

SBI General Comprehensive Protection Policy

PROSPECTUS

At SBI General Insurance Company Limited (hereinafter referred to as the "Company," "We," "Our," or "Us"), we prioritize your health and well-being by offering adaptable insurance solutions. Recognizing the individuality of each person's needs, we are pleased to present the "Comprehensive Protection Policy." This customizable insurance product is specifically designed to provide personalized coverage for medical expenses and other potential financial losses.

This policy empowers you to select from a diverse range of coverage options, enabling you to create a plan that aligns with your specific requirements. Whether you seek fundamental protection or extensive coverage, the Comprehensive Protection Policy delivers a flexible approach to ensure you are adequately safeguarded against the uncertainties of life.

A. Scope of Cover

We hereby agree subject to the terms, conditions and exclusions contained or expressed herein, to compensate the Insured Person as per the covers and limits specified in the Policy Schedule/ Certificate of Insurance

A.1. Personal Accident

Personal Accident offers following benefits:

Benefit Name	Mandatory/Optional
Accidental Death (AD)	Mandatory to opt AD and/or PTD
Permanent Total Disablement (PTD)	
Permanent Partial Disablement (PPD)	Optional
Temporary Total Disablement (TTD)	Optional
Broken Bones	Optional
Burns	Optional
Mobility Extension	Optional

Note: Optional Cover will be available only if one of the mandatory covers is opted except for Mobility Extension which will be available only with PTD cover.

A.1.1. Accidental Death (AD)

We shall pay lumpsum amount, specified in the Policy Schedule/ Certificate of Insurance, on Death of the Insured Person, due to an Injury sustained in an Accident during the Policy Period, provided that the Insured Person's death occurs within 12 months from the date of the Accident.

A.1.2. Permanent Total Disablement (PTD)

We shall pay lumpsum amount, specified in the Policy Schedule/ Certificate of Insurance, if an Insured Person suffers Permanent Total Disablement of the nature specified below, solely and directly due to an Accident during the Policy Period, provided that the Permanent Total Disablement occurs within 12 months from the date of the Accident:

Permanent Total Disablement (PTD)	Percentage of Sum Insured
Permanent Total Loss of Sight in both eyes	100%
Permanent Total Loss of both hands above wrist	100%
Permanent Total Loss of both feet above ankle	100%
Permanent Total Loss of Sight of one eye and one hand above wrist or one foot above ankle	100%

A.1.3. Permanent Partial Disablement (PPD)

We shall pay the following percentage of Sum Insured, specified in the Policy Schedule/ Certificate of Insurance, if the Insured Person suffers Permanent Partial Disablement of the nature specified below solely and directly due to an Accident during the Policy Period provided that the Permanent Partial Disablement shall occur within 12 months of the date of the Accident:

Permanent Partial Disablement (PPD)	Percentage of Sum Insured
The sight of one eye or the actual loss by physical separation of one entire hand or one entire foot.	50%
Use of a hand or a foot without physical separation	50%
Loss of toes – all	20%

Loss of toes great - both phalanges	5%
Loss of toes great - one phalanx	2%
Loss of toes other than great, if more than one toe lost: each	2%
Loss of Hearing - one ear	30%
Loss of four fingers and thumb of one hand	50%
Loss of four fingers of one hand	40%
Loss of thumb - both phalanges	25%
Loss of thumb – one phalanx	10%
Loss of index finger – three phalanges	15%
Loss of index finger – two phalanges	10%
Loss of index finger - one phalanx	5%
Loss of middle finger or ring finger or little finger – three phalanges	10%
Loss of middle finger or ring finger or little finger – two phalanges	7%
Loss of middle finger or ring finger or little finger – one phalanx	3%

Provided that, such disablement shall be a direct consequence thereof permanently disables the Insured Person from resuming his/her normal occupation.

A.1.4. Temporary Total Disablement (TTD)

If the Insured Person sustains an Injury in an Accident during the Policy Period and which completely incapacitates the Insured Person from engaging in any employment or occupation of any description whatsoever which the Insured Person was capable of performing at the time of the Accident (Temporary Total Disablement), We shall pay the benefit as specified in the Policy Schedule/ Certificate of Insurance, till the time the Insured Person is able to return to work, provided that:

- i. We shall be liable to make payment under this benefit in respect of the Insured Person, if the Temporary Total Disablement shall exceed the minimum number of days as opted and specified in the Policy Schedule/ Certificate of Insurance, during the Policy Period.
- ii. The compensation payable under this benefit shall not be payable for more than 104 weeks in respect of any one Injury calculated from the date of commencement of disablement and in no case shall exceed the Sum Insured.
- iii. The Temporary Total Disablement is certified in writing by the treating Medical Practitioner to have commenced within 30 days from the date of the Accident.
- iv. Once a claim is admissible and payable under this benefit, at any point of time if the Temporary Total Disablement becomes permanent in nature, and/or Insured Person cannot resume employment, We shall be liable to pay only for the duration till which the disablement was temporary in nature. Once the disablement is established to be permanent in nature, the Insured Person can no longer claim under this benefit and further payouts will cease.
- v. We will deduct any amounts already paid under Benefit A.1.2 Permanent Total Disablement and A.1.3 Permanent Partial Disablement from the amount payable under this benefit.
- vi. On exhaustion of Sum Insured, this benefit shall terminate and cease to operate in relation to such Insured Person.
- vii. The compensation shall be paid by Us at quarterly intervals, after ascertaining the amount payable. If the period of Temporary Total Disablement is for less than a quarter or three months, the compensation may be paid at the end of the disablement period.
- viii. During the course of payment under this benefit, We shall have right to call for a certification from an independent Medical Practitioner with regard to the continuity of Temporary Total Disablement specified under this benefit.
- ix. The Insured shall notify Us immediately on resuming to his occupation/employment. Where it is found that the Insured resumed to his occupation/employment without notifying to Us and received the compensation under this cover, We shall have right to claim the recovery of such benefit paid.

A.1.5. Broken Bones

If Insured Person sustains any Injury, resulting solely and directly, from an Accident during the Policy Period, and if such Injury shall within 90 days of its occurrence be the sole and direct cause of fracture as listed below, then We shall pay as per details indicated below, to the Insured Person/ Nominee/ Legal Heir/ Assignee as stated in the Policy Schedule/ Certificate of Insurance:

Broken Bones		
Sr.No.	Fracture	% of Base SI payable
1)	Fractures of the Skull:	
	a) Compound fracture with damage to the brain tissue	100
	b) Compound fracture without damage to the brain tissue	75
2)	Fractures of hip or pelvis (excluding thigh or coccyx):	
	a) Multiple fractures (at least one compound & one complete)	100
	b) All other compound fractures	50
	c) Multiple fractures, at least one complete	30
3)	Fracture of thigh or heel:	
	a) Multiple fractures (at least one compound & one complete)	50
	b) All other compound fractures	40
	c) Multiple fractures, at least one complete	30
4)	Fracture of Lower Leg, Clavicle, Ankle, Elbow, Upper or Lower Arm (including wrist, but excluding Colles-type fracture):	
	a) Multiple fractures (at least one compound & one complete)	40
	b) All other compound fractures	30
	c) Multiple fractures, at least one complete	20
5)	Fractures of Lower Jaw:	
	a) Multiple fractures (at least one compound & one complete)	30
	b) All other compound fractures	20
	c) Multiple fractures, at least one complete	16
6)	Fractures of Shoulder Blade, Kneecap, Sternum, Hand (excluding fingers and wrist), Foot (excluding toes and heel):	
	a) All compound fractures	20
7)	Colles type fracture to the Lower Arm:	
	a) Compound	20
8)	Fractures of Spinal Column (Vertebrae but excluding coccyx):	
	a) All compression fractures	20
	b) All spinous, transverse process or pedicle fractures	20
9)	Fractures of Rib or Ribs, Cheekbone, Coccyx, Upper Jaw, Nose, Toe and toes, finger or fingers:	
	a) Multiple fractures (at least one compound & one complete)	16
	b) All other compound fractures	12
	c) Multiple fractures, at least one complete	8
	d) All other fractures	4

A.1.6. Burns

If Insured Person sustains any burn Injury, resulting solely and directly, from an Accident during the Policy Period, and if such Injury shall within 90 days of its occurrence be the sole and direct cause of burn Injury as listed below, then We shall pay as per details indicated below, to the Insured Person/ Nominee/ Legal Heir/ Assignee as stated in the Policy Schedule/ Certificate of Insurance:

Burns	
Description	% of Base SI payable
a. Head	
i. Third degree burns of 8% or more of the total head surface area	100%
ii. Second degree burns of 8% or more of the total head surface	50%
iii. Third degree burns of 5% or more, but less than 8% of the total head surface area	80%
iv. Second degree burns of 5% or more, but less than 8% of the total head surface area	40%
v. Third degree burns of 2% or more, but less than 5% of the total head surface area	60%
vi. Second degree burns of 2% or more, but less than 5% of the total head surface area	0%
b. Rest of the Body	
i. Third degree burns of 20% or more of the total body surface area	100%
ii. Second degree burns of 20% or more of the total body surface area	50%
iii. Third degree burns of 15% or more, but less than 20% of the total body surface area	80%
iv. Second degree burns of 15% or more, but less than 20% of the total body surface area	40%
v. Third degree burns of 10% or more, but less than 15% of the total body surface area	60%
vi. Second degree burns of 10% or more, but less than 15% of the total body surface area	30%
vii. Third degree burns of 5% or more, but less than 10% of the total body surface area	20%
viii. Second degree burns of 5% or more, but less than 10% of the total body surface area	10%

A.1.7. Mobility Extension

If Insured Person sustains any Injury, resulting solely and directly, from an Accident during the Policy Period and if such Injury requires prosthetic devices, orthopaedic braces, and durable medical equipment to fulfil basic mobility needs, then We shall pay an amount specified in the Policy Schedule/ Certificate of Insurance, for procuring the same, provided that:

- We have accepted a claim under Benefit-A.1.2 Permanent Total Disablement (PTD).
- The mobility device/ equipment is medically necessary following the occurrence of an Illness or Injury and is ordered by or under the direction of a treating Medical Practitioner.
- Any mobility device/ equipment which was required by the Insured Person at the time of inception of the Policy in connection to a Pre-existing Disease or condition shall not be covered.
- The Sum Insured under this benefit is over and above the Benefit-A.1.2 Permanent Total Disablement (PTD) Sum Insured.

Specific Conditions applicable to Section A.1. Personal Accident:

- This benefit can be opted for less than 1 year Policy Period for Loan Linked Personal Accident cover with fixed Sum Insured option provided it is linked to Loan tenure.
- Personal Accident, if opted, shall terminate in the event of a claim in respect of that Insured Person, becomes admissible and accepted by Us under Benefit A.1.1 Accidental Death and/or A.1.2 Permanent Total Disablement. Except if claim is paid under Benefit -A.1.3 Permanent Partial Disablement, the amount payable for the subsequent claim/s under any benefit of Personal Accident shall be reduced by the amount/s already paid.
- In the event of Permanent Total Disablement, the Insured will be under obligation to:
 - Have himself/herself examined by the Panel Doctors appointed (at the sole discretion of Company) and We will pay the costs involved thereof; Any non-compliance to the same may result in rejection of the claims.
 - Registered and Qualified Medical Practitioner providing treatment or giving expert opinion and any other authority to supply Us any information that may be required on the condition of the Insured.
 - The disablement / death must occur within 12 months of the date of Accident.
- In the event of Accidental Death (AD), where claim payment has been made owing to disappearance of Insured Person following an Accident, if after the payment of accidental death claim, it is found that the Insured Person has survived the Accident, then the Policy Holder has to refund the payment back to Us in consideration of the obligatory guarantee as provided during the claim.

Specific Exclusions applicable to Benefit A.1. Personal Accident:

We shall not be liable to make any payment for any claim under Personal Accident in respect of any Insured Person, caused by or arising from or in any way attributable to any of the following unless otherwise stated in the Policy:

- Any Pre-existing condition or Disability or any complication arising therefrom.
- Certification by a Medical Practitioner who is a member of the Insured Person's Family.

3. Benefit under Accidental Death, Permanent Total Disablement and Permanent Partial Disablement arising from Medical or surgical treatment except as necessary solely and directly as a result of an Accident.
4. Insured Persons whilst engaging in a speed contest or racing of any kind (other than on foot), bungee jumping, parasailing, ballooning, parachuting, skydiving, paragliding, hang gliding, mountain or rock climbing necessitating the use of guides or ropes, potholing, abseiling, deep sea diving using hard helmet and breathing apparatus, polo, snow and ice sports in so far as they involve the training for or participation in competitions or Professional Sports, or involving a naval, military or air force operation and is specifically specified in the Policy Schedule/ Certificate of Insurance.
5. Working in underground mines, tunneling or explosives, or involving electrical installation with high tension supply, or as jockeys or circus personnel, or engaged in Hazardous Activities.

A.2. Critical Illness

Critical Illness offers following benefits:

Benefit Name	Mandatory/Optional
Major Critical Illness (Offers 2 plans)	Mandatory
Early-Stage (Minor) Critical Illness	Optional

Note: Optional Cover will be available only if mandatory cover is opted.

A.2.1. Major Critical Illness

We shall pay lump sum amount as per Plan selected and as specified in the Policy Schedule /Certificate of Insurance, if the Insured Person is diagnosed with any of the listed Critical Illness, during the Policy Period, provided,

- i. The Critical Illness which Insured Person is suffering from occurs or manifest itself during the Policy Period as first incidence.
- ii. A Waiting Period of no. of days (as specified in the Policy Schedule/ Certificate of Insurance) is applicable at the commencement of the Policy for all the covered Major CI conditions.
- iii. The Insured Person survives a Survival Period, as opted and specified in the Policy Schedule/ Certificate of Insurance, from the date of diagnosis of such Critical Illness. Otherwise, the benefit would not be payable if Insured dies due to incidence of one of the Critical Illnesses within the stipulated Survival Period.
- iv. This benefit shall terminate in the event of claim of a covered major Critical Illness becoming accepted and paid. In consequence thereof, no other benefit shall be payable under Major Critical Illness.
- v. Claims will be payable only if Critical Illness claim occurs while the cover is in force. A written intimation of Critical Illness claim should be given within 30 days of incidence of Critical Illness condition, unless otherwise agreed by Us.

Option 1: 11 plans varying by number of Major Critical Illness Conditions as follows:

Sr No.	Name of CI/ Surgery	9 CI	10 CI	12 CI	15 CI	18 CI	20 CI	25 CI	30 CI	40 CI	50 CI	60 CI
1.	Cancer of Specified Severity	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2.	Myocardial Infraction (First Heart Attack of Specific Severity)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3.	Open Chest CABG	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4.	Open Heart Replacement or Repair of Heart Valves	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5.	Coma of Specified Severity	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
6.	Kidney Failure Requiring Regular Dialysis	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
7.	Stroke Resulting in Permanent Symptoms	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
8.	Major Organ /Bone Marrow Transplant*	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
9.	Permanent Paralysis of Limbs	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
10.	Motor Neuron Disease with Permanent Symptoms		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
11.	Multiple Sclerosis with Persisting Symptoms			✓	✓	✓	✓	✓	✓	✓	✓	✓
12.	Benign Brain Tumor			✓	✓	✓	✓	✓	✓	✓	✓	✓
13.	Blindness				✓	✓	✓	✓	✓	✓	✓	✓
14.	Deafness				✓	✓	✓	✓	✓	✓	✓	✓
15.	End Stage Lung Failure				✓	✓	✓	✓	✓	✓	✓	✓
16.	End Stage Liver Failure					✓	✓	✓	✓	✓	✓	✓
17.	Loss of Speech					✓	✓	✓	✓	✓	✓	✓
18.	Loss of Limbs					✓	✓	✓	✓	✓	✓	✓
19.	Major Head Trauma						✓	✓	✓	✓	✓	✓
20.	Third Degree Burns						✓	✓	✓	✓	✓	✓

21.	Primary (Idiopathic) Pulmonary Hypertension							✓	✓	✓	✓	✓
22.	Alzheimer's Disease							✓	✓	✓	✓	✓
23.	Parkinson's Disease							✓	✓	✓	✓	✓
24.	Aorta Graft Surgery							✓	✓	✓	✓	✓
25.	Amputation of Feet Due to Complications from Diabetes							✓	✓	✓	✓	✓
26.	Myasthenia Gravis								✓	✓	✓	✓
27.	Elephantiasis								✓	✓	✓	✓
28.	Aplastic Anaemia								✓	✓	✓	✓
29.	Loss of Independent Existence (Cover up to Age 74)								✓	✓	✓	✓
30.	Dissecting Aortic Aneurysm								✓	✓	✓	✓
31.	Progressive Scleroderma									✓	✓	✓
32.	Chronic Adrenal Insufficiency (Addison's Disease)									✓	✓	✓
33.	Other Serious Coronary Artery Disease									✓	✓	✓
34.	Severe Rheumatoid Arthritis									✓	✓	✓
35.	Cardiomyopathy									✓	✓	✓
36.	Infective Endocarditis									✓	✓	✓
37.	Medullary Cystic Disease									✓	✓	✓
38.	Apallic Syndrome									✓	✓	✓
39.	Creutzfeldt- Jacob Disease (CJD)									✓	✓	✓
40.	Ebola									✓	✓	✓
41.	Pneumonectomy										✓	✓
42.	Brain Surgery										✓	✓
43.	Severe Ulcerative Colitis										✓	✓
44.	Chronic Relapsing Pancreatitis										✓	✓
45.	Progressive Supranuclear Palsy										✓	✓
46.	Terminal Illness										✓	✓
47.	Fulminant Hepatitis										✓	✓
48.	Crohn's Disease										✓	✓
49.	Bacterial Meningitis										✓	✓
50.	Loss of One Limb and One Eye										✓	✓
51.	Necrotising Fasciitis											✓
52.	Muscular Dystrophy											✓
53.	Hemiplegia											✓
54.	Poliomyelitis											✓
55.	Tuberculosis Meningitis											✓
56.	Encephalitis											✓
57.	Myelofibrosis											✓
58.	Pheochromocytoma											✓
59.	Systemic Lupus Erythematosus with Lupus Nephritis											✓
60.	Eisenmenger's Syndrome											✓

Option 2: 7 Plans varying by Group of Diseases as follows:

Sr No.	Name of CI/ Surgery	Cancer	Cardiac	Cancer + Cardiac	Cardiac + Nervous	Cancer + Cardiac+ Nervous	Cardiac + Nervous + Others	Cancer + Cardiac+ Nervous + Others
1.	Cancer of Specified Severity	✓		✓		✓		✓
2.	Aplastic Anaemia	✓		✓		✓		✓
3.	Major Organ /Bone Marrow Transplant#	✓	✓	✓	✓	✓	✓	✓

4.	Myocardial Infraction (First Heart Attack of Specific Severity)		✓	✓	✓	✓	✓	✓
5.	Open Chest CABG		✓	✓	✓	✓	✓	✓
6.	Open Heart Replacement or Repair of Heart Valves		✓	✓	✓	✓	✓	✓
7.	Primary (Idiopathic) Pulmonary Hypertension		✓	✓	✓	✓	✓	✓
8.	Aorta Graft Surgery		✓	✓	✓	✓	✓	✓
9.	Dissecting Aortic Aneurysm		✓	✓	✓	✓	✓	✓
10.	Cardiomyopathy		✓	✓	✓	✓	✓	✓
11.	Infective Endocarditis		✓	✓	✓	✓	✓	✓
12.	Eisenmenger's Syndrome		✓	✓	✓	✓	✓	✓
13.	Coma of Specified Severity				✓	✓	✓	✓
14.	Stroke Resulting in Permanent Symptoms				✓	✓	✓	✓
15.	Permanent Paralysis of Limbs				✓	✓	✓	✓
16.	Motor Neuron Disease with Permanent Symptoms				✓	✓	✓	✓
17.	Multiple Sclerosis with Persisting Symptoms				✓	✓	✓	✓
18.	Benign Brain Tumor				✓	✓	✓	✓
19.	Loss of Speech				✓	✓	✓	✓
20.	Major Head Trauma				✓	✓	✓	✓
21.	Alzheimer's Disease				✓	✓	✓	✓
22.	Parkinson's Disease				✓	✓	✓	✓
23.	Myasthenia Gravis				✓	✓	✓	✓
24.	Apallic Syndrome				✓	✓	✓	✓
25.	Creutzfeldt- Jacob Disease (CJD)				✓	✓	✓	✓
26.	Brain Surgery				✓	✓	✓	✓
27.	Progressive Supranuclear Palsy				✓	✓	✓	✓
28.	Bacterial Meningitis				✓	✓	✓	✓
29.	Muscular Dystrophy				✓	✓	✓	✓
30.	Encephalitis				✓	✓	✓	✓
31.	Kidney Failure Requiring Regular Dialysis						✓	✓
32.	Blindness						✓	✓
33.	Deafness						✓	✓
34.	End Stage Lung Failure						✓	✓
35.	End Stage Liver Failure						✓	✓
36.	Loss of Limbs						✓	✓
37.	Third Degree Burns						✓	✓
38.	Amputation of Feet Due to Complications from Diabetes						✓	✓
39.	Elephantiasis						✓	✓
40.	Loss of Independent Existence (Cover up to Age 74)						✓	✓
41.	Progressive Scleroderma						✓	✓
42.	Chronic Adrenal Insufficiency (Addison's Disease)						✓	✓
43.	Other Serious Coronary Artery Disease						✓	✓
44.	Severe Rheumatoid Arthritis						✓	✓
45.	Medullary Cystic Disease						✓	✓
46.	Ebola						✓	✓

47.	Pneumonectomy									✓	✓
48.	Severe Ulcerative Colitis									✓	✓
49.	Chronic Relapsing Pancreatitis									✓	✓
50.	Terminal Illness									✓	✓
51.	Fulminant Hepatitis									✓	✓
52.	Crohn's Disease									✓	✓
53.	Loss of One Limb and One Eye									✓	✓
54.	Necrotising Fasciitis									✓	✓
55.	Hemiplegia									✓	✓
56.	Poliomyelitis									✓	✓
57.	Tuberculosis Meningitis									✓	✓
58.	Systemic Lupus Erythematosus with Lupus Nephritis									✓	✓
59.	Myelofibrosis									✓	✓
60.	Pheochromocytoma									✓	✓

For Option 2 Plans, Under Major Organ /Bone Marrow Transplant, the following conditions are covered depending upon the option selected:

Coverage Condition covered under MOT	Coverage Condition covered under MOT
Cancer	Cancer Bone Marrow Transplant
Cardiac	Transplant of Heart
Cancer + Cardiac	Transplant of Heart or Bone Marrow Transplant
Cardiac + Nervous	Transplant of Heart
Cancer + Cardiac + Nervous	Transplant of heart or bone marrow transplant
Cardiac + Nervous + Other	Transplant of Heart, Lung, Liver, Kidney, Pancreas
Cancer + Cardiac + Nervous + Other	Transplant of Heart, Lung, Liver, Kidney, Pancreas or Bone Marrow Transplant

A.2.2. Early-Stage (Minor) Critical Illness

We shall pay lump sum amount as per Plan selected and as specified in the Policy Schedule/ Certificate of Insurance, if the Insured Person is diagnosed with any of the listed Early-Stage Critical Illness, during the Policy Period, provided,

- This benefit will be available only if Benefit A.2.1 Major Critical Illness has been opted.
- The benefit payable on Minor Critical Illness is restricted to lower of 25% of Major CI Sum Insured or Rs 500000
- Only one Early-Stage claim will be admissible during the lifetime of the Policy.
- A Waiting Period of no. of days (as specified in the Policy Schedule/ Certificate of Insurance) is applicable at the commencement of the Policy for all the covered Early-Stage Critical Illness conditions.
- The Sum Insured for this benefit falls within the Benefit-A.2.1 Major Critical Illness Sum Insured, i.e. payout for major Critical Illness benefit will be 100% Sum Insured minus any Early Stage (Minor) Critical Illness payout made.

Option 1: 11 plans to be attached to corresponding Major Critical Illness Plan (varying by number of conditions) as follows:

Sr No.	Name of Early-Stage CI/ Surgery	9 CI	10 CI	12 CI	15 CI	18 CI	20 CI	25 CI	30 CI	40 CI	50 CI	60 CI
1.	Specified Early-Stage Cancer	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2.	Carcinoma in situ	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3.	Angioplasty	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4.	Cardiac Arrest requiring permanent Cardiac Pacemaker or ICD insertion	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5.	Pericardiectomy (irrespective of technique)				✓	✓	✓	✓	✓	✓	✓	✓
6.	Carotid Artery Surgery				✓	✓	✓	✓	✓	✓	✓	✓
7.	Keyhole Coronary Surgery				✓	✓	✓	✓	✓	✓	✓	✓
8.	Surgical removal of an eyeball								✓	✓	✓	✓
9.	Small Bowel Transplant								✓	✓	✓	✓

Option 2: 7 plans to be attached to corresponding Major Critical Illness Plan (varying by Group of Disease) as follows:

Sr No.	Name of CI/ Surgery	Cancer	Cardiac	Cancer + Cardiac	Cardiac + Nervous	Cancer + Cardiac+ Nervous	Cardiac + Nervous + Others	Cancer + Cardiac+ Nervous + Others
1.	Specified Early-Stage Cancer	✓		✓		✓		✓
2.	Carcinoma in-situ	✓		✓		✓		✓
3.	Angioplasty	✓	✓	✓	✓	✓	✓	✓
4.	Cardiac Arrest requiring Permanent Cardiac Pacemaker or ICD Insertion		✓	✓	✓	✓	✓	✓
5.	Pericardiectomy (irrespective of technique)		✓	✓	✓	✓	✓	✓
6.	Carotid Artery Surgery		✓	✓	✓	✓	✓	✓
7.	Keyhole Coronary Surgery		✓	✓	✓	✓	✓	✓
8.	Surgical Removal of an Eyeball		✓	✓	✓	✓	✓	✓
9.	Small Bowel Transplant		✓	✓	✓	✓	✓	✓

A.3. Major Surgical Procedures

We shall pay the following percentage of Surgical benefit Sum Insured, specified in the Policy Schedule/ Certificate of Insurance, if the Insured Person sustains any Illness and/or Injury during the Policy Period that requires Hospitalization for undergoing medically necessary treatment in India, during the Policy Period.

Surgery	Description	Payout (% of Major Surgical Benefit Sum Insured)
Listed Day Care Procedures	Day Care Procedures as per Annexure-2	Minimum of 10% of SA or INR 50,000
Listed Surgeries	Listed Surgeries by Organ type as per Annexure-2	25% or 50%
Non-Listed Surgeries	All non-listed surgeries meeting the Surgery definition and requiring minimum 24 hours of Hospitalization	10%

Provided that:

- Our liability to make any payment under this benefit shall commence only after Hospitalization of the Insured Person for each claim.
- The Hospitalization is for Medically Necessary Treatment for an Illness/Accident and is commenced and continued on the written advice of the treating Medical Practitioner.
- A Waiting Period of no. of days (as specified in the Policy Schedule/Certificate of Insurance) is applicable for claims relating to sickness. Such Waiting Period is not applicable to claims arising due to Accident provided the Accident occurs after the inception of the Policy.
- In case of more than one Surgery being performed on such Insured Period during the same Hospitalization, only one claim will be payable based on the highest applicable claim amount.
- The Insured could claim multiple times under this benefit while it is in effect and irrespective of any previous claims paid subject to the following limits:
 - 100% of Major Surgical Procedures Sum Insured during the Policy Period.
- Once a claim is admitted under Major Surgical Procedure, this benefit cannot be renewed.

A.4. Hospital Daily Cash

We shall pay an amount equal to Daily Cash amount, as specified in the Policy Schedule/ Certificate of Insurance, if the Insured Person sustains any Illness and/or Injury during the Policy Period that requires an Insured Person's admission in a Hospital for the minimum number of days as specified in the Policy Schedule/Certificate of Insurance, during the Policy Period, provided that:

- Our liability to make any payment under this benefit shall commence only after a continuous and completed 24 hours of Hospitalization of the Insured Person for each claim.
- The Hospitalization is for Medically Necessary Treatment for an Illness/ Accident and is commenced and continued on the written advice of the treating Medical Practitioner.
- A Waiting Period of no. of days (as specified in the Policy Schedule/ Certificate of Insurance) is applicable for claims relating to sickness. Such a Waiting Period is not applicable to claims arising due to Accident provided the Accident occurs after the inception of the Policy.
- the Daily Cash amount shall be payable for each 24 hours of continuous and completed Hospitalization as In-Patient, subject to Day Deductible/ Franchise.
- In case of ICU admission, an additional Daily Cash benefit up to 2/3 times of Non-ICU daily benefit is payable for Hospitalization.
- In a given Policy Year, the amount under this benefit shall be payable for a maximum number of days as specified in the Policy Schedule/ Certificate of Insurance and the maximum total of 300 days of Hospitalization over the lifetime of the Policy.
- The specified number of days per Policy Year or over the lifetime is inclusive of Hospital days in ICU.

- viii. The Day Deductible/ Franchise (as opted) under this benefit shall be applicable on no. of days of Hospitalization, if opted and as specified in the Policy Schedule/ Certificate of Insurance.
- ix. The amount payable under this benefit will be as per plan opted and is calculated based on the number of continuous and completed days of Hospitalization and will be given as a single lumpsum payment.
- x. Under this Policy, the Insured Person can opt either Benefit A.4 Hospital Daily Cash or Benefit Convalescence/ EMI Protect.

Specific Exclusion applicable to Benefit A.4 Hospital Daily Cash:

- i. Any Illness, or Accident causing the Injury leading to the Hospitalization, which has occurred prior to first Policy Commencement Date.
- ii. Any Procedure/ treatment which is carried out as a Day Care Treatment, or which requires less than 24 continuous hours of Hospitalisation except Major Surgical Procedures.
- iii. Any admission for any dental treatment except any dental Surgery or facial reconstruction being performed under Emergency Care due to an Accident.
- iv. Hospitalization expenses related to Maternity shall be excluded unless covered and agreed by Us.

A.5. Convalescence/ EMI Protect

We shall pay lump sum amount or equal to no. of EMI's (as per option opted) as specified in the Policy Schedule/ Certificate of Insurance, if the Insured Person sustains any Illness and/or Injury during the Policy Period that requires an Insured Person's admission in a Hospital for the minimum number of days as specified in the Policy Schedule/Certificate of Insurance, during the Policy Period, provided that:

- i. Our liability to make any payment under this benefit shall commence only after a continuous and completed 24 hours of Hospitalization of the Insured Person for each claim.
- ii. The Hospitalization is for Medically Necessary Treatment for an Illness/Accident and is commenced and continued on the written advice of the treating Medical Practitioner.
- iii. A Waiting Period of no. of days (as specified in the Policy Schedule/Certificate of Insurance) is applicable for claims relating to sickness. Such a Waiting Period is not applicable to claims arising due to Accident provided the Accident occurs after the inception of the Policy.
- iv. For EMI Protect, more than one claim can be considered in respect of the Insured Person, during the Policy Year, subject to the maximum payout will be made up to number of days opted and specified in the Policy Schedule/ Certificate of Insurance. On exhaustion of the maximum number of days allowed the cover under this benefit will terminate in relation to such Insured Person.
- v. Convalescence benefit can be claimed once in Policy Year.
- vi. The claim amount will be calculated based on the number of continuous and completed days of Hospitalization and will be given as a single lumpsum payment.
- vii. Under this Policy, If the Insured Person can opt either Benefit A.4 Hospital Daily Cash or Benefit Convalescence/EMI Protect.

Specific Exclusion applicable to Benefit A.5 Convalescence/ EMI Protect:

- i. Any Illness, or Accident-causing Injury leading to the Hospitalization, which has occurred prior to first Policy Commencement Date.
- ii. Any Procedure/ treatment which is carried out as a Day Care Treatment, or which requires less than 24 continuous hours of Hospitalization.
- iii. Any admission for any dental treatment except any dental Surgery or facial reconstruction being performed under Emergency Care due to an Accident.
- iv. Hospitalization expenses related to Maternity shall be excluded unless covered and agreed by Us.

A.6. Loss of Salary

We shall pay Insured Person equal to no. of EMI's or 3 months Salary which is lower as specified in the Policy Schedule/ Certificate of Insurance towards his/her Loss of Salary, during the Policy Period.

For the purposes of this benefit, Loss of Salary shall mean involuntary termination from employment of the Insured or his/her permanent dismissal, temporary suspension or retrenchment or lay off from employment imposed on him/her by the employer during the Policy Period due to cost cutting, downsizing, closure of unit, Company or organization, as the case may be, as per the employer's rules /regulations or executed/implemented by the employer in compliance of any laws for the time being in-force or any directives by any Public Authority.

Specific Conditions applicable to Benefit-A.6 Loss of Salary:

- i. This benefit is available only for salaried employees within India.
- ii. This benefit is available only for Loan Linked Policies.
- iii. A Waiting Period of no. of days (as specified in the Policy Schedule/ Certificate of Insurance) is applicable at the commencement of the Policy.
- iv. The benefit payable is equal to Equated Monthly Instalments (EMIs) falling due in respect of the Loan insured after commencement of the Insured Event till the reinstatement of employment with the same employer or new employer or expiry of Policy Period, whichever is earlier, subject to a maximum of three (3) EMIs.
- v. The pay out under this benefit is as fixed at the outset and shall not be affected by any midterm change in EMI/interest rates.
- vi. A claim shall be admissible under this benefit if the Insured Person loses his job while the Policy being in force at the time of such unemployment.

- vii. A claim under this benefit shall become admissible provided the period of termination, lay off, dismissal, temporary suspension or retrenchment from employment of the Insured shall not be less 30 consecutive days (Retrenchment Period).
- viii. The cover as described under this benefit, for specific Insured, shall terminate in the event one or more claim(s) in respect of that Insured becoming admissible and accepted by Us and We are admitting liability to the extent of the maximum benefit payable i.e., 3 EMIs or 3 months Salary whichever is lower.
- ix. The Insured shall intimate Us within thirty (30) days from the date of termination from employment of the Insured or his/her dismissal, temporary suspension or retrenchment from employment as the case may be, unless otherwise agreed by Us.

Specific Exclusions applicable to Benefit-A.6 Loss of Salary:

- i. No benefit shall be payable under this benefit in the event of termination, dismissal, temporary suspension or retrenchment from employment of the insured being attributed to any dishonesty or fraud or poor performance on the part of the insured or his wilful violation of any rules of the employer or laws for the time being in force or any disciplinary action against the insured by the employer.
- ii. No benefit shall be payable under this benefit in connection with or in respect of:
 - Self-employed persons
 - Any claim relating to unemployment from a job which is casual, temporary, seasonal or contractual in nature or any claim relating to an employee not on the direct rolls of the employer, Any voluntary unemployment.
 - Unemployment due to downsizing; cost cutting closure etc. OR due to CI at the time of inception of the Policy Period or arising within the first 90 days of inception of the Policy Period.
- iii. No benefit shall be payable due to any unemployment from a job under which no Salary or any remuneration is provided to the Insured.
- iv. No benefit shall be payable due to any suspension from employment on account of any pending enquiry being conducted by the employer/Public Authority.
- v. No benefit shall be payable due to any unemployment due to resignation, retirement whether voluntary or otherwise.
- vi. No benefit shall be payable due to any unemployment due to non-confirmation of employment after or during such period under which the insured was under probation.

A.7. Loss of Job/ Earning

We shall pay up the limit, as specified in the Policy Schedule/ Certificate of Insurance towards loss of income, if the Insured Person suffers from Permanent Total Disablement, solely and directly due to an Accident or the Insured Person is diagnosed with covered Critical Illness (as listed in Benefit-A.2 Critical Illness), during the Policy Period, provided that:

- i. This benefit is available for Salaried and Self-employed individual.
- ii. The amount payable under this benefit is limited to equal to no. of Equated Monthly Instalments (EMIs) (for Salaried)/monthly earnings (for Self-Employed), as specified in the Policy Schedule/ Certificate of Insurance.
- iii. For Loan Linked Policies:
 - This benefit is available only for Fixed Sum Insured option and not for Reducing Sum Insured.
 - The pay-out for this benefit is as fixed at the outset and shall not be affected by any midterm change in EMI/interest rates.
 - In case where the Loans are prepaid before the end of the Policy Period, the opted number of EMIs in case of Loss of Job/ Earnings claims would be paid as per the original EMI Schedule opted under this benefit.
 - the total payout along with Permanent Total Disablement or Critical Illness shall not exceed 120% of the Loan amount
- iv. For Non-Loan Link Policies:
 - Income information will be based on the Certified Documents proving his/her annual income, average amount equal to 1/12th of his/her provided annual income subject to maximum as specified in Policy Schedule/ Certificate of Insurance.

For the purposes of this benefit, Certified Income Documents would refer to Income Tax returns, Income Tax assessment, Audited profit and loss A/C statement, CA (Chartered Accountant) certificate, certified balance sheet or any other valid/ legal statement proving his annual income.

A.8. Payment Protection

We shall pay additional amount to the limit, as specified in the Policy Schedule/ Certificate of Insurance, towards the re-payment of Loan, if the Insured Person suffers Accidental Death/ Permanent Total Disablement or Critical Illness (as listed in Benefit A.2), solely and directly due to an Accident during the Policy Period, provided that:

- i. Accidental Death or Permanent Total Disablement or covered Critical Illness occurs within 12 months from the date of the Accident
- ii. This benefit is available only with the Loan Linked Cover
- iii. The Sum Insured for this benefit along with Accidental Death/ Permanent Total Disablement/ Critical Illness shall not exceed 120% of the Loan amount.

A.9. Family Protection

We shall pay to the full extent of limit, as specified in the Policy Schedule/ Certificate of Insurance, if an Immediate Family member (Spouse, Parent) of the Primary Insured Person is covered and is diagnosed with one of the covered Critical Illness or involved in an Accident resulting in Accidental Death or Permanent Total Disability, during the Policy Period, provided that:

- i. This benefit is available only for Primary Insured Person has opted Benefit A.1.1 Accident Death or Benefit A.1.2 Permanent Total Disablement or Benefit A.2.1 Major Critical Illness.
- ii. This benefit is available only with the Loan Linked Policies.

A.10. Education Benefit

We shall pay to the limit, as specified in the Policy Schedule/ Certificate of Insurance for the education of the Insured's Dependent Children, if the Insured Person suffers Accidental Death/ Permanent Total Disablement, solely and directly due to an Accident or the Insured Person is diagnosed with covered Major Critical Illness, during the Policy Period, provided that:

- iii. This benefit is available only if Insured has opted Benefit A.1.1 Accident Death or Benefit A.1.2 Permanent Total Disablement or Benefit A.2 Critical Illness.
- iv. We have accepted the claim either under Benefit A.1.1 Accident Death or Benefit A.1.2 Permanent Total Disablement or Benefit A.2 Critical Illness.
- v. The Dependent children must be in full time education at an accredited educational institution.
- vi. The limit is applicable per member, irrespective of number of Dependent child/children.
- vii. For Loan Linked Policies, the total payout along with Accidental Death/ Permanent Total Disablement or Critical Illness shall not exceed 120% of the Loan amount.

A.1.1. Infectious Disease

We shall pay the lumpsum amount as specified in the Policy Schedule/ Certificate of Insurance, if the Insured Person suffers from any of the below listed Infectious disease which results in Hospitalization of the Insured Person, during the Policy Period, provided that:

- i. The Infectious disease is diagnosed for the first time to the Insured Person during the Policy Period.
- ii. Minimum 24/48 (as opted) hours of Hospitalization is must on the written advice of the Medical Practitioner and the Claim shall be payable on confirmatory diagnosis of the condition covered while the Insured Person is alive.
- iii. A Waiting Period of no. of days (as specified in the Policy Schedule/ Certificate of Insurance) is applicable at the commencement of the Policy.
- iv. This benefit is payable once during the lifetime of the Insured Person.
- v. The claim for Infectious disease is not a consequence of or arising out of any Pre-Existing condition/disease unless this condition is specifically waived by Us.

Infectious Disease List	
1.	Covid 19
2.	Diphtheria
3.	Malaria
4.	Amoebiasis
5.	Chikungunya
6.	Dengue
7.	Ebola
8.	Cholera
9.	Filariasis
10.	Kala Azar
11.	Leptospirosis
12.	Mucormycosis
13.	Nipah Virus
14.	Plague
15.	Swine Influenza, H1N1 Virus
16.	Tuberculosis
17.	Typhus
18.	Typhoid
19.	Zika Virus
20.	Pneumonitis
21.	SARS MERS
22.	Pneumonectomy
23.	Systemic Lupus Erythematosus with Lupus Nephritis

For the purpose of this cover, Infectious Diseases shall mean:

1. Covid 19:

A rapidly contagious infection caused by a virus from Coronavirus Family, transmitted from animals and spread through droplet circulation leading to fever, cough, mild to severe respiratory symptoms leading to the Complications like Pneumonia leading to Respiratory failure, cardiorespiratory arrest, Lung fibrosis, renal failure, septic shock. Evidence of major organ failure (kidney, heart, lungs or brain) should be produced requiring functional support (dialysis/ inotropes/ assisted ventilation/ encephalopathy monitoring).

2. Diphtheria:

Diphtheria is an upper respiratory tract infection which spreads through touch and droplets starts with thick coating of throat, swelling of glands in neck and fever. Resulting to Respiratory failure, Paralysis, Myocarditis or Polyneuropathy.

Evidence of culture / PCR positive should be produced.

3. Malaria:

Malaria fever is caused by a protozoan – Plasmodium through female anopheles mosquito resulting in fever, weakness, chills, headache, vomiting, and Jaundice leading to the complications like kidney failure, Seizures and cerebral malaria, Sepsis.

Evidence of platelet transfusion/ dialysis for malaria induced acute renal failure and / or assisted ventilation for malaria induced ARDS must be produced.

4. Amoebiasis:

Amoebiasis is an infection caused by Entamoeba Histolytica causing both intestinal and extraintestinal symptoms leading to the complications like Amoebic liver abscess. For the scope of this Policy extra intestinal manifestation/ complication is covered. Evidence of involvement and management must be produced.

5. Chikungunya:

Chikungunya is caused by virus through Aedes mosquitoes leading to fever, weakness and severe joint pains leading to the complications like Severe joint pain with disability, renal and pulmonary involvement. Evidence of Chikungunya related renal, pulmonary and/ or cerebral involvement must be produced.

6. Dengue:

Dengue fever is caused by the virus spread through Aedes mosquito bite resulting to fever, severe headache, vomiting, skin rash and life-threatening internal bleeding leading to complications like Platelets count < 40k, Septic shock, ARDS & acute kidney failure.

Evidence of platelet transfusion/ dialysis for dengue induced acute renal failure and / or assisted ventilation for dengue induced ARDS must be produced.

7. Ebola:

Ebola virus disease is a deadly disease which spreads from few animals like Monkeys, Bats etc., through body fluids and mucus membranes leading to Fever, severe body ache, rashes and Diarrhoea leading to the complications like Septic shock.

Evidence of Confirmed diagnosis and evidence of notification to authorities should be produced. There should be no international travel in last 30 days prior to diagnosis.

8. Cholera:

Cholera is an acute, diarrheal illness caused by infection of the intestine with the bacterium Vibrio cholerae and is spread by ingestion of contaminated food or water leading to the complications like Persons with severe cholera can develop acute renal failure, severe electrolyte imbalances and coma.

Evidence of Confirmed diagnosis and evidence of notification to authorities should be produced.

9. Filariasis:

Filariasis is caused when the lymphatic system is blocked by microfilaria parasite leading to permanent changes in the Limbs resulting in the complications like Permanent disability.

Evidence of Confirmed diagnosis, acute lymphangitis and evidence of treatment must be produced.

10. Kala Azar:

A chronic and potentially fatal parasitic disease of the viscera (the internal organs, particularly the liver, spleen, bone marrow and lymph nodes) due to infection by the parasite called Leishmania donovani leading to the complications like Anaemia, Septicaemia, Hyperpigmentation, Splenic Rupture.

Evidence of Confirmed diagnosis and evidence of notification to authorities should be produced.

11. Leptospirosis:

Leptospirosis is a bacterial infection that affects those spreads from contact of unhealed break or injured skin with contaminated water or soil resulting in the complications like Kidney and Liver failure, Sepsis.

Evidence of platelet transfusion/ dialysis for leptospirosis induced acute renal failure and / or assisted ventilation for leptospirosis induced.

ARDS must be produced.

12. Mucormycosis:

Mucormycosis is a type of fungal infection. It's relatively rare, but also very serious. Formally known as zygomycosis, this infection tends to occur most often if You have weakened immunity from an illness or health condition.

It's important to get treatment. If left untreated, mucormycosis can be fatal. It may lead to Brain infection, Paralysis, Pneumonia, Seizures.

Evidence of Confirmed diagnosis and evidence of complete treatment should be produced.

13. Nipah Virus:

Nipah Virus is caused by virus through Bats leading to drowsiness, disorientation and respiratory distress leading to the complications like Inflammation and irreversible damage to brain.

Evidence of Confirmed diagnosis and evidence of notification to authorities should be produced.

14. Plague:

Plague is a life-threatening bacterial infection to humans through fleas, contaminated fluid or droplets resulting to Severe Pneumonia and Septicaemia.

Evidence of Confirmed diagnosis and evidence of notification to authorities should be produced.

15. Swine Influenza Virus, H1N1 Virus:

A rapidly contagious infection transmitted from animals and spread through droplet circulation leading to fever, cough and severe respiratory symptoms leading to the complications like Pneumonia leading to Respiratory arrest, Lung fibrosis, renal failure, septic shock.

Evidence of Confirmed diagnosis by PCR and evidence of assisted ventilation for h1n1 induced ARDS should be produced.

16. Tuberculosis:

Tuberculosis is a chronic progressive infection caused by Mycobacterium tuberculosis in lungs, intestine, bones, nervous system and genital organs leading to the complications like Multi drug resistant tuberculosis and /or Tubercular meningitis.

Evidence of Confirmed diagnosis of XDR tuberculosis and evidence of Treatment should be produced. Tuberculosis in immune-compromised individuals (uncontrolled diabetes mellitus, on long term oral steroids, on cancer chemotherapy) is specifically excluded.

17. Typhus:

Typhus fevers are a Group of diseases caused by bacteria that are spread to humans by fleas, lice, and chiggers leading to the complications like Acute respiratory distress, septic shock, myocarditis, meningoencephalitis.

Evidence of Confirmed diagnosis by and evidence of complications like ARDS, septic shock, myocarditis or meningoencephalitis with specific treatment for the same should be produced.

18. Typhoid:

Typhoid fever also known as enteric fever caused by Salmonella enterica Typhi leading to Fever, Abdominal pain, weakness and rose-coloured rash leading to the complications: Ileal perforation and / or meningitis, Sepsis.

Evidence of Confirmed diagnosis by blood/ stool culture should be produced.

19. Zika Virus:

Zika virus is caused by virus through mosquito bite leading to fever, rash, muscle pain and Joint pain. Pregnant women can transfer the virus to the unborn child leading to the microcephaly leading to the complications like Birth defects in newborn.

Evidence of Confirmed diagnosis and evidence of notification to authorities should be produced.

20. Pneumonia:

Pneumonia involving at least one lobe of the lung and requiring Hospitalization is covered under the scope of this Policy. Evidence of Confirmed diagnosis by X-ray/ HRCT scan and evidence of treatment should be produced. Pneumonia in immune-compromised individuals (uncontrolled diabetes mellitus, on long term oral steroids, on cancer chemotherapy) is specifically excluded.

21. SARS MERS:

A rapidly contagious infection caused by a virus from Coronavirus Family, transmitted from animals and spread through droplet circulation leading to fever, cough, mild to severe respiratory symptoms leading to the Complications like Pneumonia leading to Respiratory failure, cardiorespiratory arrest, Lung fibrosis, renal failure, septic shock.

Evidence of Confirmed diagnosis, evidence of respiratory failure/ ARDS and evidence of notification to authorities should be produced.

B. Waiting Period

We are not liable to make any payment under the policy in connection with or in respect of following expenses till the expiry of Waiting Period mentioned below:

B.1. Pre-existing Diseases (Code-Excl01) - Not Applicable to Personal Accident Benefit:

- i. Expenses related to the treatment of a Pre-existing Diseases (PED) and its direct complications shall be excluded until the expiry of 36 months of continuous coverage after the date of inception of the first Policy with Us. However, this exclusion shall not be applicable, if explicitly specified by Us in the Policy Schedule/ Certificate of Insurance.
- ii. In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of Sum Insured increase.
- iii. If the Insured Person is continuously covered without any break as defined under the Portability norms of the extant IRDAI (Health Insurance) Regulations, then Waiting Period for the same would be reduced to the extent of prior coverage.

- iv. Coverage under the Policy after expiry of 36 months for any Pre-existing Disease is subject to the same being declared at the time of application and accepted by Us.

B.2. Specified disease/procedure Waiting Period (Code-Excl02) - Applicable to Major Surgical Procedures, Hospital Daily Cash, Convalescence/ EMI Protect benefit:

- i. Expenses related to the treatment of the listed Conditions; surgeries/treatments shall be excluded until the expiry of number of months (as Specified in Policy Schedule/ Certificate of Insurance) of continuous coverage after the date of inception of the first policy with us. This exclusion shall not be applicable for claims arising due to an Accident.
- ii. In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of Sum Insured increase.
- iii. 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.
- iv. The Waiting Period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
- v. If the Insured Person is continuously covered without any break as defined under the applicable norms on Portability stipulated by IRDAI, then Waiting Period for the same would be reduced to the extent of prior coverage.
- vi. List of specific diseases/ procedures -
 - I. 24 months waiting period
 1. Benign ENT disorders
 2. Tonsillectomy
 3. Adenoidectomy
 4. Mastoidectomy
 5. Tympanoplasty
 6. Hysterectomy
 7. All internal and external benign tumours, cysts, polyps of any kind, including benign breast lumps
 8. Benign prostate hypertrophy
 9. Cataract and age-related eye ailments
 10. Gastric/ Duodenal Ulcer
 11. Gout and Rheumatism
 12. Hernia of all types
 13. Hydrocele
 14. Non-Infective Arthritis
 15. Piles, Fissures and Fistula in anus
 16. Pilonidal sinus, Sinusitis and related disorder
 17. Prolapse inter Vertebral Disc and Spinal Diseases unless arising from accident
 18. Calculi in urinary system, Gall Bladder and Bile duct, excluding malignancy
 19. Varicose Veins and Varicose Ulcers
 20. Internal Congenital Anomalies
 - II. 36 Months waiting period
 1. Treatment for joint replacement unless arising from accident
 2. Age-related Osteoarthritis & Osteoporosis

B.3. First Thirty Days Waiting Period (Code-Excl 03):

- i. Expenses related to the treatment of any Illness within 30 days from the first Policy Commencement Date shall be excluded excepts claims arising due to an Accident, provided the same are covered. However, this exclusion shall not be applicable, if explicitly specified by Us in the Policy Schedule/ Certificate of Insurance.
- ii. This exclusion shall not, however, apply if the Insured Person has continuous coverage for more than 12 months.
- iii. The within referred Waiting Period is made applicable to the enhanced Sum Insured in the event of granting higher Sum Insured subsequently.

C. Exclusions (Applicable to all benefits under the Policy)

We will not make any payment for any claim in respect of any Insured Person directly or indirectly for, caused by, arising from or in any way attributable to any of the following unless expressly stated to the contrary in this Policy.

C. 1. Standard Exclusions (Applicable to all Benefits under Section-A Scope of Cover)

1. Investigation & Evaluation (Code: Excl04):

- a. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.
- b. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment.

2. Rest Cure, rehabilitation and respite care (Code: Excl05):

- a. Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
 - Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
 - Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

3. Obesity/ Weight Control (Code: Excl06):

Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:

- a. Surgery to be conducted is upon the advice of the Doctor
- b. The Surgery/Procedure conducted should be supported by clinical protocols
- c. The member has to be 18 years of Age or older and
- d. Body Mass Index (BMI);
 - greater than or equal to 40 or
 - greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
 - o Obesity-related cardiomyopathy
 - o Coronary heart disease
 - o Severe Sleep Apnea
 - o Uncontrolled Type2 Diabetes

4. Change of Gender Treatments (Code- Excl07):

Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex. However, such exclusion shall not be applicable to respective Insured Person to comply with Transgender Persons (Protection of Rights) Act, 2019.

5. Cosmetic or Plastic Surgery (Code: Excl08):

Expenses for cosmetic or plastic Surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.

6. Hazardous or Adventure sports (Code: Excl09):

Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.

7. Breach of law (Code: Excl10):

Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.

8. Excluded Providers (Code: Excl11):

Expenses incurred towards treatment in any Hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the Policy Holders are not admissible. However, in case of life-threatening situations or following an Accident, expenses up to the stage of stabilization are payable but not the complete claim (For updated and detailed list of Excluded Providers refer website- <https://www.sbigeneral.in/>).

9. Substance Abuse and Alcohol (Code: Excl12):

Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof.

10. Wellness and Rejuvenation (Code: Excl13):

Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons.

11. Dietary Supplements & Substances (Code: Excl14):

Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a Medical Practitioner as part of Hospitalization claim or day care procedure.

12. Refractive Error (Code: Excl15):

Expenses related to the treatment for correction of eyesight due to refractive error less than 7.5 dioptries.

13. Unproven Treatments-Code (Code: Excl16):

Expenses related to any Unproven Treatment, services and supplies for or in connection with any treatment. Unproven Treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.

14. Sterility and Infertility (Code: Excl17):

Expenses related to sterility and infertility. This includes:

- a. Any type of contraception, sterilization
- b. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
- c. Gestational Surrogacy
- d. Reversal of sterilization

15. Maternity (Code- Excl18):

- i. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during Hospitalization) except ectopic pregnancy;
- ii. Expenses towards miscarriage (unless due to an Accident) and lawful medical termination of pregnancy during the Policy Period. However, this exclusion shall not be applicable, if explicitly specified by Us in the Policy Schedule/Certificate of Insurance.

C. 2. Specific Exclusions (Applicable to all Benefits under Section-3 Scope of Cover)

1. Any Illness, or Accident-causing Injury, which has occurred prior to the Risk Inception Date.
2. Death or disablement caused by or arising from Bacterial / Viral infections (except pyogenic infection which occurs through an Accidental cut or wound).
3. Death or disablement caused by treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.
4. Death or disablement, any critical Illness, expenses caused by participation of the Insured Person in any flying activity, except as a bona fide, fare-paying passenger of a recognized airline on regular routes and on a scheduled timetable.
5. Death or disablement, any critical Illness, expenses arising from or caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack.
 - a. Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any Illness, incapacitating disablement or death.
 - b. Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) microorganisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any Illness, incapacitating disablement or death.
6. Death or disablement, any critical Illness, expenses caused due to Suicide or attempted Suicide, intentional self-inflicted Injury or acts of self-destruction.
7. Death or disablement, any critical Illness, expenses arising out of or attributable to War (declared or not) or war like occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture, arrest, restraints and detainment of all kinds
8. Any physical, medical condition or treatment or service that is specifically excluded in the Policy.
9. Circumcision unless necessary for treatment of a disease, Illness or Injury not excluded hereunder, or as may be necessitated due to an Accident.
10. Treatment taken outside India unless specifically covered and specified in the Policy Schedule/ Certificate of Insurance.
11. Any medical procedure or treatment, which is not medically necessary or not performed by a Doctor/Treating Medical Practitioner.
12. All expenses related to donor treatment, including screening, Surgery to remove organs from the donor, in case of transplant Surgery.
13. Congenital external diseases, defects or anomalies or in consequence thereof.
14. Treatment related to any unrecognized systems of medicine.
15. Deliberate exposure to exceptional danger (except in an attempt to save human life)
16. Domiciliary Hospitalization and Out-patient treatment.
17. Training for or participating in professional sport of any kind or any sport for which the insured receives a Salary or monetary reimbursement, including grants or sponsorship.
18. All preventive care, Vaccination including Inoculation and Immunizations (except in case of post bite treatment) and tonics.
19. Hormone Replacement Therapy
20. Dental, Orthodontics, Periodontics, Endodontics or any preventative dentistry no matter who gives the treatment
21. Ear or body piercing and tattooing or treatment needed as a result of any of these.
22. Hospitalization for the sole purpose of traction, physiotherapy or any ailment for which Hospitalization is not warranted due to advancement in medical technology.
23. Treatment by a family member and self-medication or any treatment that is not scientifically recognized.
24. Routine medical, dental, eye and ear examinations.
25. Any medical treatment taken outside India, unless otherwise agreed by Us as specified in the Policy Schedule/ Certificate of Insurance.

26. Hospitalization for donation of any body organs by an Insured including complications arising from the donation of organs.
27. Prostheses, corrective devices, medical appliances, external medical equipment of any kind used at home as post Hospitalization care including cost of instrument used in the treatment of Sleep Apnoea Syndrome (C.P.A.P), Continuous Peritoneal Ambulatory Dialysis (C.P.A.D) and Oxygen concentrator for Bronchial Asthmatic condition, unless agreed by Us and as Specified in the Policy Schedule/ Certificate of Insurance.
28. Vaccination or inoculation except as post bite treatment for animal bite.
29. Outpatient diagnostic, medical and Surgical Procedures or treatments, non-prescribed drugs and medical supplies, hormone replacement therapy, unless agreed by Us and as specified in the Policy Schedule/ Certificate of Insurance.
30. Dental treatment or Surgery of any kind unless requiring Hospitalization as a result of Accidental Bodily Injury, unless agreed by Us and as Specified in the Policy Schedule/ Certificate of Insurance.
31. Venereal/ Sexually Transmitted disease.
32. Certification/ diagnosis/ treatment from person not registered as Medical Practitioners, or from a Medical Practitioner who is practicing outside the discipline that he / she is licensed for.

C. 3. Permanent Exclusions

In respect of the existing diseases, disclosed by the Insured Person and mentioned in the Policy Schedule/ Certificate of Insurance (based on Insured's consent), Policy Holder is not entitled to get the coverage for specified ICD codes.

Sr No	Disease	ICD Code
1	Sarcoidosis	D86.0-D86.9
2	Malignant Neoplasms	C00-C14 Malignant neoplasms of lip, oral cavity and pharynx, • C15-C26 Malignant neoplasms of digestive organs, • C30-C39 Malignant neoplasms of respiratory and intrathoracic organs• C40-C41 Malignant neoplasms of bone and articular cartilage• C43-C44 Melanoma and other malignant neoplasms of skin • C45-C49 Malignant neoplasms of mesothelial and soft tissue • C50-C50 Malignant neoplasms of breast • C51-C58 Malignant neoplasms of female genital organs•C60-C63Malignant neoplasms of male genital organs • C64-C68 Malignant neoplasms of urinary tract • C69-C72 Malignant neoplasms of eye, brain and other parts of central nervous system • C73-C75 Malignant neoplasms of thyroid and other endocrine glands • C76-C80 Malignant neoplasms of ill-defined, other secondary and unspecified sites • C7A-C7A Malignant neuroendocrine tumours •C7B-C7B Secondary neuroendocrine tumours • C81-C96 Malignant neoplasms of lymphoid, hematopoietic and related tissue• D00-D09 In situ neoplasms • D10-D36 Benign neoplasms, except benign neuroendocrine tumours • D37-D48 Neoplasms of uncertain behaviour, polycythaemiavera and myelodysplastic syndromes • D3A-D3A Benign neuroendocrine tumours • D49-D49 Neoplasms of unspecified behaviour
3	Epilepsy	G40 Epilepsy
4	Heart Ailment Congenital heart disease and valvular heart disease	I49 Other cardiac arrhythmias, (I20-I25)Ischemic heart diseases, I50 Heart failure, I42 Cardiomyopathy; I05-I09 - Chronic rheumaticheart diseases. • Q20 Congenital malformations of cardiac chambers and connections • Q21 Congenital malformations of cardiac septa • Q22 Congenital malformations of pulmonary and tricuspid valves • Q23 Congenital malformations of aortic and mitral valves • Q24 Other congenital malformations of heart • Q25 Congenital malformations of great arteries • Q26 Congenital malformations of great veins • Q27 Other congenital malformations of peripheral vascular system• Q28 Other congenital malformations of circulatory system • I00-I02 Acute rheumatic fever • I05-I09 • Chronic rheumatic heart diseases Nonrheumatic mitral valve disorders mitral (valve): • disease (I05.9) • failure (I05.8) • stenosis (I05.0). When of unspecified cause but with mention of: • diseases of aortic valve (I08.0), • mitral stenosis or obstruction (I05.0) when specified as congenital (Q23.2, Q23.3) when specified as rheumatic (I05), I34.0Mitral (valve) insufficiency • Mitral (valve): incompetence / regurgitation - • NOS or of specified cause, except rheumatic, I 34.1to I34.9 - Valvular heart disease.
5	Cerebrovascular disease (Stroke)	I67 Other cerebrovascular diseases, (I60-I69) Cerebrovascular diseases
6	Inflammatory Bowel Diseases	K 50.0 to K 50.9 (including Crohn's and Ulcerative colitis) K50.0 - Crohn's disease of small intestine; K50.1 -Crohn's disease of large intestine; K50.8 - Other Crohn's disease; K50.9 - Crohn's disease, unspecified. K51.0 - Ulcerative (chronic) enterocolitis; K51.8 -Other ulcerative colitis; K51.9 - Ulcerative colitis, unspecified.
7	Chronic Liver diseases	K70.0 To K74.6 Fibrosis and cirrhosis of liver; K71.7 - Toxic liver disease with fibrosis and cirrhosis of liver; K70.3 - Alcoholic cirrhosis of liver; I98.2 - K70.-Alcoholic liver disease; Oesophagealvarices in diseases classified elsewhere. K 70 to K 74.6 (Fibrosis, cirrhosis, alcoholic liver disease, CLD)

8	Pancreatic diseases	K85-Acute pancreatitis; (Q 45.0 to Q 45.1) Congenital conditions of pancreas, K 86.1 to K 86.8 - Chronic pancreatitis
9	Chronic Kidney disease	N17-N19) Renal failure; I12.0 - Hypertensive renal disease with renal failure; I12.9 Hypertensive renal disease without renal failure; I13.1 - Hypertensive heart and renal disease with renal failure; I13.2 - Hypertensive heart and renal disease with both (congestive) heart failure and renal failure; N99.0 - Post procedural renal failure; O08.4 - Renal failure following abortion and ectopic and molar pregnancy; O90.4 - Postpartum acute renal failure; P96.0 - Congenital renal failure. Congenital malformations of the urinary system (Q 60 to Q64), diabetic nephropathy E14.2, N.083
10	Hepatitis B	B16.0 - Acute hepatitis B with delta-agent (coinfection) with hepatic coma; B16.1 - Acute hepatitis B with delta-agent (coinfection) without hepatic coma; B16.2 - Acute hepatitis B without delta-agent with hepatic coma; B16.9 -Acute hepatitis B without delta-agent and without hepatic coma; B17.0 -Acute delta- (super)infection of hepatitis B carrier; B18.0 -Chronic viral hepatitis B with delta-agent; B18.1 -Chronic viral hepatitis B without delta-agent;
11	Alzheimer's Disease, Parkinson's Disease	G30.9 - Alzheimer's disease, unspecified; F00.9 - G30.9Dementia in Alzheimer's disease, unspecified, G20 - Parkinson's disease.
12	Demyelinating disease	G.35 to G 37
13	HIV & AIDS	B20.0 - HIV disease resulting in mycobacterial infection; B20.1 - HIV disease resulting in other bacterial infections; B20.2 - HIV disease resulting in cytomegaloviral disease; B20.3 - HIV disease resulting in other viral infections; B20.4 - HIV disease resulting in candidiasis; B20.5 - HIV disease resulting in other mycoses; B20.6 - HIV disease resulting in Pneumocystis carinii pneumonia; B20.7 - HIV disease resulting in multiple infections; B20.8 - HIV disease resulting in other infectious and parasitic diseases; B20.9 - HIV disease resulting in unspecified infectious or parasitic disease; B23.0 - Acute HIV infection syndrome; B24 - Unspecified human immunodeficiency virus [HIV] disease
14	Loss of Hearing	H90.0 - Conductive hearing loss, bilateral; H90.1 - Conductive hearing loss, unilateral with unrestricted hearing on the contralateral side; H90.2 - Conductive hearing loss, unspecified; H90.3 - Sensorineural hearing loss, bilateral; H90.4 - Sensorineural hearing loss, unilateral with unrestricted hearing on the contralateral side; H90.6 - Mixed conductive and sensorineural hearing loss, bilateral; H90.7 - Mixed conductive and sensorineural hearing loss, unilateral with unrestricted hearing on the contralateral side; H90.8 - Mixed conductive and sensorineural hearing loss, unspecified; H91.0 - Ototoxic hearing loss; H91.9 - Hearing loss, unspecified
15	Papulosquamous disorder of the skin	L40 - L45 Papulosquamous disorder of the skin including psoriasis lichen planus
16	Avascular necrosis (osteonecrosis)	M 87 to M 87.9

D. General Terms and Clauses (Applicable to All Benefits under the Policy)

D. 1. Standard Terms and Conditions

1. 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 Policy Holder.

2. 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 Sum Insured only on the enhanced limits.

3. Possibility of Revision of terms of the Policy including the Premium Rates

The Company, with prior approval of IRDAI, may revise or modify the terms of the Policy including the premium rates. The Insured Person shall be notified three (3) months before the changes are affected.

4. Cancellation

a. Cancellation by You:

The Insured Person may cancel this Policy at any time by giving Us written notice in 15-days written notice and In such an event, We shall refund premium for the unexpired Policy Period as detailed below.

I. For Fixed Sum Insured Plans with 1 Year term:

Refund proportionate premium for unexpired Policy Period, if the term of Policy up to one year and there is no Claim(s) made during the Policy Period.

II. For Fixed Sum Insured Plans with greater than 1 Year term:

Refund premium for the unexpired Policy Period, in respect of policies with term more than 1 year and risk coverage for such Policy Years has not commenced i.e. proportionate refund for the unexpired whole years.

III. For Reducing Sum Insured Plans with up to 5 Year term:

Refund premium for the unexpired Policy Period, in respect of policies with term more than 1 year and risk coverage for such Policy Years has not commenced (i.e. unexpired whole years) multiplied by the following factor based on Policy Period and Loan Tenure:

Policy Period	1 Year	2 Years	3 Years	4 Years	5 Years	5 Years	5 Years	5 Years
Loan Period	1 Year	2 Years	3 Years	4 Years	5 Years	6-10 Years	11-20 Years Above	21 Years &
Factor for Premium Refund	60%	60%	60%	60%	60%	85%	95%	99%

Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by Insured Person under this Policy.

b. Cancellation by Us:

We reserve the right to cancel this Policy from inception immediately upon becoming aware of any misrepresentation, fraud, nondisclosure of Material Facts or non-cooperation by or on behalf of You. No refund of premium shall be allowed in such cases.

5. Free Look Period

- Every Policy Holder of new individual health insurance policies except those with tenure of less than a year, shall be provided a free look period of 30 days beginning from the date of receipt of Policy document, whether received electronically or otherwise, to review the terms and conditions of such Policy.
- In the event a Policy Holder disagrees to any of the Policy terms or conditions, or otherwise and has not made any claim, he/she shall have the option to return the Policy to the Insurer for cancellation, stating the reasons for the same.
- Irrespective of the reasons mentioned, the Policy Holder shall be entitled to a refund of the premium paid subject only to a deduction of a proportionate risk premium for the period of cover and the expenses, if any, incurred by the Insurer on medical examination of the Proposer and stamp duty charges.
- A request received by Insurer for cancellation of the Policy during free look period shall be processed and premium shall be refunded within 7 days of receipt of such request, as stated at sub regulation (c) above.

6. Deletion of Insured during the policy period

Mid-term deletion only allowed on account of death of the Insured Person, pro-rata refund of premium of the deceased Insured Person for the balance period of the Policy will be effective. Provided no claim has been made.

7. Withdrawal of the Policy

In the likelihood of this product being withdrawn in future, the Company will intimate the Insured Person about the same 90 days prior to expiry of the Policy.

8. Claim Settlement (Provision for Penal Interest)

- The Company shall settle or reject a claim as the case may be, 30 days from the date of receipt of last necessary document.
- In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the Policy Holder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the Bank Rate.
- However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document- In such cases, the Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document.
- In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the Policy Holder at a rate 2% above the Bank Rate from the date of receipt of last necessary document to the date of payment of claim.

(Explanation: Bank Rate means Bank rate fixed by the Reserve Bank of India (RBI) which is prevalent as on 1st day of the financial year in which the claim has fallen due).

9. Complete Discharge

Any payment to the Insured Person or his/her Nominees or his/her legal representative or assignee or to the Hospital, as the case may be, for any benefit under the Policy shall be valid discharge towards payment of claim by the Company to the extent of that amount for the particular claim.

10. Migration

The Insured Person will have the option to migrate the Policy to other health insurance products/plans offered by the Company by applying for Migration of the Policy at least 30 days before the Policy Renewal date as per IRDAI guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the Company, the Insured Person is entitled to transfer the Credits gained to the extent of the Sum Insured, No Claim Bonus, Specific Waiting Periods, Waiting Period for Pre-existing Diseases, Moratorium Period etc. in the previous Policy to the Migrated Policy.

For Detailed Guidelines on Migration, kindly refer the link-

<https://content.sbigeneral.in/uploads/c6a2844dd65446019b130ffbae1fa20f.pdf>

11. Portability

The Insured Person will have the option to port the Policy to other Insurers by applying to such Insurer to port the entire Policy along with all the members of the Family, if any, at least 45 days before, but not earlier than 60 days from the Policy Renewal date as per IRDAI guidelines related to Portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance Policy with an Indian General/Health Insurer, the proposed Insured Person is entitled to transfer the Credits gained to the extent of the Sum Insured, No Claim Bonus, Specific Waiting Periods, Waiting Period for Pre-existing Diseases, Moratorium Period, etc. from the existing Insurer to the acquiring Insurer in the previous Policy.

For Detailed Guidelines on Portability, kindly refer the link-

<https://content.sbigeneral.in/uploads/c6a2844dd65446019b130ffbae1fa20f.pdf>

12. Renewal of Policy

- The Policy shall ordinarily be renewable provided the product is not withdrawn, except on grounds of established fraud or non-disclosure or misrepresentation by the Insured Person.
- The Company shall endeavor to give notice for Renewal. However, the Company is not under obligation to give any notice for Renewal.
- Renewal shall not be denied on the ground that the Insured Person had made a Claim or Claims in the preceding Policy Years.
- Request for Renewal along with the requisite premium shall be received by the Company before the end of the Policy Period.
- At the end of the Policy Period, the Policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without Break in Policy. Coverage is not available during the Grace Period.
- No loading shall apply on Renewals based on individual Claims experience.

13. Redressal of Grievance

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 22 1111 / 1800 102 1111 (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>).

Note: The contact details of Ombudsman offices are attached as Annexure 1 to this Policy document.

D. 2. Specific Conditions

1. Age Limit

- To be eligible to be covered under the Policy or get any benefits under the Policy, the Insured Person should have attained the Age of at least 18 years on the date of commencement of the Policy.
- Dependent children can be covered from 3 years and up to 30 years of Age other than Education benefit.

2. Policy Tenure

- Loan Linked Policy: Policy Period - As per the Loan tenure up to maximum 5 Years.
- Non-Loan Linked Policy: Policy Period - 1 year.
- Personal Accident Policy: Policy Period - 3 months to 5 years.

3. Policy Type

Policy will be available on Individual Sum Insured basis only.

4. Sum Insured

- Sum Insured will be on Per year basis as mentioned in Policy Schedule/ Certificate of Insurance.
- For Loan Linked Policy Insured Person will have option to choose the Sum Insured on

- i. Fixed Sum Insured
- ii. Reducing Sum Insured

5. Arbitration Clause

The parties to the contract may mutually agree and enter into a separate Arbitration Agreement to settle any and all disputes in relation to this Policy. Arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996.

6. Alterations in the Policy

The Proposal Form, Certificate of Insurance, and Policy Schedule constitute the complete contract of insurance. This Policy constitutes the complete contract of insurance. No change or alteration shall be valid or effective unless approved in writing by us, which approval shall be evidenced by a written endorsement signed and stamped by Us. All endorsement requests will be made by the Policy Holder and/or the Insured Person only. This Policy cannot be changed by anyone (including an insurance agent or broker) except Us.

7. Renewal Conditions

- a. This Policy may be renewed by mutual consent and in such event; the Renewal premium shall be paid to Us on or before the date of expiry of the Policy or of the subsequent Renewal thereof.
- b. The Policy is ordinarily lifelong renewable unless You or anyone acting on behalf of You has acted in a fraudulent manner or any misrepresentation under or in relation to this Policy or Renewal of the Policy poses a moral hazard.
- c. We shall endeavor to give notice for Renewal. however, We are not under obligation to give any notice for Renewal.
- d. Renewal shall not be denied on the ground that the Insured Person had made a claim or claims in the preceding Policy Years.
- e. Request for Renewal along with requisite premium shall be received by Us before the end of the Policy Period.
- f. Your premium will also change if any changes in Sum Insured and/or the terms.
- g. A Grace Period of 30 days for Renewals is permissible and the Policy will be considered as continuous for the purpose of all Waiting Periods. However, any treatment availed for an Illness contracted during the Grace Period will not be admissible under the Policy. For Renewal received after completion of 30 days Grace Period, the Policy would be considered as a fresh Policy.
- h. In Loan linked proposals, Policy shall not be renewed, and the Insured Person shall not be eligible for Renewal of this Policy if there is no Principal Outstanding Loan for which this Policy was issued.
- i. In case of Employer-Employee relationship, this Policy will be renewed only up to the date the employee reaches his retirement age, as per the provisions of the contract of employment between employee & employer.

8. Material Change

The Insured Person shall notify the Company in writing of any material change in the risk in relation to the declaration made in the Proposal Form or medical examination report at each Renewal and the Company may, adjust the scope of cover and / or premium, if necessary, accordingly.

9. Notice and Communication

- a. Any notice, direction, instruction, or any other communication related to the Policy should be made in writing.
- b. Such communication shall be sent to the address of the Company or through any other electronic modes specified in the Policy Schedule/ Certificate of Insurance.
- c. The Company shall communicate to the Insured at the address or through any other electronic mode Specified in the Schedule/ certificate of insurance.

10. Premium

The premium payable under this Policy shall be paid in accordance with the Schedule of payments in the Policy Schedule/ Certificate of Insurance agreed between the Policy Holder and Us in writing. No receipt for premium shall be valid except on Our official form signed by Our duly authorized official. The due payment of premium and realization thereof by Us and the observance and fulfilment of the terms, provisions, conditions and endorsements of this Policy by the Insured Person in so far as they relate to anything to be done or complied with by the Insured Person shall be a Condition Precedent to Our liability to make any payment under this Policy.

11. Records to be Maintained

The Insured Person shall keep an accurate record containing all relevant medical records and shall allow the Company or its representatives to inspect such records. The Insured Person shall furnish such information as the Company may require for settlement of any claim under the Policy, within reasonable time limit and within the time limit specified in the Policy.

12. Territorial Jurisdiction

All disputes or differences under or in relation to the interpretation of the terms, conditions, validity, construct, limitations and/or exclusions contained in the Policy shall be determined by the Indian court and according to Indian law.

13. Terms and Conditions of the Policy

The terms and conditions contained herein and, in the Policy Schedule/ Certificate of Insurance shall be deemed to form part of the Policy and shall be read together as one document.

14. Alterations in the Policy

The Proposal Form, Policy Schedule/ Certificate of Insurance constitute the complete contract of insurance. This Policy constitutes the complete contract of insurance between the Policy Holder and Us. No change or alteration will be effective or valid unless approved in writing which will be evidenced by a written endorsement, signed, and stamped by Us. All endorsement requests will be made by the Policy Holder and/or the Insured Person only. This Policy cannot be changed by anyone (including an insurance agent or broker) except Us.

15. Revision and Modification of the Policy Product

- Any revision or modification will be done with the approval of the Product Management Committee of the Company. We shall notify You about revision /modification in the Policy including premium payable thereunder. Such information shall be given to You at least ninety (90) days prior to the effective date of modification or revision coming into effect.
- Existing Policy will continue to remain in force till its expiry, and revision will be applicable only from the date of next Renewal. Credit of continuity/Waiting Periods for all the previous Policy Years would be extended in the new Policy on Renewal with Us.

16. Conditions when a Claim Arises

Compliance with Policy Provisions Failure by You or the Insured Person to comply with any of the provisions in this Policy shall invalidate all claims hereunder.

Claims Procedure:

Procedures	
Claim Intimation	<p>If Insured meet with any Accidental bodily Injury or suffer an Illness that may result in a claim, then as a Condition Precedent to Our liability, Insured must comply with the following claim procedures.</p> <p>Call Toll free customer care number 1800 22 1111/1800 102 1111</p> <p>E-mail to customer.care@sbigeneral.in</p> <p>SMS "CLAIM" to 561612</p> <p>Website (www.sbigeneral.in) -> Claim Intimation (Section)</p> <p>Visit to SBI General branch office for submission of claim intimation letter.</p>
Particulars to be provided to Us for Claim notification	<ol style="list-style-type: none"> Policy Number Name of the Insured Person(s) named in the Policy Schedule/ Certificate of Insurance availing treatment Nature of disease/Illness/Injury Name and address of the attending Medical Practitioner Hospital Date and time of event if applicable Date of admission

- Below is the document list required for claim submission

Sr No	List of Documents / Information
1	Duly Filled and Signed Claim Form
2	Certified copy of Discharge Summary (If Applicable)
3	Certified copy of Medical Records (Indoor Case Papers, OT notes, PAC Notes etc (If Applicable)
4	Certified copy of Hospital Main Bill with detailed break-up (If Applicable)
5	Certified copies of Consultation Papers (If Applicable)
6	Certified copies of Investigation Reports (If Applicable)
7	Digital Images/CDs of the Investigation Procedures (If Required)
8	Certified copies of MLC/FIR Report (If Applicable)
9	Certified copy of Postmortem Report (If Applicable)
10	Certified copy of disability Certificate (If Applicable)
11	Certified copy of attending Physician Certificate (If Applicable)
12	Certified copy of Death Certificate (If Applicable)
13	KYC (Photo ID card) (If Applicable)
14	Bank Details with Cancelled Cheque (If Applicable)

The above list is indicative, Any additional documents may be called as required based on the circumstances of the claim.

- Claim Documents Submission Address

All claim related documents need to be sent to below address within 30 days of date of discharge from Hospital.

Please do mention appropriate claim number on claim documents dispatched.

Accident & Health claims team

SBI General Insurance Company Limited

9th Floor, Westport, Pan Card Club Road, Baner, Pune, Maharashtra - 411045
- Scrutiny and Investigation of Claim

We will scrutinize the claim based on submission of above claim documents by You and if any deficiency in document We will intimate You in writing within 7 days from the date of submission of claim documents. We will initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document.

- **Claim Assessment**
We will pay fixed amounts as specified in the applicable Sections in accordance with the terms of this Policy. We are not liable to make any payments that are not specified in the Policy.
- **Condonation of Delay**
If the claim is not notified/ or submitted to Us within the specified time limits, then We shall be provided the reasons for the delay in writing. We will condone such delay on merits where the delay has been proved to be for reasons beyond the claimant's control.
- **Payment of Claim**
All claims under the Policy shall be payable in Indian currency only.

17. Contact us

For any product or service related information or assistance, here's how you can reach Us.

Contact details for Policy Servicing	Contact details for Claim Servicing
SBI General Insurance Company Limited, Address: 9th Floor, Wing A & B, Fulcrum, Sahar Road, Andheri (East), Mumbai – 400 099. Email: customer.care@sbigeneral.in ; seniortcitizengrievances@sbigeneral.in (for Senior Citizens) Toll Free number: 1800221111, 18001021111 (24/7). Website: www.sbigeneral.in	Accident & Health claims team, SBI General Insurance Company Limited, Address: 9th Floor, Westport, Pan Card Club Road, Baner, Pune, Maharashtra – 411 045. Email: sbig.health@sbigeneral.in Toll Free number: 1800 210 3366, 1800 210 6366 Website: www.sbigeneral.in

Section 7: Schedule of Benefits

SBI General Comprehensive Protection Policy	
Entry Age	18 Years - 80 Years
Policy Period	For Non-Credit Linked Policy - 1 Year For Credit Linked Policy - 1 Year to 5 Years on Fixed SI basis or Reducing SI basis For Personal Accidental Policy - 3 months to 5 years
Payout Basis	Fixed Benefit

Covers Details		Fixed/Reducing SI	Loan/Non-Loan Linked
Personal Accident	Accidental Death (AD)	Fixed & Reducing SI	Loan/Non-Loan Linked
	Permanent Total Disablement (PTD)	Fixed & Reducing SI	Loan/Non-Loan Linked
	Permanent Partial Disablement (PPD)	Fixed & Reducing SI	Loan/Non-Loan Linked
	Temporary Total Disablement (TTD)	Fixed SI	Loan/Non-Loan Linked
	Broken Bones	Fixed SI	Loan/Non-Loan Linked
	Burns	Fixed SI	Loan/Non-Loan Linked
	Mobility Extension	Fixed SI	Loan/Non-Loan Linked
Critical Illness	1. Major CI - Option 1: 9/10/12 /15/18/20/25/30/40/50/60 CIs Option:2 1) Cancer 2) Cardiac 3) Cancer + Cardiac 4) Cardiac + Nervous 5) Cancer + Cardiac + Nervous 6) Cardiac + Nervous + Other 7) Cancer + Cardiac + Nervous + Other 3. Early-Stage (Minor) CI - 25% of SI, max up to 5L	Fixed & Reducing SI	Loan/Non-Loan Linked

Major Surgical Procedures	Fixed SI	Loan/Non-Loan Linked
Hospital Daily Cash	Fixed SI	Loan/Non-Loan Linked
Convalescence/ EMI Protect	Fixed SI	Loan/Non-Loan Linked
Loss of Salary	Fixed SI	Loan Linked
Loss of Job/ Earning	Fixed SI	Loan/Non-Loan Linked
Payment Protection	Fixed SI	Loan Linked
Family Protection	Fixed SI	Loan Linked
Education Benefit	Fixed SI	Loan/Non-Loan Linked
Infectious Disease	Fixed SI	Non-Loan Linked

Note:

1. Education Benefit and Family Protection which can be purchased with Critical Illness or Personal Accident Cover.
2. Either Hospital Daily Cash or Convalescence/ EMI Protect, one cover can be opted.
3. Permanent Partial Disability, Temporary Total Disablement, Burns, Broken Bones can be purchased either with Accidental Death and/or Permanent Total Disablement.
4. Mobility Extension can be purchased with Permanent Total Disablement.

Disclaimer

This is only a summary of the product features. The actual benefits available are as described in the Policy, and will be subject to the Policy terms, conditions and exclusions. Please seek the advice of our insurance advisor if you require any further information or clarification.

Statutory Warning

Section 41 of Insurance Act 1938 (Prohibition of Rebates)

1. No person shall allow or offer to allow either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to life or property in India any rebate of the whole or part of the commission payable or any rebate of premium shown on the Policy nor shall any person taking out or renewing or continuing a Policy accept any rebate except such rebate as may be allowed in accordance with the prospectus or tables of the insurers.
2. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.