

**THE CENTRAL TAX & CUSTOMS STAFF CREDIT CO-OPERATIVE SOCIETY LTD.  
BENGALURU**

NAME OF THE MEMBER :-	
SOCIETY MEMBERSHIP NUMBER :-	
FORMATION PRESENTLY WORKING	
AMOUNT OF INSURANCE POLICY REQUIRED	
WHETHER LOAN REQUIRED ( SOCIETY MEMBERS ONLY )	
INSTALLMENT ( Maximum 4 Instalment)	
CONTACT NUMBER	
AADHAR NUMBER :- PAN NUMBER :-	
RESIDENTIAL ADDRESS	

**DETAILS OF THE FAMILY MEMBERS**

Sl. NO.	Name of the Member and Family Members	Date of Birth	Relationship
01			
02			
03			
04			
05			
06			

**Date: -**

**Signature:-**

## BAJAJ ALLIANZ HEALTH INSURANCE

SI NO	Coverages	Expiring Terms & Conditions	Bajaj Allianz
1	FAMILY DEFINITIO	(1+5) Self +Spouse +2Dependent Children + Parents /Parent In-Law	Yes
2	SUM INSURED	Uniform Sum Insured INR 300000 Family Floater	Yes
3	AGE BRACKET	0 - 90 year	Yes
4	1ST, 2ND AND 4TH YEAR EXCLUSION CLAUSE	Waived for all	Yes
5	1ST 30 DAYS EXCLUSION CLAUSE	Waived for all	Yes
6	PRE-EXISTING DISEASE EXCLUSION CLAUSE	Covered for All	Yes
7	9 MONTHS WAITING PERIOD FOR MATERNITY	Waived for all	Yes
8	MATERNITY BENEFITS - LIMITS AND COVERAGES	Rs. 35000/- for Normal and Rs 45000/- C-Section (For First two living child)	Yes
9	NEW BORN BABY COVERAGE FROM DAY 1	Covered upto Floater Sum Insured	Yes
10	MONTHS WAITING PERIOD FOR MATERNITY	Waived for all	Yes
11	ROOM RENT OR ROOM TYPE RESTRICTION	1% of sum insured for Normal Hospitalisation & 2% of sum insured for ICU Hospitalisation (Opting for a room of higher category than the eligible category will result in higher cost for all hospitalization services , which must be borne by the claimant	Yes
12	PRE AND POST HOSPITALIZATION COVERAGE	30 days pre-hospitalization and 60 days post hospitalization respectively.	Yes
13	DOMICILIARY HOSPITALIZATION COVER	Deleted	Yes
14	CONGENITAL INTERNAL DISEASE	Covered for all	Yes
15	LIMIT ON ANY ONE DISEASE OR AILMENT	No Capping	Yes
16	LIMIT ON SURGEON CHARGES, ANESTHETIC CHARGES, STENT CHARGES, ETC.	No Capping	Yes
17	HOSPITALIZATION / INJURY ARISING OUT TERRORISM	Covered for all	Yes
18	DAY CARE PROCEDURES	Covered	Yes
19	EMERGENCY AMBULANCE CHARGES	Rs. 1500/- Per Person	Yes
20	Additions & Deletions PREMIUM CALCULATION	Pro rata Basis	Yes
21	RE-IMBURSEMENT CLAIMS REPORTING / SUBMITTING PERIOD	Claim reporting /submission period within 90 days from the Date of Discharge	Yes
22	CLAIMS INTIMATION	No Claims intimation required for reimbursement claims & Day Care procedure claim	Yes
23	SPECIAL COVERAGES - Proposed Terms	All member of the policy can utilize this policy benefits	Yes
24	LIMIT ON ANY ONE DISEASE OR AILMENT - Proposed	AILMENT - Proposed Cataract Surgery covered upto INR 20000 per Eye	Yes
25	PARENTAL CO-PAY	No Co-Pay on parents claims	Yes
26	TPA	As Per Insurer List	External TPA
27	PER FAMILY PREMIUM DETAILS	PREMIUM EXCL SERVICE TAX	14,500
		Goods & Service Tax @ 18%	2,610
		PREMIUM INCL SERVICE TAX	17,110

\* For 3 lakhs = 17,110/-

\* For 5 lakhs = 28,517/-

\* For 4 lakhs = 22,813/-

\* For 6 lakhs = 34,220/- ( This premium will be Inclusive GST )

