SBI general INSURANCE
SURAKSHA AUR BHAROSA DONO

AROGYA SANJEEVANI POLICY, SBI GENERAL INSURANCE COMPANY LIMITED

CUSTOMER INFORMATION SHEET / KNOW YOUR POLICY - HEALTH

This document provides key information about your policy. You are also advised to go through your policy document.

<table>
<tr><th>Sl. No.</th><th>Title</th><th>Description</th><th>Policy Clause Number</th></tr>
<tr><td>1.</td><td>Name of Insurance Product/ Policy</td><td>Arogya Sanjeevani Policy,
SBI General Insurance Company Limited</td><td></td></tr>
<tr><td>2.</td><td>Policy Number</td><td>XXXXXXXXXXXXXXXXXXXXX</td><td></td></tr>
<tr><td>3.</td><td>Type of Insurance Product/ Policy</td><td>Indemnity</td><td></td></tr>
<tr><td>4.</td><td>Sum Insured (Basis)</td><td>Individual Sum Insured
<table>
<tr><th>Sr. No.</th><th>Insured Name</th><th>Base Sum Insured</th></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>
Family Floater Sum Insured
<table>
<tr><th>Sr. No.</th><th>Insured Name</th><th>Base Sum Insured</th></tr>
<tr><td></td><td></td><td rowspan="3"></td></tr>
<tr><td></td><td></td></tr>
<tr><td></td><td></td></tr>
</table>
Note: This is the base Sum Insured for policy. Please refer the policy schedule for cover wise limits</td><td></td></tr>
<tr><td>5.</td><td>Policy Coverage (What the Policy Covers)</td><td>Covers Expenses in respect of:
1. Hospitalization – Admission in hospital beyond 24 hours.
2. AYUSH Treatment – Covers medical expenses incurred for inpatient care treatment under Ayurveda/ Unani/ Siddha /Homeopathic.
3. Cataract Treatment – Expenses incurred on treatment of cataract.
4. Pre-hospitalization – Covered prior to 30 days of hospitalization.
5. Post-hospitalization – Covered post 60 days of hospitalization.
6. Advanced Treatment – Covered up to 50% of sum insured.</td><td>4. Coverage</td></tr>
</table>

Sl. No.	Title	Description	Policy Clause Number
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:** a) Investigation and Evaluation (Code-Excl 04) b) Rest Cure, rehabilitation, and respite care (Code- Excl 05) c) Obesity / Weight Control (Code- Excl 06) d) Change of Gender Treatments (Code- Excl 07) e) Cosmetic or Plastic Surgery (Code- Excl 08) f) Hazardous or Adventure Sports (Code- Excl 09) g) Breach of Law (Code- Excl 10) h) Excluded Providers (Code-Excl 11) i) Treatment for alcoholism, drug or substance abuse or any addictive condition and consequences thereof (Code- Excl 12) j) Treatments received in heath hydros, nature cure clinics, spas or similar establishments or private beds. k) Dietary supplements and substances that can be purchased without prescription l) Refractive Error (Code-Excl 15) m) Unproven Treatments (Code- Excl 16) n) Sterility and Infertility (Code-Excl 17)	7. Exclusions
7.	**Waiting period**	**Initial Waiting Period:** 30 Days **Specific Waiting Periods** • 24 months for Benign ENT disorder, Tonsillectomy, Adenoidectomy, Mastoidectomy, Tympanoplasty, Hysterectomy, all internal and external benign tumours, cysts, polyps of any kind, including benign breast lumps, benign prostate hypertrophy etc. (not applicable for claims arising due to accident). • 36 months: Treatment for joint replacement unless arising from accident, Age-related Osteoarthritis & Osteoporosis. **Pre-Existing diseases: 36 months.**	6. Waiting Period
8.	**Financial Limits of the Coverage**	**The policy will pay only up to the limits specified hereunder for the following diseases/procedures:** a) Cataract — Up to 25% of Sum Insured or Rs.40,000/- whichever is lower. b) Modern treatment methods and Advancements in technology: Up to 50% of the Sum insured. In case of a claim, this policy requires you to share the following costs: **I. Sum Limit:** Expenses exceeding the following Sub-limits: a) Room Charges (Hospitalization): I. Room Rent - Up to 2% of SI, subject to max of INR 5,000 per day II. ICU charges - Up to 5% of SI subject to max of INR 10,000 per day.	12. Table of Benefits

<table>
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<tr><td></td><td></td><td>In case Room/ICU/ICCU rent exceeds the limits specified the claim shall be subject to the proportionate deduction.
II. Co-Pay: 5% on all claims</td><td></td></tr>
<tr><td>9.</td><td>Claims/ Claims Procedure</td><td>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/contact-us/cashless-hospitals-networks
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 hereunder.
<table><tr><th>Sr. No.</th><th>Type of Claim</th><th>Prescribed Time limit</th></tr><tr><td>1.</td><td>Reimbursement of hospitalization, day care and pre hospitalization expenses</td><td>Within fifteen days from completion of hospitalization</td></tr><tr><td>2.</td><td>Reimbursement of post expenses post-hospitalization treatment</td><td>Within fifteen days from completion of post-hospitalization</td></tr></table>Turn Around Time (TAT) for claim settlement
i. TAT for pre-authorization of cashless facility - within 1 hour from receipt of complete documents.
ii. TAT for cashless final bill settlement - within 3 hours from receipt of complete documents.
For details on claim procedure please refer the policy document
• Hospital Network details can be obtained from link: https://www.sbigeneral.in/contact-us/cashless-hospitals-networks
• Toll Free number: 1800 210 3366, 1800 210 6366
• 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/cashless-hospitals-networks
• Claim forms can be downloaded from below link: https://www.sbigeneral.in/claim/claims-form-download
Note: For cover wise claims procedure, please refer to policy wordings.</td><td>9. Claim Procedure</td></tr>
<tr><td>10.</td><td>Policy Servicing</td><td>Email: customer.care@sbigeneral.in
Toll-Free number 1800 102 1111 (Available 24/7)
For agents and intermediaries
1800 22 1111 (Available 24/7)
Website: www.sbigeneral.in</td><td></td></tr>
</table>

Sl. No.	Title	Description	Policy Clause Number
11.	**Grievances/ Complaints**	**Stage 1** If you wish to register your grievances directly with us, you may write to us at head.customercare@sbigeneral.in or gro@sbigeneral.in or call our toll free number- 1800 102 1111. After examining the matter, final response would be conveyed within a period of 14 days from the date of receipt of your complaint. In our initial acknowledgement of receipt letter, we will provide the name and title of the person who is handling your Grievance. This person will have the authority necessary to investigate and resolve the Grievance. For Senior Citizens: Senior citizens can reach us through the following dedicated channels: Email: Seniorcitizengrievances@SBIGeneral.in Toll-Free Number: 1800 102 1111 (Available 24/7) Details of our Grievance Redressal Officer is mentioned on our website at https://www.sbigeneral.in/grievance-redressal Note: The Company shall endeavour to maintain the regulatory TAT of 14 days in resolving your grievances. Alternatively, you may Register your grievance with the regulator through Bima Bharosa which is a grievance redressal platform provided by the Insurance Regulatory and Development Authority of India (IRDAI). You may access the Bima Bharosa Portal using the following link: https://bimabharosa.irdai.gov.in/Home/Home **Stage 2: Escalation to Insurance Ombudsman** If you feel that the response to your Grievance was unsatisfactory, or if you believe your concerns have not been adequately addressed by the company, you may escalate the matter to the Insurance Ombudsman. Submit your Grievance online: https://www.cioins.co.in/Ombudsman	11. Redressal of Grievance
12.	**Things to remember**	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	10. General Terms & Conditions

Sl. No.	Title	Description	Policy Clause Number
		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 30 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: https://content.sbigeneral.in/uploads/c6a2844dd65446019b130ffbae1fa20f.pdf 5. Change of Sum Insured: Sum insured can be changed (increased/ decreased) only at the time of renewal or at any time, subject to underwriting by the Company. For any increase in SI, the waiting period shall start afresh only for the enhanced portion of the sum insured. 6. Moratorium Period: After completion of sixty continuous months of coverage (including portability and) 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.	
13.	**Your Obligations**	• The Policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non-disclosure of any material fact. The Company should be notified in writing of any material change in the risk in relation to the declaration made in the proposal form or medical examination report at each Renewal.	10. General Terms & Conditions, Clause 10.1, Clause 10.3

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