

## HEALTH EDGE INSURANCE

### POLICY SCHEDULE

Policy No.: ..... Issue Date: .....

Servicing Branch Office: .....

### INTERMEDIARY DETAILS

Intermediary Name: .....

Intermediary Code: .....

Contact Details: .....

Mobile No.: .....

Landline No.: .....

Address: .....

### PROPOSER DETAILS

Name of Proposer: .....

Communication Address: .....

City: ..... State: .....

Pin-code: ..... Landmark: .....

PAN No / Form 60/61: .....

Nationality: .....

Occupation: .....

Policy Type: **Individual / Family Floater**

GSTN No: .....

Email: .....

Contact Details: .....

Period of Insurance: .....

From Date and Time: \_\_\_/\_\_\_/\_\_\_ hrs

To Date and Time: \_\_\_/\_\_\_/\_\_\_ midnight

First Policy Inception Date \_\_\_/\_\_\_/\_\_\_

Business Type: **New / Rollover / Renewal**

Previous Policy Number (if applicable): .....

No of Insured Members: .....

Premium Frequency: .....

**Monthly / Quarterly / Half-yearly / Annual / Single**

### INSURED PERSON'S DETAILS

Name of Insured Person	Insured 1	Insured 2	Insured 3
1st Policy Inception date			
Member ID			
Date of Member Entry			
Gender			
DOB			
Age in completed years			
Marital Status			
Relation with Primary Insured/Proposer			
Nationality			
Occupation			

Basic Sum Insured (Separate only for Individual cover, in Rs.)			
Booster Benefit			

## NOMINEE DETAILS

Nominee Name*	
Nominee Relationship	
Nominee Age	

\*Applicable In the event of death of the proposer. For all other persons covered under the policy, the proposer will be the nominee.

Where Nominee is a minor, Appointee details:

Name of the Appointee	Relationship	Address of the Appointee

## SPECIAL CONDITION

Coverage Subject to additional condition, deductible, co-pay as below

- 1• Critical Illness: Survival Period-28 days
- 2•
- 3•

## IMPORTANT TERMS, CONDITIONS AND EXCLUSION

- 1•
- 2•

Name of Insured Person	Pre-existing disease / hospitalization/ medical treatment /surgical history	Permanent disease exclusion if any

## ADDITIONAL LOADING (if applicable)

Name of Insured Person	Disease

## PREMIUM DETAILS

Base Premium in Rs.	
Optional Cover Premium in Rs.	
Loading (if any) in Rs.	
Discount (if any) in Rs	

Total Premium (for Policy term opted) in Rs. exclusive of Taxes	
Instalment Frequency Opted	Monthly/ Quarterly/ Half yearly/ Annual/Single
Instalment Loading (in Rs.)	
Total number of Instalments	
Total Premium with Instalment Loading	
EMI amount (as per Instalment frequency opted)	
Add Taxes (as applicable)	
Final Premium (EMI with Taxes)	

Collection Details: \_\_\_\_\_ Receipt no: \_\_\_\_\_ Receipt Date: DD / MM/ YYYY  
 Consolidated Stamp Duty paid towards Insurance Policy Stamps vide Order No \_\_\_\_\_  
 Dated \_\_\_\_\_ of General Stamp Office, Mumbai GSTN No. \_\_\_\_\_

### CONTACT DETAILS IN CASE OF ANY CLAIM/QUERIES/REQUEST

Email:	customer.care@sbigeneral.in
Toll Free Number:	1800221111, 18001021111
Website:	www.sbigeneral.in
Fax No:	1800227244, 18001027244
Claim Service Provider:	xxxxxxxxxx
Contact Details:	xxxxxxxxxx
Website:	xxxxxxxxxx
Fax No:	xxxxxxxxxx

### GRIEVANCE REDRESSAL MECHANISM

Please follow the steps below

1

If you are dissatisfied with the resolution provided above or for lack of response, you may write to [head.customercare@sbigeneral.in](mailto: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](mailto:seniorcitizengrievances@sbigeneral.in);  
 Toll Free - **1800 22 1111 / 1800 102 1111** Monday to Saturday (8 am - 8 pm)

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](mailto:gro@sbigeneral.in). or contact at: **022-42412070**.  
 Address: Grievance Redressal Officer, 9th Floor, A & B Wing, Fulcrum Building, Sahar Road, Andheri (East), Mumbai 400 099  
 List of Grievance Redressal Officers at Branches:  
<https://content.sbigeneral.in/uploads/0434fb898fe243688f4b2cf943f9b055.pdf>

3

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>)

If Your issue remains unresolved You may approach IRDAI by calling on the Toll-Free no. 155255 or You can register an online complaint on the website <http://igms.irda.gov.in>

For Insurance Ombudsman Offices, kindly visit our website  
<https://www.sbgeneral.in/portal/buy-online/quick-assist/Locate us/Ombudsman Office List>

## IMPORTANT NOTE

Insurance is a contract of Utmost Good Faith requiring the Insured not only to disclose all information related to his health and which has a bearing on the acceptance or rejection of the Proposal by the Insurer and also not to suppress any factual information in response to the questions in the Proposal form.

Please examine this Policy including its attached Schedules/ Annexure if any. In the event of any discrepancy, contact the office of the Insurer immediately, it being noted that this Policy shall be otherwise considered as being entirely in order.

In case of payment by cheque, in the event of dishonor of cheque for any reason whatsoever, insurance provided under this document automatically stands cancelled from the inception of the Policy irrespective of whether a separate communication is sent or not.

All terms, conditions, and exclusions as per standard Policy wordings attached with this Schedule

Signed at:  
(RO/BO/DO – Details)

For SBI General Insurance Company Limited

Date & Place:

Authorized Signatory

## COVERAGE DETAILS

Benefits		Platinum
	Sum Insured (SI)	3 Lacs, 5 Lacs, 7 Lacs, 10 Lacs, 15 Lacs, 20 Lacs, 25 Lacs
	Family Combination	XX
	No. of Days of Hospitalization covered	5 days, 10 days and Unlimited
In-patient Hospitalization	Inpatient Hospitalization Treatment	Actuals up to Sum Insured
	Room Rent	Actuals up to Sum Insured
	ICU Charges	Actuals up to Sum Insured
	Pre-hospitalization Medical Expenses (up to Sum Insured)	30 days
	Post-hospitalization Medical Expenses (up to Sum Insured)	60 Days
	Day Care Treatment (up to Sum Insured)	All day care covered
	Emergency Road Ambulance Cover (per hospitalization)	Up to INR 3000
	Bariatric Surgery Cover	Up to 50,000
	Modern Treatments/Advanced Procedures	Covered up to SI
	AYUSH	Covered up to SI
Stay Fit Health Check-Up	INR 5000 per eligible member	

# If the child above 18 years of Age is financially independent, he or she shall be ineligible for coverage under this Policy in the subsequent renewals.

## OPTIONAL COVERS (Only the opted option will be printed below)

Name of Insured Person	Insured 1	Insured 2	Insured 3
Hospital Daily Cash	(1000 for 10 days/2000 for 10 days)		
Accidental Death Cover [Primary Insured only]	(10 lacs /20 lacs)		
Healing Benefit (>5 days of Hospitalization)	(INR 5000 /10,000)		
Unlimited Refill (Related and Unrelated Illness both)	(Unlimited Refill up to 100% of BSI)		
Vector Borne Fixed Benefit	(INR 50000/1 lacs)		
Critical Illness Cover	INR 300000		
Claims Safeguard	Items listed in list 1 of Annexure II		
Out Patient (OPD) Cover	(INR 5000/- Per Member)		
Booster Benefit (reduction is same proportion in case claim is settled)	50% of Base Sum Insured, maximum up to 200%		
E-opinion	E-opinion (refer Policy Wordings)		
Domestic help/staff Indemnity	Refer Schedule Attached		
Co-Pay	(10 % /20 %)		
Global Treatment	Up to Sum Insured		
Wellness –	Health Assistance (A.I Personal Fitness Coaching), Dietician and Nutrition E – Consultation, and Unlimited Gym Membership,		
Walk Healthy Benefit			
Women Care (Maternity Expenses, New Born Baby over)	Maternity Normal Delivery 25000, C-Section 50000, New Born Baby – Up to Base Sum Insured		
	Insured 1	Insured 2	Insured 3
Women Care (Assisted Reproduction Treatment)	INR 100000		
	Insured 1	Insured 2	Insured 3

Refer Policy Wordings for complete details on coverages, Terms & Conditions and Exclusions applicable on this Policy

## WAITING PERIOD

1. Initial Waiting Period (Excluding Accidental Hospitalization): 30 days
2. Specific Disease waiting period: 24 months
3. Pre-Existing Waiting Period:24 months
4. Women care  
Maternity Expenses: 48 months  
Assistance Reproductive Treatment: 48 months
5. Global Treatment: 36 months
6. Hypertension, Diabetes, Cardiac Condition:90 days

**Note:** : If any of the specified disease / procedure falls under the waiting period specified for pre-existing diseases, then the longer of the two waiting periods shall apply.

Refer Policy Wordings for complete details on coverages, Terms & Conditions and Exclusions applicable on this Policy

### PREMIUM CERTIFICATE

Premium certificate for the purpose of deduction under section 80 - (D) of Income Tax (Amendment) Act, 1986

Transaction Id:

This is to certify that Mr./Ms./Mrs. \_\_\_\_\_ has paid INR \_\_\_\_\_ (In Words \_\_\_\_\_) towards the premium for Health Insurance vide Direct Credit Transaction ID/Cheque No. xxxxxxxxxx for the period from \_\_\_\_\_ (dd/mm/yy) To \_\_\_\_\_ (dd/mm/yy) \_\_\_\_\_ Midnight for Policy No. xxxxxxxxxx

Upon issuance of this receipt, all previously issued temporary receipts, if any, related to this policy are considered null and void. For the purpose of deduction under section 80D. The benefit shall be as per the provisions of the Income Tax Act, 1961 and any amendments made thereafter.

You may get tax benefits up to Rs. \_\_\_\_\_ subject to maximum permissible limits under Income Tax Act 1961 as modified from time to time. For more details kindly consult your tax advisor. In the event of non-realization of premium, benefits cannot be obtained against this premium receipt.

GSTI No.: \_\_\_\_\_

Date: DD/MM/YYYY

Place:

Authorized Signatory

### GST TAX INVOICE

<b>GST Invoice No</b>	XXXX	<b>GST Invoice Date</b>	DD/MM/YYYY					
<b>GSTIN/Unique No: (SBI General)</b>	27AAMCS8857L1ZC	<b>SBI General State</b>	Maharashtra					
<b>SBI General Branch Address:</b>	SBI General Insurance Company Limited Fulcrum Building, 9th Floor, A & B Wing, Sahar Road, Andheri (East), Mumbai 400 099, India							
<b>DETAILS OF POLICYHOLDER</b>								
<b>Name</b>								
<b>Address</b>								
<b>Policy Holder State</b>			<b>Place of Supply</b>					
			<b>Whether invoice under Reverse Charge</b>	No				
<b>GSTIN/Unique No:</b>	XXXXXXXX		<b>Policy Number</b>	XXXXXXXX				
<b>Insurance Product Name</b>	<b>HSN Code</b>	<b>Premium (without Taxes)</b>	<b>CGST</b>		<b>SGST/ UTGST</b>		<b>IGST</b>	
			<b>Rate</b>	<b>Amount</b>	<b>Rate</b>	<b>Amount</b>	<b>Rate</b>	<b>Amount</b>

<b>Total Invoice Value (In Figures)</b>		<b>Authorized Signatory</b>	
<b>Taxes Applicable</b>			
<b>SBI General Receipt No:</b>		<b>Receipt Date:</b>	DD/MM/YYYY

<b>Branch Office Address:</b>  Fulcrum Building, 9th Floor, A & B Wing, Sahar Road, Andheri (East), Mumbai 400 099 - India.	<b>Reference No:</b>	XXXXXXXX
	<b>OF Receipt No:</b>	XXXXXXXX
	<b>Date:</b>	DD/MM/YYYY
	<b>Branch Code:</b>	XXXXX
	<b>Party/Depositor ID:</b>	XXXXXXXXXXXXXX

**RECEIPT**

Received with thanks from XXXXXXXXXXXXXXXX  
 an amount of Rs. XXXXXX (In Word - XXXXX)  
 by EFT  
 No: XXXXXXXXXXX  
 Dated: DD/MM/YYYY  
 Drawn on Bank: STATE BANK OF INDIA Branch:

Party ID	Quote/Policy/Claim No.	Name of Party	Amount (Rs.)
XXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXX
		<b>TOTAL</b>	<b>XXXXXXXX</b>

**Disclaimer**

1. Receipt subject to realization of instrument submitted
2. Kindly refer to the policy document for the time of commencement of cover

For and on behalf of  
**SBI General Insurance Co. Ltd.**

Authorized Signatory