# RIDER DOCUMENT

# **Bharti AXA Life Hospi Cash Benefit Rider**

Bharti AXA Life Hospi Cash Benefit Rider is a non-linked and regular pay 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 policy.

#### 1. Definitions

**Accident:** "Accident" A sudden, unintended and fortuitous external and visible event, occurring independently of any other causes.

**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.

Hospital: "Hospital" means any institution established for indoor or in-patient care and day care treatment of sickness and/or injuries and which has been registered either as a Hospital or Nursing Home with the local authorities and is under the supervision of a registered and qualified Medical Practitioner OR 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 fully qualified nursing staff under its employment round the clock;
- \* Has fully qualified doctor(s) in charge round the clock;
- Has a fully equipped operation theatre of its own where surgical procedures are carried out; and
- Maintains daily records of patients and will make these accessible to the insurance company.

Hospital does not include any institution which is operated primarily as a convalescent or rest home or a sanatorium, or a home for the aged, or a place for rehabilitation of alcoholics or drug addicts, or for any similar purpose.

Intensive Care Unit: "ICU" means a specially equipped and designated ward in any Hospital that is used for the sole purpose of the treatment of patients with a critical or exigent condition, and where the patient is under 48 hour care and monitoring, by a Physician and specially trained nursing staff.

**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.

**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" refers to a procedure, a treatment or a period of hospitalization which is ordered by a registered medical practitioner and

- \* Which is required for the treatment of a medical condition, and
- Appropriate and consistent with the symptoms and findings or diagnosis and treatment of the life insured medical condition, and
- Provided in accordance with generally accepted medical practice on a national basis, and
- Not of an experimental nature, not of an investigative nature and not in the nature of research.

**Policy/** base Policy: Policy means and includes the Policy Bond, the proposal form for insurance, the Policy Specifications, the benefit illustration and any attached endorsements or supplements together with all the addendums provided by the Company from time to time, and any other document called for by the Company and submitted by You to enable the Company to process Your proposal.

**Policy Year** is measured from the Policy Date and is a period of twelve consecutive calendar months

**Pre-existing condition:** "Pre-existing condition" means a condition (illness or bodily injury) for which, prior to the effective date of the policy:

- The life insured had signs or symptoms, or
- Medical advice or treatment was recommended by or received from a physician, or
- The life insured had undergone medical tests or investigations.
- \* Any complication arising out of or in connection with a preexisting medical condition shall be considered part of that preexisting condition. Any congenital disorder or deformity or physical defects present from birth shall not be considered part of the Pre-existing Condition.

**Rider:** A provision of Insurance Policy i.e. purchased alongwith the base Policy which provides additional benefits to the Policyholder/Life Insured. It is not a stand alone document and should be read alongwith base Policy.

**Surgery:** "Surgery" means medically necessary procedure or intervention performed by a qualified medical professional and carried out through either a natural orifice or approached by the cutting or penetration of any part of the body to treat a disease, deformity or injury. Procedures which are only diagnostic or investigative in nature are excluded from the scope of this definition.

# 2. Benefits Under the Rider

- 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.
- \* 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.
- \* 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.

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

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Cilver	Cald	Diamond		
	Gold	210		
Hospital Cash Benefit				
1,000	2,000	3,000		
+ 100% of	+ 100% of	+ 100% of DHCB		
DHCB	DHCB	DHCB		
Surgical Hospitalization Benefit				
20 x	20 x	20 x DHCB		
DHCB	DHCB			
5 x DHCB	5 x DHCB	5 x DHCB		
	1,000 + 100% of DHCB talization Be 20 x DHCB	1,000   2,000   + 100% of DHCB   DH		

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.		

<sup>\*\*</sup>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 Hospital Cash Benefit 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.

#### 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 IRDA approval.

# 5. Reinstatement of the Rider

In case the Policy has lapsed due to discontinuance of premium the benefit under the Rider shall cease to exist immediately from the

date of first unpaid premium for the base policy. The benefits under the rider may be reinstated subject to the following conditions;

- The application for Reinstatement of the Rider benefit is made within two (2) 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 reinstatement, 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.
- \* We would require a "Declaration of Good Health" or you may need to undergo medical tests (at your expense) for reinstatement of this policy.

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

#### 6. 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 policy commencement date 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 policy 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 (Inquinal / 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 Condition (unless the Pre-Existing Condition has been declared to and accepted by the Company at the time of application) until the Insured Person has been continuously insured for a period of 48 months after which time Pre-Existing Illness will be covered by the policy. The Pre-existing Condition shall not include any congenital disease or deformity. Treatment for congenital disease or deformity, including physical defects present from birth will not be covered by the policy.
- Hospitalisation not in accordance with the diagnosis and treatment of the condition for which the hospital confinement was required;

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- 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;
- 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;
- Sexually transmitted diseases or Acquired Immune Deficiency Syndrome (AIDS) and all illnesses or diseases caused by or related to the Human Immuno-deficiency Virus;
- \* 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
- 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/ Reinstatement Date, the Rider shall be void and The Company will not be liable to pay any Rider Benefit to the Policyholder/nominee.

#### 7. Claims Process

The Company would require the following primary documents in support of a claim at the claim intimation stage under the Policy:

- 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.

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.

#### 8. Currency and Place of Payment

All payments to or by the Company will be in Indian rupees and shall be in accordance with the prevailing Exchange Control regulations and other relevant laws of India.

#### 9. Governing Laws and Jurisdiction

The terms and conditions of the Policy shall be governed by and be subject to the laws of the Republic of India. The parties shall be subject to the jurisdiction of the competent courts of Law situated within the territorial jurisdiction of India for all matters and disputes arising from or relating to or concerning the proposal and declaration and the Policy.

#### Prohibition of Rebate: Section 41 of the Insurance Act, 1938

No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take 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 prospectuses or tables of the insurer: Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to five hundred rupees.

#### Section 45 of the Insurance Act, 1938

No Policy of Life Insurance effected after the coming into force of this Act shall, after the expiry of two years from the date on which it was effected be called in question by an Insurer on the ground that the statement made in the proposal or in any report of a medical officer, or referee, or friend of the Life Insured, or in any document leading to the issue of the Policy, was inaccurate or false, unless the Insurer shows that such statement was on a material matter or suppressed facts which it was material to disclose and that it was fraudulently made by the Life Insured and that the Life Insured knew at the time of making it that the statement was false or that it suppressed facts which was material to disclose. Provided that nothing in this section shall prevent the Insurer from calling for proof of Age at any time if he/she is entitled to do so, and no Policy shall be deemed to be called in question merely because the terms of the Policy are adjusted on subsequent proof that the Age of the Life Insured was incorrectly stated in the proposal.

Customer Service: Please refer base policy for details

You can seek clarification or assistance on the Policy 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. Unit No. 601 & 602, 6th Floor Raheja Titanium, Off Western Express Highway, Goregaon (E), Mumbai-400 063

## 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-axalife.com
- \* Write in to our below Head Office address:

Grievance Redressal Cell

Bharti AXA Life Insurance Company Ltd.

Unit No. 601 & 602, 6th floor, Raheja Titanium,

Off Western Express Highway,

Goregaon (E), Mumbai-400 063

\* 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. Unit No. 601 & 602, 6th floor, Raheja Titanium, Off Western Express Highway, Goregaon (E), Mumbai-400 063

\* Email us at cro@bharti-axalife.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 Bharti AXA Life Insurance Company Ltd. Unit No. 601 & 602, 6th floor, Raheja Titanium, Off Western Express Highway, Goregaon (E), Mumbai-400 063

#### Step 4:

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

# List of Ombudsman

Office of the Ombudsman	Contact Details	Areas of Jurisdiction
AHMEDABAD Ambica House, 2nd floor, Near C U Shah College, 5, Navyug Colony, Ashram Road, Ahmedabad - 380 014	Tel.: 079- 27546150 Fax: 079-27546142 E-mail: insombahd@rediffmail.com	Gujarat , UT of Dadra & Nagar Haveli, Daman and Diu
BHOPAL Janak Vihar Complex, 2nd floor, Malviya Nagar, Bhopal - 462 011	Tel.: 0755-2769201/02 Fax: 0755-2769203 E-mail: bimalokpalbhopal@airtelbroadband.in	Madhya Pradesh & Chhattisgarh
BHUBANESHWAR 62, Forest Park, Bhubaneshwar - 751 009	Tel.: 0674-2596461(Direct) Secretary No.: 0674-2596455 Tele Fax: 0674-2596429 E-mail: ioobbsr@dataone.in	Orissa
CHANDIGARH S.C.O. No.101, 102 & 103, Batra Building, 2nd floor, Sector 17-D, Chandigarh - 160 017	Tel.: 0172-2706196 Fax: 0172-2708274 E-mail: ombchd@yahoo.co.in	Punjab , Haryana, Himachal Pradesh, Jammu & Kashmir , UT of Chandigarh
CHENNAI Fatima Akhtar Court , 4th floor, 453 (old 312), Anna Salai, Teynampet, Chennai - 600 018	Tel.: 044-24333678 Fax: 044-24333664 E-mail: insombud@md4.vsnl.net.in	Tamil Nadu, UT – Pondicherry Town and Karaikal (which are part of UT of Pondicherry)
NEW DELHI 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi - 110 002	Tel.: 011-23239611 Fax: 011-23230858 E-mail: iobdelraj@rediffmail.com	Delhi & Rajashthan
GUWAHATI Jeevan Nivesh, 5th floor, Near Panbazar Overbridge , S.S. Road, Guwahati - 781 001	Tel.: 0361-2131307 Fax: 0361-2732937 E-mail: omb_ghy@sify.com	Assam , Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura
HYDERABAD 6-2-46, 1st floor, Moin Court Lane, Opp. Saleem Function Palace, A.C.Guards, Lakdi-Ka-Pool, Hyderabad - 500 004	Tel.: 040-23325325 Fax: 040-23376599 E-mail: hyd2_insombud@sancharnet.in	Andhra Pradesh, Karnataka and UT of Yanam – a part of the UT of Pondicherry
ERNAKULAM 2nd Floor, CC 27/2603, Pulinat Building , Opp. Cochin Shipyard, M.G. Road , Ernakulam - 682 015	Tel.: 0484-2358734 Fax: 0484-2359336 E-mail: iokochi@asianetglobal.com	Kerala , UT of Lakshadweep and Mahe – a part of UT of Pondicherry
KOLKATA 4th Floor Hindusthan Building 4 C R Avenue, Kolkata - 700 001	Tel.: 033-22134869 Fax: 033-22134868 E-mail: iombkol@vsnl.net	West Bengal , Bihar , Jharkhand and UT of Andaman & Nicobar Islands , Sikkim
LUCKNOW Jeevan Bhawan, Phase 2, 6th floor, Nawal Kishore Road, Hazratganj, Lucknow - 226 001	Tel.: 0522-2201188 Fax: 0522-2231310 E-mail: ioblko@sancharnet.in	Uttar Pradesh and Uttaranchal
MUMBAI 3rd floor, Jeevan Seva Annexe, S.V.Road, Santacruz(W), Mumbai - 400 054	Tel.: 022-26106928 Fax: 022-26106052 E-mail: ombudsman@vsnl.net	Maharashtra , Goa

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