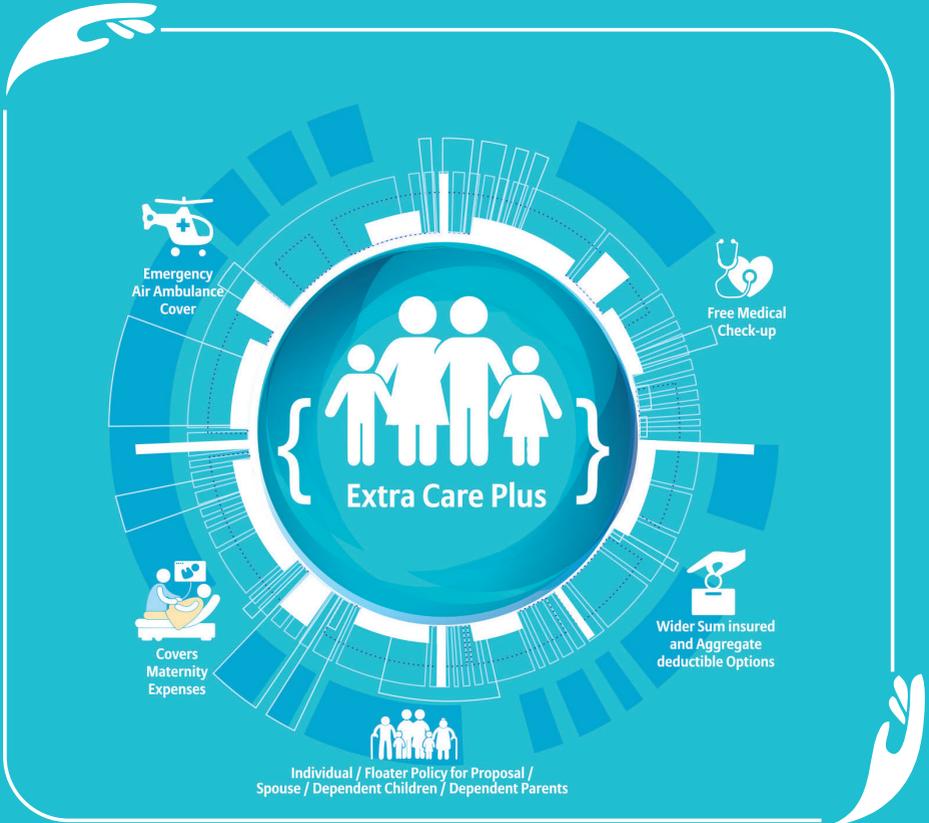


BAJAJ ALLIANZ EXTRA CARE PLUS

A SUPER TOP UP PLAN TO TAKE CARE
OF HIGHER MEDICAL EXPENSES



Caringly yours

B BAJAJ | Allianz

■ INTRODUCTION

In the times of rising medical costs Bajaj Allianz's Extra Care Plus Policy acts as an additional cover to your existing health insurance cover and provides wider health protection for you and your family. In case of higher expenses due to illness or accidents, Extra Care Plus policy takes care of the additional expenses. It is important to consider the fact that with rising inflation the health insurance cover may not be adequate, at the same time buying a large insurance cover may not be affordable. This policy is a perfect fit for a wider health insurance cover to take care of the rising health care expenses.

A Simple and affordable solution to help ensure that you have an adequate Health Insurance Cover!

■ WHAT ARE THE SPECIAL FEATURES OF EXTRA CARE PLUS POLICY?

- Floater policy for proposer/ spouse/ dependent children/dependent parents (dependent parents under same policy)
- Entry age 91 days to 80 years
- Wide range of sum insured and aggregate deductible options
- No pre-policy medical tests up to 55 years of age (subject to clean proposal form)
- Pre-existing disease covered after 12 months from your first Extra Care Plus policy
- In patient Hospitalisation cover
- Pre 60 days and post 90 days hospitalisation expenses cover
- Emergency road ambulance cover
- Option to opt for Air Ambulance Cover
- Day care procedures as defined under the policy
- Free health check up
- Maternity expenses including complications of maternity
- Income tax benefit under 80 D of the IT Act on premiums paid for this policy, subject to changes in the tax laws

■ COVERAGE

■ What is covered under Extra Care Plus Policy?

1 Medical Expenses

If You are hospitalized on the advice of a Doctor because of Illness or Accidental Bodily Injury sustained or contracted during the Policy Period, then We will pay You, Reasonable and Customary Medical Expenses incurred, subject to aggregate deductible as specified on the policy document

Aggregate deductible is a cost sharing requirement under this policy that provides that the company will not be liable for a specified rupee amount of the covered expenses, which will apply before any benefits are payable by the company. A deductible does not reduce the sum insured. The deductible is applicable in aggregate towards hospitalisation expenses incurred during the policy period

a. In patient Hospitalisation expenses:-

- i. Room Rent/Boarding and Nursing Expenses
- ii. ICU Rent/ Boarding and Nursing Expenses
- iii. Fees of Medical Practitioner, Surgeon , Anaesthetist, Nurses and Specialist Doctor
- iv. Operation theatre charges, Anesthesia, surgical appliances, diagnostic tests, medicines, blood, oxygen and cost of prosthetic and other devices or equipment if implanted internally like pacemaker during a surgical process

b. Pre-hospitalisation expenses

The medical expenses incurred in the 60 days immediately before you were hospitalised, provided that:

- i. Such medical expenses were incurred for the same condition requiring subsequent Hospitalisation, and;
- ii. We have accepted the claim under In-Patient Hospitalisation expenses

c. Post-hospitalisation expenses

The medical expenses incurred in the 90 days immediately after you were discharged, provided that:

- i. Such medical expenses were in fact incurred for the same condition requiring earlier Hospitalisation, and;
- ii. We have accepted the claim under In-Patient Hospitalisation expenses

d. Day care treatment

We will pay you the medical expenses as listed under In-patient Hospitalisation Expenses for Day care procedures / Surgeries taken as an inpatient in a hospital or day care centre but not in the outpatient department. List of Day Care Procedures is given in the annexure I of Policy wordings.

e. Modern Treatment Methods:

Modern Treatment Methods and Advancement in Technologies are covered up to 50% of Sum Insured or 5 lacs whichever is lower, subject to policy terms, conditions, coverages, waiting periods and exclusions.

- i. Uterine Artery Embolization and HIFU
- ii. Balloon Sinuplasty
- iii. Deep Brain stimulation
- iv. Oral chemotherapy
- v. Immunotherapy- Monoclonal Antibody to be given as injection
- vi. Intra vitreal injections
- vii. Robotic surgeries
- viii. Stereotactic radio surgeries
- ix. Bronchical Thermoplasty
- x. Vaporisation of the prostate (Green laser treatment or holmium laser treatment)
- xi. IONM -(Intra Operative Neuro Monitoring)
- xii. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered.

2. Maternity Expenses:

We will pay the Medical Expenses related to pregnancy, childbirth or medically recommended and lawful termination of pregnancy, limited to maximum 2 deliveries or termination(s) or either, during the lifetime of the insured person as below:-

- i. We will cover the Medical expenses for maternity including complications of maternity over and above the aggregate deductible limit as specified under the policy schedule
- ii. We will also cover expenses towards lawful medical termination of pregnancy during the Policy period.
- iii. In patient Hospitalization Expenses of pre-natal and post-natal hospitalization
- iv. Waiting Period of 12 months from the date of inception of the first Extra Care Plus Policy with us. However this 12 months exclusion would not be applicable in case of continuous renewal of Extra Care Plus Policy without break in cover.

3. Ambulance Expenses

If a claim under Medical Expenses is accepted, We will also pay the ambulance expenses to a maximum of Rs3000/- per valid hospitalization claim for transferring You/Your family member(s) named in the schedule to or between Hospitals in the Hospital's ambulance or in an ambulance provided by any ambulance service provider.

4. Organ Donor Expenses

We will pay for Medical treatment of the organ donor for harvesting the organ i.e. including surgery to remove organs from a donor provided that,

- i. The organ donor is any person whose organ has been made available in accordance and in compliance with THE TRANSPLANTATION OF HUMAN ORGANS (AMENDMENT) BILL, 2011
- ii. The organ donated is for the use of the Insured Person, and
- iii. We have accepted an inpatient Hospitalisation claim for the insured member under Medical expenses section

Specific exclusions:

1. Claims which have NOT been admitted under Medical expenses section
2. Claims not in compliance with THE TRANSPLANTATION OF HUMAN ORGANS (AMENDMENT) BILL, 2011
3. The organ donors Pre and Post-Hospitalisation expenses.

Additional benefits (Additional benefits for which aggregate deductible is not applicable)

4. Free Medical Check-up

At the end of every continuous period of 3 years during which You have held Extra Care Plus policy with us, We will reimburse the free medical checkup expenses as below

- The actual amount of medical checkup expenses up to Rs. 1000/- for policy covering 1 member.
- The actual amount of medical checkup expenses up to Rs. 2000/- for policies covering more than 1 member under the same policy.

For the avoidance of doubt, We shall only be liable for medical check up expenses and any other cost incurred such as for transportation, accommodation, food or sustenance shall not be payable by us.

■ OPTIONAL COVER:

1. Air Ambulance Cover

In consideration of payment of additional premium by the Insured to the Company and realization thereof by the Company, it is hereby agreed and declared that Extra Care Plus Policy is extended to pay the expenses incurred for ambulance transportation in an airplane or helicopter for rapid ambulance transportation from the site of first occurrence of the illness / accident to the nearest hospital during policy period which directly and independently of all other causes results in emergency life threatening health conditions provided such hospitalization claim is admissible under the Extra Care Policy. The claim would be reimbursed up to the actual expenses subject to a maximum limit as specified under the Air Ambulance Cover in the Policy Schedule, subject otherwise to all other terms, conditions and Exclusions of the Policy.

Specific Conditions Applicable to Air Ambulance Cover:

1. Return transportation to the Insured's home by air ambulance is excluded.
2. Such air ambulance should have been duly licensed to operate as such by competent authorities of the Government/s.
3. Deductible will not be applied on the claim admissible under Air Ambulance cover

■ WHAT ARE THE EXCLUSIONS AND WAITING PERIOD UNDER THE POLICY?

I. Waiting Period

A. Pre-Existing Diseases - Code- Excl01

- a. Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 12 months of continuous coverage after the date of inception of the first Extra Care Plus policy with us.
- b. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- c. If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations then waiting period for the same would be reduced to the extent of prior coverage.
- d. Coverage under the policy after the expiry of 12 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by us.

B. Specified disease/procedure waiting period- Code- Excl02

- a. Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of 12 months of continuous coverage after the date of inception of the first Extra Care Plus policy with us. This exclusion shall not be applicable for claims arising due to an accident.
- b. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- c. If any of the specified disease/procedure falls under the waiting period specified for pre-Existing diseases, then the longer of the two waiting periods shall apply.
- d. The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted

- without a specific exclusion.
- e. If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.
- f. List of specific diseases/procedures

1. Any types of gastric or duodenal ulcers,	11. Hernia of all types
2. Benign prostatic hypertrophy	12. Fistulae, Fissure in ano
3. All types of sinuses	13. Hydrocele
4. Haemorrhoids	14. Fibromyoma
5. Dysfunctional uterine bleeding	15. Hysterectomy
6. Endometriosis	16. Surgery for any skin ailment
7. Stones in the urinary and biliary systems	17. Surgery on all internal or external tumours/ cysts/ nodules/polyps of any kind including breast lumps with exception of Malignant tumor or growth.
8. Surgery on ears/tonsils/adenoids/paranasal sinuses	18. All Joint Replacement surgeries
9. Surgery for intervertebral disc disorders	19. Internal Congenital
10. Cataracts	

C. 30-day waiting period- Code- Excl03

- a. Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.
- b. This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.
- c. The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.

II. Waiting Period for Maternity Expenses

1. Any treatment arising from or traceable to pregnancy, child birth including cesarean section and/or any treatment related to pre and postnatal care and complications arising out of Pregnancy and Childbirth until 12 months continuous period has elapsed since the inception of the first Extra Care Plus with US. However this exclusion will not apply to Ectopic Pregnancy proved by diagnostic means and certified to be life threatening by the attending medical practitioner.

III. General Exclusion

1. We are not liable for claim(s) amount falling within Aggregate Deductible limit as opted and mentioned on the policy schedule.
2. Any Medical Expenses of the new born baby
3. Dental treatment or surgery of any kind unless requiring hospitalisation and as a result of accidental Bodily Injury to natural teeth.
4. Investigation & Evaluation (Excl04)
- a. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded even if the same requires confinement at a Hospital.
- b. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.
5. Rest Cure, rehabilitation and respite care (Excl05)
- Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
- i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.

- ii. Any services for people who are terminally ill to address medical, physical, social, emotional and spiritual needs.
- 6. Obesity/Weight Control (Excl06)
Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:
 - 1. Surgery to be conducted is upon the advice of the Doctor
 - 2. The surgery/Procedure conducted should be supported by clinical protocols
 - 3. The member has to be 18 years of age or older and
 - 4. Body Mass Index (BMI);
 - a. greater than or equal to 40 or
 - b. greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
 - i. Obesity-related cardiomyopathy
 - ii. Coronary heart disease
 - iii. Severe Sleep Apnea
 - iv. Uncontrolled Type2 Diabetes
- 7. Change-of-gender treatments: (Excl07)
Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex
- 8. Cosmetic or plastic Surgery (Excl08)
Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.
- 9. Hazardous or Adventure Sports (Excl09)
Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.
- 10. Breach of law: (Excl10)
Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.
- 11. Excluded Providers: (Excl11)
Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.
- 12. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Excl12)
- 13. Treatments received in health spas, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or a Hospital where the Hospital has effectively become the Insured Person's home or permanent abode or where admission is arranged wholly or partly for domestic reasons. (Excl13)
- 14. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure. (Excl14)
- 15. Refractive Error: (Excl15)
Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries.
- 16. Unproven Treatments: (Excl16)
Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.
- 17. Sterility and Infertility (Excl17)
Expenses related to sterility and infertility. This includes:
 - i. Any type of contraception, sterilization
 - ii. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI

- iii. Gestational Surrogacy
- iv. Reversal of sterilization
18. The cost of spectacles, contact lenses, hearing aids, crutches, artificial limbs, dentures, artificial teeth and all other external appliances and/or devices whether for diagnosis or treatment except for intrinsic fixtures used for orthopedic treatments such as plates and K-wires.
19. War, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, commotion, unrest, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalization or requisition of or damage by or under the order of any government or public local authority.
20. Circumcision unless required for the treatment of illness or accidental bodily injury, cosmetic or aesthetic treatments of any description, treatment or surgery for change of life/gender.
21. External medical equipment of any kind used at home as post hospitalization care including cost of instrument used in the treatment of Sleep Apnoea Syndrome (C.P.A.P), Continuous Peritoneal Ambulatory Dialysis (C.P.A.D) and Oxygen concentrator for Bronchial Asthmatic condition.
22. Intentional self-injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol)
23. Vaccination or inoculation unless forming a part of post bite treatment or if medically necessary and forming a part of treatment recommended by the treating Medical practitioner.
24. All non-medical items as per Annexure II
25. Any treatment received outside India is not covered under this Policy.
26. Treatment for any other system other than modern medicine (also known as Allopathy)
27. Venereal disease or any sexually transmitted disease or sickness.

■ WHAT IS AGGREGATE DEDUCTIBLE?

Aggregate deductible is a cost sharing requirement under this policy that provides that the company will not be liable for a specified rupee amount of the covered expenses, which will apply before any benefits are payable by the company. A deductible does not reduce the sum insured. The deductible is applicable in aggregate towards hospitalisation expenses incurred during the policy period

■ HOW DOES EXTRA CARE PLUS POLICY BENEFIT ME?

- In times of rising medical inflation Extra Care Plus acts as an additional cover to your existing health insurance cover.
- This policy can be opted even if there is no existing health insurance policy.
- Extra Care Plus policy pays the hospitalisation expenses incurred above the aggregate deductible opted by you.

For Example-

Case: Insured has opted a plan for 2 members, Sum Insured is Rs-10,00,000 and Deductible of Rs. 200000. The Policy Period is from 01-April-2017 to 31-March-2018

Sum Insured: Rs. 10 Lacs ; Aggregate Deductible Opted: Rs. 2 Lacs						
Claim details	Date of Hospitalisation	Total Claim Amount(inRs.)	Deductible Utilization(inRs.)	Balance deductible(inRs.)	Payable by insured(if any)(inRs.)	Payable under Extra Care Plus Policy(inRs.)
Claim 1	10-Aug-2017	1,50,000	1,50,000	50,000	1,50,000	0
Claim 2	10-Sep-2017	3,00,000	50,000	0	50,000	2,50,000
Claim 3	10-Oct-2017	7,50,000	0	0	0	7,50,000

■ WHO CAN BE COVERED UNDER THIS POLICY?

- Self, spouse, dependent children, dependent parents can be covered under this policy. A maximum of six members can be covered under single floater policy.

■ WHAT IS THE ENTRY AGE UNDER THIS POLICY?

- Minimum entry age for proposer/ spouse/ dependent parents - 18 years
- Maximum Entry Age for proposer/ spouse/ dependent parents - 80 years
- Minimum Entry age for dependent Children - 3 months

- Maximum Entry Age for dependent Children - 25 years

■ WHAT WILL BE THE RENEWAL AGE?

- For proposer/ spouse/ dependent parents: Life time Renewal
- For dependent children policy is renewable up to 35 years,
In both the cases, renewal will not be denied except on the grounds of Your moral hazard, misrepresentation, non-cooperation or fraud

■ ELIGIBILITY

- Indian nationals residing in India would be considered for this policy.
- This policy can be opted by Non-Resident Indians also, provided premium is paid in Indian currency & by Indian Account only

■ WHAT IS THE POLICY PERIOD?

1 Year, 2 Year & 3 Year

■ DISCOUNT UNDER THE POLICY:

Long Term Policy Discount:

- 4% discount is applicable if policy is opted for 2 years
- 8% discount is applicable if policy is opted for 3 years

■ IS THERE ANY PRE-POLICY CHECKUP FOR ENROLLING UNDER THE POLICY?

Pre-policy Medical Examination criteria for new Proposals & Portability proposals

- No Medical tests up to 55 years, subject to no adverse health conditions
- Medical tests are applicable for members 56 years and above.
- The validity of the test reports would be 30 days from date of medical examination.
- If pre-policy checkup is conducted, 50% of the medical tests charges would be reimbursed, subject to acceptance of proposal and policy issuance.

Age of the person to be insured	Sum Insured	Medical Examination
Up to 55 years	All Sum Insured options	No Medical Tests*
56 years to 80 years	All Sum Insured options	Medical Tests required as listed below: Full Medical Report, CBC, Urine R, ECG, Lipid profile, Fasting BSL, HbA1c, SGOT, SGPT, Sr Creatinine

*Subject to no adverse health conditions

■ WHEN CAN I ENHANCE MY SUM INSURED?

- Sum Insured enhancement will be allowed only at the time of renewals.

■ FREE LOOK PERIOD

You have a period of 15 days from the date of receipt of the first 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.

If you have not made any claim during the Free look period, you shall be entitled to refund of premium subject to,

- A deduction of the expenses incurred by Us on Your medical examination, stamp duty charges, if the risk has not commenced,
- A deduction of the stamp duty charges, medical examination charges & proportionate risk premium for period on cover, If the risk has commenced
- A deduction of such proportionate risk premium commensurating with the risk covered during such period ,where only a part of risk has commenced
- Free look period is not applicable for renewal policies.

■ RENEWAL

- i. Under normal circumstances, renewal will not be refused except on the grounds of Your moral hazard, misrepresentation, non- cooperation or fraud.
- ii. In case of Our own renewal, a grace period of 30 days is permissible and the Policy will be considered as continuous for the purpose of 12 month waiting period. However, any treatment availed for an Illness or Accident sustained or contracted during the break period will not be admissible under the Policy.
- iii. For dependent children, Policy is renewable up to 35 years. After the completion of maximum renewal age of dependent children, the policy would be renewed for lifetime, Subject to Separate proposal form to be submitted to us at the time of renewal with the insured member as proposer and subsequently the policy should be renewed with us annually and within the Grace period of 30 days from date of Expiry. Suitable credit of continuity/waiting periods for all the previous policy years would be extended in the new policy, provided the policy has been maintained without a break.
- iv. Premium payable on renewal and on subsequent continuation of cover are subject to change with prior approval from IRDAI.

■ CANCELLATION

- i. We may cancel this insurance by giving You at least 15 days written notice, and if no claim has been made then We shall refund a pro-rata premium for the unexpired Policy Period. Under normal circumstances, Policy will not be cancelled except for reasons of mis-representation, fraud, non-disclosure of material facts or Your non-cooperation.
- ii. You may cancel this insurance by giving Us at least 15 days written notice, and if no claim has been made then We shall refund premium on short term rates for the unexpired Policy Period as per the rates detailed below.
Cancellation grid for premium received on annual & long term basis and refund is as under

Period in Risk	Premium Refund		
	Policy Period 1Year	Policy Period 2Year	Policy Period 3Year
Within 15 Days	Pro Rata Refund		
Exceeding 15 days but less than or equal to 3 months	65.00%	75.00%	80.00%
Exceeding 3 months but less than or equal to 6 months	45.00%	65.00%	75.00%
Exceeding 6 months but less than or equal to 12 months	0.00%	45.00%	60.00%
Exceeding 12 months but less than or equal to 15 months		30.00%	50.00%
Exceeding 15 months but less than or equal to 18 months		20.00%	45.00%
Exceeding 18 months but less than or equal to 24 months		0.00%	30.00%
Exceeding 24 months but less than or equal to 27 months			20.00%
Exceeding 27 months but less than or equal to 30 months			15.00%
Exceeding 30 months but less than or equal to 36 months			0.00%

■ GRACE PERIOD

- The grace period is 30 days
- If hospitalisation of the member occurs during this grace period, the company will not be liable to make any payments if claims are made due to any treatment of illness/ailment/disease diagnosed or hospitalisation taking place.
- If the premium is not paid within 30 days of the due date of the first unpaid premium then the policy will be terminated.

■ PORTABILITY CONDITIONS

Portability shall be allowed under all individual indemnity health insurance policies issued by General Insurers and Health Insurers including family floater policies.

■ MIGRATION OF POLICY:

1. Every individual policy holder (including members under family floater policy) covered under indemnity based individual health insurance policy shall be provided an option of migration at the explicit option exercised by the policyholder;
 - a. To an individual health insurance policy or a family floater policy, or;
 - b. To a group health insurance policy, if members complies with the norms relating to the health insurance coverage under the concerned group insurance policy.
2. Every Individual member, including family members covered under an indemnity based group health insurance policy shall be provided an option of migration at the time of exit from group or in the event of modification of group policy (including the revision in the premium rates) or withdrawal of the group policy :
 - a. To an individual health insurance policy or a family floater policy.
 3. Migration shall be applicable to the extent of the sum insured under the previous policy and the cumulative bonus, if any, acquired from the previous policies.
 4. Only the unexpired/residual waiting period not exceeding the applicable waiting period of the previous policy with respect to pre-existing diseases and the time bound exclusions shall be made applicable on migration under the new policy.
 5. Migration may be subject to underwriting as follows:
 - a. For individual policies, if the policyholder is continuously covered in the previous policy without any break for a period of four years or more, migration shall be allowed without subjecting the policyholder to any underwriting to the extent of the sum insured and the benefits available in the previous policy.
 - b. Migration from group policies to individual policy will be subject to underwriting

■ REVISION/ MODIFICATION OF THE POLICY:

There is a possibility of revision/ modification of terms, conditions, coverages and/or premiums of this product at any time in future, with appropriate approval from IRDAI. In such an event of revision/modification of the product, intimation shall be set out to all the existing insured members at least 3 months prior to the date of such revision/modification comes into the effect

■ WITHDRAWAL OF POLICY

There is possibility of withdrawal of this product at any time in future with appropriate approval from IRDAI, as We reserve Our right to do so with a intimation of 3 months to all the existing insured members. In such an event of withdrawal of this product, at the time of Your seeking renewal of this Policy, You can choose, among Our available similar and closely similar Health insurance products. Upon Your so choosing Our new product, You will be charged the Premium as per Our Underwriting Policy for such chosen new product, as approved by IRDAI.

Provided however, if You do not respond to Our intimation regarding the withdrawal of the product under which this Policy is issued, then this Policy shall be withdrawn and shall not be available to You for renewal on the renewal date and accordingly upon Your seeking renewal of this Policy, You shall have to take a Policy under available new products of Us subject to Your paying the Premium as per Our Underwriting Policy for such available new product chosen by You and also subject to Portability condition.

■ **WHAT ARE THE SUM INSURED OPTIONS UNDER THE POLICY?**

Sum Insured (in INR)	Aggregate Deductible Options (in INR)			
300000	200000	-	-	-
500000	200000	300000	-	-
1000000	200000	300000	500000	-
1500000	-	300000	500000	-
2000000	-	300000	500000	1000000
2500000	-	300000	500000	1000000
5000000	-	300000	500000	1000000

Air Ambulance Sum Insured options (Optional Cover)

Base SI (In INR)	Air Ambulance SI (In INR)
300000	200000
500000	500000
1000000	500000
1500000	1000000
2000000	1000000
2500000	1000000
5000000	1000000

■ **PREMIUM CHART**

Note: In case of policy issued on Floater Basis, age of the oldest member of the family will be considered for premium calculation.

Premiums are exclusive of GST

FAMILY SIZE: 1 MEMBER																					
Sum Insured (in INR)	300000			500000			1000000			1500000			2000000			2500000			5000000		
Age/ deductible	200000	200000	300000	200000	300000	500000	300000	500000	300000	500000	1000000	300000	500000	1000000	300000	500000	1000000				
Upto 20	1,783	1,916	1,184	2,869	2,072	1,418	2,734	2,026	3,278	2,536	1,758	3,745	2,809	2,055	5,466	4,640	3,854				
21-25	2,170	2,315	1,441	3,370	2,423	1,658	3,157	2,332	3,759	2,895	1,998	4,275	3,197	2,326	6,178	5,222	4,316				
26-30	2,397	2,556	1,590	3,720	2,673	1,828	3,483	2,571	4,148	3,193	2,201	4,717	3,526	2,563	6,816	5,759	4,757				
31-35	2,533	2,700	1,679	3,929	2,822	1,930	3,678	2,714	4,380	3,371	2,322	4,981	3,722	2,705	7,196	6,079	5,021				
36-40	2,885	3,074	1,910	4,472	3,211	2,193	4,185	3,086	4,983	3,834	2,638	5,667	4,232	3,073	8,185	6,912	5,705				
41-45	2,982	3,195	1,968	4,779	3,442	2,346	4,547	3,359	5,452	4,206	2,902	6,227	4,657	3,394	9,079	7,694	6,377				
46-50	3,952	4,229	2,601	6,325	4,551	3,097	6,013	4,438	7,210	5,558	3,828	8,235	6,153	4,477	12,002	10,165	8,417				
51-55	5,129	5,485	3,371	8,200	5,896	4,009	7,792	5,746	9,344	7,198	4,951	10,672	7,968	5,792	15,550	13,163	10,893				
56-60	6,305	6,739	4,139	10,075	7,241	4,919	9,571	7,054	11,477	8,838	6,074	13,108	9,782	7,105	19,095	16,159	13,368				
61-65	7,902	8,443	5,183	12,619	9,067	6,156	11,985	8,830	14,372	11,064	7,599	16,415	12,245	8,889	23,908	20,227	16,728				
66-70	9,088	9,708	5,958	14,509	10,422	7,074	13,778	10,149	16,522	12,716	8,731	18,870	14,073	10,213	27,482	23,248	19,223				
More than 70	10,827	11,562	7,095	17,279	12,410	8,420	16,406	12,082	19,674	15,139	10,390	22,470	16,754	12,155	32,721	27,677	22,881				

FAMILY SIZE: 2 MEMBER																					
Sum Insured (in INR)	300000			500000			1000000			1500000			2000000			2500000			5000000		
Age/ deductible	200000	200000	300000	200000	300000	500000	300000	500000	300000	500000	1000000	300000	500000	1000000	300000	500000	1000000				
21-25	3,469	3,701	2,303	5,387	3,873	2,651	5,047	3,728	6,009	4,629	3,194	6,834	5,111	3,719	9,877	8,349	6,900				
26-30	3,832	4,087	2,542	5,947	4,274	2,923	5,569	4,111	6,631	5,105	3,519	7,542	5,637	4,098	10,897	9,208	7,606				
31-35	4,049	4,317	2,684	6,282	4,512	3,085	5,881	4,340	7,002	5,390	3,713	7,964	5,950	4,324	11,505	9,720	8,027				
36-40	4,613	4,915	3,053	7,150	5,133	3,506	6,691	4,934	7,967	6,129	4,218	9,061	6,766	4,912	13,087	11,051	9,122				
41-45	4,768	5,107	3,146	7,641	5,503	3,751	7,269	5,371	8,716	6,725	4,640	9,956	7,446	5,426	14,516	12,301	10,195				
46-50	6,319	6,761	4,159	10,112	7,276	4,952	9,613	7,095	11,527	8,886	6,120	13,166	9,837	7,158	19,189	16,251	13,457				
51-55	8,200	8,768	5,389	13,110	9,427	6,409	12,458	9,187	14,939	11,508	7,916	17,062	12,739	9,259	24,860	21,044	17,416				
56-60	10,081	10,775	6,618	16,107	11,577	7,865	15,301	11,278	18,348	14,130	9,711	20,956	15,639	11,360	30,528	25,834	21,373				
61-65	12,634	13,498	8,287	20,175	14,495	9,842	19,161	14,117	22,978	17,688	12,149	26,243	19,576	14,211	38,223	32,339	26,745				
66-70	14,530	15,520	9,526	23,196	16,663	11,310	22,027	16,225	26,415	20,330	13,958	30,169	22,500	16,329	43,937	37,168	30,734				
More than 70	17,309	18,485	11,342	27,625	19,840	13,462	26,229	19,315	31,454	24,204	16,611	35,924	26,786	19,432	52,313	44,248	36,581				

FAMILY SIZE: 3 MEMBER

Sum Insured (in INR)	300000			500000			1000000			1500000			2000000			2500000			5000000		
	200000	200000	300000	200000	300000	500000	300000	500000	300000	500000	1000000	300000	500000	1000000	300000	500000	1000000	300000	500000	1000000	
21-25	4,256	4,550	2,826	6,679	4,808	3,291	6,289	4,650	7,504	5,788	3,999	8,546	6,397	4,663	12,389	10,485	8,679				
26-30	4,572	4,885	3,033	7,166	5,156	3,527	6,744	4,983	8,045	6,202	4,282	9,161	6,854	4,992	13,275	11,232	9,293				
31-35	4,761	5,085	3,157	7,457	5,364	3,668	7,015	5,182	8,368	6,449	4,451	9,528	7,127	5,189	13,804	11,677	9,659				
36-40	5,251	5,605	3,478	8,212	5,904	4,035	7,719	5,699	9,207	7,092	4,889	10,482	7,836	5,700	15,179	12,835	10,611				
41-45	5,654	6,050	3,737	8,987	6,469	4,415	8,515	6,291	10,192	7,860	5,423	11,628	8,697	6,336	16,917	14,326	11,865				
46-50	7,161	7,656	4,722	11,379	8,185	5,577	10,781	7,957	12,907	9,947	6,852	14,728	11,005	8,006	21,424	18,134	15,009				
51-55	8,891	9,502	5,853	14,131	10,159	6,914	13,390	9,876	16,035	12,351	8,498	18,299	13,664	9,932	26,620	22,525	18,635				
56-60	10,527	11,246	6,922	16,737	12,029	8,180	15,862	11,694	19,000	14,630	10,059	21,686	16,186	11,758	31,549	26,691	22,075				
61-65	12,992	13,874	8,534	20,653	14,837	10,083	19,571	14,421	23,445	18,046	12,398	26,760	19,965	14,494	38,928	32,926	27,222				
66-70	14,708	15,717	9,651	23,493	16,882	11,466	22,315	16,444	26,759	20,603	14,155	30,563	22,803	16,558	44,518	37,669	31,158				
More than 70	17,799	19,014	11,671	28,418	20,416	13,859	26,988	19,881	32,363	24,911	17,106	36,963	27,569	20,010	53,834	45,543	37,661				

FAMILY SIZE: 4 MEMBER

Sum Insured (in INR)	300000			500000			1000000			1500000			2000000			2500000			5000000		
	200000	200000	300000	200000	300000	500000	300000	500000	300000	500000	1000000	300000	500000	1000000	300000	500000	1000000	300000	500000	1000000	
21-25	5,010	5,361	3,326	7,906	5,695	3,899	7,466	5,523	8,918	6,882	4,759	10,163	7,610	5,553	14,756	12,498	10,354				
26-30	5,298	5,667	3,515	8,350	6,013	4,114	7,880	5,827	9,411	7,260	5,017	10,724	8,027	5,853	15,565	13,178	10,914				
31-35	5,470	5,849	3,628	8,615	6,202	4,242	8,127	6,008	9,705	7,485	5,171	11,058	8,276	6,032	16,047	13,584	11,247				
36-40	5,917	6,324	3,921	9,303	6,694	4,576	8,769	6,479	10,470	8,071	5,571	11,928	8,922	6,498	17,300	14,640	12,115				
41-45	6,284	6,729	4,157	10,010	7,210	4,923	9,495	7,018	11,368	8,772	6,057	12,973	9,707	7,078	18,884	15,999	13,258				
46-50	7,902	8,446	5,217	12,508	8,996	6,134	11,828	8,731	14,147	10,902	7,512	16,134	12,057	8,772	23,444	19,839	16,416				
51-55	9,710	10,372	6,399	15,371	11,049	7,525	14,537	10,722	17,392	13,395	9,218	19,837	14,814	10,768	28,825	24,385	20,168				
56-60	11,200	11,962	7,373	17,746	12,753	8,680	16,790	12,380	20,095	15,472	10,641	22,924	17,113	12,432	33,318	28,182	23,304				
61-65	13,671	14,595	8,989	21,660	15,559	10,581	20,492	15,101	24,529	18,879	12,973	27,984	20,880	15,159	40,671	34,393	28,430				
66-70	15,236	16,275	10,008	24,249	17,424	11,841	22,993	16,945	27,550	21,210	14,575	31,451	23,468	17,041	45,767	38,717	32,017				
More than 70	18,115	19,356	11,886	28,933	20,791	14,120	27,482	20,251	32,956	25,373	17,432	37,640	28,082	20,391	54,825	46,390	38,370				

FAMILY SIZE: 5 MEMBER

Sum Insured (in INR)	300000			500000			1000000			1500000			2000000			2500000			5000000		
Age/ deductible	200000	200000	300000	200000	300000	500000	300000	500000	300000	500000	1000000	300000	500000	1000000	300000	500000	1000000	300000	500000	1000000	
21-25	5,768	6,177	3,830	9,136	6,584	4,507	8,642	6,395	10,330	7,975	5,517	11,777	8,822	6,440	17,118	14,504	12,022				
26-30	6,039	6,465	4,007	9,553	6,882	4,709	9,031	6,680	10,793	8,330	5,760	12,304	9,214	6,723	17,877	15,143	12,548				
31-35	6,200	6,636	4,113	9,802	7,060	4,830	9,263	6,851	11,069	8,542	5,904	12,618	9,447	6,891	18,330	15,525	12,861				
36-40	6,620	7,081	4,388	10,449	7,523	5,144	9,866	7,293	11,788	9,093	6,280	13,435	10,054	7,329	19,508	16,516	13,677				
41-45	6,966	7,462	4,610	11,112	8,007	5,469	10,548	7,800	12,632	9,751	6,737	14,417	10,792	7,873	20,996	17,793	14,751				
46-50	8,486	9,075	5,606	13,459	9,685	6,607	12,740	9,409	15,243	11,752	8,103	17,387	13,000	9,465	25,280	21,401	17,718				
51-55	10,549	11,266	6,958	16,656	11,972	8,158	15,731	11,604	18,809	14,485	9,971	21,445	16,017	11,642	31,139	26,338	21,780				
56-60	11,950	12,760	7,874	18,887	13,573	9,243	17,848	13,162	21,348	16,437	11,308	24,345	18,177	13,206	35,360	29,906	24,726				
61-65	14,352	15,319	9,444	22,688	16,298	11,089	21,442	15,804	25,652	19,744	13,571	29,256	21,833	15,852	42,495	35,932	29,699				
66-70	15,822	16,897	10,402	25,121	18,050	12,274	23,792	17,536	28,491	21,933	15,076	32,513	24,263	17,620	47,282	39,994	33,069				
More than 70	18,736	20,015	12,304	29,845	21,445	14,571	28,310	20,863	33,928	26,120	17,948	38,736	28,902	20,987	56,381	47,698	39,446				

FAMILY SIZE: 6 MEMBER

Sum Insured (in INR)	300000			500000			1000000			1500000			2000000			2500000			5000000		
Age/ deductible	200000	200000	300000	200000	300000	500000	300000	500000	300000	500000	1000000	300000	500000	1000000	300000	500000	1000000	300000	500000	1000000	
21-25	6,544	7,011	4,345	10,389	7,490	5,127	9,839	7,283	11,767	9,087	6,289	13,419	10,054	7,343	19,518	16,543	13,717				
26-30	6,803	7,286	4,515	10,789	7,775	5,321	10,212	7,556	12,211	9,427	6,521	13,924	10,429	7,613	20,246	17,155	14,221				
31-35	6,958	7,451	4,616	11,027	7,946	5,436	10,434	7,719	12,475	9,630	6,659	14,225	10,653	7,774	20,680	17,521	14,521				
36-40	7,360	7,877	4,880	11,647	8,389	5,737	11,013	8,143	13,164	10,158	7,020	15,008	11,235	8,194	21,808	18,471	15,302				
41-45	7,691	8,242	5,092	12,283	8,853	6,049	11,666	8,629	13,972	10,788	7,458	15,949	11,942	8,715	23,234	19,694	16,331				
46-50	9,147	9,788	6,047	14,531	10,461	7,139	13,766	10,170	16,474	12,705	8,766	18,794	14,057	10,241	27,338	23,151	19,174				
51-55	11,345	12,114	7,488	17,880	12,852	8,762	16,872	12,448	20,165	15,530	10,692	22,985	17,169	12,481	33,358	28,213	23,329				
56-60	12,687	13,546	8,365	20,018	14,386	9,801	18,901	13,940	22,597	17,400	11,973	25,763	19,238	13,980	37,402	31,631	26,152				
61-65	14,988	15,998	9,870	23,660	16,997	11,570	22,344	16,471	26,721	20,568	14,141	30,469	22,741	16,514	44,238	37,405	30,916				
66-70	16,526	17,647	10,873	26,190	18,818	12,802	24,782	18,268	29,663	22,836	15,699	33,841	25,258	18,344	49,189	41,603	34,397				
More than 70	19,396	20,717	12,746	30,836	22,156	15,061	29,222	21,537	35,020	26,948	18,520	39,996	29,822	21,650	58,244	49,264	40,728				

AIR AMBULANCE COVER

Base Sum Insured (in INR)	Air Ambulance Sum Insured (in INR)	Premium Amount in INR (Premiums are exclusive of GST)					
		Family Size 1	Family Size 2	Family Size 3	Family Size 4	Family Size 5	Family Size 6
300000	200000	77	123	142	159	176	195
500000	500000	192	307	356	397	441	488
1000000	500000	192	307	356	397	441	488
1500000	1000000	385	615	712	794	882	976
2000000	1000000	385	615	712	794	882	976
2500000	1000000	385	615	712	794	882	976
5000000	1000000	385	615	712	794	882	976

■ WHAT WOULD BE THE PROCESS IN CASE OF A CLAIM?

All Claims will be settled by In house claims settlement team of the company and no TPA is engaged.

a. Cashless Claims Procedure:

Cashless treatment is only available at a Network Hospital. In order to avail cashless treatment, following procedure must be followed by You.

- i. Prior to taking treatment and/or incurring Medical Expenses at a Network Hospital, You must call Us and request pre- authorization by way of the written form We will provide. Waiver of this condition shall be considered in case of emergency hospitalisation arising out of accidental bodily injury.

In the event of :

- Planned Hospitalization- Insured member should intimate such admission at least 72 hours prior to the planned admission.
 - Emergency Hospitalization- Insured member or his representative should intimate such admission within 24 hours of such admission
- ii. After considering Your request and after obtaining any further information or documentation we have sought, We may if satisfied send You or the Network Hospital, a pre- authorization letter. The pre- authorization letter, the ID card issued to You along with this Policy and any other information or documentation that We have specified must be produced to the Network Hospital identified in the pre-authorization letter at the time of Your admission to the same.
 - iii. If the procedure above is followed, You will not be required to directly pay for the Medical Expenses above the Aggregate deductible in the Network Hospital that We are liable to indemnify under the policy and the original bills and evidence of treatment in respect of the same shall be left with the Network Hospital. Pre-authorization does not guarantee that all costs and expenses will be covered. We reserve the right to review each claim for Medical Expenses and accordingly coverage will be determined according to the terms and conditions of this Policy. You shall, in any event, be required to settle all other expenses directly.

b. Reimbursement Claim Procedure

If pre-authorization under Cashless Claim Procedure mentioned above is denied by Us or if treatment is taken in a Hospital other than a Network Hospital or if You do not wish to avail cashless facility, then following procedure must be followed by You:

- i. You or someone claiming on Your behalf must inform Us in writing immediately within 48 hours of hospitalisation in case of emergency hospitalisation and 48 hours prior to hospitalisation in case of planned hospitalisation
- ii. You must immediately consult a Doctor and follow the advice and treatment that he recommends.
- iii. You must take steps or measure to minimize the quantum of any claim that may be made under this Policy.
- iv. You must have Yourself examined by Our medical advisors if We ask for this, at the insurers cost.
- v. You or someone claiming on Your behalf must promptly and in any event within 30 days of discharge from a Hospital give Us the documentation.

- vi. In the event of the death of the insured person, someone claiming on his behalf must inform Us in writing immediately and send Us a copy of the post mortem report (if any) within 30 days.
- vii. We shall not indemnify you for any period of hospitalisation of less than 24 hrs, except for Day Care Procedures.
- viii. We shall make claim payment in Indian Rupees only.
- ix. In event of a claim, the original documents to be submitted & after the completion of the claims assessment process the original documents may be returned if requested by the insured in writing, however we will retain the Xerox copies of the claim documents.

*Note: Waiver of conditions (i), (v) and (vi) may be considered where it is proved to the satisfaction of the Company that under the circumstances in which the insured was placed it was not possible from him or any other person to give notice or file claim within the prescribed time limit.

Documents to be submitted for Claims

- 1. First Consultation letter from the Doctor
- 2. Duly completed claim form and NEFT Form signed by the Claimant
- 3. Original Hospital Discharge Card
- 4. Original Hospital Bill giving detailed break up of all expense heads mentioned in the bill. Clear break ups have to be mentioned for OT Charges, Doctor's Consultation and Visit Charges, OT Consumables, Transfusions, Room Rent, etc.
- 5. Original Money Receipt, duly signed with a Revenue Stamp
- 6. All original Laboratory and Diagnostic Test Reports. E.g. X-Ray, E.C.G, USG, MRI Scan, Haemogram etc.
- 7. In case of a Cataract Operation, IOL Sticker will have to be enclosed
- 8. Claim settlement letter from any other insurer (if any) in case of partial settlement
- 9. In cases of suspected fraud / misrepresentation, we may call for any additional document(s) in addition to the documents listed above.
- 10. Aadhar card & PAN card Copies (Not mandatory if the same is linked with the policy while issuance or in previous claim)

List of Claim Document Specific to Air Ambulance Cover (if Opted)

- 1. Duly completed claim form signed by the Claimant
- 2. Original bills and receipts paid for the transportation from Registered Ambulance Service Provider
- 3. In cases of suspected fraud / misrepresentation, we may call for any additional document(s) in addition to the documents listed above.

All documents related to claims should be submitted to:

Health Administration Team
 Bajaj Allianz General Insurance Co. Ltd
 2nd Floor, Bajaj Finserv Building
 Viman Nagar, Pune 411014
 Toll Free no: 1800 209 5858

c. Paying a Claim

- i. You agree that We need only make payment when You or someone claiming on Your behalf has provided Us with necessary documentation and information.
- ii. We will make payment to You or Your Nominee. If there is no Nominee and You are incapacitated or deceased, We will pay Your heir, executor or validly appointed legal representative and any payment We make in this way will be a complete and final discharge of Our liability to make payment.
- iii. On receipt of all the documents and on being satisfied with regard to the admissibility of the claim as per policy terms and conditions, we shall offer a settlement of the claim to the insured. Upon acceptance of an offer of settlement by the insured, the payment of the amount due shall be made within 7 days from the date of acceptance of the offer by the insured. We will settle the claim within thirty days of the receipt of the last necessary document. In the cases of delay in the payment, the insurer shall be liable to pay interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed by it.

- iv. However, where the circumstances of a claim warrant an investigation, the Company will initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, the Company will settle the claim within 45 days from the date of receipt of last necessary document. In case of delay beyond stipulated 45 days, the Company will be liable to pay interest at a rate which is 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim
- v. If the insurer, for any reasons decides to reject the claim under the policy the reasons regarding the rejection shall be communicated to the insured in writing within 30 days of the receipt of documents. The insured may take recourse to the Grievance Redressal procedure.

■ HOW DO I BUY THIS POLICY?

1. Discuss the policy benefits, coverage and premium details with your insurance advisor or visit our website (www.bajajallianz.com) for details
2. Actively seek information on the charges and exclusions under the policy
3. Fill the proposal form stating your personal details and health profile
4. Ensure that the information given in the form is complete and accurate
5. The Policy Schedule, Policy Wordings, Cashless Cards and Health Guide will be sent to your mailing address mentioned on the proposal form

Contact:

Health Administration Team,

Bajaj Allianz General Insurance Co. Ltd.

2nd floor, Bajaj Finserv Building, Behind Weikfield IT Park, Off Nagar Road, Viman Nagar-Pune - 411 014.

For sales and Renewal-1800- 209- 0144

For service-1800- 209- 5858 / 1800- 102- 5858 / 020-30305858

Cashless facility offered through network hospitals of Bajaj Allianz only. Cashless facility at 5500+ Network hospitals PAN India.

Please visit our website for list of network hospitals and network Diagnostic Centers , Website: www.bajajallianz.com or get in touch with 24*7 helpline number: 1800-103-2529 (toll free) / 020-30305858

Grievance Redressal Cell for Senior Citizens

Senior Citizen Cell for Insured Person who are Senior Citizens

'Good things come with time' and so for our customers who are above 60 years of age we have created special cell to address any health insurance related query. Our senior citizen customers can reach us through the below dedicated channels to enable us to service them promptly

Health toll free number: 1800-103-2529

Exclusive Email address: bagichelp@bajajallianz.co.in, seniorcitizen@bajajallianz.co.in

■ SECTION 41 OF INSURANCE ACT 1938 AS AMENDED BY INSURANCE LAWS AMENDMENT ACT, 2015 (PROHIBITION OF REBATES)

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 prospectuses or tables of the insurers. Any person making default in complying with the provision of this section shall be liable for a penalty which may extend to 10 lakh rupees.



BAJAJ ALLIANZ GENERAL INSURANCE CO. LTD.
BAJAJ ALLIANZ HOUSE, AIRPORT ROAD, YERAWADA, PUNE - 411006.
IRDA REG NO.: 113.



FOR ANY QUERY (TOLL FREE)
1800-209-0144 / 1800-209-5858



www.bajajallianz.com



bagichelp@bajajallianz.co.in

For more details on risk factors, Terms and Conditions, please read the sales brochure before concluding a sale.

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