

KUTUMB SWASTHYA BIMA MICRO INSURANCE PRODUCT - GROUP

CUSTOMER INFORMATION SHEET/KNOW YOUR POLICY

This document provides key information about your policy. You are also advised to go through your policy document.

Sl. No.	Title	Description (Please refer to applicable policy clause number in next column)	Policy Clause Number																								
1.	Name of Insurance Product/ Policy	Kutumb Swasthya Bima Micro Insurance Product - Group																									
2.	Policy Number	XXXXXXXXXXXXXXXXXXXXXXXXXX																									
3.	Type of Insurance Product/ Policy	Benefit																									
4.	Sum Insured (Basis)	<p>Family Individual Sum Insured</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr> <th style="width: 10%;">Sr. No.</th> <th style="width: 40%;">Insured Name</th> <th style="width: 50%;">Base Sum Insured</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> <p>Family Floater Sum Insured</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Sr. No.</th> <th style="width: 40%;">Insured Name</th> <th style="width: 50%;">Base Sum Insured</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> <p>Note: This is the base Sum Insured for policy. Please refer the policy schedule for cover wise limits.</p>	Sr. No.	Insured Name	Base Sum Insured										Sr. No.	Insured Name	Base Sum Insured										
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5.	Policy Coverage (What the Policy Covers)	<p>Following are covered as basic cover up to the limit specified in the policy schedule:</p> <p>I. Tele-consultation Benefit: Covers the facility of telephonic consultation.</p> <p>II. Personal Accident</p> <p style="margin-left: 20px;">a) Accidental Death- Compensation for accidental death paid to person's beneficiary or legal representative.</p> <p style="margin-left: 20px;">b) Permanent Total Disablement- Compensation for disablement paid to the insured person</p> <p>Note: Insurer's Liability in respect of all claims admitted during</p>	Scope of cover																								

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		the period of insurance shall not exceed the Sum Insured for the Insured person as mentioned in the schedule.	
6.	Exclusions (What the policy does not cover)	<p>Following is a partial list of the policy exclusions. Please refer to the policy document for the complete list of exclusions:</p> <ol style="list-style-type: none"> a. Criminal Act b. Suicide & Self-Inflicted Injury c. Any medical treatment outside India. d. Persons enrolled in Armed Services, Military Establishment of any Country. e. Accidents under influence of Alcohol, Drugs, or other Intoxicants f. Injury because of participation in Riot, Felony, Crime or Civil Commotion. g. Learning or operating any Aircraft. h. War, Civil War, Invasion, Insurrection, Revolution, Act of Foreign Enemy etc. i. Nuclear Damage j. Injury because of participation Adventure & Dangerous sports. 	General exclusions
7.	Waiting period	Not Applicable	
8.	Financial Limits of the Coverage	<p>In case of a claim, this policy requires you to share the following costs:</p> <p>Sub-Limits:</p> <ul style="list-style-type: none"> • Accidental Death and Permanent Total Disablement- ₹1,00,000, for Base plan respectively. 	Scope of cover
9.	Claims/ Claims Procedure	<p>a. For Cashless Service: Insured may refer Pre-Authorization form attached as Annexure-C to the Policy Wordings and for updated Hospital Network details refer the link https://www.sbgeneral.in/portal/contact-us/hospital</p> <p>b. For Reimbursement of Claim: For reimbursement of claims the Insured Person may submit the necessary documents to TPA/Company within the prescribed time limit as specified in the Policy Wordings. Turn Around Time (TAT) for claim settlement</p> <ol style="list-style-type: none"> i. TAT for pre-authorization of cashless facility - within 1 hour from receipt of complete documents. 	Conditions

Sl. No.	Title	Description (Please refer to applicable policy clause number in next column)	Policy Clause Number
		<p>ii. TAT for cashless final bill settlement - within 3 hours from receipt of complete documents.</p> <ul style="list-style-type: none"> Hospital Network details can be obtained from link: https://www.sbigeneral.in/portal/contact-us/hospital Toll Free number: 1800 210 3366, 1800 210 6366 List of Hospitals which are blacklisted or from where no claims will be accepted by the insurer is available in below link: https://www.sbigeneral.in/contact-us/hospital Claim forms can be downloaded from below link: https://www.sbigeneral.in/claim/claims-form-download <p>Note: For cover wise claims procedure, please refer to policy wordings.</p>	
10.	Policy Servicing	<p>Email: customer.care@sbigeneral.in</p> <p>Toll-Free number 18001021111 (24/7)</p> <p>Website: www.sbigeneral.in</p>	
11.	Grievances/ Complaints	<p>Stage 1: If you are dissatisfied with the resolution provided above or for lack of response, you may write to head.customer.care@sbigeneral.in. We will look into the matter and decide the same expeditiously within 14 days from the date of receipt of your complaint. For Senior Citizens: Senior Citizens can reach us at seniorcitizengrievances@sbigeneral.in; Toll Free - 1800 22 1111 / 1800 102 1111 (24/7)</p> <p>Stage 2: In case, you are not satisfied with the decision /resolution communicated by the above office, or have not received any response within 14 days, you may send your Appeal addressed to the Grievance Redressal Officer at : gro@sbigeneral.in or contact at 022-45138021. Address: Grievance Redressal Officer, 9th Floor, A & B Wing, Fulcrum Building, Sahar Road, Andheri (East), Mumbai 400 099. List of Grievance Redressal Officers at Branch: https://content.sbigeneral.in/uploads/0449cac1bcd144bbb160d3f6b714fbbd.pdf</p> <p>Stage 3: In case, you are not satisfied with the decision/resolution communicated by the above office, or have not received any response within 14 days, you may Register your complaint with IRDAI on the below given link https://bimabharosa.irdai.gov.in/Home/Home</p> <p>Stage 4: If your grievance remains unresolved from the date of filing your first complaint or is partially resolved, you may approach the</p>	Conditions

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		Insurance Ombudsman falling in your jurisdiction for Redressal of your Grievance. The details of the Insurance Ombudsman can be accessed at (https://www.cioins.co.in/Ombudsman)	
12.	Things to remember	<p>1. Free Look Cancellation: The insured will be allowed a period of at least 30 days from the date of receipt of the policy to review the terms and conditions of the policy and to return the same if not acceptable. For detailed conditions and refund summary, please refer to policy wordings.</p> <p>2. Policy renewal: The Policy shall ordinarily be renewable except on grounds of fraud or non-disclosure or misrepresentation by the Insured Person.</p> <p>3. Moratorium Period: After completion of sixty continuous months of coverage (including portability and migration) in health insurance Policy, no Policy and claim shall be contestable by the Insurer on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. This period of sixty continuous months is called as moratorium period. The moratorium would be applicable for the Sums Insured of the first Policy. Wherever, the Sum Insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of Sums Insured only on the enhanced limits.</p>	Standard general terms and clauses
13.	Your Obligations	<p>Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement.</p> <p>Disclosure of Information: The Policy shall be void and all premiums paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description, or non-disclosure of any Material Fact by the Policyholder.</p>	General conditions

Declaration by the Policy Holder: I have read the above and confirm having noted the details

Place:

Date:/...../.....

Signature of the Policyholder

Note:

a) For product related documents including Customer Information Sheet, kindly refer to the below link: <https://www.sbigeneral.in/downloads>

b) In case of any conflict, the terms and conditions mentioned in the policy document shall prevail