

AROGYA SUPREME

POLICY SCHEDULE

| | | |
|------------|--------------------------|-------------|
| Policy No: | Servicing Branch Office: | Issue Date: |
|------------|--------------------------|-------------|

INTERMEDIARY DETAILS

| | | | |
|-------------------|-----------------------|-------------------|----------|
| Intermediary Name | xxxxxxxx | Intermediary Code | xxxxxxxx |
| Contact Details | Mobile No. - xxxxxxxx | Landline No. | xxxxxxxx |
| Address | | | |

PROPOSER DETAILS

| | | |
|---|--|---|
| Name of Proposer | | |
| Present Address (Current Residing Address) | Village: _____ Gram Panchayat: _____ | |
| | City: _____ State: _____ | |
| | Pin-code: _____ Landmark: _____ | |
| | Zone: _____ | |
| Permanent Address | Village: _____ Gram Panchayat: _____ | |
| | City: _____ State: _____ | |
| | Pin-code: _____ Landmark: _____ | |
| | Zone: _____ | |
| PAN No / Form 60/61. | | |
| GSTN No | | |
| Email | | |
| Contact Details | | |
| Period of Insurance | From Date and Time: DD / MM / YYYYhrs | To Date and Time: DD / MM / YYYY midnight |
| First Policy Inception Date | DD / MM / YYYY | |
| Business Type | New/ Renewal/ Migration/ Portability | |
| Previous Policy Number | XXXXXXXXXX | |
| Policy Type | Individual / Family Floater | |
| Plan Name | PRO / PLUS / PREMIUM | |
| Premium Frequency | Monthly / Quarterly / Half yearly / Single | |
| No of Members: | | |

As part of our Go Green initiative, your policy will be issued digitally to your registered mobile number via WhatsApp, SMS, and email. By issuing an e-policy, we help conserve the environment by saving a tree. An electronic policy document holds the same legal validity as a physical copy. The date on which the policy document is delivered will be considered for determining the free look period.

However, if you would prefer to receive a physical copy of your policy document, simply send an SMS with the message "PRINT <Policy Number>" to 561612 from your registered mobile number.

INSURED PERSON'S DETAILS

| Details | Insured 1 | Insured 2 | Insured 3 | Insured 4 | Insured 5 | Insured 6 |
|--|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| Name of the Insured | | | | | | |
| Date of Birth | | | | | | |
| Age | | | | | | |
| Gender | | | | | | |
| Height | | | | | | |
| Weight | | | | | | |
| Occupation | | | | | | |
| Nationality (Indian/ Non-Indian/ Non-resident Indian/ Other) | | | | | | |
| Marital Status | | | | | | |
| Relationship with Proposer | | | | | | |
| Basic Sum Insured | | | | | | |
| Cumulative Bonus / Enhanced Cumulative Bonus (if opted) | | | | | | |
| Pre-existing Disease/s* Disability Details (if any) | Yes/No, If yes provide details | Yes/No, If yes provide details | Yes/No, If yes provide details | Yes/No, If yes provide details | Yes/No, If yes provide details | Yes/No, If yes provide details |
| ABHA (Ayushman Bharat Health Account) number (if available)* | | | | | | |

WAITING PERIOD

| Name of Insured Person | First 30 Days | Specified Diseases and Procedures | Pre-Existing Diseases | Cataract | COVID-19 |
|------------------------|---------------|-----------------------------------|-----------------------|----------|----------|
| | | | | | |
| | | | | | |

Note:

- If any of the specified disease / procedure falls under the waiting period specified for pre-existing diseases, then the longer of the two waiting periods shall apply.
- First 30 days waiting period shall not be applicable for claims arising due to COVID-19, Major Illness-Benefit, Hypertension, Diabetes and Cardiac Condition.

NOMINEE DETAILS

| Insured Name | Insured 1 | Insured 2 | Insured 3 | Insured 4 | Insured 5 | Insured 6 |
|--------------------------------|-----------|-----------|-----------|-----------|-----------|-----------|
| Name of the Nominee | | | | | | |
| Date of Birth (DD/MM/YYYY) | | | | | | |
| Age | | | | | | |
| Gender (M/F/O) | | | | | | |
| Relationship with Policyholder | | | | | | |

| | | | | | | |
|----------------------------------|--|--|--|--|--|--|
| Mobile No. of the Nominee | | | | | | |
| Present Address of the Nominee | | | | | | |
| Permanent Address of the Nominee | | | | | | |
| Nominee Email ID | | | | | | |

APPOINTEE DETAILS

| Insured Name | Insured 1 | Insured 2 | Insured 3 | Insured 4 | Insured 5 | Insured 6 |
|----------------------------|-----------|-----------|-----------|-----------|-----------|-----------|
| Name of Appointee | | | | | | |
| Date Of Birth (DD/MM/YYYY) | | | | | | |
| Age: | | | | | | |
| Gender (M/F/O) | | | | | | |
| Relationship with Nominee | | | | | | |
| Address of the Appointee | | | | | | |
| Appointee Mobile No | | | | | | |

SPECIAL CONDITION

Coverage Subject to additional condition, deductible, co-pay as below

| | |
|----|--|
| 1. | |
| 2. | |

IMPORTANT TERMS, CONDITIONS AND EXCLUSION

| | |
|----|--|
| 1. | |
| 2. | |

| | | |
|------------------------|---|------------------------------------|
| Name of Insured Person | Pre-existing disease/Disability/ hospitalization/ medical treatment /surgical history | Permanent disease exclusion if any |
| | | |

ADDITIONAL LOADING (if applicable)

| | | |
|------------------------|-------|---------|
| Name of Insured Person | Habit | Disease |
| | | |

PREMIUM DETAILS:

| Particulars | Amount (₹) |
|--|------------|
| Premium in Rs. | |
| Optional Cover Premium in Rs. | |
| Loading (if any) in Rs. | |
| Discount (if any) in Rs. | |
| Instalment Loading (if any) in Rs. | |
| Total Premium with Instalment Loading | |
| EMI amount (as per Instalment frequency opted) | |
| Add Taxes as applicable | |
| Final Premium (EMI Amount with Taxes) in Rs. | |

Disclaimer: Final amount payable will include tax as applicable.

Collection Details:

Receipt no:

Receipt Date:

| | | |
|------------------------------------|--|---|
| Signed at: (RO/BO/DO – Details) | | For SBI General Insurance Company Limited |
| Date | | Authorized Signatory |

P.S. If premium paid through cheque, the policy is void ab initio in case of dishonour of cheque.

Consolidated Stamp Duty paid towards Insurance Policy Stamps vide Order No _____ Dated _____ of General Stamp Office, Mumbai

GSTIN: _____

CONTACT DETAILS IN CASE OF ANY CLAIM

| | |
|------------------|--|
| Email | sbig.health@sbigeneral.in |
| Toll Free number | 1800 102 1111 (Available 24/7) For agents and intermediaries 1800 22 1111 (Available 24/7) |
| Website | www.sbigeneral.in |
| Fax No | 1800227244, 18001027244 |

GRIEVANCE REDRESSAL PROCEDURE

Stage 1:

If you are dissatisfied with the resolution provided above or for lack of response, you may write to **head.customercare@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 102 1111 (Available 24/7)

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/>

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>

Stage 4:

If your grievance remains unresolved from the date of filing your first complaint or is partially resolved, you may approach the 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>)

IMPORTANT NOTE

Insurance is a contract of Utmost Good Faith requiring the Insured not only to disclose all information related to his health and which has a bearing on the acceptance or rejection of the Proposal by the Insurer and also not to suppress any factual information in response to the questions in the proposal form.

Please examine this Policy including its attached Schedules/ Annexure if any. In the event of any discrepancy, contact the office of the Insurer immediately, it being noted that this Policy shall be otherwise considered as being entirely in order.

In case of payment by cheque, in the event of dishonour of cheque for any reason whatsoever, insurance provided under this document automatically stands cancelled from the inception of the Policy irrespective of whether a separate communication is sent or not.

Any claim arising or related to consequences of the Pre-existing diseases as defined under the Policy is excluded from the scope of Policy cover unless the insurer specifically accepts the pre-existing disease declared with or without additional premium and coverage terms specifically mentioned in the schedule. The Policy shall become voidable at the option of Insurer, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure in any material particulars declared by the Policy Holder in the Proposal form/personal statement, declaration and connected documents or any material information having been withheld by the Policy Holder or anyone acting on his behalf.

To verify your Policy details click/ visit www.sbigeneral.in

All terms, conditions and exclusions as per standard Policy wordings attached with this schedule.

| | | |
|-----------------------------------|--|---|
| Signed at (RO/BO/DO – Details) | | For SBI General Insurance Company Limited |
| Date and Place | | Authorised Signatory |

COVERAGE DETAILS

| Name of Insured Person | SR No | Hospitalization Cover | Plan Name: PREMIUM |
|----------------------------------|-------|--------------------------------------|--------------------------|
| | | | Sum Insured / Sub limits |
| a. b. c. d. e. f. | | Sum Insured | 25,00,000 |
| | 1 | In-patient Hospitalization Treatment | Up to Sum Insured |
| | 2 | Mental Healthcare | Upto Sum Insured |
| | 3 | HIV / AIDS Cover | Upto Sum Insured |
| | 4 | Genetic Disorder | Maximum of ₹1,00,000/- |
| | 5 | Internal Congenital Anomaly | 25% of Base Sum Insured |
| | 6 | Bariatric Surgery Cover | Upto Sum Insured |
| | 7 | Advance Procedures | 25% of Base Sum Insured |
| | 8 | Cataract Treatment | ₹1,00,000/- per eye |

| | | |
|----|---|--|
| 9 | Pre-Hospitalization Cover | 60 |
| 10 | Post-Hospitalization Cover | 180 |
| 11 | Domiciliary Hospitalization | Up to Sum Insured |
| 12 | Day Care Treatment | Up to Sum Insured |
| 13 | Road Ambulance (per hospitalization) | ₹ 7,000/- |
| 14 | Organ Door Expenses | Up to Sum Insured |
| 15 | Alternative Treatment / AYUSH | Up to Sum Insured |
| 16 | Recovery / Convalescence Benefit (per hospitalization), if hospitalization is above 10 days | ₹15,000/- |
| 17 | Domestic Emergency Assistance (including Air Ambulance) | Upto ₹10,00,000/- |
| 18 | Sum Insured Refill | 100% of Sum Insured |
| 19 | Compassionate Visit (air ticket charges if hospitalization is exceeding 5 days) | 1% of Sum Insured maximum up to 20,000/- |
| 20 | E-Opinion | <<Yes/No>> <<Yes>> Unlimited |

OPTIONAL COVERS

| Name of Insured Person | Hospital Cash Benefit | *Major Illness Benefit | Additional Sum Insured for Accidental Hospitalization | Enhanced Cumulative Bonus | NCB Protector | Co-Payment | Deductible |
|------------------------|--|--|---|---------------------------|---|------------|--|
| | Sum Insured/ Sub Limit | | | | | | |
| a | <<no of days 15>> ₹1000/- (normal hospitalization) ₹2000/- (ICU hospitalization) | 100% of Sum Insured maximum up to ₹25,00,000/- | 1.5X of the Basic Sum Insured | 50% of Sum Insured | If claim is less than ₹50,000/- We will protect NCB% at the time of Renewal of Policy with Us | 10% | ₹10,000/- (applicable on each and every claim) |
| b | <<no of days 15>> ₹1000/- (normal hospitalization) ₹2000/- (ICU hospitalization) | 100% of Sum Insured maximum up to ₹25,00,000/- | 1.5X of the Basic Sum Insured | 50% of Sum Insured | If claim is less than ₹50,000/- We will protect NCB% at the time of Renewal of Policy with Us | 10% | ₹10,000/- (applicable on each and every claim) |

Note: Major Illness is applicable only if the Insured Person who is aged above 18 years

RENEWAL BENEFIT

| | |
|----------------------------|--|
| Preventive Health Check-Up | Haematology: CBC + ESR + Haemoglobin + PS Diabetes Profile: Fasting Blood Sugar + HbA1c Lipid Profile: Total Cholesterol + HDL Cholesterol + LDL Cholesterol + Triglycerides Liver Function Tests: SGOT + SGPT + Bilirubin Total Kidney / Renal Function: Bun and Creatinine + Uric Acid Thyroid Profile: T3+ T4+ TSH Urine Analysis: Urine Complete Analysis Iron Deficiency: Iron Profile |
| Cumulative Bonus | 10% of Sum Insured |

PREMIUM CERTIFICATE (Applicable to all sections except Personal Accident)

Premium certificate for the purpose of deduction under section 80 - (D) of Income Tax (Amendment) Act, 1986

Transaction Id:

This is to certify that Mr./Ms./Mrs. -----has paid INR-----
 (In Words-----) towards the premium for Health Insurance vide Direct Credit Transaction ID/Cheque No. xxxxxxxxxx for the period from --- (dd/mm/yy)----- To ----- (dd/mm/yy) ----- Midnight for Policy No. xxxxxxxxxx

Upon issuance of this receipt, all previously issued temporary receipts, if any, related to this policy are considered null and void. For the purpose of deduction under section 80D. The benefit shall be as per the provisions of the Income Tax Act, 1961 and any amendments made thereafter.

You may get tax benefits up to ` _____ subject to maximum permissible limits under Income Tax Act 1961 as modified from time to time. For more details kindly consult your tax advisor. In the event of non-realization of premium, benefits cannot be obtained against this premium receipt.

GSTI No.: _____

Date: DD/MM/YYYY

Place:

Authorised Signatory

GST TAX INVOICE

| | | | |
|--------------------------------|--|-------------------|-------------|
| GST Invoice No: | XXXX | GST Invoice Date | DD/MM/YYYY |
| GSTIN/Unique No: (SBI General) | 27AAMCS8857L1ZC | SBI General State | Maharashtra |
| SBI General Branch Address: | SBI General Insurance Company Limited Fulcrum Building, 9th Floor, A & B Wing, Sahar Road, Andheri (East), Mumbai - 400 099. | | |

| DETAILS OF POLICYHOLDER | | | | | | | | | |
|----------------------------------|----------|-------------------------|------|--------------------------------------|-------------|----------|------|----------------------|------------|
| Name | | | | | | | | | |
| Address | | | | | | | | | |
| Policy Holder State | | | | Place of Supply | | | | | |
| | | | | Whether invoice under Reverse Charge | | No | | | |
| GSTIN/Unique No: | | XXXXXXXX | | Policy Number | | XXXXXXXX | | | |
| Insurance Product Name | HSN Code | Premium (without Taxes) | CGST | | SGST/ UTGST | | IGST | | |
| | | | Rate | Amount | Rate | Amount | Rate | Amount | |
| Total Invoice Value (In Figures) | | | | | | | | Authorised Signatory | |
| Taxes Applicable | | | | | | | | | |
| SBI General Receipt No: | | | | | | | | Receipt Date: | DD/MM/YYYY |

| RECEIPT | | | |
|--|------------------------|---------------|------------|
| <p>Received with thanks from XXXXXXXXXXXXXXXX</p> <p>an amount of ₹ XXXXXX (In Word - XXXXX)</p> <p>by EFT</p> <p>No: XXXXXXXXXXX</p> <p>Dated: DD/MM/YYYY</p> <p>Drawn on Bank: STATE BANK OF INDIA Branch:</p> | | | |
| Party ID | Quote/Policy/Claim No. | Name of Party | Amount (₹) |
| XXXXXXXX | XXXXXXXXXX | XXXXXXXXXX | XXXXXXXX |
| | | TOTAL | XXXXXXXX |

Disclaimer

1. Receipt subject to realization of instrument submitted
2. Kindly refer to the policy document for the time of commencement of cover

For and on behalf of
SBI General Insurance Co. Ltd.

Authorized Signatory