

GROUP MEDICLAIM 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 | Group Mediclaim Policy | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. | Policy Number | XXXXXXXXXXXXXXXXXXXXXXXXXX | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. | Type of Insurance Product/ Policy | Both Indemnity and Benefit | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. | Sum Insured (Basis) | <p>Family Individual Sum Insured</p> <table border="1"> <thead> <tr> <th>Sr. No.</th> <th>Insured Name</th> <th>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>Family Floater Sum Insured</p> <table border="1"> <thead> <tr> <th>Sr. No.</th> <th>Insured Name</th> <th>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 | | | | | | | | | | |
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| 5. | Policy Coverage (What the Policy Covers) | <p>Following are covered as basic cover up to the limit specified in the policy schedule</p> <p>Section A-Base Cover</p> <ol style="list-style-type: none"> Inpatient care Organ Donor Day Care Treatment Pre-hospitalization Medical expenses Post-hospitalization Medical expenses Modern Treatment Inpatient care under Alternative Treatment Domiciliary Hospitalization | Coverage | | | | | | | | | | | | | | | | | | | | | | | | |

| Sl. No. | Title | Description (Please refer to applicable policy clause number in next column) | Policy Clause Number |
|---------|-------|--|----------------------|
| | | 9. Bariatric Surgery Section B-Optional Covers Under Hospitalization Cover 1. Modification of Pre-hospitalization Medical expenses 2. Modification of Post-hospitalization Medical expenses 3. Modification of Modern Treatment 4. Modification of Inpatient care under Alternative Treatment 5. Modification of Domiciliary Hospitalization 6. Modification of Bariatric Surgery 7. Maternity Expenses 8. New Born Baby Cover 9. Child Vaccination Cover 10. Well Baby Cover for New Born 11. Stem Cell Preservation Cover 12. Infertility Cover and Surrogacy Cover 13. Accident Multiplier 14. Emergency Ground Ambulance 15. Air Ambulance cover 16. Prosthetics cover 17. Convalescence Benefit 18. Funeral and Repatriation Cove 19. Compassionate visit 20. Accompanying person cover 21. Health check up 22. Zero Deduction in case of death of Insured 23. Sub-limit on specified illness / conditions 24. Loyalty credit 25. Weekly benefit 26. Voluntary Co-payment 27. E-Opinion 28. Corporate Floater 29. Sum Insured Reinstatement 30. Claim settlement in network only 31. Claim settlement on Reimbursement only 32. Physiotherapy and Rehabilitation cover 33. Home Health Care 34. Non Medical/Consumables Expenses 35. External Congenital Anomalie 36. Cancer Care 37. Attendant Charges Cover 38. De-addiction Expenses Cover 39. Modification of Home/Vehicle 40. External Aids and Medical Equipment 41. Modification of Waiting period for Pre- Existing Diseases (PED) 42. Modification of Initial Waiting Period | |

| Sl. No. | Title | Description (Please refer to applicable policy clause number in next column) | Policy Clause Number |
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| | | 43. Modification of Waiting Period for Disease Specific Exclusion 44. Franchise 45. Vision correction 46. Per claim deductible 47. Gender Reassignment Cover 48. Wellness Care Section C- Out Patient Expenses 1. OPD Cover 2. Second Medical Opinion Cover Section D- Common Disease Cover Section E- Super Top Up Cover (Annual Aggregate Deductible) Section F-Hospital Daily Cash Section G- Critical Illness Cover 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. Maternity: (Code Excl18) 9. Excluded Providers: (Code Excl11) | Waiting period and exclusions |
| 7. | Waiting period | 1. Initial Waiting Period: as specified in Policy Schedule 2. Pre-Existing Diseases (PED): as specified in Policy Schedule 3. Specified disease/ procedure: as specified in Policy Schedule | Waiting period and exclusions |
| 8. | Financial Limits of the Coverage | In case of a claim, this policy requires you to share the following costs as per the limits specified below or as per the limits as specified in the Policy Schedule or Certificate of Insurance: 1. Modern Treatment: Coverage for modern treatment (12 listed procedures as per IRDAI) Sublimit to 50% of Base SI 2. Inpatient care under Alternative Treatment: Up to Base Sum Insured | Scope of Cover and Endorsements |

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| | | <p>3. Domiciliary Hospitalization: 20% of Base Sum Insured</p> <p>4. Bariatric Surgery: 20% of Base Sum Insured</p> | |
| 9. | Claims/ Claims Procedure | <p>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</p> <p>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.</p> <p>Turn Around Time (TAT) for claim settlement</p> <p>i. TAT for pre-authorization of cashless facility - within 1 hour from receipt of complete documents.</p> <p>ii. TAT for cashless final bill settlement - within 3 hours from receipt of complete documents.</p> <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 <p>Note: For cover wise claims procedure, please refer to policy wordings.</p> | General terms and clauses |
| 10. | Policy Servicing | <p>Email: customer.care@sbigeneral.in</p> <p>Toll-Free number 1800102111 (Monday to Saturday) (8 am - 8 pm).</p> <p>Website: www.sbigeneral.in</p> | |
| 11. | Grievances/ Complaints | <p>Stage 1:</p> <p>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.</p> <p>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)</p> <p>Stage 2:</p> <p>In case, you are not satisfied with the decision/resolution</p> | General terms and clauses |

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| | | <p>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.</p> <p>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/0449cac1bcd144bb160d3f6b714fbbd.pdf/</p> <p>Stage 3:</p> <p>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</p> <p>Stage 4:</p> <p>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</p> | |
| 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. 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. For Detailed Guidelines on Migration, kindly refer the link https://content.sbigeneral.in/uploads/c6a2844dd65446019b130ffbae1fa20f.pdf 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 | General terms and clauses |

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| | | <p>guidelines related to portability. For Detailed Guidelines on portability, kindly refer the link: https://content.sbigeneral.in/uploads/c6a2844dd65446019b130ffbae1fa20f.pdf</p> <p>5. 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 Sums Insured only on the enhanced limits.</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 terms and clauses - Section. 4: I.1 |

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