

HOSPITAL DAILY CASH-GROUP

CUSTOMER INFORMATION SHEET / KNOW YOUR POLICY

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

SI. No.	Title	Description (Please refer to applicable policy clause number in next column)			Policy Clause Number
1.	Name of Insurance Product/ Policy	Hospital Daily Cash-Group			
2.	Policy Number	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			
3.	Type of Insurance Product/ Policy	Benefit			
4.	Sum	Family Individual Sum Insured			
	Insured (Basis)	Sr. No.	Insured Name	Base Sum Insured	
		Family Floater Sum Insured			
		Sr. No.	Insured Name	Base Sum Insured	
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			is the base Sum Insur edule for cover wise lim	ed for policy. Please refer the its.	
5.	Policy Coverage (What the Policy Covers)	Coverage specified in the policy schedule: (What the Policy A. Base Cover			Coverage
		Accident Hospital Cash Benefit- Pays two times the Daily			
			nce for each calendar (ash_BenefitTwo_tim	day of Hospitalisation. es the Hospital Daily Cash	
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		Allowance, for each calendar day of Hospitalisation to be spent in the ICU. 3. Convalescence Benefit- Policy is extended to pay lump sum amount equal to Five times the Hospital Daily Cash Allowance in case of continuous and completed hospitalization beyond consecutive 10 calendar days due to Accidental Bodily Injury or Illness. 4. Compassionate Benefit – Pays additional amount lumpsum Ten times the Hospital Daily Cash Allowance towards expenses as a Compassionate Benefit to the Nominee 5. Day Care Treatment Benefit- Pays five times the Hospital Daily Cash Allowance subject to maximum of Rs 10,000 per claim towards Day Care Treatment. 6. Maternity Hospital Cash Benefit- Pays daily fixed benefit amount, in case an Insured Person is hospitalized for delivery of a child / Medically Necessary Treatment during pregnancy/ lawful medical termination of pregnancy restricted to pay for first 2 deliveries only 7. Other Waiting Periods- Several waiting period stands excluded if opted. 8. Increased Deductible/Franchise- Provides discount mentioned and time b ound deductible/franchise of day(s). Note: Insurer's Liability in respect of all claims admitted during the period of insurance shall not exceed the Sum Insured for the Insured person as mentioned in the schedule.	
6.	Exclusions (What the policy does not cover)	Following is a partial list of the policy exclusions. Please refer to the policy document for the complete list of exclusions: 1. Investigation & Evaluation: (Code- Excl04) 2. Rest Cure, rehabilitation and respite care: (Code- Excl05) 3. Obesity/ Weight Control: (Code- Excl06) 4. Change-of-Gender treatments: (Code- Excl07) 5. Cosmetic or Plastic Surgery: (Code- Excl08) 6. Hazardous or Adventure sports: (Code- Excl09) 7. Breach of law: (Code- Excl10) 8. Excluded Providers: (Code-Excl 11)	Waiting period and exclusions
7.	Waiting period	 Initial waiting period: 30/0 days for all illnesses (not applicable on renewal or for accidental injuries) Maternity waiting period- 36/24/12/9/0 months Specific waiting period: 12/24/0 months for some diseases Pre-existing diseases: 36/24/12/0 months 	Waiting period and exclusions

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8.	Financial Limits of the Coverage	 In case of a claim, this policy requires you to share the following costs: Sub-Limits: 1. Day Care Treatment Benefit- Pays five times the Hospital Daily Cash Allowance subject to maximum of Rs 10,000 per claim towards Day Care Treatment. 2. Maternity Hospital Cash Benefit- Restricted to pay for first 2 deliveries only 	Coverage
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. 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. 	Specific terms and clauses
10.	Policy Servicing	Email: customer.care@sbigeneral.in Toll-Free number 18001021111 (Monday to Saturday) (8 am - 8 pm) Website: www.sbigeneral.in	

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11.	Grievances/ Complaints		
12.	Things to remember	 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. 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. Moratorium Period: After completion of sixty continuous 	Standard general terms and clauses

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		months of coverage (including portability and migration) in health insurance Policy, no Policy and claim shall be contestable by the Insurer on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. This period of sixty continuous months is called as moratorium period. The moratorium would be applicable for the Sums Insured of the first Policy. Wherever, the Sum Insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of Sums Insured only on the enhanced limits.		
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.	Standard General Terms and Clauses - IV.A.I.a	
Declaration by the Policy Holder: I have read the above and confirm having noted the details Place:				
D	Date:/ Signature of the Policyholder			
N	Note:			

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

Disclaimer: Corporate & Registered Office: Fulcrum Building, 9th Floor, A & B Wing, Sahar Road, Andheri (East), Mumbai - 400 099. | For SBI General Insurance Company Limited IRDAI Reg. No. 144 dated 15/12/2009 | CIN: U66000MH2009PLC190546 | SBI Logo displayed belongs to State Bank of India and used by SBI General Insurance Co. Ltd. under license. SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.