

Policy Document – Bharti AXA Life Hospi Cash Rider
A Non-Linked Non-Participating Individual Health Insurance Rider

Part B

Bharti AXA Life Hospi Cash Rider is a non-linked Non-Participating Individual hospital & surgery cash insurance rider that provides a fixed benefit for per day of hospitalization, ICU benefits & a lumpsum benefit on undergoing a surgery on an individual Rider.

1. Definitions: (meaning of technical words used in Policy Document):

- a) **Accident:** "Accident" is a sudden, unforeseen and involuntary event caused by external and visible means.
- b) **Day:** "Day" in Hospital means a period of a full 24 hours during a period of confinement. The first Day of confinement shall commence at the time of admission to the Hospital and each subsequent Day shall commence 24 hours after the commencement of the previous Day. In the event of the time of discharge of the life insured from the Hospital being more than 12 hours, but less than 24 hours from the end of the previous Day, then the day of discharge shall also be regarded as a Day.
- c) **Date of Rider:** is the day, month and year the Rider comes into effect as shown in the Rider Specifications and shall also be the date of the commencement of risk under this Rider.
- d) **Hospital:** A hospital means any institution established for in-patient care and day care treatment of sickness and / or injuries and which has been registered as a hospital with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner and must comply with all minimum criteria as under:
 - has at least 10 inpatient beds, in those towns having a population of less than 10,00,000 and 15 inpatient beds in all other places;
 - has qualified nursing staff under its employment round the clock;
 - has qualified medical practitioner (s) in charge round the clock;
 - has a fully equipped operation theatre of its own where surgical procedures are carried out
 - maintains daily records of patients and will make these accessible to the Insurance company's authorized personnel.
- e) **Hospitalization** means admission in a Hospital for a minimum period of 24 In patient Care consecutive hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.
- f) **Intensive Care Unit:** "ICU" means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated medical practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.

- g) **Issue Date:** is the date of the issue of the Rider by the Company as specified in Rider Specifications.
- h) **Major Surgeries:** Surgeries directly involving the brain, heart (including coronary arteries), liver & lung. Maximum surgical benefit for Major surgeries is restricted to 20 X Daily Hospital Cash Benefit chosen subject to over all surgical benefit mentioned below.
- i) **Minor Surgeries:** All other Valid Surgeries. Maximum surgical benefit for Minor surgeries is restricted to 5 X Daily Hospital Cash Benefit chosen subject to over all surgical benefit mentioned below.

Maximum Surgical Hospitalization Benefit is capped to 90 times Daily Hospital Cash Benefit in one policy year.

Medically Necessary: "Medically Necessary" treatment is defined as any treatment, tests, medication, or stay in hospital or part of a stay in hospital which - is required for the medical management of the illness or injury suffered by the insured;

 - must not exceed the level of care necessary to provide safe, adequate and
 - appropriate medical care in scope, duration, or intensity;
 - must have been prescribed by a medical practitioner,
 - must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
- k) **Medical Practitioner:** A Medical practitioner means a person who holds a valid registration 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 and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of the licence and who is neither the insured himself nor related to the insured by blood or marriage. The term Medical Practitioner will include surgeons, anesthetists, consultants, pathologists, radiologists, radiation oncologists and specialists.
- l) **Policy:** Policy means and includes the Policy Document, the proposal form for insurance submitted by the Policyholder, the benefit illustration signed by the Policyholder, the Policy Specifications, the first premium receipt, any attached endorsements or supplements together with all the addendums provided by the Company from time to time, the medical examiner's report and any other document/s called for by the Company and submitted by the policyholder to enable the Company to process the said proposal.
- m) **Policy Year** is measured from the Policy Date and is a period of twelve consecutive calendar months and includes every subsequent twelve consecutive calendar months.
- n) **Pre-existing Disease:** Pre Existing Disease means any condition, ailment, injury or disease: a) That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement or (b) For which medical advice or treatment was recommended by, or received from, a physician within 48 months Prior to the effective date of the policy issued by the insurer or its reinstatement.

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- o) **Rider:** A provision of Insurance Policy i.e. purchased along with the base Policy which provides additional benefits to the Policyholder/ Life Insured. It is not a standalone document and should be read along with base Policy.
- p) **Rider Benefit:** is benefit as defined in Section 2 of this document.
- q) **Surgery:** 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.
- * For Definitions which are not covered herein / dealt with in the Policy document, please refer to the base Policy document.

3. Benefits

- A. Daily Hospital Cash Benefit (DHCB):** Daily Hospital Cash Benefit is a fixed per day benefit paid to the Policyholder for each day of hospitalization. For this benefit to be payable the hospitalization should be for minimum periods of 48 hours while the Policy is in force. A maximum of 40 days of hospital stay will be covered under this benefit in one policy year. This is a fixed amount and not linked to the actual expenses incurred during Hospitalization.
- B. Intensive Care Unit Benefit (ICU):** Intensive Care Unit Benefit is a fixed benefit per day equal to the DHCB amount, paid to the Policyholder for each day of hospitalization in Intensive Care Unit, if the hospitalization lasts 48 hours or more while Policy is in force. A maximum of 10 days in Intensive unit stay will be covered under this benefit in one policy year. This is a fixed amount and not linked to the actual expenses incurred during Hospitalization.
- C. Surgical Hospitalization Benefit (SCB):** In the event of Hospitalization (min 48 hours) for undergoing any valid and medically necessary surgery as specified in this document, in India and actually undergoing that Surgery, a lump sum benefit will be paid. In the event of undergoing more than one surgical procedure during a single admission to hospital a lump sum in respect of the surgical procedure attracting the highest benefit will be paid.

A. Benefit Schedule: The Policyholder, at any point, during the term of the policy, cannot switch between the levels, as mentioned below,

Benefit#	Silver	Gold	Diamond
Hospital Cash Benefit			
Daily Hospital Cash Benefit: DHCB	1,000	2,000	3,000
Intensive Care Unit Benefit: ICU	+ 100% of DHCB	+ 100% of DHCB	+ 100% of DHCB
Surgical Hospitalization Benefit			
Major Surgeries - For surgeries directly involving the brain, heart (including coronary arteries), liver & lung	20 x DHCB	20 x DHCB	20 x DHCB
Minor Surgeries - All Other Surgeries	5 x DHCB	5 x DHCB	5 x DHCB
The maximum Surgical Hospitalization Benefit available in one policy year is capped to 90 times the DHCB			
Day Limits for Hospital Cash Benefit			
Daily Hospital Cash Benefit	Maximum of 40 days of Hospital Stay in one policy year.		
Intensive Care Unit Benefit	Maximum of 10 days of Intensive Care unit stay in one policy year.		
**The aggregate of all benefits payable in any one policy year under this policy will not exceed an amount equivalent to 150 times the DHCB under the plan opted for by the policyholder.			

#A Maximum Daily Hospital Cash Benefit of 3000 can be availed by each individual across all policies applied & inforce with Bharti AXA Life under Hospi Cash Rider.

3. Rider Premium

The Policyholder will have to pay the rider premium for the Hospi Cash Rider as per the applicable rider premium rates. The Rider Premium as mentioned in the Policy Specifications will have to be paid in the same mode as the premium for the base Policy.

The Rider Premium payable by you would depend on the Daily Hospital Cash Benefit selected and the age of the Life insured. The premium paid under the rider cannot be more than the premium paid under the base Policy.

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4. Premium Review & Guarantee

The premium rates are guaranteed for period of three years from the date of issuance of the Policy and are subject to revision after every three years based on our experience.

The revised Rider Premium will be based on the then attained age of the Life Insured and the premium rates applicable for this Rider at that point of time. Such Premium is guaranteed to remain unchanged for a further period of 3 years from that date. This process shall continue till the Expiry of the Rider.

For new business, the rates may be revised based on the experience every year and the rates shall be guaranteed for a period of 3 years. All such revision of premium is subject to IRDAI approval.

5. Discontinuance of Rider

In case the base Policy has lapsed due to discontinuance of premium, the benefits under the Rider shall cease to exist immediately from the date of the unpaid premium.

6. Grace Period

Grace period is the time extended by the Company to facilitate the Policyholder to pay the unpaid premium, in case the premium/s had not been paid as on the due date. The Policyholder gets Grace Period (30 days for annual/ semi-annual/quarterly premium payment modes and 15 days for monthly mode) to pay the unpaid premium due under the Policy and the benefits under the Policy will remain unaltered during this period.

7. Advance Premium

(i) Collection of advance premium shall be allowed within the same financial year for the premium due in that financial year. However, where the premium due in one financial year is being collected in advance in earlier financial year, the same may be collected for a maximum period of three months in advance of the due date of the premium.

(ii) The premium so collected in advance shall only be adjusted on the due date of the premium.

8. Revival of the Rider

The Rider may be revived subject to the following conditions;

- The application for Revival of the Rider benefit is made within five (5) years from the date of first unpaid premium and before the termination of base Policy or Expiry Date of Rider, whichever is earlier;
- Satisfactory evidence of insurability of the Life Insured;
- An amount equal to all unpaid premiums together with interest at such rate as the Company may charge for such revival, as decided by the Company from time to time is paid in full;
- The Company has not discontinued the Rider Benefits based on the intimation by the Policyholder to discontinue the Rider.
- "Declaration of Good Health" or the Policy holder needs to undergo medical examination (at his/her own expense) in the manner prescribed / to be prescribed by the Company as part of the process for revival.

The charges for medical examination, if any, for reinstatement of the Rider shall be borne by the Policyholder.

9. Terms & Conditions

Waiting Period: The Company shall not be liable to make any payment if claims are made due to any treatment of illness/ailment/disease diagnosed or hospitalization taking place during the first 60 days of the Date of Rider or date of revival. Clause relating to this waiting period will not apply to valid hospitalization events arising out of accidents.

A specific waiting period of 2 years for any hospitalization for treatment of any of the following diseases or surgeries or procedures and any complications arising out of them from the date of commencement of Rider or date of revival shall apply,

- Fibroids, menorrhagia, Dysfunctional Uterine Bleeding, Uterine Prolapse.
- Removal of uterus, fallopian tubes and/or ovaries, except for malignancy.
- Hernia (Inguinal / Ventral / Umbilical / Incisional).
- Hydrocoele / Varicocoele / Spermatocoele.
- Benign Enlargement of Prostrate.
- Thyroidectomy for Nodular / Multi Nodular Goitre.
- Calculus / Calculi in Kidney / Ureter / Bladder / Urethra.
- Deviated Nasal Septum / Sinusitis.
- Piles / Anal Fissure / Fistula-in-ano / Rectal prolapse.
- Cholecystitis / Gall stones.
- Breast Lumps, except for malignancy.
- Heart valve and Coronary Artery diseases.
- Arthroscopy unless post-accident.
- Disorders of the spine.

Exclusions for the Hospitalisation Benefit

The Company shall not be liable to make any payment if hospitalization or claims are attributable to, or based on, or arise out of, or are directly or indirectly connected to any of the following:

- Pre Existing Disease means any condition, ailment, injury or disease: a) That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement or (b) For which medical advice treatment was recommended by, or received from, a physician within 48 months Prior to the effective date of the policy issued by the insurer or its reinstatement.
- Hospitalisation not in accordance with the diagnosis and treatment of the condition for which the hospital confinement was required;
- Hospitalisation and/or treatment within the waiting period and hospitalisation and/or treatment following the diagnosis within the waiting period;
- Elective surgery or treatment which is not medically necessary;

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Treatment for weight reduction or weight improvement regardless of whether the same is caused (directly or indirectly) by a medical condition; Study and treatment of sleep apnoea;

Any dental care or surgery of cosmetic nature, extraction of impacted tooth/teeth, orthodontics or orthognathic surgery, or tempero-mandibular joint disorder except as necessitated by an accidental injury;

Treatment for infertility or impotency, sex change or any treatment related to it, abortion, sterilization and contraception including any complications relating thereto;

Hospitalisation for treatment arising from pregnancy and it's complications which shall include childbirth or miscarriage;

Hospitalisation primarily for diagnosis, X-ray examinations, general physical or medical check-up not followed by active treatment during the hospitalisation period;

Stay in hospital where no active regular treatment is given by specialist medical practitioner;

Experimental or unproven procedures or treatments, devices or pharmacological regimens of any description (not recognized by Indian Medical Council) or hospitalisation for treatment under any system other than allopathy;

Treatment of any mental or psychiatric condition including but not limited to insanity, mental or nervous breakdown / disorder, depression, dementia, Alzheimer's disease or rest cures;

Admission to a nursing home or home for the care of the aged unless related to the treatment of an acute medical condition;

Treatment directly or indirectly arising from alcohol, drug or substance abuse and any illness or accidental physical injury which may be suffered after consumption of intoxicating substances, liquors or drugs;

Treatment directly or indirectly arising from or consequent upon war, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, terrorism, rebellion, active participation in strikes, riots or civil commotion, revolution, insurrection or military or usurped power, and full-time service in any of the armed forces;

Cosmetic or plastic surgery except to the extent that such surgery is necessary for the repair of damage caused solely by accidental injuries; treatment of xanthelesema, syringoma, acne and alopecia; circumcision unless necessary for treatment of a disease or necessitated due to an accident;

Nuclear disaster, radioactive contamination and/or release of nuclear or atomic energy;

- Treatment for accidental physical injury or illness caused by intentionally self-inflicted injuries; or any attempts of suicide while sane or insane; or deliberate exposure to exceptional danger (except in an attempt to save human life);

Treatment for accidental physical injury or illness caused by violation or attempted violation of the law, or resistance to arrest;

Treatment for accidental physical injury or illness caused by professional sports, racing of any kind, scuba diving, aerial sports, activities such as hand-gliding, ballooning, and any other hazardous activities or sports unless agreed by special endorsement;

Hospitalization where the insured is a donor for any organ transplant;

Any hospitalisation outside of Republic of India.

No benefits are payable on surrender of the Rider.

If the Life Insured, whether medically sane or insane, commits suicide, within one year of the Issue Date/ Revival Date, the Rider shall be void and The Company will not be liable to pay any Rider Benefit to the Policyholder/nominee.

10. Claims

- The Company would require the following primary documents in support of a claim at the claim intimation stage under this Rider: Valid Age Proof
- Copy of the policy document
- Claims intimation form
- Treating doctor's certificate duly filled and signed in original.
- Copies of Medical records, Discharge card/ summary and Indoor Case papers.
- Copies of Investigations reports, consultation papers and medical bills.
- Copy of personalized cancelled cheque / bank account statement of the policy owner

Prior to processing the claim, the Company is entitled to call for additional documents based on the conditions among others the duration of the Policy, the circumstances of the death, accident or illness and such other factors.

11. Taxation

The tax benefits, if any, on the Policy may be available as per the prevailing provisions of the tax laws in India. If required by the relevant legislations prevailing from time to time, the Company will withhold taxes from the benefits payable under the Policy. The Company reserves the right to recover statutory levies including service tax by way of adjustment of the premiums paid by the Policyholder.

12. Incorrect information and Non Disclosure

The Policyholder and the Life Insured under the Policy have an obligation to disclose every fact material for assessment of the risk in connection with issuing the Policy. However, if any of the information provided is incomplete or incorrect, the Company reserves the right to vary the benefits, at the time of payment of such benefit or during the term of the Policy. Further, if there has/had been non disclosure of a material fact, the Company may treat your Policy as void from inception. In case fraud or misrepresentation, the policy shall be cancelled immediately by paying the surrender value, subject to the fraud or misrepresentation being established by the insurer in accordance with Section 45 of the Insurance Act, 1938

For informative purpose and for your ready reference, the relevant clauses of the Insurance Act, 1938 are reproduced below:

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PART G

Customer Service: Please refer base policy for details
You can seek clarification or assistance on the Rider from the following:

The Customer Service Representative of The Company at toll free no. 1800 102 4444

SMS "SERVICE" to 56677

Email: service@bharti.axalife.com

Mail to: Customer Service

Bharti AXA Life Insurance Company Ltd. Spectrum Towers, 3rd Floor, Malad link road, Malad (west), Mumbai – 400064

Grievance Redressal Procedure: Please refer base policy for details

Step 1:

In case you have any grievance, you may approach our Grievance Redressal Cell at any of the below mentioned touch points:

- Call us at our toll free no. 1800 102 4444
- Lodge your complaint online at www.bharti-axalife.com
- Email us at Complaints.Unit@bharti.axa.com
- Write in to our below address: Grievance Redressal Cell
Bharti AXA Life Insurance Company Ltd. Spectrum Towers, 3rd Floor, Malad link road, Malad (west), Mumbai – 400064
- Visit our nearest branch and meet our Grievance Officer who will assist you to resolve your grievance/ lodge your complaint.

You will receive a response within 14 calendar days from the date of receipt of your complaint.

Step 2:

In case you are not satisfied with the decision of the above office/officer, or have not received any response within 14 calendar days, you may contact our Grievance Redressal Officer,

- Write to our Grievance Redressal Officer at:

Bharti AXA Life Insurance Company Ltd. Spectrum Towers, 3rd Floor, Malad link road, Malad (west), Mumbai – 400064

- Email us at head.customerservice@bharti.axa.com

You are requested to inform us about your concern within 8 weeks of receipt of resolution, failing which we will deem the complaint to be satisfactorily resolved

Step 3:

If you are still not satisfied with the resolution, you may write to our Senior Grievance Redressal Officer / Grievance Officer at:
Write to our Grievance Officer at:

Grievance Redressal Cell Spectrum Towers, 3rd Floor, Malad link road, Malad (west), Mumbai – 400064

If you are not satisfied with the response or do not receive a response from us within 14 days, you may approach the Grievance Cell of the Insurance Regulatory and Development Authority (IRDA of India) of India on the following contact details:

IRDA of India Grievance Call Centre (IGCC)

TOLL FREE NO:155255 / 1800 4254 732

Email ID: complaints@irda.gov.in

You can also register your complaint online at

<http://www.igms.irda.gov.in/>

Address for communication for complaints by paper:

Consumer Affairs Department

Insurance Regulatory and Development Authority of India

Sy no.115/1, Financial District, Nanakramguda, Gachibowli, Hyderabad – 500032

Step 4:

In case you are not satisfied with the decision/ resolution of the Company, you may approach the Insurance Ombudsman through the IRDAI website www.irda.gov.in for the contact details of the Insurance Ombudsman Offices.

Section 41 of the Insurance Act, 1938:

(1) "No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer:

(2) Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees."

Section 45 of Insurance Act, 1938:

Fraud, Misrepresentation and forfeiture would be dealt with in accordance with provisions of Sec 45 of the Insurance Act 1938 as amended from time to time. **[A Leaflet containing the simplified version of the provisions of Section 45 is enclosed in appendix – II for reference]**

Section 13 of the Insurance Ombudsman Rules, 2017: Duties and Powers of Insurance Ombudsman

in accordance with provisions of Sec 45 of the Insurance Act 1938 as amended from time to time. [A Leaflet containing the simplified version of the provisions of Section 45 is enclosed in appendix – III for reference]

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- 1) The Ombudsman shall receive and consider complaints or disputes relating to-
 - a) Delay in settlement of claims, beyond the time specified in the regulations, framed under the Insurance Regulatory and Development Authority of India Act, 1999;
 - b) Any partial or total repudiation of claims by the Company;
 - c) Disputes over premium paid or payable in terms of insurance policy;
 - d) Misrepresentation of policy terms and conditions at any time in the policy document or policy contract;
 - e) Legal construction of insurance policies in so far as the dispute relates to claim;
 - f) Policy servicing related grievances against insurers and their agents and intermediaries;
 - g) Issuance of life insurance policy, general insurance policy including health insurance policy which is not in conformity with the proposal form submitted by the proposer;
 - h) Non-issuance of insurance policy after receipt of premium in life insurance; and
 - i) any other matter resulting from the violation of provisions of the Insurance Act, 1938, as amended from time to time, or the regulations, circulars, guidelines or instructions issued by the IRDAI from time to time or the terms and conditions of the policy contract, in so far as they relate to issues mentioned at clauses (a) to (f).
- 2) The Ombudsman shall act as counselor and mediator relating to matters specified in sub-rule (1) provided there is written consent of the parties to the dispute.
- 3) The Ombudsman shall be precluded from handling any matter if he is an interested party or having conflict of interest.
- 4) The Central Government or as the case may be, the IRDAI may, at any time refer any complaint or dispute relating to insurance matters specified in sub-rule (1), to the Insurance Ombudsman and such complaint or dispute shall be entertained by the Insurance Ombudsman and be dealt with as if it is a complaint made under Clause provided herein below.
- 1) Any person who has a grievance against the Company, may himself or through his legal heirs, nominee or assignee, make a complaint in writing to the Insurance Ombudsman within whose territorial jurisdiction the branch or office of the Company complained against or the residential address or place of residence of the complainant is located.
- 2) The complaint shall be in writing, duly signed by the complainant or through his legal heirs, nominee or assignee and shall state clearly the name and address of the complainant, the name of the branch or office of the Company against whom the complaint is made, the facts giving rise to the complaint, supported by documents, the nature and extent of the loss caused to the complainant and the relief sought from the Insurance Ombudsman.
- 3) No complaint to the Insurance Ombudsman shall lie unless-
 - a. The complainant makes a written representation to the Company named in the complaint and-
 - i. Either the Company had rejected the complaint; or
 - ii. The complainant had not received any reply within a period of one month after the Company received his representation; or
 - iii. The complainant is not satisfied with the reply given to him by the Company;
 - b. The complaint is made within one year-
 - i. After the order of the Company rejecting the representation is received; or
 - ii. After receipt of decision of the Company which is not to the satisfaction of the complainant;
 - iii. After expiry of a period of one month from the date of sending the written representation to the Company if the Company fails to furnish reply to the complainant.
- 4) The Ombudsman shall be empowered to condone the delay in such cases as he may consider necessary, after calling for objections of the Company against the proposed condonation and after recording reasons for condoning the delay and in case the delay is condoned, the date of condonation of delay shall be deemed to be the date of filing of the complaint, for further proceedings under these rules.
- 5) No complaint before the Insurance Ombudsman shall be maintainable on the same subject matter on which proceedings are pending before or disposed of by any court or consumer forum or arbitrator.

Section 14 of the Insurance Ombudsman Rules, 2017:
Manner in which complaint to be made

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List of Ombudsman
(For the updated list You may refer to IRDA of India website)

Address & Contact Details of Ombudsmen Centres

Governing Body of Insurance Council (Monitoring Body for Offices of Insurance Ombudsman)

3rd Floor, Jeevan Seva Annexe, S.V. Road, Santacruz (West), Mumbai – 400054.
Tel no: 022 - 26106889 / 671 / 980. | Email id: inscoun@ecoi.co.in | website: www.ecoi.co.in

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If you have a grievance, approach the grievance cell of Insurance Company first. If complaint is not resolved/ not satisfied/not responded for 30 days then you can approach The Office of the Insurance Ombudsman (Bimalokpal)

Please visit our website for details to lodge complaint with Ombudsman.

Office of the Ombudsman	Contact Details	Areas of Jurisdiction
AHMEDABAD Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001	Tel.:- 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@ecoi.co.in	Gujarat Dadra & Nagar Haveli Daman and Diu
BENGALURU Smt Neerja Shah Office of the Insurance Ombudsman, Jeevan Soudha Building,PID No. 57- 27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1 st Phase, BENGALURU – 560 078.	Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@ecoi.co.in	Karnataka
BHOPAL Smt Guru Saran Shrivastava Office of the Insurance Ombudsman, Janak Vihar Complex, 2 nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, BHOPAL- 462 003.	Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@ecoi.co.in	Madhya Pradesh Chhattisgarh
BHUBANESHWAR Office of the Insurance Ombudsman, 62, Forest Park, BHUBANESHWAR-751 009.	Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@ecoi.co.in	Orissa
CHANDIGARH Dr. Dinesh Kumar Verma 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: bimalokpal.chandigarh@ecoi.co.in	Punjab Haryana Himachal Pradesh Jammu & Kashmir Chandigarh
CHENNAI Shri M Vasantha Krishna 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: bimalokpal.chennai@ecoi.co.in	Tamil Nadu Pondicherry Town and Karaikal (which are part of Pondicherry)

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Office of the Ombudsman	Contact Details	Areas of Jurisdiction
DELHI Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Bldg.,Asaf Ali Road, <u>NEW DELHI-110 002.</u>	Tel.: 011 - 23239633 / 23237532 Fax: 011 - 23230858 Email: bimalokpal.delhi@ecoi.co.in	Delhi
GUWAHATI Shri Kiriti .B .Saha Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, <u>GUWAHATI-781 001(ASSAM)</u>	Tel.: 0361 - 2132204 / 2132205 Fax: 0361 - 2732937 Email: bimalokpal.guwahati@ecoi.co.in	Assam Meghalaya Manipur Mizoram Arunachal Pradesh Nagaland and Tripura
HYDERABAD. Shri I.Suresh Babu Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, <u>HYDERABAD-500 004.</u>	Tel.: 040 - 65504123 / 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@ecoi.co.in	Andhra Pradesh Telangana Yanam and part of Territory of Pondicherry
JAIPUR Smt Sandhya Baliga Office of the Insurance Ombudsman, Jeevan Nidhi II, Ground Floor, Bhawani Singh Marg, <u>JAIPUR – 302005.</u>	Tel.: 0141 - 2740363 Email: bimalokpal.jaipur@ecoi.co.in	Rajasthan
ERNAKULAM Office of the Insurance Ombudsman, 2 nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, <u>ERNAKULAM-682 015.</u>	Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@ecoi.co.in	Kerala Lakshadweep Mahe-a part of Pondicherry
KOLKATA Office of the Insurance Ombudsman, Hindustan Building. Annexe, 4 th Floor, 4, C.R.Avenue, <u>KOLKATA - 700072</u>	Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 Email: bimalokpal.kolkata@ecoi.co.in	West Bengal Sikkim Andaman & Nicobar Islands
LUCKNOW Office of the Insurance Ombudsman, 6 th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, <u>LUCKNOW-226 001.</u>	Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@ecoi.co.in	Districts of Uttar Pradesh: Laitpur, 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.
MUMBAI Shri Milind A. Kharat Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe,S.V. Road, Santacruz(W), <u>MUMBAI-400 054.</u>	Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 Email: bimalokpal.mumbai@ecoi.co.in	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.

Policy Document – Bharti AXA Life Hospi Cash Rider
A Non-Linked Non-Participating Individual Health Insurance Rider

Office of the Ombudsman	Contact Details	Areas of Jurisdiction
<p>NOIDA Office of the Insurance Ombudsman, Bhagwan Sahai Palace, 4th Floor, Main Road, Naya Bans, Sector-15, Distt. Gautam Buddh Nagar <u>U.P – 201301.</u></p>	<p>Tel.: 0120-2514250 / 2514252 / 2514253 Email : bimalokpal.noida@ecoi.co.in</p>	<p>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, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.</p>
<p>PUNE Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S No.s 195 to198, N.C. Kelkar Road, Narayan Peth, <u>PUNE – 411030.</u></p>	<p>Tel.: 020-41312555 Email: bimalokpal.pune@ecoi.co.in</p>	<p>Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.</p>
<p>PATNA Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, <u>PATNA – 800006</u></p>	<p>Tel.: 0612-2680952 Email id: bimalokpal.patna@ecoi.co.in.</p>	<p>Bihar, Jharkhand.</p>

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IRDAI is not involved in activities like selling insurance policies, announcing bonus or investment of premiums. Public receiving such phone calls are requested to lodge a police complaint.