SURAKSHA AUR BHAROSA DONO

VECTOR BORNE DISEASE COVER – GROUP

PROSPECTUS

Your greatest wealth is your health & everybody has differing levels of control over their own wellbeing. Life follows no fixed plan and sudden Illnesses can sometimes leave you financially hurt and highly stressed. SBI General Insurance Company Limited (herein after the "Company") introduce the Vector Borne Disease Cover product which protects you and your family, if you and your family members are suffering through any covered Vector Borne diseases during Policy Period and helps you to reduce your financial stress. The Company will pay lump sum benefits to You as specified under the Policy Schedule.

Thus, it provides you with an additional covers protection & takes care of your expenses.

Who can buy this Policy?

Any Group which has a commonality of purpose or which is engaged in a common economic activity can take the policy. An association of persons coming together only with a purpose of availing an insurance cover will not be treated as a group for the purpose of policy.

Age Criteria & Eligibility

	Minimum	Maximum
Adult	18 yrs.	65 yrs.
Child	1 day	25 yrs.

- There is no exit age applicable to the policy.
- Family includes Self, Spouse, Dependent Children, Dependent Parents or Dependent Parents-in-Law.

Type of policy

Individual basis

Scope of Cover

This Policy is on Individual Sum Insured Basis. The Company will pay to You, the Sum Insured as a lumpsum amount for listed Vector Borne Diseases as listed below provided it occurs or manifests itself during the Policy Period and meets the conditions specified in this Policy document

A. Main Benefit

Vector Borne Disease

The Company will pay under below listed covers on Your Medically Necessary Hospitalization due to

- Dengue
- Malaria
- Filaria (Lymphatic Filariasis)
- Kala-azar
- Chikungunya
- Japanese Encephalitis
- Zika Virus

1. Dengue

Diagnosis of Dengue Fever should be confirmed by a Medical Practitioner and Laboratory examination result countersigned by a pathologist/ microbiologist confirms the following:

- o Decreasing platelet levels- less than 100,000 cells/mm3; and
- o Immunoglobulins/ PCR test showing positive results for Dengue

2. Malaria

Diagnosis of Malaria should be confirmed by a Medical Practitioner with confirmatory tests indicating presence of Plasmodium Falciparum/ Vivax/ Malaria in the patient's blood by laboratory examination countersigned by a pathologist/ microbiologist in peripheral blood smear or positive rapid diagnostic test (antigen detection test).

3. Filaria (Lymphatic Filariasis)

Commonly known as Elephantiasis, must be confirmed by a Medical Practitioner and the laboratory examination countersigned by a pathologist must be documented with presence of microfilariae in a blood smear by microscopic examination and along with any two of the following criteria:

- o Lymphoedema,

- o Elephantiasis,
- o Scrotal swelling

Filariasis will be payable only once in Insured's lifetime.

4. Kala-azar

Visceral leishmaniasis, also known as Kalaazar, is characterized by irregular bouts of fever, substantial weight loss, swelling of the spleen and liver, and anemia.

The diagnosis must be confirmed by a Medical Practitioner and by parasite demonstration in bone marrow/ spleen/ lymph node aspiration or in culture medium as the confirmatory diagnosis or positive serological tests for Kala-azar should clearly indicate the presence of this disease.

5. Chikungunya

Chikungunya is characterized by an abrupt onset of fever with Joint pain. Other common signs and symptoms include muscle pain, headache, nausea, fatigue, and rash.

The diagnosis must be documented by a Medical Practitioner and by Serological tests, such as enzyme-linked immunosorbent assays (E L I S A), confirming the presence of IgM and IgG anti-chikungunya antibodies.

6. Japanese Encephalitis

Characterized by rapid onset of high fever, headache, neck stiffness, disorientation, coma, seizures, spastic paralysis. to confirm Japanese Encephalitis (JE)infection and to rule out other causes of encephalitis, a laboratory testing of serum or preferably cerebrospinal fluid shall be required.

The diagnosis must be confirmed by a Medical Practitioner and positive serological test for JE by immunoglobulin M (IgM) antibody capture ELISA (MAC ELISA) for serum and cerebrospinal fluid (CSF).

7. Zika Virus

Diagnosis of Zika virus infection should be confirmed by a Medical Practitioner and by RT-PCR testing done by ICMR (Indian Council of Medical Research) certified testing laboratory in India.

B. Optional Covers

In consideration of payment of additional premium or reduction in the premium as applicable, it is hereby and agreed that, the Company will pay the Sum Insured (in addition to the main benefit Sum Insured) under below listed covers subject to all other terms, conditions, exclusion, and waiting period applicable to the Policy.

The below covers are optional and applicable only if opted for and up to the Sum Insured or limits mentioned on Policy Schedule/ Certificate of Insurance.

1. Daily Hospital Cash Benefit (DHCB)

On availing of this benefit, We will pay 5% of Sum Insured per day basis i.e. for each calendar day, if the Insured Person has completed the minimum 24 hours Hospitalization due to the covered Vector Borne Diseases. The benefit payment will start after completion of 24 hours Hospitalization subject to maximum of 3/ 5/ 7 or 10 days as mentioned in the Policy Schedule / Certificate of Insurance in addition to the Main Benefit.

Even if the Main benefit has been paid, the cover will continue for the remaining Daily Hospital Cash (DHCB) Benefit (if any) till the end of the policy year.

2. Recovery Benefit

On availing this option, The Company will pay 10% of Sum Insured as specified on Policy Schedule if period of Hospitalization for claim admissible under this Policy, is for 10 continuous days or more.

This benefit is not applicable if the treatment is taken at home.

3. Reinstatement Benefit

The Company will reinstate 100% of Sum Insured twice during the policy period upon payment of claim under the Main Benefit. This can be used only for the Main Benefit. This reinstated benefit can be claimed for an already claimed disease or a different disease among the covered conditions. There will be a cooling off period of 3 months from the previous claim. The 3 months will compute from hospital discharge date

Any unutilized amount of Sum Insured reinstated cannot be carried over to next policy year

4. Increased Waiting period

On availing this option, Waiting period will be modified to 30 days and will be applicable for all the claims under this Policy.

Period of Insurance:

The policy can be issued for a tenure of 1 Year only.

Sum Insured:

	Main Benefit (in ₹)					
Adult	10,000	15,000	25,000	50,000	75,000	1,00,000
Child	10,000	15,000	25,000	50,000	50,000	50,000

Optional Covers:

- Daily Hospital Cash Benefit: 5% of Sum Insured per day basis in addition to the Main Benefit
- Recovery Benefit: 10% of Sum Insured in addition to the Main benefit
- Reinstatement Benefit: 100% of Sum Insured, Maximum Sum Insured will be limited to INR 50,000 for Adult and INR 25,000 for Child

Waiting Period and Exclusions

1. Waiting Periods

The Company is not liable to pay any claim arising for listed vector borne disease which occurs or manifests itself within period as below from coverage commencement date

Main Benefit	Waiting period	Pre-Existing Disease Waiting Period
Vector Borne Disease	15 Days	36 Months
Optional Cover		
Daily hospital cash	15 Days	36 Months
Recovery Benefit	15 Days	36 Months
Increased Waiting period	30 Days	36 Months

For Reinstatement Benefit cover cooling off period will be 3 months from previous claim

2. Standard Exclusions

i. Any of the listed vector borne disease diagnosed within the first 15 or 30 days (as shown in the policy schedule / certificate of insurance) of the date of commencement of the Policy is excluded. This exclusion shall not apply to an Insured Beneficiary(ies), as the case may be, for whom coverage has been renewed without a break, for subsequent years provided there are NIL claims in the previous Policies.

ii. Any Pre-existing disease or any hospitalization for any Illness other than for listed vector borne disease

iii. Hospitalization primarily for diagnostic purposes not related to Illness or for any purpose which in normal routine could have been carried out on an out-patient basis and which is not followed by an active treatment or intervention during the period of hospitalization.

iv. Experimental or unproven procedures or treatments, hospitalization for treatment other than allopathy

v. Any treatment taken on Outpatient

vi. Inpatient hospitalization for less than 24 hours for DHCB (Section No C.1.1) benefit and admission to the hospital for less than 48 hours for Vector Borne Fixed Sum Insured Main benefit (section no. C)

vii. Diagnosis and treatment outside India except the following countries: Canada, Dubai, Hong Kong, Japan, Australia, New Zealand, Singapore, Switzerland, USA, and countries of the European Union

viii. Treatment in any hospital or any other provider network that We have blacklisted as listed on our website www.sbigeneral.in. However, this exclusion will not apply in case the hospitalization is on account of life threatening situations for covered Vector Borne Disease.

Premium Rates

As per Rating Chart attached.

Premium Factors

1. Waiting Period
2. Sum Insured
3. SBI Customer and others
4. Direct Business
5. Customer Profile

Discount:

1. 30 Days Initial Waiting Period Discount: 5% on premium rate
2. Direct Business Discount: 10% on Premium Rate
3. SBI Channel Discount: 10% on Premium Rate
4. Customer Profile

Customer Profile	Factor
Salaried	1
Self Employed	1.1
Daily Wage Earners/Unorganized Sectors	1.2

Cancellation of Policy

a. Cancellation by you -

You may cancel this policy at any time by giving Us written notice in 15-days' by recorded delivery. In the event of such cancellation we shall retain premium for the period that this Policy has been force, calculated in accordance with the short period rates as below. However, there will be no refund of premium if You have made any claim under this Policy.

Period on risk	Rate of premium refunded
Up to one month	75% of annual rate
Up to three months	50%of annual rate
Up to six months	25% of annual rate
Exceeding six months	Nil

b. Free Look Period -

(1) Every Policyholder 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.

(2) In the event a Policyholder disagrees to any of the Policy terms or conditions, or otherwise and has not made any claim, he shall have the option to return the Policy to the insurer for cancellation, stating the reasons for the same.

(3) Irrespective of the reasons mentioned, the Policyholder 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.

(4) 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 (3) above.

c. Cancellation by the Company -

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

Claim Process

On the occurrence of any vector borne disease that may give rise to a claim under this Policy, the claim procedures set out below shall be followed.

Claim Intimation	You may intimate the claim through any available mode of communication as specified in the Policy, Health Card or Website
Claim Intimation Timelines	Within 15 days of the diagnosis of Vector Borne Disease
Details to be provided to us for claim intimation	1. Policy Number 2. Name of the Insured Person(s) named in the Policy schedule / Certificate of Insurance availing treatment, 3. Nature of disease/illness/injury, 4. Name and address of the attending Medical Practitioner / Hospital 5. Date and time of event if applicable 6. Date of admission
Claims documents to be submitted for claim process	1. Duly filled and signed claim form 2. Certified copy of Hospital discharge Summary 3. Certified copy of Diagnostic report confirming diagnosis. 4. Certified copy of final hospital bill 5. Beneficiary name confirmation from Proposer 6. Self-attested Copy of PAN card & Aadhar card, photo id & address Proof of the nominee / beneficiary (Driving license / Passport / Election Card, etc) for address mentioned in claim form 7. Beneficiary bank account / NEFT details: Cancelled cheque or copy of first page of bank passbook showing account holder's name, Account number, IFSC code, Branch name etc. 8. Certified copy of Death certificate issued by municipal authority (in case of death of insured) 9. KYC details and Documents

Claim documents submission	In case of any Claim, the list of documents as mentioned above shall be provided by the Policy Holder/ Insured Person to Company within 30 days of date of discharge from hospital.
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

Contact Details in case of Claim

Email	customer.care@sbigeneral.in
Toll Free number	1800221111, 18001021111
Website	www.sbigeneral.in
Fax No	1800227244, 18001027244

- **Claim Settlement**
  i. The Company shall settle or reject a claim within 30 days from the date of receipt of last necessary document.
  ii. In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the Policyholder / Insured Person from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.
  iii. 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.
  iv. In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the Policyholder / Insured Person at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

  (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).
- **Fraud**

  If any claim made by the Insured Person, is any respect of fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the insured person or anyone acting on his/her behalf to obtain any benefit under this policy, all benefits under this policy and the premium paid shall be forfeited.

  Any amount already paid against claims made under this policy but which are found fraudulent later shall be repaid by all Insured Person / Policyholder who has made that particular claim, who shall be jointly and severally liable for such repayment to the Company.

  The Company shall not repudiate the claim and / or forfeit the policy benefits on the ground of Fraud, if the Insured Person / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are within the knowledge of the Company.
- **Complete Discharge**

  Any payment to the Policyholder / 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.

Withdrawal of the Product

i. 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.
ii. You will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period as per IRDAI guidelines, provided the policy has been maintained without a break

Renewal Process

i. 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.

ii. The Company shall endeavor to give notice for Renewal. However, the Company is not under obligation to give any notice for Renewal.

iii. Renewal shall not be denied on the ground that the Insured Person had made a Claim or Claims in the preceding Policy years.

iv. Request for Renewal along with the requisite premium shall be received by the Company before the end of the Policy Period

v. 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.

vi. No loading shall apply on Renewals based on individual Claims experience.

Anti Rebating Warning

As per Section 41 of the Insurance Act 1938, as amended, the practice of rebating is prohibited, as follows:

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 lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the 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 published prospectus or tables of the insurer
2. Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to Ten Lakh rupees

Redressal of Grievances

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 number 1800 102 1111 (Available 24/7) For agents and intermediaries 1800 22 1111 (Available 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)

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 ; seniorcitizengrievances@sbigeneral.in (for Senior Citizens) Toll free number 1800 102 1111 (Available 24/7) For agents and intermediaries 1800 22 1111 (Available 24/7) **Website:** www.sbigeneral.in **Fax No:** 1800227244, 18001027244	**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 **Fax No:** +91 20 49334525

Disclaimer

THE ABOVE IS DESCRIPTIVE ONLY. THE ACTUAL TERMS AND CONDITIONS CAN BE FOUND IN THE POLICY DOCUMENT. PROSPECTS ARE ADVISED TO READ THE POLICY DOCUMENT COMPLETELY FOR A FULL DESCRIPTION OF THE TERMS AND CONDITIONS OF COVERAGE AND THE EXCLUSIONS RELATING THERETO BEFORE CONCLUDE THE SALE.