

CRITICAL ILLNESS INSURANCE POLICY

CUSTOMER INFORMATION SHEET / KNOW YOUR POLICY

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

Sl. No.	Title	Description (Please refer to applicable policy clause number in next column)	Policy Clause Number												
1.	Name of Insurance Product/ Policy	Critical Illness Insurance Policy													
2.	Policy Number	XXXXXXXXXXXXXXXXXXXXXXXXXX													
3.	Type of Insurance Product/ Policy	Benefit													
4.	Sum Insured (Basis)	<p>Individual Sum Insured</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr> <th style="width: 10%;">Sr. No.</th> <th style="width: 40%;">Insured Name</th> <th style="width: 50%;">Base Sum Insured</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> <p>Note: This is the base Sum Insured for policy. Please refer the policy schedule for cover wise limits.</p>	Sr. No.	Insured Name	Base Sum Insured										
Sr. No.	Insured Name	Base Sum Insured													
5.	Policy Coverage (What the Policy Covers)	<p>If an Insured person is diagnosed with a listed Critical Illness while the Policy is in force, we will pay the Sum Insured as opted under the Policy.</p> <p>1. First diagnosis of the below-mentioned Illnesses:</p> <ul style="list-style-type: none"> a. Cancer of Specified Severity b. Kidney Failure Requiring Regular Dialysis c. Primary Pulmonary Arterial Hypertension d. Multiple Sclerosis with Persisting Symptoms <p>2. Undergoing for the first time of the following surgical procedures:</p> <ul style="list-style-type: none"> a. Major Organ/ Bone Marrow Transplant b. Open Chest CABG c. Aorta Graft Surgery d. Open Heart Replacement or Repair of Heart Valves 	Scope Of Cover & Benefits												

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		3. Occurrence for the first time of the following medical events: <ol style="list-style-type: none"> a. Stroke Resulting in Permanent Symptoms b. First Heart Attack of Specified Severity c. Coma of Specified Severity d. Total Blindness e. Permanent Paralysis of Limbs 	
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: <ol style="list-style-type: none"> a) Rest Cure, rehabilitation, and respite care (Code- Excl 05) b) Hazardous or Adventure Sports (Code- Excl 09) c) Breach of Law (Code- Excl 10) d) Treatment for alcoholism, drug or substance abuse or any addictive condition and consequences thereof (Code- Excl 12) e) Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds f) Unproven Treatments (Code- Excl 16) 	Exclusions
7.	Waiting period	Initial waiting period: 90 days for all illnesses	Scope of Cover & Benefits
8.	Financial Limits of the Coverage	Not Applicable	
9.	Claims/ Claims Procedure	For claims the Insured Person may submit the necessary documents to TPA/ Company within the prescribed time limit as specified in the Policy Wordings. Turn Around Time (TAT) for claim settlement <ol style="list-style-type: none"> 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. <ul style="list-style-type: none"> • Hospital Network details can be obtained from link: https://www.sbigeneral.in/portal/contact-us/hospital • 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 • Toll Free number: 1800 210 3366, 1800 210 6366 • 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. 	General Conditions 4

Sl. No.	Title	Description (Please refer to applicable policy clause number in next column)	Policy Clause Number
10.	Policy Servicing	<p>Email: customer.care@sbigeneral.in</p> <p>Toll-Free number 1800 102 1111 (Monday to Saturday) (8 am - 8 pm).</p> <p>Website: www.sbigeneral.in</p>	
11.	Grievances/ Complaints	<ul style="list-style-type: none"> • 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/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) 	General Conditions, clause 13
12.	Things to remember	<ol style="list-style-type: none"> 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. Policy Renewal: 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. 	General Conditions, clause 1, clause 7

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		<p>3. 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</p> <p>4. 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</p>	
13.	Your Obligations	<p>Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement.</p> <p>Disclosure of Information: The Policy shall be void and all premiums paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description, or non-disclosure of any Material Fact by the Policyholder.</p>	General Conditions, clause 6

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.sbigenral.in/downloads>**
- b) In case of any conflict, the terms and conditions mentioned in the policy document shall prevail