

- Any hospitalisation 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.

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**

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 an occurrence likely to give rise to a claim (cashless or reimbursement) under the policy, you or your representative needs to:

- Contact the Third-Party Administrator (TPA) named in the Schedule to the policy immediately. Cashless hospitalisation facility is available in 3000 hospitals around the country
- Deliver to the TPA all information and documents concerning the claim or reimbursement
- Submit all documents (original bills & prescriptions etc.) concerning all pre / post hospitalisation expenses
- Submit yourself, 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 help you, we request you to register a claim by contacting our 24 hours toll-free helpline on 1800-103-2292 or e-mail us at claims@bharti-axagi.co.in

Get in touch with Bharti AXA through our toll-free number 1800-103-2292 or email us at sales@bharti-axagi.co.in, to enjoy a hassle-free SmartHealth Insurance Policy.

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

It's time to take a smart step!

IMPORTANT

**If you are buying PUP Kit:
The insurance policy is applicable if the insured person(s)**
a) is / are aged 45 years or less.
b) is / are not suffering from any pre-existing condition / disease / injury.

****This policy will be valid only if the premium is paid by a cheque in favour of Bharti AXA General Insurance Company Limited, issued by the Proposer.**

*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.

Insurance is the subject matter of the solicitation.

Bharti AXA General Insurance

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

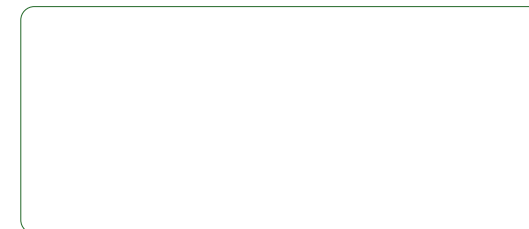
Bharti AXA combines the strengths of Bharti Enterprises, one of India's leading business groups, and AXA, the global leader in financial protection and wealth management.

Twin assurance for you

AXA is one of the largest insurers in the world. With over 67 million clients worldwide and over 175,000 employees working across 5 continents. 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



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BRO/SH_IP/ORI/07-09



SmartHealth Insurance Policy

Caring for your health, and your wealth!



SmartHealth Insurance Policy

Caring for your health,
and your wealth!



We wish to live healthy all our lives. But medical emergencies often come unannounced. To reduce the financial burden arising out of hospitalisation, think smart!

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 hospitalisation.

Smart policy benefits

The policy provides for eventualities arising out of hospitalisation, such as:

- Hospitalisation expenses
- Domiciliary hospitalisation
- Day care treatment
- Pre and post-hospitalisation expenses
- Pre-existing diseases - all diseases / illness / 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
- 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
- Childrens education fund
- Transportation of mortal remains

Distinctive features

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 upto a maximum of 25%
- Benefits from income tax - premium paid for this policy is eligible for deduction under Section 80D of the Income Tax Act
- Cost of health check-up – for 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

Smart product options

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. 50,000 to Rs. 5,00,000
- Wide plan options of SmartHealth Basic, SmartHealth Premium, SmartHealth Optimum

Eligibility

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

- A resident of India
- 5 years to 65 years of age (renewal up to 75 years) for the SmartHealth Basic Plan
- 5 years to 60 years (renewal up to 70 years) for the SmartHealth Premium Plan
- 5 years to 55 years (renewal up to 65 years) for the SmartHealth Optimum Plan

This policy can cover a maximum of four family members comprising of you, your spouse and two dependent children (over 90 days old and up to 23 years of age)

Children between the ages of 90 days and 5 years can be covered in this policy if at least one parent is covered under the policy.

Any person aged 46 years and above or anyone with a history of pre-existing condition / disease must undergo medical tests and submit the relevant test documents.

Exclusions

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

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