



- 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 complete procedure, 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 has 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 may be revised subject to prior approval from IRDA

Termination/cancellation

- You may terminate this Policy at any time by giving us written notice, and the Policy shall be terminated 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 Smart Health Critical Illness Policy:

- Read the prospectus carefully
- Fill in the proposal form in all respects and kindly do not leave any blanks
- In case any insured person is above 45 years or suffering from any pre-existing illness/condition, please undergo medical examination as prescribed by the Company
- 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.

Claim procedure

Fast, fair and friendly!

In the event of any occurrence likely to give rise to a claim (cashless or reimbursement) under the policy, you or your representative need to:

- Contact the Third-Party Administrator (TPA) named in the Schedule to the Policy immediately. Cashless hospitalization facility is available in more than 4300 hospitals
- Deliver to the TPA all information and documents concerning the claim or reimbursement
- Submit all documents (original bills & prescriptions etc.) concerning all pre/post hospitalization expenses

- Submit, if so required, to examination by a Medical Practitioner authorised by the Company
- Please contact the number given on your medi-card for clarifications

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

Key differentiators

- Comprehensive coverage for 20 critical illnesses
- Cover available on 'lumpsum benefit' basis and 'indemnity basis'

Get in touch with Bharti AXA through our number 080 - 49123900 or email us at sales@bharti-axagi.co.in, clearly mentioning your postal address, for a hassle-free Smart Health Critical Illness Policy

It's time to take a smart step!

IMPORTANT

This leaflet is only a brief summary of the Smart Health Critical Illness Policy. Please contact our intermediary/ sales officer/ any of our offices for the policy wordings.

For more details on risk factors and terms & conditions, please read the sales brochure carefully before concluding a sale.

Insurance is the subject matter of solicitation.

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.



Registered & Corporate Office Address: Bharti AXA General Insurance Company Limited, Unit No. 1902, 19th Floor, Parinee Crescenzo, 'G' Block, Bandra Kurla Complex, BKC Road, Near MCA Club, Bandra East, Mumbai - 400051, Ph: 1800-103-2292 CIN: U66030MH2007PLC351131IRDAI Reg No:- 139 Website: www.bharti-axagi.co.in, Email: customer.service@bharti-axa.com



Health Insurance

Why take a chance with inadequate critical illness cover? We offer cover for 20 critical illnesses.



A smart first step

Simple, yet comprehensive; this defines Bharti AXA's SmartHealth Critical Illness Policy. The Policy covers all expenses incurred as a result of critical illnesses.

What does this policy cover?

The policy provides cover for the following occurrences:

1. Cancer
2. First heart attack
3. Coronary artery disease
4. Coronary artery bypass surgery
5. Heart valve surgery
6. Surgery to aorta
7. Stroke
8. Kidney failure
9. Aplastic anaemia
10. End stage lung disease
11. End stage liver failure
12. Coma
13. Major burns
14. Organ/bone marrow transplantation
15. Multiple sclerosis
16. Fulminant hepatitis
17. Motor neurone disease
18. Primary pulmonary hypertension
19. Terminal illness
20. Bacterial meningitis

Time spent with your family is what makes life memorable. Do not let worries of an uncertain future hinder you from living your life to the fullest. To assure a secure future for yourself and your loved ones - think smart!

You can opt for:

Sec.1 Reimbursement/payment of hospitalization expenses for treatment of critical illnesses, once diagnosed.

or

Sec.2 Payment of compensation on diagnosis of critical illnesses and on survival for more than 30 days.

What are the benefits available under this policy?

(In case of Sec.1)

- Hospitalization expenses
- Pre-hospitalization expenses
- Post-hospitalization expenses
- Dread disease recuperation
- Transplantation of organs
- Hospital cash allowance
- Home nursing

- Ambulance charges
- In-patient physiotherapy charges
- Recovery grant
- Accompanying person's expenses
- Children education fund
- Mortal remains

What are the additional benefits offered?

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

Critical Illness - Plan benefits					
Section	Particulars	Sum Insured (in Rs.)			
		Rs. 2,00,000	Rs. 3,00,000	Rs. 5,00,000	
I. Reimbursement/Payment of Hospitalization Expenses for treatment of critical illnesses (up to the limit of Sum Insured opted), once diagnosed.	a	Hospitalization expenses indemnity basis	100% of sum insured	100% of sum insured	100% of sum insured
	b	Pre-hospitalization	100% of sum insured	100% of sum insured	100% of sum insured
		Post-hospitalization	100% of sum insured	100% of sum insured	100% of sum insured
	c	Dread disease recuperation	Rs. 500 per day for a max of 45 days	Rs. 500 per day for a max of 45 days	Rs. 500 per day for a max of 45 days
		Transplantation of organs	15% off on SI over and above the original SI	15% off on SI over and above the original SI	15% off on SI over and above the original SI
	Additional benefits	Hospital cash allowance	Rs. 750 per day for 30 days after the first 3 days	Rs. 1,000 per day for 30 days after the first 3 days	Rs. 1,000 per day for 30 days after the first 3 days
Home nursing		Rs. 350 per day for 10 days after the first 3 days	Rs. 500 per day for 10 days after the first 3 days	Rs. 500 per day for 10 days after the first 3 days	
Ambulance charges		Rs. 2,500	Rs. 2,500	Rs. 2,500	
In-patient physiotherapy		2% of SI	2% of SI	2% of SI	
Recovery grant		Rs. 12,500	Rs. 12,500	Rs. 12,500	
Accompanying person expenses		Rs. 250 for 10 days after first three days	Rs. 250 for 10 days after first three days	Rs. 250 for 10 days after first three days	
Children education benefit		Rs. 5,000	Rs. 5,000	Rs. 5,000	
Carriage of mortal remains		Rs. 1,000	Rs. 2,000	Rs. 2,000	
II. Payment of compensation, equivalent to the limit of Sum Insured opted, on diagnosis of critical illnesses and on survival for more than 30 days	Payment of compensation	100% of sum insured	100% of sum insured	100% of sum insured	

Family floater

You choose one sum insured for the whole family (self, spouse and two dependent children up to the age of 23 years). This sum covers all the expenses for one or more claims during the policy period.

Income tax benefit

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

Renewal discount

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

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 undergone 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.

Who is eligible to apply for this policy ?

Any person who is a resident of India and in the age group of 3 months to 55 years (at entry) can be covered under the policy. Children in the age group of 90 days to 5 years can be covered in this policy if at least one parent is also covered under the policy.

What does this policy not cover?

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

- Any disease/illnesses contracted during the first 60 days of the first year policy (this will not apply for subsequent and regular renewals)
- Any pre-existing diseases/conditions/injuries at the inception of the policy cover. However, the same will be covered after four continuous renewals with us since, the policy cover inception for the first time
- Treatment traceable to pregnancy or childbirth
- AIDS or HIV or ARCS-AIDS related Complex Syndrome
- Treatment following use of drugs or liquor
- In case of intentional self-injury
- Treatment received overseas
- Treatment for any criminal act
- Experimental and unproven treatment
- Treatment by a family member/self-medication or any treatment which is not scientifically approved
- Naturopathy/unani treatment
- Aesthetics/cosmetic treatment, plastic surgery
- Psychiatric, mental and psychological disorder and stress
- Congenital internal disease

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

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