

**AROGYA SANJEEVANI POLICY, SBI GENERAL INSURANCE COMPANY LIMITED- 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.

Sl. No.	Title	Description (Please refer to applicable policy clause number in next column)	Policy Clause Number																								
1.	Name of Insurance Product/ Policy	Arogya Sanjeevani Policy, SBI General Insurance Company Limited- Group																									
2.	Policy Number	XXXXXXXXXXXXXXXXXXXXXXXXXX																									
3.	Type of Insurance Product/ Policy	Indemnity																									
4.	Sum Insured (Basis)	<p><b>Family Individual Sum Insured</b></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><b>Family Floater Sum Insured</b></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><b>Note:</b> 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><b>Following are covered as basic cover up to the limit specified in the policy schedule:</b></p> <ol style="list-style-type: none"> <li>Hospitalization- <ul style="list-style-type: none"> <li>Room Rent, Boarding, Nursing Expenses 2% of the sum insured subject to maximum of Rs.5000/ per day.</li> <li>Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU) expenses up to 5% of sum insured subject to maximum of Rs.10,000/- per day.</li> <li>Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialist Fees.</li> <li>Anaesthesia, blood, oxygen, operation theatre</li> </ul> </li> </ol>	4. Coverage																								

Sl. No.	Title	Description (Please refer to applicable policy clause number in next column)	Policy Clause Number
		<p>charges, surgical appliances, medicines and drugs, costs towards diagnostics, diagnostic imaging modalities and such similar other expenses.</p> <ol style="list-style-type: none"> <li>1.1 Other expenses- Cataract, Dental, Plastic Surgery, Day Care Treatments, Road ambulance maximum of Rs.2000/- per hospitalisation.</li> <li>2. AYUSH Treatment- Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy covered.</li> <li>3. Cataract Treatment- Covered subject to a limit of 25% of Sum Insured or Rs.40,000/-, whichever is lower, per each eye in one policy year.</li> <li>4. Pre-Hospitalization- Covers medical expenses 30 days prior to the date of admissible hospitalization.</li> <li>5. Post Hospitalisation- Covers medical expenses 60 days from the date of discharge.</li> <li>6. Specified procedures covered up to 50% of Sum Insured.</li> </ol> <p>Cumulative Bonus: 5% in respect of each claim free policy year subject to maximum of 50% of the sum insured. If a claim is made in any particular year, the cumulative bonus accrued shall be reduced at the same rate at which it has accrued.</p> <p>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.</p>	
6.	<b>Exclusions (What the policy does not cover)</b>	<p><b>Following is a partial list of the policy exclusions. Please refer to the policy document for the complete list of exclusions:</b></p> <ol style="list-style-type: none"> <li>1. Investigation &amp; Evaluation (Code- Excl04)</li> <li>2. Rest Cure, rehabilitation and respite care (Code- Excl05)</li> <li>3. Obesity/ Weight Control (Code- Excl06)</li> <li>4. Change-of-Gender treatments: (Code- Excl07)</li> <li>5. Cosmetic or plastic Surgery: (Code- Excl08)</li> <li>6. Hazardous or Adventure sports: (Code- Excl09)</li> <li>7. Breach of law: (Code- Excl10)</li> <li>8. Excluded Providers: (Code-Excl 11)</li> <li>9. Sterility and Infertility: (Code- Excl17)</li> <li>10. Maternity Expenses (Code - Excl 18)</li> </ol>	7. Exclusions
7.	<b>Waiting period</b>	<ol style="list-style-type: none"> <li>1. <b>Initial waiting period:</b> 30 days for all illnesses (not applicable on renewal or for accidental injuries)</li> <li>2. <b>Specific waiting period:</b> 24/36 months for specified some diseases</li> <li>3. <b>Pre-existing diseases:</b> 36 months</li> </ol>	6. Waiting Period

Sl. No.	Title	Description (Please refer to applicable policy clause number in next column)	Policy Clause Number
8.	<b>Financial Limits of the Coverage</b>	<p><b>In case of a claim, this policy requires you to share the following costs:</b></p> <p><b>Sub-Limits:</b></p> <ol style="list-style-type: none"> <li>1. Room Rent, Boarding, Nursing Expenses as provided by the Hospital / Nursing Home up to 2% of the sum insured subject to maximum of Rs.5000/ per day.</li> <li>2. Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU) expenses up to 5% of sum insured subject to maximum of Rs.10,000/- per day.</li> <li>3. Expenses incurred on Road Ambulance subject to a maximum of Rs.2000/- per hospitalisation.</li> <li>4. Cataract Treatment: Limit of 25% of Sum Insured or Rs.40,000/-, whichever is lower, per each eye</li> <li>5. Specified procedures covered up to 50% of Sum Insured.</li> </ol> <p><b>Co-pay:</b></p> <p>5 % on all admissible claim amount.</p>	4. Coverage
9.	<b>Claims/ Claims Procedure</b>	<p>a. <b>For Cashless Service:</b> Insured may refer Pre-Authorization form attached as Annexure-C to the Policy Wordings and for updated Hospital Network details refer the link  <a href="https://www.sbigeneral.in/portal/contact-us/hospital">https://www.sbigeneral.in/portal/contact-us/hospital</a>  <b><a href="https://www.sbigeneral.in/portal/contact-us/hospital">https://www.sbigeneral.in/portal/contact-us/hospital</a></b></p> <p>b. <b>For Reimbursement of Claim:</b> 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> <ol style="list-style-type: none"> <li>i. TAT for pre-authorization of cashless facility - within 1 hour from receipt of complete documents.</li> <li>ii. TAT for cashless final bill settlement - within 3 hours from receipt of complete documents.</li> </ol> <ul style="list-style-type: none"> <li>• Hospital Network details can be obtained from link:  <a href="https://www.sbigeneral.in/portal/contact-us/hospital">https://www.sbigeneral.in/portal/contact-us/hospital</a></li> <li>• List of Hospitals which are blacklisted or from where no claims will be accepted by the insurer is available in below link: <a href="https://www.sbigeneral.in/contact-us/hospital">https://www.sbigeneral.in/contact-us/hospital</a></li> <li>• Toll Free number: 1800 210 3366, 1800 210 6366</li> <li>• Claim forms can be downloaded from below link:  <a href="https://www.sbigeneral.in/claim/claims-form-download">https://www.sbigeneral.in/claim/claims-form-download</a></li> </ul> <p>Note: For cover wise claims procedure, please refer to policy wordings.</p>	9. Claim Procedure

Sl. No.	Title	Description (Please refer to applicable policy clause number in next column)	Policy Clause Number
10.	Policy Servicing	<p><b>Email:</b> customer.care@sbigeneral.in</p> <p><b>Toll-Free number</b> 1800102111 (Monday to Saturday) (8 am - 8 pm).</p> <p><b>Website:</b> www.sbigeneral.in</p>	
11.	Grievances/ Complaints	<p>Stage 1: If you are dissatisfied with the resolution provided above or for lack of response, you may write to <b>head.customercare@sbigeneral.in</b> 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 <b>seniorcitizengrievances@sbigeneral.in</b>; Toll Free - 1800 22 1111 / 1800 102 1111 Monday to Saturday (8 am - 8 pm)</p> <p>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 : <b>gro@sbigeneral.in</b> or contact at 022-45138021. Address: Grievance Redressal Officer, 9th Floor, A &amp; B Wing, Fulcrum Building, Sahar Road, Andheri (East), Mumbai 400 099. List of Grievance Redressal Officers at Branch: <b><a href="https://content.sbigeneral.in/uploads/0449cac1bcd144bb160d3f6b714fbbd.pdf">https://content.sbigeneral.in/uploads/0449cac1bcd144bb160d3f6b714fbbd.pdf</a></b></p> <p>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 <b><a href="https://bimabharosa.irdai.gov.in/Home/Home">https://bimabharosa.irdai.gov.in/Home/Home</a></b></p> <p>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 <b>(<a href="https://www.cioins.co.in/Ombudsman">https://www.cioins.co.in/Ombudsman</a>)</b></p>	11. Redressal of grievance
12.	Things to remember	<ol style="list-style-type: none"> <li><b>Free Look Cancellation:</b> 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.</li> <li><b>Policy renewal:</b> The Policy shall ordinarily be renewable except on grounds of fraud or non-disclosure or misrepresentation by the Insured Person.</li> </ol>	10. General terms & conditions

Sl. No.	Title	Description (Please refer to applicable policy clause number in next column)	Policy Clause Number
		<p>3. <b>Migration:</b> 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: –  <a href="https://content.sbigenral.in/uploads/c6a2844dd65446019b130ffbae1fa20f.pdf">https://content.sbigenral.in/uploads/c6a2844dd65446019b130ffbae1fa20f.pdf</a></p> <p>4. <b>Portability:</b> 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 guidelines related to portability. For Detailed Guidelines on portability, kindly refer the link:  <a href="https://content.sbigenral.in/uploads/c6a2844dd65446019b130ffbae1fa20f.pdf">https://content.sbigenral.in/uploads/c6a2844dd65446019b130ffbae1fa20f.pdf</a></p> <p>5. <b>Moratorium Period:</b> 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.	<b>Your Obligations</b>	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 Insured Person.	Conditions

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>
- In case of any conflict, the terms and conditions mentioned in the policy document shall prevail

**Disclaimer:** Corporate & Registered Office: Fulcrum Building, 9<sup>th</sup> 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 | Arogya Sanjeevani Policy, SBI General Insurance Company Limited UIN: SBIHLGP2111V012021 | 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.