigation to his/her employment, provided that the necessity of filing such a case is certified by the appropriate Ministry of the Country of employment and the actual expenses are certified by the concerned Indian Mission/Post, but not exceeding the Sum Insured Person specified in the Policy Schedule of this Policy and provided the legal expenses are incurred within the Policy Period.

**Condition Applicable to all Sections-**

1. Person can take up employment in a foreign country/Abroad either through a registered recruiting agent or directly through a foreign employer or a project exporter.
2. Registered recruiting agent should have original Registration Certificate issued by the Protector General of Emigrants, Govt. of India.
3. Recruiting from other than Non-registered recruiting Agents and or any sub-agents are not permitted under the Emigration Act, 1983 and Rules

**SECTION D) EXCLUSION- STANDARD****I. GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS**

The Company shall be under no liability to make payment hereunder in respect of any Claim directly or indirectly caused by, based on, arising out of or howsoever attributable to any of the following:

1. The Insured Person's participation in any naval, military or air force operations whether in the form of military exercises or war games or actual engagement with the enemy, whether foreign or domestic.
2. War, invasion, acts of foreign enemy, hostilities (whether war be declared or not), civil war, civil unrest, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalization or requisition of or destruction of or damage to property by or under the order of any government or local authority.
3. The loss or destruction or damage to any property whatsoever or any loss or expenses whatsoever resulting or arising there from or any consequential loss directly or indirectly caused by or contributed to by or arising from:
  - (a) Ionising radiation or contamination by radioactivity from any nuclear waste from combustion of nuclear fuel; or
  - (b) the radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof, or
  - (c) asbestosis or any related Sickness or Disease resulting from the existence, production, handling, processing, manufacture, sale, distribution, deposit or use of asbestos, or products thereof.
4. The Insured Person's actual or attempted engagement in any criminal or other unlawful act.
5. Any Claim arising out of intentional self-injury or as a result of drunkenness or addiction (alcohol/drugs).
6. Any act of terrorism which means an act, including but not limited to the use of force or violence and /or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organization(s) or government(s), committed for political, religious, ideological, or ethnic purposes or reasons including to influence any government and /or to put the public, or any section of the public, in fear.
7. Any Claim arising out of sporting activities in so far as they involve the training or participation in competitions of professional or semi professional sportspersons.
8. Any consequential losses.
9. Pollution.
10. In respect of travel by the Insured Person to any country against whom the Republic of India has imposed general or special travel restrictions, or against whom it may be impose such restrictions, or any country which has imposed or may impose subsequently, such restrictions against travel by a citizen of the Republic of India to such country.
11. Any Claim if the Insured Person:
  - (a) is travelling against the advice of a Physician
  - (b) is receiving or on a waiting list for specified medical treatment declared in a Physician's report or certificate
  - (c) has received terminal prognosis for a medical condition
  - (d) Any Claim relating to events occurring before the commencement of the cover or otherwise outside the Policy Period.

**SECTION D) EXCLUSION- SPECIFIC****I. ACCIDENTAL CONTINGENCIES**

The Company will not be liable to make any payment under this Policy under any circumstances, for any Claim directly or indirectly attributable to, or based on, or arising out of, or connected with any of the following:

- (i) Whilst engaging in Adventure Sports,
- (ii) While under the influence of liquor or drugs, alcohol or other intoxicants,
- (iii) Through deliberate or intentional, unlawful or criminal act, error, or omission, participation in an actual or attempted felony, riot, crime, misdemeanor, civil commotion,
- (iv) Whilst engaging in aviation or ballooning, whilst mounting into, dismounting from or traveling in any balloon or aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world,
- (v) Whilst participating as the driver, co-driver or passenger of a motor vehicle during motor racing or trial runs.
- (vi) War (whether declared or not), civil war, invasion, act of foreign enemies, rebellion, revolution, insurrection, mutiny, military or usurped power, seizure, capture, arrest, restraint or detainment, confiscation or nationalization or requisition of or damage by or under the order of any government or public local authority, or
- (vii) Death or Disablement due to Pregnancy, resulting in child birth, mis-carriage, abortion or complications arising there from

**II. HOSPITALISATION**

The Company shall be under no liability to make payment hereunder in respect of any Claim directly or indirectly caused by, based on, arising out of or howsoever attributable to any of the following:

1. Means any injury, ailment, condition or related condition/symptom which or medication, or advise, or diagnosis, has been sought or received by Insured Person prior to the commencement of the Cover Period under Policy Schedule, or

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- a. Which originated or was known to exist by the Insured Person prior to the commencement of the Cover Period under Policy Schedule whether or not treatment, or medication, or advice, or diagnosis was sought or received.
2. The Company shall be under no liability to make payment in respect of any routine physical or other examination where there is no objective indication of impairment of normal health, and for medical treatment obtained outside India in case of Section 3 and Section 4.
3. Medical Expenses relating to any Hospitalization primarily for diagnostic, X-ray or laboratory examinations not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any illness or accidental Bodily Injury for which Hospitalization is required.
4. Treatment takes as Outpatient i.e OPD treatment
5. Experimental, Alternative treatment, Non-allopathic treatment or unproved treatment.
6. Circumcision, cosmetic or aesthetic treatments of any description, change of life surgery or treatment, plastic surgery (unless necessary for the treatment of illness or accidental bodily injury)
7. The cost of spectacles, contact lenses, and hearing aids, crutches, artificial limbs and all durable appliances/devices whether for diagnosis or treatment, after discharge from the hospital
8. Dental treatment or surgery of any kind unless requiring Hospitalization as a result of accidental bodily injury
9. Any medical expenses incurred in connection with cataract, benign prostatic hypertrophy, hysterectomy for menorrhagia, fibromyoma and endometriosis, hernia of all types, hydrocele, fistulae, haemorrhoids, fissure in anus, stones in the urinary and biliary systems, surgery on tonsils and sinuses, skin and all internal tumours, cysts, nodules, polyps of any kind including breast lumps, gastric or duodenal ulcer during the first year of operation of the Insurance Cover.
10. Convalescence, general debility, rest cure, congenital diseases or defects or anomalies.
11. The Company shall be under no liability to make payment of any Medical Expenses incurred beyond the expiry of the Policy Period unless it is continuous Hospitalization where liability arises till the discharge from the Hospital.
12. Suicide, attempted suicide or wilfully self-inflicted injury or illness, , alcoholism, drunkenness or the abuse of drugs, accidents whilst under the influence of intoxicating liquor or drugs.
13. Venereal disease or any sexually transmitted disease or sickness, Any injury, illness, death, loss, expenses or other liability attributable to HIV (Human Immunodeficiency Virus) and/or any HIV related illness including AIDS (Acquired Immune Deficiency Syndrome) and/or any mutant derivative or variation thereof however caused.
14. The participation of the Insured Person in winter sports, mountaineering (where ropes or guides are customarily used), riding or driving in races or rallies, caving or potholing, hunting or equestrian, skin diving or other underwater activity, rating or canoeing involving white water rapids, yachting or boating outside coastal waters (2 miles), aviation or ballooning, whilst mounting into, dismounting from or travelling in any balloon or aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world, professional sports or any other hazardous or potentially dangerous sport.
15. Losses arising from Accidents on two wheeled motorized vehicles unless at the time of the Accident the driver is duly qualified, is in possession of a current full international driving license and the driver is wearing a safety crash helmet if riding on a two wheeled motorized vehicle.
16. Vaccination or inoculation
17. Surgery to correct deviated nasal septum and hypertrophied turbinate.
18. Any fertility, sub fertility or assisted conception operation or sterilization or procedure
19. Compensation for any Claims that may arise before the Insured Person boards the International flight from India. (This exclusion shall not however apply if the Policy is renewed subsequently without any break in Policy Period.)

**III. LOSS OF JOB**

1. If the repatriation of the Insured Person is on account of violation of any law, fraud, or any breach of employment conditions.
2. Such repatriation becomes necessary due to any amendment or change in the existing laws of the country of employment or proclamation by Government Order that all workers of foreign origin are being deported.
3. The employment is obtained through forged or fabricated documents, work permit or improper entry visa
4. The entry in to the country has been made without completing legal formalities for whatsoever reason.
5. No attempt being made by the Insured Person to contact his employer on arrival if the Insured Person is not received at such time.
6. The entry into the country has been refused on medical grounds
7. Short term contracts of employment i.e contracts for periods less than three months.

**IV. EMPLOYMENT CONTINGENCY**

The Company shall not be under any liability to make payment for Claims arising out of:

1. The Insured Person's liability to any employee (whether under a contract of or for services) or any professional activities involving the Insured Person;
2. Any Claim of personal liability arising out of bodily Injury to and/or Property Damage to property belonging to the Insured Person's Family, any co-worker of the Insured Person, and any travelling companion of the Insured Person;
3. Any Claim or damage resulting from transmission of an illness or disease by the Insured Person
4. Any liability arising directly or indirectly from or due to:
  - a. Livestock belonging to the Insured Person or in the Insured Person's care, custody or control;
  - b. Possession of hides, skin, hair, feathers, horns, ivory, bones, etc
  - c. Any wilful, malicious, criminal or unlawful act, error, or omission;
  - d. The pursuit of any trade, business of profession, employment or occupation;
  - e. The ownership, possession or use of vehicles, aircraft, or watercraft;
  - f. Parachuting, hand-gliding, hot air ballooning or the use of firearms or any other dangerous or hazardous activity;
  - g. The use or misuse of any alcohol, hallucinogenic substance, drugs (except those used as medically prescribed), or drug addiction;
  - h. The supply of goods or services;
  - i. Any form of ownership or occupation of land or buildings (other than occupation only of any temporary residence).

**PRAVASI BHARATIYA BIMA YOJANA POLICY**

**SECTION E) GENERAL TERMS AND CLAUSES -STANDARD GENERAL TERMS AND CLAUSES**

**1. Endorsements**

- i. This policy constitutes the complete contract of insurance. This Policy cannot be modified by anyone (including an insurance agent or broker) except the company. Any change made by the company shall be evidenced by a written endorsement signed and stamped.
  - ii. The policyholder may be changed only at the time of renewal. The new policyholder must be the legal heir/immediate family member. Such change would be subject to acceptance by the company and payment of premium (if any). The renewed Policy shall be treated as having been renewed without break.
- The policyholder may be changed during the Policy Period only in case of his/her demise or him/her moving out of India.

**2. Arbitration –**

- i. If any dispute or difference shall arise as to the quantum to be paid under the policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to decision of a sole arbitrator in writing by the parties 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 the arbitrators comprising of two arbitrators, one appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators and arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996. The law of the arbitration will be Indian law, and the seat of the arbitration and venue for all hearings shall be within India.
- ii. It is clearly agreed and understood that no difference or dispute shall be preferable to arbitration as herein before provided, if the Company has disputed or not accepted liability under or in respect of this policy.
- iii. 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/arbitrators of the amount of the loss or damage shall be first obtained.
- iv. If these arbitration provisions are held to be invalid, then all such disputes or differences shall be referred to the exclusive jurisdiction of the Indian Courts.

**3. Fraud-**

If any claim made by the insured person, is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the insured person or anyone acting on his/her behalf to obtain any benefit under this policy, all benefits under this policy shall be forfeited.

Any amount already paid against claims which are found fraudulent later under this policy shall be repaid by all person(s) named in the policy schedule, who shall be jointly and severally liable for such repayment.

For the purpose of this clause, the expression "fraud" means any of the following acts committed by the Insured Person or by his agent, with intent to deceive the insurer or to induce the insurer to issue a insurance Policy:—

- a. the suggestion, as a fact of that which is not true and which the Insured Person does not believe to be true;
- b. the active concealment of a fact by the Insured Person having knowledge or belief of the fact;
- c. any other act fitted to deceive; and
- d. any such act or omission as the law specially declares to be fraudulent

The company shall not repudiate the policy on the ground of fraud, if the insured person / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of material fact are within the knowledge of the insurer. Onus of disproving is upon the policyholder, if alive, or beneficiaries.

**4. Free Look Period**

You have a period of 15 days from the date of receipt of the first policy document to review the terms and conditions of this Policy. If You have any objections to any of the terms and conditions, You have the option of canceling the Policy stating the reasons for cancellation. Provided that if You have not made any Claim during the Free look period, You shall be entitled to refund of premium subject to,

- i a deduction of the expenses incurred by Us on Your medical examination, stamp duty charges, if the risk has not commenced,
- ii a deduction of the stamp duty charges, medical examination charges & proportionate risk premium for period on cover, If the risk has commenced
- iii a deduction of such proportionate risk premium commensurating with the risk covered during such period, where only a part of risk has commenced

Free look period is not applicable for renewal policies.

Provided further if the Insured has made any Claim under the Policy, then the Policy cannot be cancelled under Free Look Period.

**5. Portability**

The Insured Person will have the option to port the Policy to other insurers as per extant Guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance plan with an Indian General/Health insurer as per Guidelines on portability, the proposed Insured Person will get all the accrued continuity benefits in waiting periods as under:

- i. The waiting periods specified in Section 6 shall be reduced by the number of continuous preceding years of coverage of the Insured Person under the previous health insurance Policy.
- ii. Portability benefit will be offered to the extent of sum of previous sum insured and accrued bonus (as part of the base sum insured), portability benefit shall not apply to any other additional increased Sum Insured.

**6. Renewal of Policy**

The policy shall ordinarily be renewable except on grounds of fraud, moral hazard, misrepresentation by the insured person. The Company is not bound to give notice that it is due for renewal.

- i. Renewal shall not be denied on the ground that the insured had made a claim or claims in the preceding policy years
- ii. Request for renewal along with requisite premium shall be received by the Company before the end of the Policy Period.
- iii. At the end of the Policy Period, the policy shall terminate and can be renewed within the Grace Period to maintain continuity of benefits without Break in Policy. Coverage is not available during the grace period.
- iv. If not renewed within Grace Period after due renewal date, the Policy shall terminate.

**7. Cancellation-**

- i. This Policy may be cancelled by the Insured Person after the expiry of 15 days from the effective date, in writing to the Company as long as the Insured Person is able to establish to the Company's satisfaction that the Insured Person Journey has not commenced,

### PRAVASI BHARATIYA BIMA YOJANA POLICY

and this Policy shall stand cancelled if the Insured Person Journey has not commenced within 14 days of the commencement date shown on the Policy Schedule.

- ii Upon cancellation, the Company shall be entitled to deduct cancellation charges according to its Cancellation Scale subject to retaining a minimum of Rs.250/-.
- iii In case of any early return of the Insured Person prior to expiry of the Policy Period the company will refund premium at the following rates subject to no Claims being incurred on the policy.

Period on Risk	Rate of Premium Retained by the Company
Above 50% of Policy Period	100%
Above 40% to 50% of Policy Period	80%
Above 30% to 40% of Policy Period	75%
Above 20% to 30 % of Policy Period	60%
Policy Inception 20% of Policy Period	50%

- iv. Under normal circumstances the Policy will not be cancelled by the Company except on the grounds of moral hazard, misrepresentation or if any false statement, or declaration is made or used or non-disclosure of material facts, fraud, or non-cooperation of the Insured Person or if the Insured Person is no more employed in Abroad.

#### 8. Multiple Policies

- i. In case of multiple policies taken by an insured during a period from the same or one or more insurers to indemnify treatment costs, the policyholder shall have the right to require a settlement of his/her claim in terms of any of his/her policies. In all such cases the insurer if chosen by the policy holder shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen policy.
- ii. Policyholder having multiple policies shall also have the right to prefer claims under this policy for the amounts disallowed under any other policy / policies, even if the sum insured is not exhausted. Then the Insurer(s) shall independently settle the claim subject to the terms and conditions of this policy.
- iii. If the amount to be claimed exceeds the sum insured under a single policy after, the policyholder shall have the right to choose insurers from whom he/she wants to claim the balance amount.
- iv. Where an insured has policies from more than one insurer to cover the same risk on indemnity basis, the insured shall only be indemnified the hospitalization costs in accordance with the terms and conditions of the chosen policy.

#### 9. Grievance Redressal Procedure

In case of any grievance the insured person may contact the company through

Bajaj Allianz General Insurance Co. Ltd  
 Bajaj Allianz House, Airport Road  
 Yerawada, Pune 411006  
 E-mail: [customercare@bajajallianz.co.in](mailto:customercare@bajajallianz.co.in)  
 Call : 1800-225858 (free calls from BSNL/MTNL lines only)  
 1800-1025858 ( free calls from Bharti users – mobile /landline ) or 020-30305858

##### Grievance Redressal Cell for Senior Citizens

Senior Citizen Cell for Insured Person who are Senior Citizens  
 'Good things come with time' and so for Our customers who are above 60 years of age We have created special cell to address any health insurance related query. Our senior citizen customers can reach Us through the below dedicated channels to enable Us to service them promptly  
 Health toll free number: 1800-103-2529  
 Exclusive Email address: [seniorcitizen@bajajallianz.co.in](mailto:seniorcitizen@bajajallianz.co.in)

If Insured person is not satisfied with the redressal of grievance through above methods, the insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017 as detailed in Annexure IV:

Note: **Note:** Address and contact number of Governing Body of Insurance Council  
 Council For Insurance Ombudsmen, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054.  
 Tel.: 022 - 69038801/03/04/05/06/07/08/09  
 Email: [inscoun@cioins.co.in](mailto:inscoun@cioins.co.in)  
 Cashless facility offered through network hospitals of Bajaj Allianz only. Cashless facility at 3300+ Network hospitals PAN India.  
 Please visit our website for list of network hospitals and network Diagnostic Centres , Website: [www.bajajallianz.com](http://www.bajajallianz.com) or get in touch with 24\*7 helpline number: 1800-103-2529 (toll free) / 020-30305858

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Grievance may also be lodged at IRDAI Integrated Grievance Management System - <https://igms.irda.gov.in/>

### SECTION E) GENERAL TERMS AND CLAUSES - SPECIFIC TERMS AND CLAUSES

#### 1. Condition Paramount

This Policy covers only those emigrants who are ECR passport holders under the Emigration Act, 1983 (Act 31 of 1983) and emigrants going for overseas employment for various professions falling under work categories covered under Section 2 (o) of Emigration Act, 1983 Benefits as specified in the Policy Schedule of the Policy relate to any /all contingencies occurring during the Policy Period.

#### 2. Communications

Any communication meant for the Company must be in writing and be delivered to the Company's Policy servicing office address shown in the Policy Schedule. Any communication meant for the Insured Person will be sent by the Company to Insured Person's address shown in the Policy Schedule.

#### 3. Reasonable Care

The Insured Person shall take all reasonable and proper steps to safeguard and protect himself and any fact, matter, circumstance or cause that might result in a Claim under this Policy, and shall not do or cause to be done anything that might enhance the likelihood of a Claim under this Policy (except in an attempt to save human life).

#### 4. Transfer of Interest

The Insured Person may not transfer his interest in this insurance, but his legal representatives may represent him in respect of Claim under this Policy if the Insured Person is incapacitated or deceased.

#### 5. Entry Age and Renewal Age

Cover	Member	Eligible Entry Age	Renewal
Pravasi Bharatiya Bima Yojana	Lawful Emigrant	18 years to 65 years	Lifetime

#### 6. Limit of liability:

The maximum limit of liability under this Policy will be Sum Insured Person/Limit mentioned against each Section/Subsection/part of the Section. Any Claim will reduce the Sum Insured /Limit by such Claim amount for the remaining Policy Period.

#### 7. 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 IRDAI. In such an event of revision/modification of the product, intimation shall be set out to all the existing Insured Persons at least 3 months prior to the date of such revision/modification comes into the effect

#### 10. Disputes Resolution:

- i If any dispute or difference shall arise as to the quantum of Claim to be paid under the Policy (liability/Claim being otherwise admitted by the Company), such difference shall independently of all other questions be referred to the decision of a sole arbitrator to be appointed in writing by the Company and the Insured or if they cannot agree upon a single arbitrator within 30 days of any Party [the Company or the Insured] invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising of two arbitrators, one each to be appointed by the Company and Insured, and the third arbitrator to be appointed by such two appointed arbitrators and arbitration shall be conducted in English under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996 as amended from time to time. The law of the arbitration will be Indian law, and the seat of arbitration and venue for all hearings shall be at Pune, India.
- ii It is clearly agreed and understood that no difference or dispute shall be referable to arbitration as herein before provided if the Company has disputed/repudiated or not accepted/not admitted the liability/Claim under or in respect of the Policy.
- iii It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon the Policy that the award by such arbitrator/ arbitrators of the amount of the loss or damage shall be first obtained.
- iv It is also hereby further expressly agreed and declared that if the Company shall disclaim/repudiate the Claim and liability to the respective Insured for any Claim under Policy issued to Insured and such Claim shall not, within 12 calendar months from the date of such disclaimer/repudiation of the Claim have been made the subject matter of a suit or proceeding before a Court of law or any other competent statutory forum/tribunal in India, then all indemnities/benefits under the Policy shall be forfeited and the rights of Insured shall stand extinguished and the liability of the Company shall also stand discharged.
- v In the event that these arbitration provisions shall be held to be invalid then all such disputes or differences shall be referred to the exclusive jurisdiction of the Indian Courts subject to other clauses herein.

#### 11. Governing Law:

The construction, interpretation and meaning of the provisions of this Policy shall be exclusively determined in accordance with the laws of India. The section headings of this Policy are included for descriptive purposes only and do not form part of this Policy for the purpose of its construction or interpretation. The terms of this Policy shall not be waived or changed except by endorsement issued by the Company.

#### 12. Entire Contract

The Policy constitutes the complete contract of insurance. No change or alteration in this Policy shall be valid or effective unless approved in writing by the Company, which approval shall be evidenced by an endorsement on the Policy. No agent shall or has the authority to change in any respect whatsoever any term of this Policy or waive any of its provisions.

#### 13. Due Observance

The due observance of and compliance with the terms, provisions, warranties and conditions of this Policy in so far as they relate to anything to be done or complied with by the Insured Person shall be a condition precedent to the Company's liability under this Policy.

#### 14. Withdrawal of Policy

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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 Person 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.

Provided however, if You do not respond to Our intimation regarding the withdrawal of the product under which this Policy is issued, then this Policy shall be withdrawn and shall not be available to You for renewal on the renewal date and accordingly upon Your seeking renewal of this Policy, You shall have to take a Policy under available new products of Us subject to Your paying the Premium as per Our Underwriting Policy for such available new product chosen by You and also subject to Portability condition.

**15. Notifications & Declarations**

Any and all notices and declarations for the attention of the Company shall be submitted in writing and shall be sent to the address specified in the Policy Schedule.

**SECTION E) GENERAL TERMS AND CLAUSES – OTHER TERMS AND CLAUSES****1. Claims Procedure**

If the Insured Person meet with any Accidental Bodily Injury or suffer an Illness that may result in a Claim, then as a condition precedent to the Company's liability, the Insured Person must comply with the following:

**A. Cashless Claims Procedure: (In India Only)**

Cashless treatment is only available at Network Hospitals. In order to avail of cashless treatment, the following procedure must be followed by the Insured Person:

- i Prior to taking treatment and/or incurring Medical Expenses at a Network Hospital, the Insured Person/ his or her representative must call the Company and request pre-authorization by way of the written form.
- ii In case of Planned Hospitalization, the Insured Person/Insured Person's representative shall intimate such admission within 48 hours of such Hospitalisation
- iii In case of Emergency Hospitalization, the Insured Person/Insured Person's representative shall intimate such admission within 24 hours of such Hospitalisation
- iv On receipt of Insured Person's pre-authorization form duly filled and signed by the Insured Person/ his or her representative, the Company's representative then within 2 hours will respond with Approval, Rejection or an more information
- v After considering the Insured Person's request and after obtaining any further information or documentation the Company has sought, the Company may, if satisfied, send the Insured Person or the Network Hospital, an authorisation letter. The authorisation letter to the Insured Person along with this Policy and any other information or documentation that the Company has specified must be produced to the Network Hospital identified in the pre-authorization letter at the time of Insured Person's admission to the same.
- vi If the procedure above is followed, the Insured Person will not be required to directly pay for the bill amount in the Network Hospital that the Company is liable under Section 3 (Medical Expenses to Insured Person), Section 4 (Hospitalization Expenses to Insured Person's Family) and Section 5 (Maternity benefit to Insured Person (women emigrant) above and the original bills and evidence of treatment in respect of the same shall be left with the Network Hospital. Pre-authorization does not guarantee that all costs and expenses will be covered. The Company reserve the right to review each Claim for Medical Expenses and accordingly coverage will be determined according to the terms and conditions of this Policy.

**B. Reimbursement Claims Procedure:**

If Pre-authorization as per Cashless Claims Procedure above is denied by the Company or if treatment is taken in a Hospital other than a Network Hospital or if the Insured Person do not wish to avail cashless facility or any treatment taken in overseas medical facility, then:

- i The Insured Person or someone Claiming on his/ her behalf must inform the Company in writing immediately within 48 hours of Hospitalization in case of emergency Hospitalization and 48 hours prior to Hospitalization in case of planned Hospitalization
- ii The Insured Person must immediately consult a Doctor and follow the advice and treatment that he recommends.
- iii The Insured Person must take reasonable steps or measures to minimize the quantum of any Claim that may be made under this Policy.
- iv The Insured Person must have himself / herself examined by the Company's medical advisors if the Company ask for this, and as often as the Company consider this to be necessary at the Company's cost.
- v The Insured Person or someone claiming on his/ her behalf must promptly and in any event within 30 days of discharge from a Hospital give the Company documentation as listed out in greater detail below and other information the Company ask for to investigate the Claim or the Company's obligation to make payment for it.
- vi In the event of the death of the Insured Person, someone Claiming on his behalf must inform the Company in writing immediately and send the Company a copy of the post mortem report (if any) within 30 days\*
- vii If the original documents are submitted with the co-insurer, the Xerox copies attested by the co-insurer should be submitted

\*Note: In case the Insured Person is Claiming for the same event under an indemnity based policy of another insurer and is required to submit the original documents related to his/ her treatment with that particular insurer, then the Insured Person may provide the Company with the attested Xerox copies of such documents along with a declaration from the particular insurer specifying the availability of the original copies of the specified treatment documents with it.

\*\*Note: Waiver of conditions (i) and (vi) may be considered in extreme cases of hardship where it is proved to the Company's satisfaction that under the circumstances in which the Insured Person was placed, it was not possible for the Insured Person or any other person to give notice or file Claim within the prescribed time limit.

**2. Claims settlement**

All Claims will be settled in India in Indian Rupees only.

**3. Documents required, Assessment of Claim & Payment**

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1. The Company shall be under no liability to make payment in respect of any Claim until such time as the Insured Person has provided them with whatever documentation and/or information as may be requested and established the quantum of any amount Claimed to the Company's satisfaction.
2. If requested by the Company, the Insured Person shall (at his own expense) furnish all certificates, information, proofs or other evidence in support of the Claim, present himself for medical examination by a Medical Advisor as considered necessary by the Company, and the Insured Person agrees that the Company may approach anyone who may have treated the Insured Person for information and/or documentation in respect of the Claim.
3. In the event of the Insured Person's death, the Company shall have the right to carry out a second post mortem at its own expense.
4. Where the Insured Person is incapacitated or otherwise unable to give a valid release for the Claim the payments shall be made to the Assignee mentioned in the Policy Schedule. In case of no Assignee the Company may make arrangements to pay the Claim to the Insured Person's legal guardian or legal representative. Any payment made by the Company thereby in good faith shall operate as a complete and effective discharge of the Company's liability in respect of the Claim.

Sections	Coverage	Documents Required
Section 1	Personal Accident	i. Copy of FIR (filed with the local police authorities) ii. Claim Form (to be filled and signed by Insured Person) iii. Release of Medical Information Form (ROMIF) BAJAJ and AGA (to be filled and signed by Insured Person) to obtain the medical records from facility iv. Medical records/Consultation Papers/Investigation Reports in case any Hospitalization v. Death certificate/Post Mortem report in case its conducted (In case of Death) vi. Certificate from Civil surgeon certifying the extent and percentage of disability (For Disability Claims) (When the Insured Person is repatriated after injury, certificate issued by the attending Doctor in India will also be acceptable.) vii. NEFT form and Cancelled cheque stating Insured Person's (nominee in case of death Claim) Claimant Indian Bank account details viii. Passport and Visa copy with Entry Stamp Overseas and exit Stamp from India ix. Any documents other than listed documents if required by the Company in reference with the Claim
Section 2	Repatriation of Mortal Remains and A Attendant	i. Claim Form (to be filled and signed by nominee) ii. Original Paid receipts iii. Medical records/Consultation Papers/Investigation Reports iv. Death certificate/Post Mortem report/ Certificate of emblem in case its conducted v. NEFT Form and Cancelled cheque stating assignee's Indian Bank account details (for reimbursement claim.) vi. Cancelled passport and Visa copy vii. Any documents other than listed documents if required by the Company in reference with the Claim
Section 3	Medical Expenses to Insured Person	i. Claim Form (to be filled and signed by Insured Person) ii. Attending Physician Statement (to be filled and signed by overseas treating doctor) iii. Release of Medical Information Form (ROMIF) BAJAJ and AGA (to be filled and signed by Insured Person) to obtain the medical records from facility iv. Medical records/Consultation Papers/Investigation Reports v. Invoices / Bills towards medical expenses. vi. Original Paid receipts (hardcopy) in case of reimbursement claim. vii. NEFT Form and Cancelled cheque stating Insured Person's / Claimant Indian Bank account details (for reimbursement claim). viii. Passport and Visa copy with Entry Stamp Overseas and exit Stamp from India. ix. Any documents other than listed documents if required by the Company in reference with the Claim
Section 4	Hospitalization Expenses to Insured Family	i. Claim Form (to be filled and signed by Insured Person) ii. Medical records/Consultation Papers/Investigation Reports iii. Invoices / Bills towards medical expenses. iv. Original Paid receipts (hardcopy) in case of reimbursement claim. v. NEFT Form and Cancelled cheque stating Insured Person's / Claimant Indian Bank account details (for reimbursement claim). vi. Any documents other than listed documents if required by the Company in reference with the Claim

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Section 5	Maternity benefit to Insured Person emigrant)	i. Claim Form (to be filled and signed by Insured Person) ii. Medical records/Consultation Papers/Investigation Reports iii. Invoices / Bills towards medical expenses. iv. Original Paid receipts (hardcopy) in case of reimbursement claim. v. NEFT Form and Cancelled cheque stating Insured Person's / Claimant Indian Bank account details (for reimbursement claim). vi. Any documents other than listed documents if required by the Company in reference with the Claim
Section 6	Employment Contingency	i. Claim Form (to be filled and signed by Insured Person) ii. Medical records/Consultation Papers/Investigation Reports with Grounds for repatriation are certified by concerned Indian Mission if applicable iii. Grounds for repatriation are certified by concerned Indian Mission for substantive change in the Job/Employment Contract/Agreement to the disadvantage of the Insured Person there by causing the Insured Person to return to India immediately if applicable iv. Grounds for repatriation are certified by concerned Indian Mission for No job/employment available or the employer refuses the job/employment if applicable v. Air tickets are submitted in original vi. Original Paid receipts (hardcopy) in case of reimbursement claim. vii. NEFT Form and Cancelled cheque stating Insured Person's / Claimant Indian Bank account details (for reimbursement claim). viii. Any documents other than listed documents if required by the Company in reference with the Claim
Section 7	Legal Expenses	i. Claim Form (to be filled and signed by Insured Person) ii. Certificate by the appropriate Ministry of the Country of employment for any litigation to his/her employment iii. Certificate by the Indian Mission/Post for the actual expenses incurred for the litigation iv. court order or any judicial order copy received v. detailed self-explanatory note stating scenario arises for litigation against employer vi. NEFT Form and Cancelled cheque stating Insured Person's / Claimant Indian Bank account details (for reimbursement claim). vii. Any documents other than listed documents if required by the Company in reference with the Claim

**ANNEXURE I- "DAY CARE PROCEDURES"**

List of Day Care Procedures:

1. Suturing - CLW -under LA or GA
2. Surgical debridement of wound
3. Therapeutic Ascitic Tapping
4. Therapeutic Pleural Tapping
5. Therapeutic Joint Aspiration
6. Aspiration of an internal abscess under ultrasound guidance
7. Aspiration of hematoma
8. Incision and Drainage
9. Endoscopic Foreign Body Removal - Trachea /- pharynx-larynx/ bronchus
10. Endoscopic Foreign Body Removal -Oesophagus/stomach /rectum.
11. True cut Biopsy - breast/- liver/- kidney-Lymph Node/-Pleura/-lung/-Muscle biopsy/-Nerve biopsy/Synovial biopsy/-Bone trephine biopsy/- Pericardial biopsy
12. Endoscopic ligation/banding
13. Sclerotherapy
14. Dilatation of digestive tract strictures
15. Endoscopic ultrasonography and biopsy
16. Nissen fundoplication for Hiatus Hernia /Gastro esophageal reflux disease
17. Endoscopic placement/removal of stents
18. Endoscopic Gastrostomy
19. Replacement of Gastrostomy tube
20. Endoscopic polypectomy
21. Endoscopic decompression of colon
22. Therapeutic ERCP

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23. Brochoscopic treatment of bleeding lesion
24. Brochoscopic treatment of fistula /stenting
25. Bronchoalveolar lavage & biopsy
26. Tonsillectomy without Adenoidectomy
27. Tonsillectomy with Adenoidectomy
28. Excision and destruction of lingual tonsil
29. Foreign body removal from nose
30. Myringotomy
31. Myringotomy with Grommet insertion
32. Myringoplasty /Tympanoplasty
33. Antral wash under LA
34. Quinsy drainage
35. Direct Laryngoscopy with or w/o biopsy
36. Reduction of nasal fracture
37. Mastoidectomy
38. Removal of tympanic drain
39. Reconstruction of middle ear
40. Incision of mastoid process & middle ear
41. Excision of nose granuloma
42. Blood transfusion for recipient
43. Therapeutic Phlebotomy
44. Haemodialysis/Peritoneal Dialysis
45. Chemotherapy
46. Radiotherapy
47. Coronary Angioplasty (PTCA)
48. Pericardiocentesis
49. Insertion of filter in inferior vena cava
50. Insertion of gel foam in artery or vein
51. Carotid angioplasty
52. Renal angioplasty
53. Tumor embolisation
54. TIPS procedure for portal hypertension
55. Endoscopic Drainage of Pseudopancreatic cyst
56. Lithotripsy
57. PCNS (Percutaneous nephrostomy)
58. PCNL (percutaneous nephrolithotomy)
59. Suprapubiccystostomy
60. Tran urethral resection of bladder tumor
61. Hydrocele surgery
62. Epididymectomy
63. Orchidectomy
64. Herniorrhaphy
65. Hernioplasty
66. Incision and excision of tissue in the perianal region
67. Surgical treatment of anal fistula
68. Surgical treatment of hemorrhoids
69. Sphincterotomy/Fissurectomy
70. Laparoscopic appendicectomy
71. Laparoscopic cholecystectomy
72. TURP (Resection prostate)
73. Varicose vein stripping or ligation
74. Excision of dupuytren's contracture
75. Carpal tunnel decompression
76. Excision of granuloma
77. Arthroscopic therapy
78. Surgery for ligament tear
79. Surgery for meniscus tear
80. Surgery for hemoarthrosis/pyoarthrosis
81. Removal of fracture pins/nails
82. Removal of metal wire
83. Incision of bone, septic and aseptic
84. Closed reduction on fracture, luxation or epiphyseolysis with osetosynthesis
85. Suture and other operations on tendons and tendon sheath
86. Reduction of dislocation under GA
87. Cataract surgery
88. Excision of lachrymal cyst
89. Excision of pterigium
90. Glaucoma Surgery
91. Surgery for retinal detachment
92. Chalazion removal (Eye)
93. Incision of lachrymal glands
94. Incision of diseased eye lids
95. Excision of eye lid granuloma
96. Operation on canthus & epicanthus
97. Corrective surgery for entropion&ectropion
98. Corrective surgery for blepharoptosis
99. Foreign body removal from conjunctiva

**PRAVASI BHARATIYA BIMA YOJANA POLICY**

- 100. Foreign body removal from cornea
- 101. Incision of cornea
- 102. Foreign body removal from lens of the eye
- 103. Foreign body removal from posterior chamber of eye
- 104. Foreign body removal from orbit and eye ball
- 105. Excision of breast lump /Fibro adenoma
- 106. Operations on the nipple
- 107. Incision/Drainage of breast abscess
- 108. Incision of pilonidal sinus
- 109. Local excision of diseased tissue of skin and subcutaneous tissue
- 110. Simple restoration of surface continuity of the skin and subcutaneous tissue
- 111. Free skin transportation, donor site
- 112. Free skin transportation recipient site
- 113. Revision of skin plasty
- 114. Destruction of the diseases tissue of the skin and subcutaneous tissue
- 115. Incision, excision, destruction of the diseased tissue of the tongue
- 116. Glossectomy
- 117. Reconstruction of the tongue
- 118. Incision and lancing of the salivary gland and a salivary duct
- 119. Resection of a salivary duct
- 120. Reconstruction of a salivary gland and a salivary duct
- 121. External incision and drainage in the region of the mouth, jaw and face
- 122. Incision of hard and soft palate
- 123. Excision and destruction of the diseased hard and soft palate
- 124. Incision, excision and destruction in the mouth
- 125. Surgery to the floor of mouth
- 126. Palatoplasty
- 127. Transoral incision and drainage of pharyngeal abscess
- 128. Dilatation and curettage
- 129. Myomectomies
- 130. Simple Oophorectomies

Note:

(i) The standard exclusions and waiting periods are applicable to all of the above procedures depending on the medical condition/disease under treatment. Only 24 hours Hospitalization is not mandatory.

**ANNEXURE II:- LIST OF NON-MEDICAL ITEMS**

S. NO	List of Expenses Generally Excluded ("Non-Medical") in Hospital Indemnity Policy -	SUGGESTIONS
	TOILETRIES/COSMETICS/ PERSONAL COMFORT OR CONVENIENCE ITEMS	
1	HAIR REMOVAL CREAM	Not Payable
2	BABY CHARGES (UNLESS SPECIFIED/INDICATED)	Payable
3	BABY FOOD	Not Payable
4	BABY UTILITES CHARGES	Not Payable
5	BABY SET	Not Payable
6	BABY BOTTLES	Not Payable
7	BRUSH	Not Payable
8	COSY TOWEL	Not Payable
9	HAND WASH	Not Payable
10	MOISTURISER PASTE BRUSH	Not Payable
11	POWDER	Not Payable
12	RAZOR	Payable
13	SHOE COVER	Not Payable
14	BEAUTY SERVICES	Not Payable
15	BELTS/ BRACES	Essential and may be paid specific cases who have undergone surgical thoracic lumbar spine.
16	BUDS	Not Payable
17	BARBER CHARGES	Not Payable
18	CAPS	Not Payable
19	COLD PACK/HOT PACK	Not Payable

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20	CARRY BAGS	Not Payable
21	CRADLE CHARGES	Not Payable
22	COMB	Not Payable
23	DISPOSABLES RAZORS CHARGES ( for site preparations)	Payable
24	EAU-DE-COLOGNE / ROOM FRESHNERS	Not Payable
25	EYE PAD	Not Payable
26	EYE SHEILD	Not Payable
27	EMAIL / INTERNET CHARGES	Not Payable
28	FOOD CHARGES (OTHER THAN PATIENT'S DIET PR BY HOSPITAL)	Not Payable
29	FOOT COVER	Not Payable
30	GOWN	Not Payable
31	LEGGINGS	Essential in bariatric and varicose vein surgery and should be considered for these conditions where surgery itself is payable.
32	LAUNDRY CHARGES	Not Payable
33	MINERAL WATER	Not Payable
34	OIL CHARGES	Not Payable
35	SANITARY PAD	Not Payable
36	SLIPPERS	Not Payable
37	TELEPHONE CHARGES	Not Payable
38	TISSUE PAPER	Not Payable
39	TOOTH PASTE	Not Payable
40	TOOTH BRUSH	Not Payable
41	GUEST SERVICES	Not Payable
42	BED PAN	Not Payable
43	BED UNDER PAD CHARGES	Not Payable
44	CAMERA COVER	Not Payable
45	CLINIPLAST	Not Payable
46	CREPE BANDAGE	Not Payable/Payable by the patient
47	CURAPORE	Not Payable
48	DIAPER OF ANY TYPE	Not Payable
49	DVD, CD CHARGES	Not Payable ( However if CD is specifically sought by Insure /T PA then payable)
50	EYELET COLLAR	Not Payable
51	FACE MASK	Not Payable
52	FLEXI MASK	Not Payable
53	GAUSE SOFT	Not Payable
54	GAUZE	Not Payable
55	HAND HOLDER	Not Payable
56	HANSAPLAST/ADHESIVE BANDAGES	Not Payable
57	INFANT FOOD	Not Payable
58	SLINGS	Reasonable costs for one sling in case of upper arm fractures should be considered
	ITEMS SPECIFICALLY EXCLUDED IN THE POLICIES	
59	WEIGHT CONTROL PROGRAMS/ SUPPLIES/ SERVICES	Exclusion in policy unless otherwise specified
60	COST OF SPECTACLES/ CONTACT LENSES/ HEARING AIDS ETC.,	Exclusion in policy unless otherwise specified
61	DENTAL TREATMENT EXPENSES THAT DO NOT REQUIRE HOSPITALISATION	Exclusion in policy unless otherwise specified
62	HORMONE REPLACEMENT THERAPY	Exclusion in policy unless

**PRAVASI BHARATIYA BIMA YOJANA POLICY**

		otherwise specified
63	HOME VISIT CHARGES	Exclusion in policy unless otherwise specified
64	INFERTILITY/ SUBFERTILITY/ ASSISTED CONCEPTION PROCEDURE	Exclusion in policy unless otherwise specified
65	OBESITY (INCLUDING MORBID OBESITY) TREATMENT IF EXCLUDED IN POLICY	Exclusion in policy unless otherwise specified
66	PSYCHIATRIC & PSYCHOSOMATIC DISORDERS	Exclusion in policy unless otherwise specified
67	CORRECTIVE SURGERY FOR REFRACTIVE ERROR	Exclusion in policy unless otherwise specified
68	TREATMENT OF SEXUALLY TRANSMITTED DISEASES	Exclusion in policy unless otherwise specified
69	DONOR SCREENING CHARGES	Exclusion in policy unless otherwise specified
70	ADMISSION/REGISTRATION CHARGES	Exclusion in policy unless otherwise specified
71	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE	Exclusion in policy unless otherwise specified
72	EXPENSES FOR INVESTIGATION/ TREATMENT IRRELEVANT TO THE DISEASE FOR ADMITTED OR DIAGNOSED	Not Payable - Exclusion in policy unless otherwise specified
73	ANY EXPENSES WHEN THE PATIENT IS DIAGNOSED WITH RETRO VIRUS + OR SUFFERING FROM /HIV/ AIDS ETC IS DETECTED/ DIRECTLY OR INDIRECTLY	Not payable as per HIV/AIDS exclusion
74	STEM CELL IMPLANTATION/ SURGERY and storage	Not Payable except Marrow Transplantation where covered by policy
	ITEMS WHICH FORM PART OF HOSPITAL SERVICES WHERE SEPARATELY PAID CONSUMABLES ARE NOT PAYABLE BUT THE SERVICE IS	
75	WARD AND THEATRE BOOKING CHARGES	Payable under Charges, not payable separately
76	ARTHROSCOPY & ENDOSCOPY INSTRUMENTS	Rental charged by hospital payable. Purchase of Instruments payable.
77	MICROSCOPE COVER	Payable under Charges, not separately
78	SURGICAL BLADES, HARMONIC SCALPEL, SHAVER	Payable under Charges, not separately
79	SURGICAL DRILL	Payable under Charges, not separately
80	EYE KIT	Payable under Charges, not separately
81	EYE DRAPE	Payable under OT Charges, not separately
82	X-RAY FILM	Payable under Radiology Charges, not as consumable
83	SPUTUM CUP	Payable under Investigation Charges consumable
84	BOYLES APPARATUS CHARGES	Part of OT Charges separately
85	BLOOD GROUPING AND CROSS MATCHING OF DONOR	Part of Cost of Blood, not payable
86	Antiseptic or disinfectant lotions	Not Payable - Part of Dressing Charges
87	BAND AID, BANDAGES, STERILE INJECTIONS, NEEDLES	Not Payable - Part of Dressing Charges
88	COTTON	Not Payable - Part of Dressing Charges
89	COTTON BANDAGE	Not Payable - Part of Dressing Charges
90	MICROPOROUS/ SURGICAL TAPE	Not Payable - Payable by the patient as prescribed, otherwise included as Dressing Charges
91	BLADE	Not Payable

## PRAVASI BHARATIYA BIMA YOJANA POLICY

92	APRON	Not Payable -Part of Hospital Services/ Disposable linen t of OT/ICU charges
93	TORNIQUET	Not Payable (service is charged by hospitals, consumables cannot separately charged)
94	ORTHOBUNDLE, GYNAEC BUNDLE	Part of Dressing Charges
95	URINE CONTAINER	Not Payable
	ELEMENTS OF ROOM CHARGE	
96	LUXURY TAX	Actual tax levied by government payable. Part of room charge for sub limits
97	HVAC	Part of room charge not payable separately
98	HOUSE KEEPING CHARGES	Part of room charge payable separately
99	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED	Part of room charge notpayable separately
100	TELEVISION & AIR CONDITIONER CHARGES	Payable under charges not if separately levied
101	SURCHARGES	Part of Room Charge , payable separately
102	ATTENDANT CHARGES	Not Payable -part Room Charges
103	M IV INJECTION CHARGES	Part of nursing charges, not payable
104	CLEAN SHEET	Part of Laundry/ Housekeeping not payable separately
105	EXTRA DIET OF PATIENT(OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)	Patient Diet provided hospital is payable
106	BLANKET/WARMER BLANKET	Not Payable- part of room charges
	ADMINISTRATIVE OR NON-MEDICAL CHARGES	
107	ADMISSION KIT	Not Payable
108	BIRTH CERTIFICATE	Not Payable
109	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES	Not Payable
110	CERTIFICATE CHARGES	Not Payable
111	COURIER CHARGES	Not Payable
112	CONVENYANCE CHARGES	Not Payable
113	DIABETIC CHART CHARGES	Not Payable
114	DOCUMENTATION CHARGES / ADMINIST	Not Payable
115	DISCHARGE PROCEDURE CHARGES	Not Payable
116	DAILY CHART CHARGES	Not Payable
117	ENTRANCEPASS / VISITORS PASS CHARGES	Not Payable
118	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE	To be Claimed by patient under P where admissible
119	FILE OPENING CHARGES	Not Payable
120	INCIDENTAL EXPENSES / MISC. CHARGES (EXPLAINED)	Not Payable
121	MEDICAL CERTIFICATE	Not Payable
122	MAINTENANCE CHARGES	Not Payable
123	MEDICAL RECORDS	Not Payable
124	PREPARATION CHARGES	Not Payable
125	PHOTOCOPIES CHARGES	Not Payable
126	PATIENT IDENTIFICATION BAND / NAME TAG	Not Payable

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127	WASHING CHARGES	Not Payable
128	MEDICINE BOX	Not Payable
129	MORTUARY CHARGES	Payable upto 24 hrs, shifting charges not payable
130	MEDICO LEGAL CASE CHARGES (MLC CHARGES)	
	EXTERNAL DURABLE DEVICES	
131	WALKING AIDS CHARGES	Not Payable
132	BIPAP MACHINE	Not Payable
133	COMMODE	Not Payable
134	CPAP/ CAPD EQUIPMENTS	Device not payable
135	INFUSION PUMP - COST	Device not payable
136	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)	Not Payable
137	PULSEOXYMER CHARGES	Device not payable
138	SPACER	Not Payable
139	SPIROMETRE	Device not payable
140	S P O 2 P R O B E	Not Payable
141	NEBULIZER KIT	Not Payable
142	STEAM INHALER	Not Payable
143	ARMSLING	Not Payable
144	THERMOMETER	Not Payable (paid by patient)
145	CERVICAL COLLAR	Not Payable
146	SPLINT	Not Payable
147	DIABETIC FOOT WEAR	Not Payable
148	KNEE BRACES ( LONG/ SHORT/ HINGED)	Not Payable
149	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER	Not Payable
150	LUMBOSACRAL BELT	Essential and should be paid specifically for cases who have undergone surgery of lumbar spine.
151	NIMBUS BED OR WATER OR AIR BED CHARGES	Payable for any ICU patient requiring more than 3 days in ICU, all patients with paraplegia /quadriplegia for any reason and reasonable cost of approximately day
152	AMBULANCE COLLAR	Not Payable
153	AMBULANCE EQUIPMENT	Not Payable
154	MICROSHEILD	Not Payable
155	ABDOMINAL BINDER	Essential and should be paid in post surgery patients of major abdominal surgery including TAH, incisional hernia repair, ex laparotomy for intestinal obstruction, liver transplan
	ITEMS PAYABLE IF SUPPORTED BY A PRESCRIPTION	
156	BETADINE \ HYDROGEN PEROXIDE DISINFECTANTS ETC	May be payable when prescribed for patient , not payable for hospital use in OT or ward or for dressings in hospital
157	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES	Post hospitalization nursing charges not Payable
158	NUTRITION PLANNING CHARGES - DIETICIAN CH	Patient Diet provided by hospital is payable
159	SUGAR FREE Tablets	Payable -S u g a r free variants of admissible medicines are not excluded
160	CREAMS POWDERS LOTIONS (Toiletries are not payable only prescribed medical pharma payable)	Payable when prescribed

**PRAVASI BHARATIYA BIMA YOJANA POLICY**

161	Digestion gels	Payable when prescribed
162	ECG ELECTRODES	Upto 5 electrodes are required for every case visiting OT or longer stay in ICU, may require a change and at least one set every second day must be payable.
163	GLOVES	Sterilized Gloves payable unsterilized gloves payable
164	HIV KIT	Payable - payable Pre-operative screening
165	LISTERINE/ ANTISEPTIC MOUTHWASH	Payable when prescribed
166	LOZENGES	Payable when prescribed
167	MOUTH PAINT	Payable when prescribed
168	NEBULISATION KIT	If used during hospitalization is reasonably
169	NOVARAPID	Payable when prescribed
170	VOLINI GEL/ ANALGESIC GEL	Payable when prescribed
171	ZYTEE GEL	Payable when prescribed
172	VACCINATION CHARGES	Routine Vaccination Payable / Post Vaccination Payable
	PART OF HOSPITAL'S OWN COSTS AND NOT PAYABLE	
173	AHD	Not Payable- part of Hospital's internal Cost
174	ALCOHOL SWABES	Not Payable- part of Hospital's internal Cost
175	SCRUB SOLUTION/STERILLIUM	Not Payable- part of Hospital's internal Cost
	OTHERS	
176	VACCINE CHARGES FOR BABY	Payable
177	AESTHETIC TREATMENT / SURGERY	Not Payable
178	TPA CHARGES	Not Payable
179	VISCO BELT CHARGES	Not Payable
180	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY ORTHOKIT, RECOVERY KIT, ETC]	Not Payable
181	EXAMINATION GLOVES	Not Payable
182	KIDNEY TRAY	Not Payable
183	MASK	Not Payable
184	OUNCE GLASS	Not Payable
185	OUTSTATION CONSULTANT'S/ SURGEON'S FEES	Not payable, except for tele consultations where covered by policy
186	OXYGEN MASK	Not Payable
187	PAPER GLOVES	Not Payable
188	PELVIC TRACTION BELT	Should be payable in case of PI VI) requiring traction as generally not reused
189	REFERAL DOCTOR'S FEES	Not Payable
190	ACCU CHECK ( Glucometry/ Strips)	Not payable pre hospitalisation or hospitalisation/ Reports and Charts required / Depayable
191	PAN CAN	Not Payable
192	SOFNET	Not Payable
193	TROLLY COVER	Not Payable

**PRAVASI BHARATIYA BIMA YOJANA POLICY**

194	UROMETER, URINE JUG	Not Payable
195	AMBULANCE	Payable-Ambulance from home to hospital or inter hospital shifts is payable/ RTA as specific requirement is payable
196	TEGADERM / VASOFIX SAFETY	Payable - maximum of 3 in 48 hrs a 1 in 24 hrs
197	URINE BAG	Payable where medically necessary till a reasonable cost - maximum 1 per 24
198	SOFTOVAC	Not Payable
199	STOCKINGS	Essential for case like CABG etc. where it should be paid.

**ANNEXURE III- ICD SPECIFIC FOR MENTAL ILLNESS**

ICD Codes	ICD Description
F00	Dementia in Alzheimer disease
F02	Dementia in other diseases classified elsewhere
F03	Unspecified dementia
F05	Delirium, not induced by alcohol and other psychoactive substances
F07	Personality and behavioural disorders due to brain disease, damage and dysfunction
F09	Unspecified organic or symptomatic mental disorder
F20	Schizophrenia
F21	Schizotypal disorder
F22	Persistent delusional disorders
F23	Acute and transient psychotic disorders
F24	Induced delusional disorder
F25	Schizoaffective disorders
F31	Bipolar affective disorder
F32	Depressive episode
F33	Recurrent depressive disorder
F40	Phobic anxiety disorders

**ANNEXURE IV- OMBUDSMEN DETAILS**

Office Details	Jurisdiction of Office Union Territory, District)
<b>AHMEDABAD - Shri Kuldip Singh</b> Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 Email: <a href="mailto:bimalokpal.ahmedabad@cioins.co.in">bimalokpal.ahmedabad@cioins.co.in</a>	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
<b>BENGALURU - Smt. Neerja Shah</b> Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: <a href="mailto:bimalokpal.bengaluru@cioins.co.in">bimalokpal.bengaluru@cioins.co.in</a>	Karnataka.
<b>BHOPAL - Shri Guru Saran Shrivastava</b> Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202	Madhya Pradesh Chattisgarh.

**PRAVASI BHARATIYA BIMA YOJANA POLICY**

Office Details	Jurisdiction of Office Union Territory, District)
Fax: 0755 - 2769203 Email: <a href="mailto:bimalokpal.bhopal@cioins.co.in">bimalokpal.bhopal@cioins.co.in</a>	
<b>BHUBANESHWAR - Shri Suresh Chandra Panda</b> Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: <a href="mailto:bimalokpal.bhubaneswar@cioins.co.in">bimalokpal.bhubaneswar@cioins.co.in</a>	Orissa.
<b>CHANDIGARH - Dr. Dinesh Kumar Verma</b> Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: <a href="mailto:bimalokpal.chandigarh@cioins.co.in">bimalokpal.chandigarh@cioins.co.in</a>	Punjab, Haryana(excluding Gurugram, Faridabad, Sonapat and Bahadurgarh) Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh.
<b>CHENNAI - Shri M. Vasantha Krishna</b> Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: <a href="mailto:bimalokpal.chennai@cioins.co.in">bimalokpal.chennai@cioins.co.in</a>	Tamil Nadu, Tamil Nadu Puducherry Town and Karaikal (which are part of Puducherry).
<b>DELHI - Shri Sudhir Krishna</b> Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481/23213504 Email: <a href="mailto:bimalokpal.delhi@cioins.co.in">bimalokpal.delhi@cioins.co.in</a>	Delhi & Following Districts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh.
<b>GUWAHATI - Shri Kiriti .B. Saha</b> Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: <a href="mailto:bimalokpal.guwahati@cioins.co.in">bimalokpal.guwahati@cioins.co.in</a>	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
<b>HYDERABAD - Shri I. Suresh Babu</b> Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 Fax: 040 - 23376599 Email: <a href="mailto:bimalokpal.hyderabad@cioins.co.in">bimalokpal.hyderabad@cioins.co.in</a>	Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.
<b>JAIPUR - Smt. Sandhya Baliga</b> Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: <a href="mailto:bimalokpal.jaipur@cioins.co.in">bimalokpal.jaipur@cioins.co.in</a>	Rajasthan.
<b>ERNAKULAM - Ms. Poonam Bodra</b> Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338	Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.

**PRAVASI BHARATIYA BIMA YOJANA POLICY**

Office Details	Jurisdiction of Office Union Territory, District)
Fax: 0484 - 2359336 Email: <a href="mailto:bimalokpal.ernakulam@cioins.co.in">bimalokpal.ernakulam@cioins.co.in</a>	
<b>KOLKATA - Shri P. K. Rath</b> Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 Email: <a href="mailto:bimalokpal.kolkata@cioins.co.in">bimalokpal.kolkata@cioins.co.in</a>	West Bengal, Sikkim, Andaman & Nicobar Islands.
<b>LUCKNOW -Shri Justice Anil Kumar Srivastava</b> Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: <a href="mailto:bimalokpal.lucknow@cioins.co.in">bimalokpal.lucknow@cioins.co.in</a>	Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
<b>MUMBAI - Shri Milind A. Kharat</b> Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 Email: <a href="mailto:bimalokpal.mumbai@cioins.co.in">bimalokpal.mumbai@cioins.co.in</a>	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.
<b>NOIDA - Shri Chandra Shekhar Prasad</b> Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514252 / 2514253 Email: <a href="mailto:bimalokpal.noida@cioins.co.in">bimalokpal.noida@cioins.co.in</a>	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
<b>PATNA - Shri N. K. Singh</b> Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building,, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: <a href="mailto:bimalokpal.patna@cioins.co.in">bimalokpal.patna@cioins.co.in</a>	Bihar, Jharkhand.
<b>PUNE - Shri Vinay Sah</b> Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-41312555 Email: <a href="mailto:bimalokpal.pune@cioins.co.in">bimalokpal.pune@cioins.co.in</a>	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.