SBI general INSURANCE
SURAKSHA AUR BHAROSA DONO

CRITICAL ILLNESS 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.

<table>
<tr><th>Sl. No.</th><th>Title</th><th>Description
(Please refer to applicable policy clause number in next column)</th><th>Policy Clause Number</th></tr>
<tr><td>1.</td><td>Name of Insurance Product/ Policy</td><td>Critical Illness Insurance Policy</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>Benefit</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>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>If an Insured person is diagnosed with a listed Critical Illness while the Policy is in force, we will pay the Sum Insured as opted under the Policy.
1. First diagnosis of the below-mentioned Illnesses:
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:
a. Major Organ/ Bone Marrow Transplant
b. Open Chest CABG
c. Aorta Graft Surgery
d. Open Heart Replacement or Repair of Heart Valves</td><td>Scope Of Cover & Benefits</td></tr>
</table>

Sl. No.	Title	Description (Please refer to applicable policy clause number in next column)	Policy Clause Number
		3. Occurrence for the first time of the following medical events: 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	
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) Rest Cure, rehabilitation, and respite care (Code- Excl 05) b) Hazardous or Adventure Sports (Code- Excl 09) c) Breach of Law (Code- Excl 10) d) Treatment for alcoholism, drug or substance abuse or any addictive condition and consequences thereof (Code- Excl 12) e) Treatments received in heath hydros, nature cure clinics, spas or similar establishments or private beds f) Unproven Treatments (Code- Excl 16)	Exclusions
7.	**Waiting period**	**Initial waiting period:** 90 days for all illnesses	Scope of Cover & Benefits
8.	**Financial Limits of the Coverage**	Not Applicable	
9.	**Claims/ Claims Procedure**	**For claims the Insured Person may submit the necessary documents to TPA/ Company within the prescribed time limit as specified in the Policy Wordings.** 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. • Hospital Network details can be obtained from link: **https://www.sbigeneral.in/contact-us/cashless-hospitals-networks** • 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** • **Toll Free number: 1800 210 3366, 1800 210 6366** • 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.	General Conditions 4

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10.	**Policy Servicing**	**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	
11.	**Grievances/ Complaints**	If You have a grievance about any matter relating to the Policy, or Our decision on any matter, or the claim, You can address Your grievance as follows: **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	General Conditions, clause 13

Sl. No.	Title	Description (Please refer to applicable policy clause number in next column)	Policy Clause Number
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.** 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 4. 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	General Conditions, clause 1, clause 7

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13.	**Your Obligations**	Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement. **Disclosure of Information:** 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 Policyholder.	General Conditions, clause 6

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