CUSTOMER INFORMATION SHEET / KNOW YOUR POLICY

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

SI. No.	Title	Description (Please refer to applicable policy clause number in next column)	Policy Clause Number
1.	Name of Insurance Product/ Policy	**Surrogacy and Oocyte Donor Suraksha**	
2.	Policy Number	XXXXXXXXXXXXXXXXXXXXXX	
3.	Type of Insurance Product/ Policy	Indemnity	
4.	Sum Insured (Basis)	**Individual Sum Insured** <table><tr><td>Sr. No.</td><td>Insured Name</td><td>Base Sum Insured</td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></table> **Note:** This is the base Sum Insured for policy. Please refer the policy schedule for cover wise Sum Insured.	
5.	Policy Coverage (What the Policy Covers)	**Covers expenses with respect of:** • In Patient Hospitalization – Hospitalization cover for ➤ Complications arising out of pregnancy during **Surrogacy** and post-partum delivery complications for the **Surrogate Mother**. Or ➤ Complications arising due to oocyte retrieval with respect to the **Oocyte Donor.** • **Day Care Treatment** – Medical Expenses for day care procedures up to sum insured. • **Road Ambulance Cover** - Medical Expenses related to Road Ambulance services up to the limit specified in the policy schedule.	Section 3: Scope of Cover

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6.	**Exclusions (What the policy does not cover)**	Following is a partial list of the policy exclusions. Please refer to the policy document for the complete list of exclusions: a) Investigation and Evaluation (Code - Excl 04) b) Rest Cure, rehabilitation, and respite care (Code - Excl 05) c) Obesity / Weight Control (Code - Excl 06) d) Change of Gender Treatments (Code - Excl 07) e) Cosmetic or Plastic Surgery (Code - Excl 08) f) Hazardous or Adventure Sports (Code - Excl 09) g) Breach of Law (Code - Excl 10) h) Excluded Providers (Code - Excl 11) i) Treatment for alcoholism, drug or substance abuse or any addictive condition and consequences thereof (Code - Excl 12) j) Treatments received in heath hydros, nature cure clinics, spas or similar establishments or private beds (Code - Excl 13). k) Dietary supplements and substances that can be purchased without prescription (Code - Excl 14) l) Refractive Error (Code - Excl 15) m) Unproven Treatments (Code - Excl 16) n) Sterility and Infertility (Code - Excl 17) o) Maternity (Code - Excl 18)	Section 5: Exclusions
7.	**Waiting period**	**Initial Waiting Period:** 30 days from the first Rider Commencement Date shall be excluded excepts claims arising due to an accident, provided the same are covered.	Section 4: Waiting Period
8.	**Financial Limits of the Coverage**	The policy will pay only up to the limits specified hereunder for the following: • Road Ambulance Cover – Up to Rs. 1,000/- per hospitalization	Section 3.3
9.	**Claims/ Claims Procedure**	a. **For Cashless Service:** Insured may refer Pre-Authorization form attached as Annexure-C to the Policy Wordings and for updated Hospital Network details refer the link: **https://www.sbigeneral.in/portal/contact-us/hospital** b. **For Reimbursement of Claim:** For reimbursement of claims the Insured Person may submit the necessary documents to TPA/Company within the prescribed time limit as specified in the policy wordings	Section 6.2, clause 11

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		Turn Around Time (TAT) for claim settlement i. TAT for pre-authorization of cashless facility - within 1 hour from receipt of complete documents. ii. TAT for cashless final bill settlement - within 3 hours from receipt of complete documents. • Hospital Network details can be obtained from link: **https://www.sbigeneral.in/portal/contact-us/hospital** • **Toll Free number: 1800 210 3366, 1800 210 6366** • List of Hospitals which are blacklisted or from where no claims will be accepted by the insurer is available in below link: **https://www.sbigeneral.in/contact-us/hospital** • Claim forms can be downloaded from below link: **https://www.sbigeneral.in/claim/claims-form-download** Note: For cover wise claims procedure, please refer to policy wordings	
10.	Policy Servicing	**Email:** customer.care@sbigeneral.in **Toll-Free number (24*7)** 18001021111 **Website:** www.sbigeneral.in	
11.	Grievances/ Complaints	**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 Monday to Saturday (8 am - 8 pm) **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/0449cac1bcd144bbb 160d3f6b714fbbd.pdf/**	Section 6: General Terms and Clauses, clause 14

Sl. No.	Title	Description (Please refer to applicable policy clause number in next column)	Policy Clause Number
		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)**	
12.	**Things to remember**	1. Free Look Cancellation: The insured will be allowed a period of at least 30 days from the date of receipt of the policy to review the terms and conditions of the policy and to return the same if not acceptable. For detailed conditions and refund summary, please refer to policy wordings. 2. 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. For detailed guidelines on migration, kindly refer the link: **https://content.sbigeneral.in//uploads/c6a2844dd65446019b130ffbae1fa20f.pdf** 3. 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. For Detailed Guidelines on portability, kindly refer the link: **https://content.sbigeneral.in//uploads/c6a2844dd65446019b130ffbae1fa20f.pdf**	Section 6.1, clause 10 Section 6.1, clause 12, clause 13
13.	**Your Obligations**	Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement. **Disclosure of Information:** The Policy shall be void and all premiums paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description, or non-disclosure of any Material Fact by the Policyholder.	Section 6: General

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

Place: ....

Date: ..../......../........   Signature of the Policyholder

Note:
a) For product related documents including Customer Information Sheet, kindly refer to the below link: https://www.sbigeneral.in/downloads
b) In case of any conflict, the terms and conditions mentioned in the policy document shall prevail