

Terms and Conditions

A. GENERAL INFORMATION

The Terms & Conditions form the contract between You and Us.

We have tried to make these documents simple and easy to understand while also clearly describing the terms and conditions of your coverage. This policy has been issued based on the information you provided at the time of purchase. We will provide the described services in this policy in return for payment of the service fee and your compliance with all provisions of this policy. You will also notice that some words are capitalized. These words are defined in the "Definitions" section. Headings are provided for convenience only and do not affect your coverage in any way.

A.1 Policy

Documents which form part of the Policy:

- (1) Terms & Conditions
- (2) Coverage Certificate

Please keep these documents in a safe place.

Start Date of the Policy: Your Policy starts on the date specified in Your coverage Certificate. Please see Sections H and I for details.

A.2 / We / Us / Our

We / Us / Our means AWP Assistance (India) Private Limited .Having company identification Number (CIN) is < U63040HR2007PTC041959> with its registered office at the 1st floor, DLF Square, Jacaranda Marg, M Block, DLF phase 2, Gurugram 122002, Haryana.

B. WHAT IS COVERED?

This Policy covers you and provides benefits when You have a medical issue and need medical advice. Please note that this policy is not a health insurance policy and neither an alternative to health insurance policy.

Cover provided by this Policy applies to You and/or Your family members living at the same address whose names are mentioned in the coverage Certificate.

Geographic scope of coverage (occurrence of event)

Our assistance is valid only in India:

B.1 What Events are covered?

S.No	Covered Event
Medical Teleconsultation	Consultation with a Physician/Specialists/registered Medical Practitioner for illness or injury which is not a Medical emergency or life threatening.
Nursing services at Home	Nursing care at home means providing nursing care to the beneficiary at home (post discharge from hospital & subject to the prescription by the treating doctor) through a trained & qualified nurse
Physiotherapy at Home	Physiotherapy at home means providing physiotherapy services care to the beneficiary at home (post discharge from hospital & subject to the prescription by the treating doctor) through a trained & qualified physiotherapist
Planned Ambulance support	Planned Ambulance support means services requested for the beneficiary by the beneficiary /authorized representative to transport/carry the beneficiary to the hospital

S.No	Covered Event
Dental packages	Dental package allows the beneficiary to avail services at the at company empaneled dentists subject to the terms & conditions of this policy
Path lab tests	Path lab services allows the beneficiary to avail medical checkups/tests services at company empaneled path labs subject to the terms & conditions of this policy
OPD	OPD package allows the beneficiary to avail consultations at the company empaneled hospitals subject to the terms & conditions of this policy
Pharmacy	Pharmacy services allows the beneficiary to avail discounts and cash vouchers on empanelled pharmacies subject to the terms & conditions of this policy

Inclusion of a definition in this section does not automatically covers you for a benefit. You will only be covered for benefits specifically mentioned in your Policy Certificate.

C. CONTRACTUAL PARTNER

Policyholder / You: You, the Policyholder must, be at least 18 years of age and must be a resident of India. Your personal details & address must be as noted in the coverage Certificate.

The Policyholder may also interchangeably referred to as the Beneficiary or You (or Your, where applicable).

The Beneficiary is the person covered by the benefits that are defined in these terms and conditions.

The Beneficiary may include the Policyholder, the Spouse, the Children or parents. Please refer to Your coverage Certificate for the list of covered person(s).

D. DEFINITIONS

D.1 General Definitions

Coverage Certificate: is a form issued by Us that includes the list of coverage opted by you in the policy, Your policy number, Your name, the policy's effective dates, the types and amount of limits and deductibles.

Child(ren): child(ren) dependent on You or Your Spouse, living with You.

Consolidation: shall mean a statement made by an authorized Physician determining the date from which the Beneficiary's condition, when injured, is considered permanent and presumed definitive because no treatment is likely to bring about a significant change in the Beneficiary's condition.

Family members: means you, your spouse, your two kids upto the age of 21 and your dependent parents staying with you at the same address and whose names are mentioned in the coverage certificate.

Service fee: The amount to be paid by You for Your Policy and includes applicable government taxes.

Medical tele consultation: tele consultation is an act of telemedicine. It is a remote consultation between a doctor and a patient who may or may not be accompanied by another health professional (eg doctor, nurse, pharmacist). The consultation takes place via remote technology through Audio or Video means or through our Livedoc app. **Medical tele consultation will be referred to as Tele consultation.**

Period of coverage: The duration of the Policy is as stated on Your coverage Certificate.

Doctor/Physician/Registered medical Practitioner: shall mean a person who is legally qualified to practice medicine and is duly registered with State Medical Council/Indian medical Council.

Specialist physician/Doctor:- A specialist physician is a doctor who has completed advanced education and training in a specific field of medicine.

Nurse:- shall mean a person who is legally qualified to provide routine care for the sick and has passed the NCLEX-RN exam conducted by the National Council of State Boards of Nursing (NCSBN) and is duly authorized to work as a licensed nursing professional.

Pathlab:- shall mean a duly registered business establishment having obtained all necessary licenses from the central and state Government authorities/bodies and which has necessary medical infrastructure (including machinery & qualified medical professionals) to conduct pathological/medical tests for humans enabling the treating doctor to draw inferences & decide on further course of treatment.

Ambulance:- An ambulance is a medically equipped vehicle (duly registered with local state authorities) which transports patients to treatment facilities, such as hospitals & back after the treatment is over.

Residence: Beneficiary's permanent, fixed home address as mentioned in the coverage certificate.

Terms and Conditions: The terms of coverage, as set out in this document.

Third party: a natural or legal person, other than the Beneficiary.

Waiting Period:- Waiting period means a mandatory holiday period/No benefit claimable period during which the beneficiary will not be able to avail the services under the program. The waiting period for each of the benefit under the program will be as follows

Benefit	Waiting Period (applicable from Policy Purchase Date)
Nursing care	Two Months
Physiotherapy sessions advised by your treating doctor for any accidental or orthopedic injury	Two Months
Medical teleconsultation.	3 Days
Vouchers for OPD consultations at Allianz Partners network hospitals	One Month
Dental services vouchers at Allianz Partners network dental clinics	One Month
Medical checkups through Allianz Partners network path labs.	One Month
Cash Vouchers for Allianz Partners network pharmacy	3 Days
Planned ambulance service	One Month

D2. Definition of Events

In this section, We provide comprehensive definitions and/or clear descriptions of possible events that may be covered by Your Policy or may be excluded. Inclusion of a definition in this section does not automatically covers you for a benefit. You will only be covered for benefits specifically mentioned in your Policy Certificate.

Accident: any sudden, unforeseeable and external event, not caused by the Insured and constituting the exclusive cause of material damage.

Chronic / long term illness: an illness that progresses slowly and over a long period of time.

Death: unexpected loss of life, non-self-inflicted.

Hospitalisation: all stays in a public or private hospital, for an emergency procedure, which is unscheduled and cannot be postponed.

Immobilization: any physical incapacity to move or to fulfil usual household tasks, diagnosed by a Physician and necessitating prescribed house rest.

Illness / Medical condition: An alteration to a person's health, duly diagnosed by a qualified medical body necessitating medical treatment and which occurs suddenly and unforeseeably.

Injury: An act that damages or hurts.

Injury caused by Accident: serious physical injury resulting in temporary or permanent loss of autonomy and caused by Accident (external cause).

Loss of autonomy: inability of a person to decide and perform certain acts of everyday life, notably caused by physical injury. It can be defined as a temporary or a permanent disability.

Permanent Disability: permanent loss, partial or total loss of a person's functional capacity as established by a Physician when the Consolidation has been determined.

Self-inflicted death / suicide: any intentional self-physical harming resulting in Death or with the intention to die.

Temporary Disability: temporary loss, partial or total loss of a person's functional capacity as established by a Physician when the consolidation has been determined.

E. BENEFITS AND LIMITS

You & your family members named in the coverage certificate can avail following benefits during the coverage period.

Benefit	Covered upto	Conditions & limits	What is not Covered
Medical Teleconsultation	Consultation charges of doctor/Specialist Physician/ Registered medical Practitioner. Medical Tele consultation will be arranged by us.	illness or injury which is not a Medical emergency or life threatening.	All medicines/ tests being prescribed by the doctor for treatment or further diagnosis
Nursing services at Home		Once in policy period with maximum limit of 5 days in a year	Please refer the t & c mentioned in section F
Physiotherapy at Home	Covered for cashless Physiotherapy session at home organized by Allianz partners on the customer's request	Maximum of 5 days further subject to a limit of one hour per day.	Please refer the t & c mentioned in section F
Planned Ambulance support	Covered for cashless Ambulance service subject to a maximum radius of 40 km from the customer's home	Maximum of 2 times in a year	Please refer the t & c mentioned in section F
Dental packages	Covered for cashless dental services at Allianz Partners authorized network	Maximum of number of services in a year as mentioned on your policy certificate	Please refer the t & c mentioned in section F
Path lab tests	Covered for cashless path lab tests at Allianz Partners authorized network	Maximum of number of services in a year as mentioned on your policy certificate	Please refer the t & c mentioned in section F
OPD consultations	Covered for discounted OPD consultation at Allianz Partners authorized network	Maximum of number of services in a year as mentioned on your policy certificate	Please refer the t & c mentioned in section F
Pharmacy	Covered for discount on Purchase of medicines at Allianz Partners authorized network	Maximum of amount mentioned on your policy certificate	Please refer the t & c mentioned in section F

F. BENEFITS & COVERAGES

This section lists down all the benefits provided by us under this program. **However all benefits may not be applicable to your policy. To crosscheck whether a benefit is applicable to your policy or not, please check your coverage certificate.**

We reserve the right to check the validity of the cover, the eligibility of the Beneficiary and proof of the occurrence of a covered event.

When a request is submitted to Us, We will ask for the supporting documentation to allow us to verify the request. We would organize for the benefits described hereafter, under the conditions and limits indicated in the Table of Limits and Conditions*, and subject to obtaining the necessary approval from the competent authorities.

When the Beneficiary calls Us, decisions regarding the nature, the appropriateness, and the way in which the measures to be taken are organised are under Our exclusive responsibility.

F1) Terms and conditions specific to Tele-Consultation from a General Practitioner and/or Specialist Doctor: -

- a. The Company will provide unlimited Tele-consultation Services to the covered beneficiary as per the plan purchased.
- b. The policyholder must download the App "Livedoc India by Allianz Assistance" from "Google Play store" or iOS "App Store" to use this app. (applicable only for programs where the policyholder has opted for online medical teleconsultation program through livedoc app offered by us).
- c. The policyholder shall call and place a request for a medical teleconsultation at our toll free #. (applicable only for programs where the policyholder has opted for offline medical teleconsultation).
- d. Waiting period of 72 hours is applicable for availing this benefit (except where the policyholder has purchased a single use plan)
- e. There will be times when the consulting doctor may not be able to provide an assessment using telehealth consultation. Our doctors are trained to assess the appropriateness for conducting telehealth consultations on a case-by-case basis. They will ensure that each consultation meets the standards required for patient examination and evaluation: if they are unable to make a full, adequate assessment for advice, based on high quality evidence, they will recommend the subscriber visit a doctor in a physical clinic.
- f. We do not practice medicine and do not provide medical consultation. We merely provide a technology platform and infrastructure that enables you to connect with participating medical practitioners/doctors listed on the Service and to use the messaging or communication facilities of the Service that are designed to enable you to communicate with others ("Communication Tools") to consult with a medical practitioner.
- g. We do not recommend or endorse any medical practitioners or make any representations or warranties with respect to the quality of the medical services a medical practitioner may provide to you.
- h. The use of the Service does not create a doctor/patient relationship between you and us. All medical consultation shall be provided to you by the concerned medical practitioner who are working with our Service Provider, the medical practitioner or our enrolled service provider you consult with shall be solely responsible for compliance with all requirements applicable to his or her professional services provided to you and liable to you for all medical consultation, medical advice, diagnosis or treatment recommended or provided to you. We shall not be responsible or liable for any defect or deficiency in the medical consultation, diagnosis or treatment recommended to you by any medical practitioner
- i. This Service is NOT for use for medical emergencies, for life threatening conditions or for when you need acute care. You should not disregard or delay to seek medical advice from your physician based on anything that appears or is provided to you by or through the Service.
- j. The consultation provided to you by medical practitioners through the Communication Tools are not intended to replace your relationship with your primary care physician and you should continue to consult with your primary care physician and other health care professionals as needed / recommended. You should seek emergency help or follow-up care when recommended by a medical practitioner or when you are of the opinion that such help or care is prudent in your sole opinion.
- k. The company will not be responsible in case of any breach of above terms.
- l. The consulting doctor may not be able to complete the diagnosis or prescribe a medicine in one consultation due to additional requirements of some medical tests or reports which he/she may prescribe at his/her own discretion. In such case the decision of the doctor whether to issue a prescription or advice a followup will be considered final.
- m. The following terms & conditions are Applicable only for programs run on livedoc app and do not apply to the policyholders who have opted for offline Medical teleconsultation
 - i. The subscriber must download the App "Livedoc India by Allianz Assistance" from "Google Play store" or iOS "App Store" to use this app.
 - ii. You will be provided with a user identification code, password or any other piece of information as part of our security procedures which you must treat such information as confidential. Disclosing this information to a third party may expose your personal data to a third party.

- iii. Subscriber must not use the App to violate any applicable laws, distribute viruses or harmful computer code, or attempt to disassemble or reverse engineer any software on the App.
- iv. Subscriber shall agree to not engage in any abusive, inappropriate or unlawful behavior when communicating with the App or the Tele-consultant/ Doctors. You agree not to contact, or attempt to contact, any Doctors outside of the App.
- v. The App is intended for use for a planned consultation and is not intended to be used in a medical emergency or in case of an urgent healthcare need.
- vi. The company reserves the right to determine in which locations the Services are provided and make no representation that the Services available through the App will be appropriate or available for use outside of any jurisdiction in which we expressly state that we operate.

F2) Terms and conditions specific to Nursing Care:

Nursing care at Home: - Nursing care at home means providing nursing care to the covered person at home because: -

- i) The beneficiary has recovered (to quite a significant extent) from illness or injury and is no longer required to be stay in hospital under supervision of treating doctor.
- ii) The beneficiary still require a post hospital discharge care such as dressing wounds or administering injections.
- iii) The beneficiary still requires nursing care and assistance to take care of daily personal needs as such dressing, washing and support with feeding post discharge from hospital.
- iv) The Company will provide nursing care at residential address of the covered beneficiary once (one time) per year, for up to a maximum of 5 consecutive days'. The maximum duration of providing services per day will be 12 hours.
- v) The maximum duration for which the Nursing care at Home may be requested is for 5 days. The beneficiary must provide the treating doctor's prescription stating that the covered beneficiary requires nursing care at home post his discharge from the hospital.
- vi) Waiting period of two months (from the date of purchase of program) is applicable for availing this benefit.
- vii) It is agreed by the policyholder that the company is authorized to sub-contract the provision for part of the services to third party service providers chosen by company.
- viii) The covered beneficiary should not have taken a forced discharge/self-discharge from the hospital without undergoing the full treatment.
- ix) Request for Nursing Care at Home must be placed atleast 48 hours before the scheduled date and time of requirement.
- x) The covered beneficiary or the family member requesting the service must declare the medical condition of the beneficiary for whom the service is required.
- xi) The treating doctor must has advised/given a written confirmation that the beneficiary is fit to be discharged from the hospital and would need personal attention/care (nursing care) at home to carry out his daily personal hygiene chores, administrating medicines and injections etc. and he/she is not in a position to conduct these tasks on his own.
- xii) At the time of placing the request for service, the beneficiary must state if the service is required for 12 hours per day or lesser
- xiii) Coverage for nursing Care to be provided only for the following ailments: -
 - a. Cancer
 - b. Coronary Artery Bypass surgery
 - c. First Heart Attack (Myocardial Infarction)
 - d. Kidney Failure
 - e. Major Organ Transplant
 - f. Stroke
 - g. Aorta Graft Surgery
 - h. Primary Pulmonary Arterial Hypertension
 - i. Multiple Sclerosis with Persisting Symptoms
 - j. Permanent Paralysis of Limbs
 - k. Any major accident
- xiv) Nursing care at Home does not include any medical equipment/medicine/injections or toiletries etc., which have to be provided by the beneficiary at his own expense.
- xv) The Nurse appointed/deputed to the covered beneficiary will at periodic and required interval measure the health parameters of the covered beneficiary against the control limits as prescribed by the treating doctor. In case of variation from the set control limits, the nurse would inform the policyholder and immediate family members and reach out to the treating doctor to seek advice on the immediate treatment. However if the treating doctor is not reachable/ not available

or not answering, the nurse may use her own professional judgment and administer first aid/immediate treatment for instant relief till such time it is not detrimental to the health of such covered person.

xvi) In case of worsening of covered beneficiary's condition or death of the covered person at home due to known medical condition and progressive in nature, the nurse shall not be liable in that situation.

xvii) In case of worsening of covered beneficiary's condition or the vital health parameters are not in control, depending upon the covered beneficiary's condition the nurse may advise to shift the covered person to hospital immediately. The decision of the nurse in such case shall be final and binding on both the covered beneficiary and the family members. In case the covered beneficiary or the family members do not agree to shifting the covered person to the hospital, they shall be doing it at their own risk and the nurse will not be held liable for the same.

xviii) It shall be the duty of the family members of the covered beneficiary to take him/her to the treating doctor for pre-scheduled appointment at the intervals as suggested by the treating doctor. In case an appointment is missed resulting in the condition of the covered person worsening/death, the nurse shall not be liable.

xix) In case the customer does not avail the service when the Nurse reaches the subscriber then it will be considered as a used service.

xx) In case the policyholder or the covered beneficiary cancels the service within 14 hours of the scheduled appointment, it will be considered as a used Service.

xxi) The covered beneficiary or the immediate family member must complete all formalities as to providing the information which includes but is not limited to presenting complaints at the time of admission to the hospital, previous medical history, susceptible to allergies, ongoing treatment(s), any chronic ailment, details of the health of the patient at the time of discharge, advise given by the doctor, schedule of medicines or injection to be administered, schedule/list of exercises that the patient must do to ensure recovery from illness/ailment/event.

xxii) The services will only be provided in the following cities:

CHANDIGARH	SURAT	AHMEDABAD
PANCHKULA	MUMBAI	KOLKATA
MOHALI	NAVI MUMBAI	PUNE
FARIDABAD	THANE	VIZAG
GURUGRAM	CHENNAI	LUCKNOW
GHAZIABAD	SECUNDRABAD	JAIPUR
NOIDA	HYDERABAD	LUDHIANA
DELHI	BENGALURU	

F3) Terms and Conditions specific to Physiotherapy Services at Home:

- a) The Company will provide Physiotherapy Services at Home at residential address of the covered beneficiary once per year upto a maximum of 5 days in a year, where in each session will be upto a maximum of one (1) hour.
- b) The maximum duration for which the Physiotherapy Services at Home may be requested is 5 days post the doctor prescription which specifies that the covered beneficiary requires physiotherapy session post discharge from the hospital.
- c) Waiting period of two (2) months from the date of purchase of the program is applicable for availing this benefit.
- d) It is agreed by the policyholder that the company is authorized to sub-contract the provision for part of the services to third party
- e) Coverage for physiotherapy sessions to be provided only in case where the doctor has prescribed it
 - a. Accident cases where post hospitalization physiotherapy has been advised by a doctor.
 - b. Orthopedic surgeries where surgery of spine was conducted and physiotherapy has been advised by doctor.
 - c. Paralysis of limbs where physiotherapy has been advised by doctor.

- d. The covered beneficiary should not have taken a forced discharge/self-discharge from the hospital without undergoing the full treatment
- e. Request for Physiotherapy Services at Home must be placed at least 48 hours before the scheduled date and time of requirement
- f. The policyholder or the family member requesting the service must declare the medical condition of the family member for whom the service is required.
- g. The treating doctor must have advised/given a written confirmation that the person is fit to be discharged from the hospital.
- h. In case the beneficiary does not avail the service when the physiotherapist reaches the subscriber then it will be considered as a used service
- i. In case the beneficiary cancels the service within 14 hours of the scheduled appointment, it will be considered as a used service
- j. The covered beneficiary or the immediate family member must complete all formalities as to providing the information which includes but is not limited to presenting complaints at the time of admission to the hospital, previous medical history, susceptible to allergies, ongoing treatment(s), any chronic ailment, details of the health of the patient at the time of discharge, advice given by the doctor, schedule of medicines or injection to be administered, schedule/list of exercises that the patient must do to ensure recovery etc.
- k. The services will only be provided in the following cities

CHANDIGARH	SURAT	AHMEDABAD
PANCHKULA	MUMBAI	KOLKATA
MOHALI	NAVI MUMBAI	PUNE
FARIDABAD	THANE	VIZAG
GURUGRAM	CHENNAI	LUCKNOW
GHAZIABAD	SECUNDRABAD	JAIPUR
NOIDA	HYDERABAD	LUDHIANA
DELHI	BENGALURU	

F4) Terms and Conditions specific to Path Labs: -

- a) The Company will provide free health checkups from a network path labs services to the covered beneficiary up to the number of services mentioned in the policy certificate
- b) The Free Health checkup will only cover the following health checks:-
 - a. Thyroid Profile Total(includes 3 tests)
 - b. Kidney Panel(includes 5 tests)
 - c. Lipid Profile(includes 5 tests)
 - d. Iron Deficiency Profile(includes 3 tests)
 - e. Vitamin B12
 - f. Total Cholesterol/HDL Cholesterol Ratio
 - g. LDL/HDL Ratio
 - h. Diabetic Screen(includes 2 tests)
 - i. EGFR
 - j. Non HDL Cholesterol
 - k. Liver Function Test(includes 11 tests)
 - l. Testosterone Total
 - m. Hemogram(includes 28 tests)

- c) The reports will be shared with the customers over the email
- d) Waiting period of one month is applicable for availing this benefit. Waiting period is not applicable in the subsequent years if the policy has been renewed without break.
- e) It is agreed by the subscriber that the company is authorized to sub-contract the provision for part of the services to third party service providers chosen by company.
- f) The company is not and shall not be responsible for any sample collected, tests conducted and reports generated by its network providers.
- g) The service of sample collection from home will be provided only from 7 AM to 7 PM.
- h) The covered person must adhere to all the necessary requirements before a sample is collected including but not limited to 10-12 hours fasting, no consumption of alcohol or drugs 24 hours before the test or any other requirement that the customer may be communicated at the time of booking the test.
- i) Request for Path Labs services at Home must be placed at least 24 hours before the scheduled date and time of requirement
- j) The beneficiary or the family member requesting the service must disclose the name of the member for whom service is required
- k) The beneficiary or the family member requesting the service must declare the medical condition of the family member for whom the service is required.
- l) The covered beneficiary or the immediate family member must complete all formalities as to providing the information which includes but is not limited to any presenting complaints, previous medical history, susceptible to allergies, ongoing treatment(s), any chronic ailment, schedule of medicines or injection being administered (if required) etc.
- m) We do not conduct diagnostic or medical or clinical test services. We merely connect with the partnered diagnostic lab to get your diagnostic test conducted. The medical / clinical test or diagnostic services are provided to you directly by the concerned laboratories or centers. We make no representations or claims, including as to the accuracy or quality, of the tests or results obtained by you from diagnostic laboratories / centers and shall not be responsible or liable for any defect or deficiency in the services provided to you by a diagnostic laboratory/ center.
- n) Diagnostic laboratories / centers who we deal with have represented to us that they are duly certified / licensed and have the necessary equipment, qualified personnel, experience and expertise to provide their services to you in India. While we make reasonable enquiries to confirm the veracity of this representation made to us by the diagnostic laboratories / centers, we shall not be responsible for any misrepresentation or fraud in this regard.
- o) In case the customer does not avail the service when the person from diagnostic lab reaches the subscriber then it will be considered as a used service
- p) In case the beneficiary cancels the service within 14 hours of the scheduled appointment, it will be considered as a used service.

F5) Terms and conditions specific to Discount vouchers for Dental Packages:

- a) The Company will provide dental packages for up to number of sittings, as mentioned in the policy certificate in a year accounting for all the requests put in by the covered persons during the year.
- b) The dental consultation can be availed for the following ailments/presenting complaints only:-
 - a. General Consultation/ Scaling and polishing services
If the covered beneficiary wishes to avail of any additional services, he may do so at his own cost.
 - b. Waiting period of one month is applicable for availing this benefit. Waiting period is not applicable in the subsequent years if the policy has been renewed without break.
 - c. It is agreed by the subscriber that the company is authorized to sub-contract the provision for part of the services to third party service providers chosen by company.
 - d. The covered beneficiary will be issued a discount coupon/free coupon which he will have to provide at the time of his physical visit to the dentist.
 - e. It will be the responsibility of the covered beneficiary to declare his/her medical condition to the dentist before availing any treatment.
 - f. The services will only be provided in the following cities: -

CHANDIGARH	SURAT	AHMEDABAD
PANCHKULA	MUMBAI	KOLKATA
MOHALI	NAVI MUMBAI	PUNE
FARIDABAD	THANE	VIZAG
GURUGRAM	CHENNAI	LUCKNOW
GHAZIABAD	SECUNDRABAD	JAIPUR
NOIDA	HYDERABAD	LUDHIANA
DELHI	BENGALURU	

F6) Terms and conditions specific to Planned Ambulance support:-

- a) The Company will provide planned Support upto a maximum of 2 times in a year.
- b) One Service benefit would mean:-
 - i. Carrying/transporting the covered beneficiary through ambulance from his location to the hospital for treatment or
 - ii. Carrying/transporting the subscriber or his covered family member back from hospital to Home after treatment.
- c) A request:
 - i. to Carry/transport the covered person from home/his location to the hospital for treatment and
 - ii. then Carry/transport him back from hospital to home after the treatment will be treated as two separate requests and the benefit will extinguish after both the services have been provided by the company.
- d) It is agreed by the covered beneficiary that AWP is authorized to sub-contract the provision for part of the services to third party service providers chosen by AWP.
- e) The benefit will automatically extinguish if the service has been availed twice even though the total cover period of 12 months has not expired.
- f) Waiting period of one month is applicable for availing this benefit. Waiting period is not applicable in the subsequent years if the policy has been renewed without break.
- g) The service can be availed/requested by the covered under beneficiary the policy or an authorized representative on a 24 X 7 X 365 day basis.
- h) The service is available in the following cities only (please enter the name of cities)

i)

CHANDIGARH	SURAT	AHMEDABAD
PANCHKULA	MUMBAI	KOLKATA
MOHALI	NAVI MUMBAI	PUNE
FARIDABAD	THANE	VIZAG
GURUGRAM	CHENNAI	LUCKNOW
GHAZIABAD	SECUNDRABAD	JAIPUR
NOIDA	HYDERABAD	LUDHIANA
DELHI	BENGALURU	

- j) The services will be provided within a radius of 40 km from the residential address of the beneficiary.
- k) If the ambulance support is required to carry the covered beneficiary for greater than the above radius or the services are required for an intercity transfer, the beneficiary will have to pay an additional charge at the following rates for every km travelled beyond the covered radius:-
- For basic Life Support Ambulance:- Inr 92/- per Km + GST (on a round trip basis)
 - For Advanced Life Support Ambulance:- Inr 115/- per Km + GST (on a round trip basis)
- l) Cancellation of a request:- If the request for an ambulance is cancelled 5 minutes after the request for ambulance, then such cancellation shall be treated as "Service Delivered"
- m) Planned Ambulance Support:- Planned ambulance Support means an ambulance support requested/booked by the subscriber/ a family member by calling the company on its toll free number and fixing the date and time of appointment. Provision of planned Ambulance Support is subject to the following terms & conditions:-
- n) Services will be provided only if it has been requested for a member who is a covered person under the policy and whose name has been included in the schedule of the policy.
- o) Request for ambulance is placed atleast 48 hours before the scheduled date and time of hospitalization
- p) The subscriber or the family member requesting the service must disclose the name of the member for whom service is required
- q) The subscriber or the family member requesting the service must declare the medical condition of the family member for whom the service is required.
- r) The treating doctor must has advised/given a written confirmation that the person must be brought to the hospital only in an ambulance
- s) The subscriber or the family member requesting the service must provide the name, address of the hospital where the covered family member has to undergo hospitalization. The services under a Planned Ambulance Support benefit will only be provided to a specific/named hospital only
- t) It must be declared to the company upfront the type ambulance required (i.e Ambulance with Basic Life Support, Advanced Life Support etc)

F7) Terms and conditions specific to OPD packages:-

- The Company will provide up to number of consultations in a year as mentioned in the policy certificate
- The vouchers will be valid for specific hospitals only
- The consultation can be used to visit either a -
 - General Physician
 - Specialist
- Waiting period of one months is applicable for availing this benefit. Waiting period is not applicable in the subsequent years if the policy has been renewed without break.
- It is agreed by the subscriber that the company is authorized to sub-contract the provision for part of the services to third party service providers chosen by company.

- f. The covered person will be issued a discount coupon/free coupon which he will have to provide at the time of his physical visit to the hospital. The services are available only to the covered individual
- g. It will be the responsibility of the covered individual must declare to declare his/her medical condition to the treating doctor before availing any treatment.
- i. The services will only be provided in the following cities:

CHANDIGARH	SURAT	AHMEDABAD
PANCHKULA	MUMBAI	KOLKATA
MOHALI	NAVI MUMBAI	PUNE
FARIDABAD	THANE	VIZAG
GURUGRAM	CHENNAI	LUCKNOW
GHAZIABAD	SECUNDRABAD	JAIPUR
NOIDA	HYDERABAD	LUDHIANA
DELHI	BENGALURU	

F8) Terms and conditions specific to Discount vouchers for Pharmacy: -

1. We in partnership with our partners allow you a certain discount if you purchase your prescription based medicines/drugs from our registered channel partners. The discount offered may vary for different cities and at different time period depending upon the schemes rolled by us in partnership with our channel partners.
2. We would provide you a cash voucher to avail the discount on purchase of prescription based medicines only
3. We do not distribute, sell, stock, exhibit or offer for sale any drugs or medicinal preparations and merely allow you to use the functionality offered by the Service to transmit orders for drugs / medicinal preparations to third party pharmacies through us. All offers for sale, orders and the sale of drugs / medicinal preparations shall be between you and the concerned third party pharmacy and we shall not be a party to the said transaction. Therefore, we shall not be responsible or liable for any defect or deficiency in the goods or the service provided to you by a pharmacy.
4. Pharmacies who we deal with have represented to us that they are duly qualified and licensed to sell drugs and medicinal preparations as per applicable law in India. While we make reasonable enquiries to confirm the veracity of this representation made to us by the pharmacies, we shall not be responsible for any misrepresentation or fraud in this regard. We do not recommend or endorse any pharmacy or make any representations or warranties with respect to the quality of the drugs or medicinal preparation they may sell to you or their services in relation to the sale/purchase transaction.
5. Medical practitioners may prescribe medications when medically indicated in their sole professional judgment. In the event that a medical practitioner does prescribe a medication, it will be his/her duty to comply with all applicable laws and we advise them to prescribe a medication as determined appropriate in his/her sole discretion and professional judgment. You agree that any prescriptions that you acquire from a medical practitioner by/through the Service shall be solely for your personal use. You agree to fully and carefully read and follow all instructions provided to you by the medical practitioner and all product information and labels and to contact a physician or pharmacist if you have any questions regarding the prescription.
6. The third party pharmacy may require you to produce clear and valid prescriptions as required by law for the sale of drugs / medicinal preparations to you.
7. The cash voucher can be used only one time and for purchasing medicine only.

Procedure to be followed to avail benefits/service:

1. Customers will get cash voucher worth INR 500 that can be availed on 1MG online portal.
2. Login to 1 mg website <https://www.1mg.com/>
3. Add medicine in the cart
4. Apply the cash voucher code at time of checkout
5. Each cash vouchers have one (1) time usage validity.

We do not provide any medical consultation, diagnosis or prescription.

Personalized assistance can under no circumstances replace a personalized medical consultation with a doctor.

Medical information exchanged with doctors remains strictly confidential and is subject to social legislation and medical confidentiality rules.

The information provided by Us exclusively by telephone is of a documentary nature. We cannot be held liable in the event of misuse or misinterpretation of the information provided.

G. EXCLUSIONS AND RESTRICTIONS

G.1 Service limits

Waiting period from the date of purchase is applicable for availing benefit under the policy. Waiting period for each benefit is different depending upon the kind of benefit. Please refer Section D for further details

G.2 Exceptional circumstances

We cannot be held liable for failure to perform services or in delays in performing Our services due to:

- Failure or interruption of telephone or IT networks;
- A change of the Insured's condition and notably his/her medical condition that had not been notified;
- An act of God or damage caused by a third party;
- Following a case of force majeure or of events such as strikes, riots, known political instability, reprisals, embargoes, economic sanctions, pandemic & epidemic

G.3 General exclusions

Are always excluded:

- expenses made without Our prior agreement,
- expenses that cannot be justified with supporting documents,
- suicide and attempted suicide or the consequences of attempted suicide of the Beneficiary,
- damage as a result of the consumption of alcohol or non-prescribed medicine and drugs by the Beneficiary,
- Consequences of :
 - o infectious risk situations in an epidemic context,
 - o exposure to infective biological agents,
 - o exposure to chemical agents such as combat gas,
 - o exposure to incapacitating agents,
 - o exposure to radioactive agents,
 - o exposure to nerve agents or persistent neurotoxic effects,

which are subject to quarantine or preventative measures or specific surveillance or recommendations from international health authorities or local health authorities in the country where the Beneficiary is staying,

- damages caused intentionally by a Beneficiary and those resulting from his/her participation in a crime, an offense or a fight, except in cases of self-defence,
- loss of autonomy prior to the effective date of the contract,
- Consequences of :
 - o death,
 - o accidents prior to the effective date of the contract
 - o psychological illnesses previously diagnosed / proven / formed or being treated on the effective date of the contract,
 - o long-term conditions, chronic illnesses or disability, previously established / established,
- damage resulting from aesthetic care (including cosmetic surgery).

Are excluded from the Teleconsultation coverage :-

- Tele consultations when the Tele consultation service identifies a medical emergency,
- consultations for psychiatric pathologies,
- prescriptions of medical certificates,
- sick leaves and their possible prolongation,
- special requirements, such as :
 - medicine subject to restricted prescription:
 - o medicine reserved for hospital use,
 - o medicine only prescribed in hospitals,
 - o medicine only initially prescribed in hospitals,
 - o prescription medicine reserved for specialist doctors,
 - o drugs requiring special monitoring during treatment.

H. START, REVOCATION, TERMINATION & END OF POLICY

H.1 Start of Policy

The start date is stated on the Coverage Certificate that forms part of Your Policy.

H.2 Special reasons for lapse of cover

You must take reasonable care to protect Your health and to minimize any potential claim otherwise.

H.3 Cooling-off period (Revocation / Withdrawal)

During the Cooling-off Period: You have 7 days from Your Policy Start Date to cancel Your Policy and receive a full refund (provided no valid claims have been made or will be made).

No refund will be made After the Cooling-off Period:

You are not entitled to refund if you have made a claim under the policy.

H.4 Termination

Termination by You

You can cancel Your Policy at any time for any reason however no refund of service fee will be made after the initial 7 day cooling off period. If You wish to cancel, You should contact Us using contact details specified below.

Termination by us

We may cancel Your Policy (on immediate notice / by giving advance notice) in writing. In such circumstances we will allow a pro-rata refund of the unexpired months of any paid service fee minus any benefit costs already incurred.

We may also cancel Your Policy on immediate notice in writing to You, where You;

- Are in breach of the Terms and Conditions
- have misled Us through dishonesty or incomplete information when taking out Your Policy; or
- have purposely misrepresented or failed to disclose any facts to Us; or
- have committed fraud, cheated or deceived Us.

In such circumstances We will not return any of the Premium to You.

I. HOW TO MAKE A CLAIM

I.1 Requirements in case of a claim

General Requirements in case of a claim

You must provide all information that We reasonably request that is related to Your reported claim.

If costs are incurred due to false or misleading information, which would otherwise not have arisen had the information provided been accurate, We reserve the right to demand repayment of these costs.

I.2 False statement / declaration / non- disclosure by Policyholder

You must provide Us with complete and accurate information when purchasing the Policy and requesting a benefit. We may not be able to provide assistance or cover if You provide Us with incorrect or incomplete information. This includes failure to cooperate in the settlement of the claim or failing to pass on important information or changes.

If You or anyone acting on Your behalf makes a claim which is in any way false or fraudulent or supports a claim with any false or fraudulent statement or document, You will lose all benefits You have paid for in this Policy. We may also recover the cost of any previous benefits extended to you.

a. Procedure to be followed to avail benefits/service:

- i. Call on Allianz Assistance helpdesk on its Toll Free number 48 hours prior to the required date of the appointment.
- ii. Allianz Assistance Agent assists the customers in fixing the appointment for the preferred medical service.
- iii. Allianz Assistance Agent confirms the booking via SMS and/or email
- iv. Agent calls the customer back for the confirmation of appointment
- v. Service is delivered as per the scheduled appointment

I.3 Gross Negligence

Gross negligence on Your part will entitle Us to reduce the payment of compensation in proportion to the degree of culpability.

J. CUSTOMER CONSENTS & CONFIRMATIONS

J.1 The policyholder has and hereby consents to the use of the Personal Information by the company for the purposes of providing the various services under the program(s) offered by the company. The company respects the privacy of the policyholder and the beneficiary and the confidentiality of their's Personal Information so collected by itself or on its behalf and shall take all reasonable steps to protect it and maintain its confidentiality.

J.2 The policyholder also hereby consents to the Personal Information being disclosed by the company to a third party contracted by the company, Service Partner of the company who will be providing the services under the program (s) for the purposes of fulfillment of the services or if required by law.

J.3 The Customer expressly and without limitation, consents to the company or its service partners recording phone calls and or any medical or identity records submitted by the Customer between the Customer and the Company on the helpline numbers set out in the relevant Program Terms in order for the company to inter alia (i) provide a record of the instructions received from the Customer and to share the same with the Service Partners, if required, (ii) allow itself or its service partners to monitor quality standards, (iii) training purposes, and (iv) meet legal and regulatory requirements

J.4 The Customer acknowledges that the Company has the sole right to vary the features/benefits under the program(s) or the amount or rate of the subscription fee or part thereof, from time to time.

J.5 The Customer acknowledges that the Company will engage third parties including Service Partners for the fulfillment of the services and the Customer hereby consents to the Company disclosing, to the extent relevant, the Customer's Personal Information and/or details of program(s) availed by the Customer to inter alia (a) our affiliates Service Partners (b) to our suppliers, vendors, for the purposes of servicing the Customer.

K. CONTACT DETAILS

Please use the following details to contact us:

Websi te: <

Customer care email :

RSA- autosecure@allianz.com

Health- connectathealth@allianz.com

Digital Risk- assistclub@allianz.com

Customer care phone: 1800 419 9039

Operating hours : 24h / 7days

L. GENERAL PROVISIONS

L.1 Contractual amendments

Written Confirmation: Any amendments to the terms of policy shall be confirmed by Us in writing.

L.2 Complaints

We aim to provide You with a first class policy and service. However, there may be times when You feel We have not done so. If this is the case, please tell Us about it. If You make a complaint Your legal rights will not be affected. In the first instance, please contact Us as specified.

Please supply Us with Your name, address, Policy number and enclose copies of relevant correspondence as this will help Us to deal with Your complaint, in the shortest possible time.

L.3 Compensation claim against third parties / other insurers

In consideration for the payment of compensation and, up to its limit amount, we become beneficiaries of the rights and actions that you have or are entitled to against anyone liable for the claim. If, by your act, we are no longer able to perform this action, we can be discharged of all or part of our obligations towards You

L.4 Applicable law

The governing law of this Policy is the law of India and all communications and documentation in relation to this Policy will be in English.

Allianz Assistance

1st Floor, DLF Square,
Jacaranda Marg Gurgaon,
Haryana 122002 India

Toll Free Number:

1800 419 9039