SURAKSHA AUR BHAROSA DONO

CRITICAL ILLNESS INSURANCE POLICY

POLICY WORDING

This Policy is issued to the Insured based on the Proposal and declaration together with any statement, report or other document which shall be the basis of this contract and shall be deemed to be incorporated herein to the Insurer upon payment of the Premium. This Policy records the agreement between Insurer and Insured and sets out the terms of insurance and the obligations of each party.

DEFINITIONS

The following words or terms shall have the meaning ascribed to them wherever they appear in this Policy, and references to the singular or to the masculine shall include references to the plural and to the feminine wherever the context so permits:

1. **Accident** means a sudden, unforeseen and involuntary event caused by external, visible and violent means.
2. **Age** means completed years at the Commencement Date of the Policy Period.
3. **Alternative treatments** mean forms of treatments other than treatment "Allopathy" or "modem medicine" and includes Ayurveda, Unani, Sidha and Homeopathy in the Indian context.
4. **Break in Policy** means the period of gap that occurs at the end of the existing policy term/ installment premium due date, when the premium due for renewal on a given policy or installment premium due is not paid on or before the premium renewal date or Grace Period.
5. **Complaint or Grievance** means written expression (includes communication in the form of electronic mail or voice based electronic scripts) of dissatisfaction by a complainant with respect to solicitation or sale or purchase of an insurance policy or related services by insurer and /or by distribution channel.
6. **Complainant** means a Policyholder or prospect or Nominee or assignee or any beneficiary of an insurance Policy who has filed a Complaint or Grievance against an Insurer and /or distribution channel.
7. **Critical Illness** means an illness, sickness or a disease or a corrective measure like Cancer of specified severity, Open Chest CABG, Aorta Graft Surgery, Open Heart Replacement or Repair of Heart Valves, Stroke Resulting in Permanent Symptoms, First Heart Attack – Of Specified Severity, Kidney Failure Requiring Regular Dialysis, Primary Pulmonary Arterial Hypertension, Major Organ/ Bone Marrow Transplant, Multiple Sclerosis with Persisting Symptoms, Coma of Specified Severity, Total Blindness and Permanent Paralysis of Limbs all as defined in Scope of Cover & Benefits section of this Policy.
8. **Disease / Illness** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical treatment.
   a **Acute Condition** - Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/illness/injury which leads to full recovery.
   b **Chronic condition** - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics
      i. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests
      ii. it needs ongoing or long-term control or relief of symptoms
      iii. it requires your rehabilitation or for you to be specially trained to cope with it

      it continues indefinitelyv. it recurs or is likely to recur **"Condition Precedent"** means a policy term or condition upon which the Insurer's liability under the policy is conditional upon.
9. **Congenital Anomaly** means a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.
   a. **Internal Congenital Anomaly** – Congenital anomaly which is not in the visible and accessible parts of the body.
   b. **External Congenital Anomaly** – Congenital anomaly which is in the visible and accessible parts of the body.
10. **Disclosure to information norm** The Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.
11. **Day care Treatment** refers to medical treatment, and/or surgical procedure which is:
   a. undertaken under General or Local Anesthesia in a Hospital/Day care centre in less than 24 hrs because of technological advancement, and
   b. which would have otherwise required a Hospitalisation of more than 24 hours. Treatment normally taken on an out-patient basis is not included in the scope of this definition.
12. **Day Care Hospital/Centre** means any institution established for day care treatment of illness and / or injuries or a medical setup within a hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criteria as under
   i. has qualified nursing staff under its employment
   ii. has qualified medical practitioner (s) in charge
   iii. has a fully equipped operation theatre of its own where surgical procedures are carried out
   iv. maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.
13. **Grace period** Grace period means the specified period of time, immediately following the premium due date during which premium payment can be made to renew or continue a policy in force without loss of continuity benefits pertaining to waiting periods and coverage of pre-existing diseases.

    Coverage need not be available during the period for which no premium is received. The grace period for payment of the premium for all types of insurance policies shall be: fifteen days where premium payment mode is monthly and thirty days in all other cases.

    Provided the insurers shall offer coverage during the grace period, if the premium is paid in instalments during the policy period.

For the purpose of this definition, the Insured Person will get the accrued continuity benefit in respect of the Sum Insured, Cumulative Bonus, No Claim Discount, Specific Waiting Periods, Waiting Periods for Pre-existing Diseases, Moratorium period etc in the event of payment of premium within the stipulated Grace Period.

14. **Hospital** means any institution established for in- patient care and day care treatment of illness and / or injuries and which has been registered as a Hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:
    a. has qualified nursing staff under its employment round the clock;
    b. has at least 10 in-patient beds, in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
    c. has qualified medical practitioner (s) in charge round the clock;
    d. has a fully equipped operation theatre of its own where surgical procedures are carried out
    e. maintains daily records of patients and makes these accessible to the Insurance company's authorized personnel.
15. **Hospitalisation** means admission in a Hospital for a minimum period of 24 In patient Care consecutive hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.
16. **Injury** means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.
17. **Inpatient Care** means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.
18. **Insured** means You/Your/Your Self the person named in the Schedule, who is a citizen and resident of India and for whom the insurance is proposed and appropriate premium paid.
19. **Insurer** means Us/Our/We SBI General Insurance Company Limited.
20. **Medical Advise** means any consultation or advice from a Medical Practitioner including the issue of any prescription or repeat prescription.
21. **Medically Necessary** Medically necessary treatment is defined as any treatment, tests, medication, or stay in hospital or part of a stay in hospital which
    a. is required for the medical management of the illness or injury suffered by the insured;
    b. must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
    c. must have been prescribed by a medical practitioner,
    d. must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
22. **Medical Practitioner"** means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government , and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of licence. The registered **Medical Practitioner** should not be the **Insured** or any one of the close family members of the **Insured**.
23. **Migration** means a facility provided to Policyholders (including all members under family cover and group policies), to transfer the credits gained for pre-existing diseases and specific waiting periods from one health insurance policy to another with the same insurer.
24. **Notification of claim** means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.
25. **Other Insurer** means any of the registered Insurers in India other than Us/Our/We SBI General Insurance Company Limited.
26. **Portability** means a facility provided to the health insurance Policyholders (including all members under family cover), to transfer the credits gained for, pre-existing diseases and specific waiting periods from one insurer to another insurer.
27. **Proposal form** means a form to be filled in by the prospect in physical or electronic form, for furnishing the information including material information, if any, as required by the insurer in respect of a risk, in order to enable the insurer to take informed decision in the context of underwriting the risk, and in the event of acceptance of the risk, to determine the rates, advantages, terms and conditions of the cover to be granted.

    Explanation:

    (i) "Material Information" for the purpose of these regulations shall mean all important, essential and relevant information and documents explicitly sought by insurer in the proposal form.

    (ii) The requirements of "disclosure of material information" regarding a proposal or policy, apply both to the insurer and the prospect, under these regulations.
28. **Qualified Nurse** means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.
29. **Senior Citizen** means any person, who has attained the Age of sixty years or above.
30. **Solicitation** means the act of approaching a prospect or a Policyholder by an Insurer or by a distribution channel with a view to persuading the prospect or a Policyholder to purchase or to renew an insurance Policy.
31. **Surgery/Surgical Operation** means manual and/or operative procedures required for treatment of an Illness or Accidental Bodily Injury, correction of deformities and defects, diagnosis and cure of Diseases, relief of suffering or prolongation of life, performed in a Hospital or day care centre by a Medical Practitioner.
32. **Renewal** means the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of all waiting periods.
33. **Survival Period** means the benefits under the Policy shall be payable only if the **Insured** is first diagnosed as suffering from a defined **Critical Illness** during the Policy **Period**, and the **Insured** survives for at least 28 days following such diagnosis and/or also subject to survival of the **Insured** for the minimum assessment periods for covered **Critical Illnesses** as provided under the descriptions for each of the **Critical Illness**.

34. **Waiting Period** means the benefits under the Policy shall be payable only if the **Insured** is first diagnosed as suffering from a defined **Critical Illness** after 90 days of the commencement of the Policy Period and the **Insured** has not previously been **Insured** continuously and without interruption under an Critical Illness Insurance Policy with **Insurer**.

35. **SCOPE OF COVER & BENEFITS**

Insurer hereby agrees subject to the terms, conditions and exclusions herein contained or otherwise expressed to the **Insured** and/or nominees/legal heirs, to pay the following benefits in the manner, for the period and to the extent of the Sum Insured as specified in the **Schedule** to this Policy. For the purposes of this Section and the determination of **Insurer's** liability under it, the **Insured** Event in relation to the **Insured**, shall mean any illness, medical event or surgical procedure as specifically defined below whose signs, symptoms & diagnosis occurs for the first time after 90 days after the commencement of Period of Insurance and shall only include -

1. First diagnosis of the below-mentioned Illnesses more specifically described below:
   a. Cancer of Specified Severity
   b. Kidney Failure Requiring Regular Dialysis
   c. Primary Pulmonary Arterial Hypertension
   d. Multiple Sclerosis With Persisting Symptoms
2. Undergoing for the first time of the following surgical procedures, more specifically described below:
   a. Major Organ/ Bone Marrow Transplant
   b. Open Chest CABG
   c. Aorta Graft Surgery
   d. Open Heart Replacement or Repair of Heart Valves
3. Occurrence for the first time of the following medical events more specifically described below:
   a. Stroke Resulting in Permanent Symptoms
   b. First Heart Attack - of Specified Severity
   c. Coma of Specified Severity
   d. Total blindness
   e. Permanent Paralysis of Limbs

Only one **Critical Illness** claim can be allowed by us during the lifetime of the **Insured**. Without prejudice to the provisions relating to the termination of the Policy mentioned elsewhere, the **Critical Illness Insurance** Policy terminates immediately on the payment of first **Critical Illness** benefit under the Policy.

The maximum benefit amount under **Critical Illness** cover to any **Insured** is INR 5,000,000 including all policies that are issued by the **Insurer**.

The Insured Event under this Section and the conditions applicable to the same are more particularly defined below:

1. Cancer of Specified Severity

a. A malignant tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukemia, lymphoma and sarcoma.

b. The following are excluded -

i. All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN - 2 and CIN-3.

ii. Any non - melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;

iii. Malignant melanoma that has not caused invasion beyond the epidermis;

iv. All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0

v. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;

vi. Chronic lymphocytic leukaemia less than RAI stage 3

vii. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,

viii. All Gastro - Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;

2. Kidney Failure Requiring Regular Dialysis

End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (hemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.

3. Primary Pulmonary Arterial Hypertension

Primary Pulmonary Hypertension is characterized by elevated pulmonary artery pressure with no apparent cause and substantial right ventricular enlargement confirmed by a Cardiologist with the help of investigations including Cardiac Catheterization (cardiac catheterization proving the pulmonary pressure to be above 30 mm of Hg), resulting in permanent irreversible physical impairment of at least Class IV of the New York Heart Association (NYHA) Classification of Cardiac Impairment and resulting in the Insured being unable to perform his/ her usual occupation.

The NYHA Classification of Cardiac Impairment:

Class I: No limitation of physical activity. Ordinary physical activity does not cause undue fatigue, dyspnoea, or angina pain.

Class II: Slight limitation of physical activity. Ordinary physical activity results in symptoms. .

Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.

Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.

4. Multiple Sclerosis with Persisting Symptoms

a. The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:

i. investigations including typical MRI findings which un quivocally confirm the diagnosis to be multiple sclerosis and

ii. there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.

b. Neurological damage due to SLE is excluded.

5. Major Organ/ Bone Marrow Transplant

a. The actual undergoing of a transplant of:

i. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or

ii. Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.

b. The following are excluded:

i. Other stem-cell transplants

ii. Where only islets of langerhans are transplanted

6. Open Chest CABG

a. The actual undergoing of open chest surgery for the correction of one or more coronary arteries, which is/ are narrowed or blocked, by coronary artery bypass graft (CABG). The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a specialist medical practitioner.

b. The following are excluded:

i. Angioplasty and/or any other intra-arterial procedures

ii. any key-hole or laser surgery.

7. Aorta Graft Surgery

The actual undergoing of surgery for disease of the aorta needing excision and surgical replacement of a portion of the diseased aorta with a graft. For this definition, aorta means the thoracic and abdominal aorta but not its branches.

Surgery following traumatic injury to the aorta is not covered. Surgery to treat peripheral vascular disease of the aortic branches is excluded even if a portion of the aorta is removed during the operative procedures. Surgery performed using only minimally invasive or intra-arterial techniques such as percutaneous endovascular aneurysm with insertion of a stent graft are excluded.

8. Open Heart Replacement or Repair of Heart Valves

The actual undergoing of open-heart valve surgery is to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease-affected cardiac valve(s). The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of surgery has to be confirmed by a specialist medical practitioner. Catheter based techniques including but not limited to, balloon valvotomy/ valvuloplasty are excluded.

9. Stroke Resulting in Permanent Symptoms

a. Any cerebrovascular incident producing permanent neurological sequelae.This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extracranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.

b. The following are excluded:

i. Transient ischemic attacks (TIA)

ii. Traumatic injury of the brain

iii. Vascular disease affecting only the eye or optic nerve or vestibular functions.

10. First Heart Attack – Of Specified Severity

a. The first occurrence of myocardial infarction which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for this will be evidenced by all of the following criteria:

i. a history of typical clinical symptoms consistent with the diagnosis of Acute Myocardial Infarction (for e.g. typical chest pain)

ii. new characteristic electrocardiogram changes

iii. elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

b. The following are excluded:

i. Non-ST-segment elevation myocardial infarction (NSTEMI) with elevation of Troponin I or T

ii. Other acute Coronary Syndromes

iii. Any type of angina pectoris.

11. Coma of Specified Severity

a. A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following:

i. no response to external stimuli continuously for at least 96 hours;

ii. life support measures are necessary to sustain life; and

iii. permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.

b. The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse is excluded.

12. Total Blindness

Total, permanent and irreversible loss of all sight in both eyes as a result of sickness or accident. Diagnosis has to be confirmed by a specialist (best by an ophthalmologist) and evidenced by specific test results.

13. Permanent Paralysis of Limbs

Total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist medical practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months.

EXCLUSIONS

Without prejudice to the exclusions mentioned elsewhere in this document, the following exclusions shall apply to the benefits admissible under this Policy:

No benefit shall be paid for the following circumstances, for the following conditions/ tests/ treatments and/or any **Critical Illness** directly or indirectly arising thereof or there from:

1. Benefits will not be available for any **Pre- Existing Diseases** or related condition(s) or any complications arising thereof for which **Insured** has been diagnosed, received medical treatment,

had signs and / or symptoms, prior to inception of **Insured's** first Policy, unless such a condition is stated in the Proposal form and specifically accepted by the **Insurer** and endorsed thereon.

2. **Insurer** shall not be liable to make any payment under this Policy in connection with or in respect of any **Insured** Event during the **Waiting Period** as defined under the Policy.
3. Any diseases causing the death of the **Insured** within the stipulated **Survival Period**, measured from the date of incidence of the illness.
4. Any medical procedure or treatment, which is not medically necessary or not performed by a **Medical Practitioner**.
5. Any congenital Illness/Conditions.
6. Any Covered **Critical Illness** arising from Birth control procedures and/ or hormone replacement therapy and any complications arising thereof from.
7. Any treatment/ surgery for change of sex or any cosmetic surgery or treatment/ surgery/ complications/ illness arising as a consequence thereof.
8. Any Covered **Critical Illness** arising from Treatment by a family member and self-medication or any treatment that is NOT scientifically recognized and any complications arising thereof / there from.
9. Any Covered **Critical Illness** arising from Treatment with alternative medicines like Ayurvedic, Homeopathy & Unani, acupuncture, acupressure, osteopath, naturopathy, chiropractic, reflexology, aromatherapy and like and any complications arising thereof / there from.
10. Attempted suicide (whether sane or insane) or intentionally self inflicted Injury or Illness.

    Change of Gender Treatments (Code- Excl 07)

    Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex. However, such exclusion shall not be applicable to respective Insured Person to comply with Transgender Persons (Protection of Rights) Act, 2019.
11. Venereal disease or any sexually transmitted disease or sickness (excluding HIV / AIDS)
12. Use/ Abuse of drugs, alcohol, or other intoxicants or hallucinogens unless properly prescribed by a **Medical Practitioner** and taken as prescribed
13. War, invasion, act of foreign enemy, hostilities (whether war be declared or not), armed or unarmed truce, civil war, mutiny, rebellion, revolution, insurrection, military or usurped power, riot or civil commotion, strikes
14. Participation in winter sports, skydiving/parachuting, hang gliding, bungee jumping, scuba diving, mountain climbing (where ropes or guides are customarily used), riding or driving in races or rallies using a motorized vehicle or bicycle, caving or pot-holing, hunting or equestrian activities, skin diving or other underwater activity, rafting or canoeing involving white water rapids, yachting or boating outside coastal waters (2 miles), participation in any Professional Sports, any bodily contact sport or any other hazardous or potentially dangerous sport for which **Insured** is untrained;
15. Infections (except pyogenic infections which shall occur through an Accidental cut or wound) or any other kind of Disease
16. Failure to seek or follow medical advice following the diagnosis of any illness/ disease/ injury.
17. Serving in any branch of the Military or Armed Forces of any country, whether in peace or War
18. Participation in a criminal or unlawful act with a criminal intent.
19. Nuclear contamination, the radioactive, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature.
20. Genetic disorders and stem cell implantation / surgery/storage.

GENERAL CONDITIONS

1. **Free Look Period:**
   i. 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.
   ii. 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.
   iii. 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.
   iv. 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.
2. **Nomination and Assignment:** This Policy is not assignable and no person(s) other than Insured or Insured's nominee(s) as mentioned in the schedule or legal representatives, wherever is applicable, can claim or sue the Insurer under this policy.

   The payment by the Insurer to the Insured, his/her nominee or legal representative of any compensation or benefit under the policy shall in all cases be an effectual discharge to the Insurer.
3. **Duties and Obligations of the Insured and Upon the Diagnosis of an Event of Critical Illness:** Upon the occurrence of the Insured event, it is a condition precedent to Insurer's liability to make any payment under this Policy that the Insured and /or a representative of Insured shall immediately and in any event within 60 days of occurrence of Insured event provide Insurer with written notification of a claim, and
   a. The **Insured** and/or a representative **of the Insured** shall expeditiously provide **Insurer** with all relevant information and documentation in respect of the claimed **Insured** event including the documents or information as sought by the **Insurer**. The **Insured** shall submit himself for examination by the **Insurer's** medical advisors as often as may be considered necessary by the **Insurer** for establishing the liability under the Policy. The **Insurer** will reimburse the amount towards the expenses incurred for the said medical examination to the **Insured**.
   b. Insurer shall be under no obligation to make any payment under this Policy till the Insurer has ascertained the validity of the claim and other conditions for admission of claim, as provided under the Policy.
4. **Payment of claims :** If **Insured** is diagnosed / underwent a surgical procedure or any medical condition falling under purview of the definition of **Critical Illness** as mentioned in the Policy that

may result in a claim, then as a condition precedent to **Insurer's** liability, **Insured** must provide intimation to **Insurer** immediately and in any event within 60 days of the aforesaid Illness/ condition/ surgical event, if admissible under the Policy and which can be received from **Insured** through various modes like email / telephone/ fax/ in person or may be via letter or any other suitable mode. Upon receipt of information **Insurer** will register the claim under a unique claim number.

Insured will need to submit the below mentioned documents for the processing of **Critical Illness** Claim:

a. Identity proof of the claimant
b. Dully filled Claim form
c. Copy of **Hospital** summary / Discharge card / treatment advise / medical reference
d. Copy of Medical reports/records
e. Copy of Investigation reports
f. Doctor's certificate
g. Any other relevant document as requested by the **Insurer**.
h. On receipt of claim documents from **Insured**, **Insurer** shall assess the admissibility of claim as per Policy terms and conditions. Upon satisfactory completion of assessment and admission of claim, the **Insurer** will make the payment of benefit as per the contract. In case if the claim is repudiated **Insurer** will inform the **Insured** about the same in writing with reason for repudiation. Lack of documents or medical certificates confirming the diagnosis of illness or undergoing of medical/surgical procedure will result in forfeiture of the claim.

In the event of any doubt regarding the appropriateness or correctness of the diagnosis, the **Insurer** shall have the right to call for an examination of the **Insured** in concurrence with **Insured** or his legal representative on the evidence used in arriving at such diagnosis, by a Medical Specialist appointed by the **Insurer** and the opinion of such Specialist as to such diagnosis shall be considered binding on both the **Insured** and the **Insurer**.

In the event of death of the **Insured** post the survival period, the immediate family member/relative of the **Insured** and claiming on **Insured's** behalf must inform **Insurer** in writing immediately and send **Insurer** a copy of all the required documents to prove the cause of death within 14 days. **Insurer** upon acceptance of the admission of claim under the Policy shall make payment to the **Insured** or Nominee/legal heirs of the **Insured**, in case of the death of the **Insured post the survival period**.

5. **Penal Interest Provision:** Upon acceptance of an offer of settlement by the insured, the payment of the amount due shall be made within 7 days from the date of acceptance of the offer by the insured. In the cases of delay in the payment, the insurer shall be liable to pay interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed by it.

   Explaination: 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)

6. **Fraud:** If the **Insured** and/ or **Proposer** shall make fraud by non-disclosure of valid information or misinformation at the application stage or renewal or advance any claim knowing the same to be false or fraudulent as regards amount or otherwise, this Policy shall be void and all claims or payments hereunder shall be forfeited.

7. **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. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the Company, the Insured Person is entitled to transfer the credits gained to the extent of the Sum Insured, No Claim Bonus, Specific Waiting Periods, Waiting Period for Pre-existing Diseases, Moratorium Period etc. in the previous Policy to the Migrated Policy.

   For Detailed Guidelines on Migration, kindly refer the link-

   https://content.sbigeneral.in//uploads/c6a2844dd65446019b130ffbae1fa20f.pdf

8. **Portability:** 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 30 days before, but not earlier than 60 days from the Policy Renewal date as per IRDAI guidelines related to Portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance Policy with an Indian General/Health Insurer, the proposed Insured Person is entitled to transfer the credits gained to the extent of the Sum Insured, No Claim Bonus, Specific Waiting Periods, Waiting Period for Pre-existing Diseases, Moratorium Period, etc. from the existing Insurer to the acquiring Insurer in the previous Policy.

   For Detailed Guidelines on Portability, kindly refer the link-
   https://content.sbigeneral.in//uploads/c6a2844dd65446019b130ffbae1fa20f.pdf

9. **Renewal:**
   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.

10. **Termination of the Policy:** The **Critical Illness** cover will cease on the earliest of -
    a. Payment of first Critical Illness Benefit under this Policy or other Critical Illness Insurance Policy issued by SBI GIC.
    b. The date on which the Policy was lapsed by the **Insured**.

11. **Withdrawal of Product:** In case of withdrawal of this product insurer will communicate to Insured at least 3 months prior to the withdrawal. Existing policy will continue to remain in force till its expiry, and at the time of renewal, Insured will have option to migrate to insurer's critical illness insurance products available at that time subject to portability condition.

12. **Compliance with Policy Provisions:** Failure by **Insured** to comply with any of the provisions in this Policy may invalidate all claims hereunder.

13. **Mis-representation:** It is specifically and clearly understood by **Insured** that if **Insured** makes any declaration which is not true/false or misrepresentation or suppression of facts in the **Proposal** for Insurance either in the first Policy with the **Insurer** or subsequent Policies obtained and which is a material fact to the claim, in such an event the Policy stands void ab initio and no liability exists to the **Insurer** for the claims thereof.

14. **Redressal of Grievance**

Stage 1: Bima Bharosa

You can register your grievances with the regulator using the following link: https://bimabharosa.irdai.gov.in/Home/Home

Stage 2: Head – Customer Care

Alternatively, if you wish to register your grievances directly with us, you may write to the Head – Customer Care. We aim to respond to all Grievances within 7 days. In our initial acknowledgement of receipt letter, we will provide the name and title of the person that is handling your Grievance. This individual will have the authority necessary to investigate and resolve the Grievance.

Email: head.customercare@sbigeneral.in

Phone: 1800 102 1111

For Senior Citizens:

Senior citizens can reach us through the following dedicated channels:

Email: Seniorcitizengrivences@sbigeneral.in

Toll-Free Number: 1800 102 1111 (Available 24/7)

Stage 3: Grievance Redressal Officer (GRO)

In case, you are still not satisfied with the decision/resolution communicated by the above officer or have not received any response within 5 Business days, you may escalate the matter to the Grievance Redressal Officer (GRO) which will undergo a detailed case investigation, and we aim to resolve the issue within 7 days from the date of receipt of your Grievance at GRO Desk

Email: gro@sbigeneral.in

Phone: 022-45138021

Note:- The Company shall endeavour to maintain the regulatory TAT of 14 days in resolving your grievances.

Stage 4: 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

ANNEXURE I - LIST OF OMBUDSMEN OFFICES

Areas of Jurisdiction	Office of the Insurance Ombudsman
Gujarat, Dadra & Nagar Haveli, Daman and Diu	Shri Collu Vikas Rao Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, AHMEDABAD – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@cioins.co.in
Karnataka	Mr Vipin Anand Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Soudha Building,PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in
Madhya Pradesh, Chhattisgarh	Shri R. M. Singh Insurance Ombudsman Office of the Insurance Ombudsman, 1st floor, "Jeevan Shikha", 60-B,Hoshangabad Road, Opp. Gayatri Mandir, Bhopal – 462 011. Tel.: 0755 - 2769201 / 2769202 Email: bimalokpal.bhopal@cioins.co.in
Odhisa	Shri Manoj Kumar Parida Insurance Ombudsman Office of the Insurance Ombudsman, 62, Forest park, Bhubaneswar – 751 009. Tel.: 0674 - 2596461 /2596455 Email: bimalokpal.bhubaneswar@cioins.co.in
Punjab, Haryana (excluding Gurugram, Faridabad, Sonepat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh	Mr Atul Jerath Insurance Ombudsman Office Of The Insurance Ombudsman, Jeevan Deep Building SCO 20-27, Ground Floor Sector- 17 A, Chandigarh – 160 017. Tel.: 0172 - 4646394 / 2706468 Email: bimalokpal.chandigarh@cioins.co.in
Tamil Nadu, Puducherry Town and Karaikal (which are part of Puducherry).	Shri Somnath Ghosh Insurance Ombudsman Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24333678
Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonepat & Bahadurgarh.	Ms Sunita Sharma Insurance Ombudsman Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@cioins.co.in
Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura	Shri Somnath Ghosh Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@cioins.co.in

Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.	Shri N. Sankaran Insurance Ombudsman Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 Email: bimalokpal.hyderabad@cioins.co.in
Rajasthan	Shri Rajiv Dutt Sharma Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: bimalokpal.jaipur@cioins.co.in
Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.	Shri G. Radhakrishnan Insurance Ombudsman Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Email: bimalokpal.ernakulam@cioins.co.in
West Bengal, Sikkim, Andaman & Nicobar Islands.	Ms Kiran Sahdev Insurance Ombudsman Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 7th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Email: bimalokpal.kolkata@cioins.co.in
Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, Fatehpur, Pratapgarh, Jaunpur,Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.	Shri. Atul Sahai Insurance Ombudsman Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Email: bimalokpal.lucknow@cioins.co.in

Goa, Mumbai Metropolitan Region (excluding Navi Mumbai & Thane).	Ms Susmita Mukherjee Insurance Ombudsman Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 69038800/27/29/31/32/33 Email: bimalokpal.mumbai@cioins.co.in
State of Uttarakhand and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kannauj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam Buddh nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.	Shri Bimbadhar Pradhan Insurance Ombudsman Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in
Bihar, Jharkhand.	Ms Susmita Mukherjee Insurance Ombudsman Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in
Maharashtra, Areas of Navi Mumbai and Thane (excluding Mumbai Metropolitan Region).	Shri Sunil Jain Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@cioins.co.in

The updated details of Insurance Ombudsman are available on IRDA website: www.irdai.gov.in, on the website of General Insurance Council: www.gicouncil.in, our website

Source:- CIO (cioins.co.in)