

HOSPITAL DAILY CASH 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	Hospital Daily Cash Insurance Policy													
2.	Policy Number	XXXXXXXXXXXXXXXXXXXXXXX													
3.	Type of Insurance Product/ Policy	Benefit													
4.	Sum Insured (Basis)	<div>Individual Sum Insured<table><tr><td>Sr. No.</td><td>Insured Name</td><td>Base Sum Insured</td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></table><p>Note: This is the base Sum Insured for policy. Please refer the policy schedule for cover wise limits.</p></div>	Sr. No.	Insured Name	Base Sum Insured										
Sr. No.	Insured Name	Base Sum Insured													
5.	Policy Coverage (What the Policy Covers)	<p>Covers expenses in respect of:</p> <div><div>1. Hospital Daily Cash benefit for each continuous and completed period of 24 hours of hospitalization; Options available are:</div><div><div><div>• Hospitalization benefits due to sickness- Rs 500, Rs 1000, Rs 1500, Rs 2000.</div><div>• ICU hospitalization (max. 7 days)- Twice the Hospital Daily Cash benefit for a maximum of 7 days per hospitalization and maximum of 15 days per policy period.</div><div>• Hospitalization due to Accident- Twice the Hospital Daily Cash benefit for each continuous and completed period of 24 hours of hospitalization necessitated solely by reason of the said Accidental Bodily Injury.</div><div>• Convalescence benefit for hospitalization exceeding 10 consecutive days- Fixed lump sum amount payable 3 times Hospital Daily Cash benefit or Rs 5000 whichever is lesser</div></div><div>2. Twice the Hospital Daily Cash benefit in case of accidental</div></div></div>	Scope of Cover & Benefits												

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		<p>for a maximum of 5 days per Hospitalisation and maximum of 10 days per policy period.</p> <p>3. Twice the Hospital Daily Cash benefit Intensive Care Unit for a maximum of 7 days per Hospitalisation and maximum of 15 days per Policy Period.</p> <p>4. Thrice Hospital Daily Cash benefit or INR 5,000 whichever is less is payable upon completion of 10 consecutive days of hospitalization in a single admission for convalescence. This benefit is payable only once in a policy period.</p> <p>The maximum benefit payable will be 30/60 days within the policy period as specified in policy schedule.</p>	
6.	Exclusions (What the policy does not cover)	<p>Following is a partial list of the policy exclusions. Please refer to the policy document for the complete list of exclusions:</p> <ol style="list-style-type: none"> Pre-existing Disease Exclusion Rest Cure, rehabilitation, and respite care (Code- Excl 05) Obesity / Weight Control (Code- Excl 06) Change of Gender Treatments (Code- Excl 07) Cosmetic or Plastic Surgery (Code- Excl 08) Hazardous or Adventure Sports (Code- Excl 09) Breach of Law (Code- Excl 10) Excluded Providers (Code-Excl 11) Treatment for alcoholism, drug or substance abuse or any addictive condition and consequences thereof (Code- Excl 12) Treatments received in health spas, nature cure clinics, spas or similar establishments or private beds. Dietary supplements and substances that can be purchased without prescription Refractive Error (Code-Excl 15) Unproven Treatments (Code- Excl 16) Sterility and Infertility (Code-Excl 17) 	Exclusions
7.	Waiting period	<p>Initial Waiting Period: 30 days</p> <p>Specific Waiting Periods</p> <ul style="list-style-type: none"> 12 months for any types of gastric or duodenal ulcers, Tonsillectomy, Adenoidectomy, Mastoidectomy, Tympanoplasty, all internal or external tumor/cysts/nodules/polyps of any kind including breast lumps, all types of Hernia and Hydrocel etc (not applicable for claims arising due to accident). 24 months for Cataract, Benign Prostatic Hypertrophy, Hysterectomy/ myomectomy, Non-infective Arthritis etc. (not applicable for claims arising due to accident). 36 months for joint replacement due to Maternity Hospital Cash (not applicable for claims arising due to accident). 	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: Deductible: Deductible of first 24 hours Hospitalization.	Scope Of Cover & Benefits
9.	Claims/ Claims Procedure	a. For claims the Insured Person may submit the necessary documents to TPA/Company within the prescribed time limit as specified in the policy wordings. <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 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 Conditions 4
10.	Policy Servicing	Email: customer.care@sbigeneral.in Toll-Free number 1800102111 (Monday to Saturday) (8 am - 8 pm). Website: www.sbigeneral.in	
11.	Grievances/ Complaints	<ul style="list-style-type: none"> 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/ In case, you are not satisfied with the decision / resolution provided by above authorities you may register your complaint with IRDAI by visiting the below site: https://bimabharosa.irdai.gov.in/Home/Home 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 20

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12.	Things to remember	<ol style="list-style-type: none"> 1. Free Look Cancellation: The insured will be allowed a period of at least 15 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 except on misrepresentation by the insured person on grounds of fraud. 	General Conditions, clause 2, clause 10
13.	Your Obligations	<ul style="list-style-type: none"> • This Policy shall be void and premium paid shall be forfeited to Insurer in the event of misrepresentation, mis-description or non-disclosure of any materials facts pertaining to the proposal form. 	General Conditions, clause 3

Declaration by the Policy Holder: I have read the above and confirm having noted the details

Place:

Date:/...../.....

Signature of the Policyholder

Note: For product related documents including Customer Information Sheet, kindly refer to the below link: <https://www.sbigenral.in/downloads>

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 | Hospital Daily Cash Insurance Policy UIN: SBIHLIP11003V011011 | SBI Logo displayed belongs to State Bank of India and used by SBI General Insurance Co. Ltd. under license.