

Frequently Asked Questions

Group Activ Secure Critical Illness

What is Group Activ Secure Critical Illness?

Group Activ Secure Critical Illness is a Critical Insurance Policy offered by the Group master policy holder (Aditya Birla Idea Payments Bank) and underwritten by Aditya Birla Health insurance(Insured)

Who can enrol for this policy?

All full KYC compliant customers (having one or all of the following active account - Savings/ Account / Current Account/ wallet) of Aditya Birla Payments Bank are eligible to enroll for this policy

Is there an eligible age limit for enrolling within this policy?

All adults aged between 18-60 years are eligible to enrol for this policy

What does illness mean?

‘Illness’ would mean the continuous period of illness, including relapse within a certain number of days as specified in the T&C or COI of the policy.

What is critical illness Insurance?

Critical illness insurance is a policy that pays an amount equal to the sum insured upon first diagnosis of a critical illness covered under the policy.

What are the key benefits of Critical Illness policy?

Key benefits under this policy included:

Critical illness cover for 9 illness as specified in the Certificate of Insurance. These Illnesses are as follows :

1. Cancer of specific severity
2. Myocardial Infarction (First Heart Attack - of Specific Severity)
3. Open Chest CABG
4. Open Heart Replacement or Repair of Heart Valves
5. Kidney Failure Requiring Regular Dialysis
6. Stroke Resulting in Permanent Symptoms
7. Major Organ / Bone Marrow Transplant
8. Permanent Paralysis of Limbs
9. Multiple Sclerosis with Persisting Symptoms

Does the policy cover any hospitalization expenses? Any cashless benefits?

If the insured person is diagnosed for the first time with a covered critical illness, Insurer will make payment up to the sum insured under the policy, provided the waiting periods are met. The received amount can be used to pay hospitalization expenses. There is no hospitalization cover or cashless benefit under this policy.

What are the permanent exclusions to this policy?

Any claims arising out of or attributes to any of the following:

- a. Any illness other than specified Critical Illnesses
- b. Any pre-existing diseases
- c. HIV/AIDS and its complications
- d. Genetic Disorders
- e. Mental Disorders
- f. Suicide or Drug Abuse
- g. Any loss resulting from child birth or pregnancy

Above list is only indicative and not exhaustive. Please refer policy terms and conditions or your Certificate of Insurance (CoI) for complete details.

Does the Critical Illness Policy have any death benefits?

On first diagnosis of the covered critical illness, payment is done up to the sum insured under the policy provided the waiting periods are met. There is no specific benefit as "Death Benefit" under the policy.

Can multiple claims be made for same or any other listed Critical Illnesses?

No, once a claim for a particular Critical Illness has been admitted and paid, the coverage under the policy will automatically terminate for that insured person.

What are the timelines for claim intimation, document submission and claim settlement or repudiation?

Claim Intimation - Notify us within 7 days from the date of diagnosis of covered critical illness.

Document Submission - Claim documents to be submitted to us within 90 days of the date of first diagnosis of the covered critical illness.

Claim Settlement and Repudiation - Insurer will settle or reject a claim within 30 days of the receipt of the last necessary documents.

What are the documents required at the time of claim?

The Insured Person at their own expenses shall submit the following documents within 90 (ninety) days of the earliest of the date of first diagnosis of the Critical Illness/ date of Surgical Procedure or date of occurrence of the medical event, as the case may be with the insurer ABHI:

- Duly completed and signed claim form in original as prescribed by Us
- Medical certificate confirming the diagnosis of Critical Illness
- Certificate from attending Medical Practitioner confirming that the claim does not relate to any Pre-Existing Disease or Injury or any Illness or Injury which was diagnosed within the first 90 days of the Inception Date
- Discharge certificate/ card from the Hospital, if any
- Investigation test reports confirming the diagnosis,
- First consultation letter and subsequent prescriptions
- Indoor case papers if applicable
- KYC documents
- Specific documents listed under the respective Critical Illness
- Any other documents as may be required by Us
- In the cases where Critical Illness arises due to an accident, FIR copy or medico legal certificate will be required wherever conducted Insurer may call for any additional documents/information as required based on the circumstances of the claim.

On receipt of claim documents claim will be processed in accordance with the terms and conditions of the Policy. Kindly call the ABPB toll free number 1800 2092265 to understand the claim process that needs to be followed.

What is congenital disease? Are congenital diseases covered under the policy?

Congenital disease also known as congenital disorders, deformity, birth defect, or anomaly is a condition existing at or before birth regardless of cause. Any congenital illness/Conditions is excluded from coverage in this policy.

Is there any waiting period applicable in my policy?

Insurer shall not be liable to make any payment in respect of any Critical Illness whose signs or symptoms first occur within the first 90 days from the Inception Date.

14. Can I include my dependents/parents/spouse/kids/ siblings to my policy?

This policy only covers self and cannot include dependents/parents/spouse/kids/ siblings

15. What are the options & premiums available to me for selecting this policy(inclusive of GST)?

Sum Insured	50,000	100,000	200,000	300,000	500,000
Premium					
Monthly (Rs.)	38.0	76.0	151.0	227.0	378.0
Annual (Rs.)	416.0	831.0	1663.0	2494.0	4157.0

16. Can I increase or decrease my Sum Insured now?

The Sum Insured can only be increased or decreased at next enrolment only

17. What are the payment options available to me?

You have 2 payment options, Annual and Monthly. How so ever, any change to the mode can be done only on next enrolment and not in between the policy year.

18. How do I know my next premium due date?

An SMS prior to the premium due date will be shared informing you to the premium due date.

19. Is there a Free Look period within this policy?

There is no free look period within this policy

20. List of personal details that can be modified during midterm of the policy?

For all changes to your policy, you would need to contact the ABPB Toll free Contact Centre **1800 209 2265**.

21. The name on my Certificate is incorrect, how do I change this?

You will need to contact the ABPB Contact Centre **1800 209 2265**.

22. What is the Claims Process?

A. Intimation of Claim

For details on the claims process or assistance during the process, the Insured Person may contact ABPB toll free no **1800 209 2265**

23. How can I cancel my policy?

Insurer shall cancel the Policy and refund the premium (for all lives which have not registered a claim with Us) on pro rata basis

You further understand and agree that Insurer may cancel the Policy by giving 15 days' notice in writing by Registered Post Acknowledgment Due / recorded delivery to Your last known address on grounds of misrepresentation, moral hazard, fraud, non-disclosure of material fact by You without any refund of premium. Insurer may also cancel the Policy with or without refund of premium in case of non-cooperation by You or the Insured Person.

24. Is there a Grievances Redressal Procedure

In case of a grievance, you can contact Aditya Birla Health Insurance Company with the details through:

Website: adityabirlahealth.com/healthinsurance

Email: care.healthinsurance@adityabirlacapital.com (as mentioned in the T&C)

Toll Free: 1800-270-7000