

## Conditions to be fulfilled by the insured /insured person

- Premium payable under this Policy shall be payable in advance
- The Insured /Insured Person is required to ensure there is no misrepresentation, misdescription or non-disclosure of any material fact
- The Insured /Insured Person shall ensure due observance and fulfillment of the terms, conditions and endorsements on the Policy
- Every notice and communication to the Company shall be in writing addressed to the Policy issuing office of the Company
- Upon the happening of any event giving rise or likely to give rise to a claim under the Policy, the Insured /Insured Person shall-
  - a. give immediate notice to the Third Party Administrator (TPA) named in the Schedule to the Policy, by calling the toll free number as specified therein or by sending written communication to the address of the TPA shown in the Schedule with all available information.
  - b. deliver to the TPA at their own expenses within 30 days of the Insured /Insured Person's discharge from the hospital (for post-hospitalization expenses, completion of post-hospitalization period or completion of treatment, whichever is earlier), any and all information and documents concerning the claim or the Company's liability for it.
  - c. submit, if so required, to examination by a Medical Practitioner authorized by the Company.

This is not an exhaustive list. For a detailed list of the exclusions, please read our policy terms and conditions.

## Terms of renewal

We offer life-long renewal unless the Insured Person or any one acting on behalf of an Insured Person has acted in an improper, dishonest or fraudulent manner or any misrepresentation under or in relation to this Policy or the Policy poses a moral hazard.

- **Grace Period** - Grace Period of 30 days for renewing the Policy is provided under this Policy

However, there is no coverage for injury sustained or disease contacted during the break period.

- **Maximum Age** - There is no maximum cover ceasing age in this policy. Lifelong renewal is guaranteed
- **Renewal Premium** - Renewal premium is subject to change with prior approval from IRDA
- **Sum Insured Enhancement** - Sum Insured can be

enhanced only at the time of renewal subject to no claim have been lodged /paid under the Policy. The enhancement can be made up to next available sum insured slab in the same plan, subject to no claim in the previous policy and Good Health Declaration, medical reports may be called if required by Company

However the decision regarding the quantum of increase in sum insured, shall be at the discretion of the company.

## Premium rates

- As per the Premium Schedule
- The premium under individual coverage will be charged on the completed age of the individual insured member
- The premium under family floater coverage will be charged on the completed age of the eldest insured member
- Premium rates can be revised subject to approval from the IRDA

## Termination/cancellation

- You may terminate this Policy at any time by giving us written notice, and the Policy shall terminate when such written notice is received. If no claim has been made under the Policy, then we will refund premium in accordance with the table below:

Period on Risk	Rate of Premium to be retained
Up to 1 month	25% of annual rate
Up to 3 months	50% of annual rate
Up to 6 months	75% of annual rate
Exceeding six months	100%

- We may at any time terminate this Policy on grounds of misrepresentation, fraud, non-disclosure of material facts or non-cooperation by you or any Insured Person or anyone acting on your behalf or on behalf of an Insured Person upon 30 days notice by sending an endorsement to your address shown in the Schedule without refund of premium

IRDA REGULATION NO 5: This policy is subject to regulation 5 of IRDA (Protection of Policyholder's Interests) Regulation.

## Getting started, smartly!

Here's what you need to do, to get your SmartHealth Insurance Policy:

- Read the prospectus carefully
- Fill in the proposal form in all respects and kindly do not leave any blanks
- You are requested to co-operate with us in case you have to undergo a medical examination
- Please pay the premium preferably by way of A/C payee cheque or DD

For any clarification, feel free to call the nearest branch office or our customer care number.

The claim will be settled within 21 days of receipt of all documents

To enable us to help you, we request you to register a claim by contacting our helpline: 080 - 49123900 or e-mail us at [claims@bharti-axagi.co.in](mailto:claims@bharti-axagi.co.in)

Get in touch with Bharti AXA through our number 080 - 49123900 or email us at [sales@bharti-axagi.co.in](mailto:sales@bharti-axagi.co.in), clearly mentioning your postal address, for a hassle - free SmartHealth Insurance Policy

## It's time to take a smart step!

### IMPORTANT

\*This leaflet is only a brief summary of the SmartHealth Insurance Policy. Please contact our intermediary / sales officer / any of our offices for the policy wordings.

**Purchase of the insurance product is purely voluntary and is not linked to availment of any other facility from the bank.**

**Insurance is the subject matter of solicitation. The Insurance products are offered and underwritten by Bharti AXA General Insurance Company Limited (IRDA Regn. No. 139). The Hongkong and Shanghai Banking Corporation Limited (IRDAI Regn. No. CA0016) is a corporate Agent of Bharti AXA General Insurance Company Limited and its registered office is 52/60, M. G. Road, Fort, Mumbai 400 001. The corporate Agent does not underwrite the risk or act as an insurer. The contract of insurance is between the insurer and the insured and not between the bank and the insured. For more details on risk factors and terms & conditions, please read the sales brochure carefully before concluding a sale.**

## Bharti AXA General Insurance

Bharti AXA General Insurance is a joint venture between the Bharti Group and AXA.

Bharti AXA combines the strengths of Bharti Enterprises, one of India's leading business groups, and AXA, the global leader in financial protection and wealth management.

### Twin assurance for you

AXA is one of the largest insurers in the world. Across the globe, AXA has over 95 million clients, over 2,14,000 employees and presence in 57 countries. AXA believes in achieving operational excellence through product innovation, business expertise, distribution, quality of service and productivity.

Bharti Enterprises is one of the biggest organizations in the country with interests in telecom, agro business and retail. It is a pioneering force in the telecom sector with many firsts and innovations to its credit, offering a powerful mix of a strong national presence and unmatched local knowledge.

For more information, please contact

- ☎ **080 - 49123900**
- 📱 **SMS <SERVICE> to 5667700**
- 💻 **customer.service@bharti-axagi.co.in**

[www.bharti-axagi.co.in](http://www.bharti-axagi.co.in)

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**Registered office address:**  
Bharti AXA General Insurance Co. Ltd.,  
First Floor, Ferns Icon, Survey No. 28,  
Doddanekundi, Bangalore- 560 037.  
IRDA Reg. No. 139.

## Health Insurance

**“I want a policy that provides complete health cover.”**  
**Get comprehensive financial support with us.**



**SmartHealth  
Insurance Policy**

UIN: IRDA/NL-HLT/BAXAGI/P-H/V.I/93/13-14



## A smart first step

Simple, yet comprehensive; this defines Bharti AXA's SmartHealth Insurance Policy, which provides cover for expenses incurred as a result of hospitalization.

## What does this policy cover?

The Policy provides for eventualities arising out of hospitalization, such as:

- Hospitalization expenses
- Domiciliary hospitalization
- Day care treatment (as per terms and conditions of Policy)
- Pre and post-hospitalization expenses
- Pre-existing diseases - all diseases/illnesses/injuries including symptoms or conditions existing when the Policy cover comes into force for the first time, after four continuous renewals with us
- Critical illness - cancer, first heart attack, coronary artery disease, coronary artery bypass surgery, heart valve surgery, surgery to aorta, stroke, kidney failure, aplastic anaemia, end stage lung disease, end stage liver failure, coma, major burns, major organ/bone marrow transplantation, multiple sclerosis, fulminant hepatitis, motor neuron disease, primary pulmonary hypertension, terminal illness, bacterial meningitis. (Please refer to policy for complete terms and conditions)
- Dread disease recuperation
- Transplantation of organs
- Hospital cash allowance
- Home nursing
- Ambulance charges

Sometimes,  
during illnesses you  
don't get the help that  
you expect from your policy.  
With us you can rest  
assured because we offer you  
complete support at all times.  
Be prepared for all circumstances –  
think smart!



- In-patient physiotherapy charges
- Recovery grant
- Accompanying person's expenses
- Parent accommodation as companion for child
- Out-patient dental emergency treatment (arising out of accident only)
- Out-patient emergency treatment for accidents
- Children's education fund
- Transportation of mortal remains

## What are the additional benefits offered?

The Policy empowers you with a series of additional benefits, which are:

### Renewal discount

You get a 5% discount on the renewal premium for every claim-free year up to a maximum of 25% on progressive scale.

### Income tax benefit

Premium paid for this policy is eligible for deduction under Section 80D of the Income Tax Act.

### Cost of health check-up

After every block of four claim-free years of your policy with us, 1% of the sum insured will be provided towards the cost of the health check-up.

### Pre-policy health check-up

In the event that you are required to undergo medical examination before proposal acceptance, the costs towards such medical examination shall be borne by the company in case the proposal is accepted. The company's representative will get in touch with you to organize the medical examination at one of our designated diagnostic centers. However, in case the proposal is declined, the cost of the medical examination shall be deducted, while refunding the premium.

### Policy Period

Policy will be issued for annual period of 12 months.

### Policy servicing

The policy will be serviced by the Third Party Administrator (TPA), who will provide, among other things, cashless facility for hospitalization in network hospitals.

### Free-look period

You have a period of 15 days from the date of receipt of the 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 and you shall be refunded the premium paid by you after adjusting the amounts spent on any medical check-up and stamp duty charges.

You can cancel your Policy only if you have not made any claims under the Policy. All your rights under this Policy shall immediately stand extinguished on the free look cancellation of the Policy.

Free look provision is not applicable and available at the time of renewal of the Policy.

### Medical Examination Cost reimbursement

The Company shall reimburse not less than 50% of the cost of medical examination underwent by the Insured person(s) at designated Hospital/ Diagnostic centre, if the proposal is accepted.

### Portability

Insured(s) have an option to migrate from their existing health insurance policy at the time of renewal, provided the previous policy has been maintained without any break.

If the Insured is presently covered or has been continuously covered without any lapses then the waiting periods specified in Exclusion wordings of the Policy shall be reduced by the number of continuous preceding years of coverage of the Insured Person under the previous health insurance policy.

## Key differentiators

- Single policy for the entire family (Insured, spouse and two children)
- In-built 'critical illness' cover
- No medical check-ups required up to 55 years (on select plans)
- Life long renewal

## What are the options available under this policy?

The various covers available to you under the policy are:

- Family floater: You choose one sum for your family (you, spouse and 2 dependent children up to the age of 23 years). This sum insured covers all expenses for your family for one or more claims during the policy period
- Wide sum insured option ranging from Rs. 2,00,000 to Rs. 5,00,000

## Who is eligible to apply for this policy?

To be able to apply for this policy, you must be:

- A resident of India
- This policy can cover a maximum of four family members comprising you, your spouse and two dependent children (over 90 days old and up to 23 years of age)
- Children between age of 90 days and 5 years can be covered in this policy if at least one parent is covered in this policy

**For Rs. 2 lakhs Sum Insured, any person aged 56 years and above or anyone with a history of pre-existing condition/disease must undergo medical tests. For Sum Insured of Rs. 3 lakhs and above, any person aged 46 years and above or anyone with a history of pre-existing condition/disease must undergo medical tests.**

## What does this policy not cover?

Some of the major exclusions under the policy are expenses relating to:

- Pre-existing diseases - All diseases/illnesses/injuries

Details of Medical examination requirement			
Sum insured (in Rs.)	Age band	Without any pre-existing condition	With pre-existing condition
		Medical examination required?	Medical examination required
Rs. 2,00,000	02 years to 55 years	No	Yes
	56 years to 65 years	Yes	Yes
Rs. 3,00,000	02 years to 50 years	No	Yes
	51 years to 65 years	Yes	Yes
Rs. 4,00,000	02 years to 50 years	No	Yes
	51 years to 65 years	Yes	Yes
Rs. 5,00,000	02 years to 50 years	No	Yes
	51 years to 65 years	Yes	Yes

including symptoms or conditions existing when the policy cover comes into force for the first time. This policy shall cover pre-existing diseases, illnesses or injuries after four continuous renewals with us

- Pregnancy and childbirth related complications
- Suicide, self-inflicted injury or illness, mental disorder, anxiety, stress or depression, use of alcohol or drugs
- Diseases such as HIV or AIDS
- Cost of spectacles, contact lenses and hearing aids
- Dental treatment or surgery of any kind unless requiring hospitalization
- Experimental or unproven treatment
- Treatment by a family member, self-medication or any treatment that is not scientifically approved
- Disease that commences during the first 30 days of inception of the first policy (60 days in case of critical illness benefit)
- Certain named chronic diseases (cataract, piles, congenital internal disease, dialysis for chronic renal failure, hysterectomy, joint replacement surgery, unless caused by accident). (Please refer to Policy for complete list) during the first two years of continuous cover with us. In case these diseases are pre-existing in nature, they shall be covered as per the waiting period applicable for pre-existing conditions
- Treatment taken from a person not registered as medical practitioner
- Any hospitalization expenses incurred outside India
- Any other personal exclusion mentioned in the policy schedule

**This is not an exhaustive list. For a detailed list of the exclusions, please read our policy terms and conditions.**