# Why Bharti AXA Life Hospi Cash Benefit Rider?

A Non-Linked Non-Participating Individual Health Insurance Rider

**When it comes to medical emergencies, you need a partner who you can rely upon.**

**We at Bharti AXA Life bring to you a unique solution that ensures you receive a fixed amount in case of hospitalization or surgery.**

## About us:

Bharti AXA Life Insurance Company Limited is a wholly owned subsidiary of Bharti Life Ventures Private Limited (Bharti Group Company), a business group in India with interests in telecom, agri business and retail.

As we further expand our presence across the country with a large network of distributors, we continue to provide innovative products and service offerings to cater to specific insurance and wealth management needs of customers. Whatever your plans in life, you can be confident that Bharti AXA Life will offer the right financial solutions to help you achieve them.

**Bharti AXA Life Hospi Cash Benefit Rider** is a non-linked non-participating and regular pay hospital and surgery cash insurance rider product that provides a fixed benefit for per day of hospitalization, ICU benefits and a lumpsum benefit on undergoing a surgery on an individual policy.

## Benefits Payable

**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. 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 per day benefit 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. 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

**Tax Benefits**

You may be eligible for tax benefits as per prevailing Tax Laws. The tax benefits are subject to change as per change in Tax laws from time to time.

## 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 Valid 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.

# Eligibility Criteria

| Parameter | Eligibility Criteria |
|---|---|
| Minimum /Maximum Age at Entry | 91 days - 65 years (age last birthday) |
| Maximum Maturity Age | 85 years |
| Policy Term | Fixed: 5, 7, 10, 15 & 20 years<br>To Age: 75 years |
| Premium Payment Frequency | Annual, Semi- Annual, Quarterly and Monthly* |
| Premium Payment Term | Regular Premium |
| Maturity / Death Benefit | No Maturity/ Death Benefit is Payable |
| No Claim Bonus | Not Available |
| Renewal | Guaranteed Renewal till the end of premium payment term of the base policy- No medicals at the time of renewal. |

* Through ECS only

*The Premium pertaining to health related or critical illness riders shall not exceed 100% of premium under the Base Policy, the Premiums under all other life insurance Riders put together shall not exceed 30% of premiums under the Base Policy and any benefit arising under each of the above mentioned Riders shall not exceed the Sum Assured under the Base Policy.*

# Case Study

Ajay is 35 years old. He is married and has a 1 year old son. His wife is a homemaker.

Concerns:

He is concerned about the expenses he will incur in case he is hospitalized.

He is looking at meeting his daily hospitalization expenses over and above his mediclaim/ health insurance policies.

**Proposed Solution:**

Name: Ajay. Age: 35 years. Gender: Male. Daily Hospital Cash Benefit Chosen: ₹1,000 (Silver) Policy Term: 5 years. Regular premium payable: ₹929 (exclusive of applicable taxes).

**Scenario:**

Ajay is admitted to a hospital for Heart surgery for which he requires 20 days of hospital stay. He is admitted in the ICU for the initial 5 days and spends the next 15 days in general ward.

| **Benefit paid out:** | | |
|---|---|---|
| Daily Hospital Cash Benefit (DHCB): | 15 days x 1000 per day | ₹15,000 |
| Intensive Care Unit Benefit: | 5 days x 2000 per day | ₹10,000 |
| Surgical Hospitalization Benefit – Major Surgery | 20 x DHCB | ₹20,000 |
| (related to heart): | | |
| **Total Payout** | | **₹45,000** |

**Needs Met:**

- Ajay's daily hospital bills, ICU stay and Surgery charges are covered upto predefined daily limits.
- Ajay can claim the balance unutilized benefits available under the rider incase of him being readmitted in the hospital, subject to overall annual limits permissible.

**Lapsation**

In case you do not pay the premiums within the grace period, your Policy will lapse and no benefits will be paid under this policy. This policy will expire in case the base policy lapses.

**Grace Period**

Grace period is the period after the premium due date, during which you may pay your premiums without any impact on the rider benefits. During the grace period, the Policy is in-force including risk cover under the Rider. The grace period is 15 days for monthly mode and 30 days for annual/ semi-annual/ quarterly premium payment modes.

In case of a rider event during the Grace Period, the rider sum assured after deducting the unpaid due premium shall be payable.

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 re-instatement of the Rider shall be borne by the Policyholder.

**Premium Review & Guarantee**

The premium paid under the rider are level.. The rider premium rates depend on the age at entry, gender and the policy term and the Daily Hospital Cash Benefit Option chosen at inception.

Please note that the premiums applicable will be different for standard and substandard lives.

# Terms and 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. 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 (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;
- 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 childbir th or miscarriage;
- 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 besuffered 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 policy under this 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

# Free Look Period

If policyholder disagrees with any of the terms and conditions of the policy, policyholder has the option to return the original policy bond along with a letter stating reasons for the objection within 30 days of receipt of the Policy. The Policy will accordingly be cancelled and the Policyholder will be refunded an amount equal to the Premium paid subject to a deduction of a proportionate risk premium for the period on cover, the expenses incurred by the Company on medical examination (if any) and stamp duty charges. All rights under this Policy shall stand extinguished immediately on the cancellation of the Policy under the free look option.

If the Policy is opted through Insurance Repository (IR), the computation of the said Free Look Period will be as stated below:-

**For existing e-Insurance Account**: Computation of the said Free Look Period will commence from the date of delivery of the e mail confirming the credit of the Insurance Policy by the IR.

**For New e-Insurance Account**: If an application for e-Insurance Account accompanies the proposal for insurance, the date of receipt of the 'welcome kit' from the IR with the credentials to log on to the e-Insurance Account(e IA) or the delivery date of the email confirming the grant of access to the eIA or the delivery date of the email confirming the credit of the Insurance Policy by the IR to the eIA, whichever is later shall be reckoned for the purpose of computation of the free look period.

# Definitions

**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.

**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

**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 pre-existing medical condition shall be considered part of that pre-existing condition.
  Any congenital disorder or deformity or physical defects present from birth shall not be considered part of the Pre-existing Condition.

**Surgery:** "Surgery" means medically necessary procedure or intervention per formed 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 injur y. Procedures which are only diagnostic or investigative in nature are excluded from the scope of this definition.

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

# Grievance Redressal

## 1. Customer Service

You can seek clarification or assistance on the Policy from the following:

- The Advisor through whom the Policy was bought
- The Customer Service Representative of the Company at toll free no. 1800 102 4444
- WhatsApp us 'Hi' at 02248815768
- SMS "SERVICE" to 56677
- Email: service@bhartiaxa.com
- Mail to: Customer Service

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

## 2. Grievance Redressal Procedure

### Step 1: Inform us about your grievance

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

- Lodge your complaint online at www.bhartiaxa.com
- Call us at our toll free no. 1800 102 4444
- Email us at complaints.unit@bhartiaxa.com
- Write to us at:

Registered Office:
Bharti AXA Life Insurance Company Ltd.
Unit No. 1902, 19th Floor, Parinee Crescenzo
'G' Block, Bandra Kurla Complex, BKC Road,
Behind MCA Ground, Bandra East,
Mumbai -400051, Maharashtra

Grievance Redressal Cell
Bharti AXA Life Insurance Company Ltd.
Spectrum tower, 3rd Floor,
Malad link road, Malad (west),
Mumbai 400064. Maharashtra'

- Visit our nearest branch and meet our Grievance Officer who will assist you to redress your grievance/ lodge your complaint.

### Step 2: Tell us if you are not satisfied

In case you are not satisfied with the decision provided or if you have not received any response post completion of 14 days, you may write to Head - Customer Service for resolution at the above mentioned address or email at: head.customerservice@bhartiaxa.com:

You are requested to inform us about your concern (if any) within 8 weeks of receipt of resolution as stated above, failing which it will be construed that the complaint is satisfactorily resolved.

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 or 18004254732
Email ID: complaints@irda.gov.in

You can also register your complaint online at https://bimabharosa.irdai.gov.in/
Address for communication for complaints by paper:

General Manager
Insurance Regulatory and Development Authority of India (IRDAI)
Policyholder's protection & Grievance Redressal Department – Grievance Redressal Cell.
Sy.No.115/1, Financial District, Nanakramguda,
Gachibowli, Hyderabad – 500 032.

**Step 3: If you are not satisfied with the resolution provided by the Company**
Where the redressal provided by the Company is not satisfactory despite the escalation above, the customer may represent the case to the Ombudsman for Redressal of the grievance.

For preferring a complaint before the Insurance Ombudsman, you may prefer to Insurance Ombudsman Rule, 2017(as may be amended from time to time).

To locate the nearest Ombudsman office, please visit https://www.cioins.co.in/Ombudsman or you may also locate the list our website - https://www.bhartiaxa.com

Assignment shall be as per Section 38 of the Insurance Act, 1938 as amended from time to time.

Nomination shall be as per Section 39 of the Insurance Act, 1938 as amended from time to time.

# 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 prope rty 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 ten lakh rupees.

# Section 45 of the Insurance Act, 1938

Fraud or Misstatement or suppression of material fact 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 – I for reference]

## Appendix I: Section 45 – Policy shall not be called in question on the ground of mis-statement after three years

Provisions regarding Policy not being called into question in terms of Section 45 of the Insurance Act, 1938, as amended from time to time are as follows:

1. No Policy of Life Insurance shall be called in question on any ground whats ever after expiry of 3 years from:
   a. the date of issuance of Policy or
   b. the date of commencement of risk or
   c. the date of reinstatement of Policy or
   d. the date of rider to the Policy whichever is later.

2. On the ground of fraud, a Policy of Life Insurance may be called in question within 3 years from:
   a. the date of issuance of Policy or
   b. the date of commencement of risk or
   c. the date of reinstatement of Policy or
   d. the date of rider to the Policy whichever is later.

For this, the insurer should communicate in writing to the insured or legal representative or nominee or assignees of insured, as applicable, mentioning the ground and materials on which such decision is based.

3. Fraud means any of the following acts committed by insured or by his agent, with the intent to deceive the insurer or to induce the insurer to issue a life insurance Policy:
   a. The suggestion, as a fact of that which is not true and which the insured does not believe to be true;
   b. The active concealment of a fact by the insured having knowledge or belief of the fact;
   c. Any other act fitted to deceive; and
   d. Any such act or omission as the law specifically declares to be fraudulent.

4. Mere silence is not fraud unless, depending on circumstances of the case, it is the duty of the insured or his agent keeping silence to speak or silence is in itself equivalent to speak.

5. No Insurer shall repudiate a life insurance Policy on the ground of Fraud, if the Insured/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.

6. Life insurance Policy can be called in question within 3 years on the ground that any statement of or suppression of a fact material to expectancy of life of the insured was incorrectly made in the proposal or other document basis which Policy was issued or revived or rider issued. For this, the insurer should communicate in writing to the insured or legal representative or nominee or assignees of insured as applicable, mentioning the ground and materials on which decision to repudiate the Policy of life insurance is based.

7. In case repudiation is on ground of mis-statement and not on fraud, the premium collected on Policy till the date of repudiation shall be paid to the insured or legal representative or nominee or assignees of insured, within a period of 90 days from the date of repudiation.

8. Fact shall not be considered material unless it has a direct bearing on the risk undertaken by the insurer. The onus is on insurer to show that if the insurer had been aware of the said fact, no life insurance Policy would have been issued to the insured.

9. The insurer can call for proof of age at any time if he 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 of age of life insured. So, this Section will not be applicable for questioning age or adjustment based on proof of age submitted subsequently.

**[Disclaimer: This is not a comprehensive list of amendments of Insurance Laws (Amendment) Ordinance, 2014 and only a simplified version prepared for general information. Policyholders are advised to refer to Original Ordinance Gazette Notification dated December 26, 2014 for complete and accurate details. ]**

## Your Bharti AXA Life Advisor

For any further queries or feedback, please contact your Financial Advisor or get in touch with us on:

**24/7 Toll-free:**
**1800 200 0048**

**For locating a branch near you, please visit**

**www.bhartiaxa.com**

**BEWARE OF SPURIOUS/FRAUD PHONE CALLS!**

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.



**The product brochure is indicative of the terms, conditions, warranties and exceptions contained in the Insurance policy.**

**Riders are not mandatory and are available at an additional cost.**

Bharti AXA Life Insurance Company is the name of the insurance company and Bharti AXA Life Hospi Cash Benefit Rider is only the name of the rider. The name of the rider does not in any way indicate the quality of the product and its future prospects.

**Bharti AXA Life Insurance Company Ltd.**
Regd. Office address: Bharti AXA Life Insurance Company Ltd. [IRDAI Regd. No. 130] Unit No. 1902, 19th Floor, Parinee Crescenzo, 'G' Block, Bandra Kurla Complex, BKC Road, Behind MCA Ground, Bandra East, Mumbai - 400051, Maharashtra. UIN: 130B007V05
CIN: U66010MH2005PLC157108
ADVT No.: II-Sep-2024-5456