

## GROUP HEALTH 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.	<b>Name of Insurance Product/ Policy</b>	<b>Group Health Insurance Policy</b>																															
2.	<b>Policy Number</b>	XXXXXXXXXXXXXXXXXXXX																															
3.	<b>Type of Insurance Product/ Policy</b>	Both Indemnity and Benefit																															
4.	<b>Sum Insured (Basis)</b>	<p><b>Family Individual Sum Insured</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Sr. No.</th><th style="width: 45%;">Insured Name</th><th style="width: 45%;">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> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> <p><b>Family Floater Sum Insured</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Sr. No.</th><th style="width: 45%;">Insured Name</th><th style="width: 45%;">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> <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.	<b>Policy Coverage (What the Policy Covers)</b>	<p><b>Following are covered as basic cover up to the limit specified in the policy schedule</b></p> <p><b>SECTION I - HOSPITALIZATION COVER</b></p> <ol style="list-style-type: none"> <li><b>1. Room, Board &amp; Nursing Charges</b> - up to 1% of the Sum Insured max Rs.1500/- for Normal Room per day. If admitted into ICU, up to 2% of the Sum Insured per day max Rs.2500/-</li> <li><b>2. Medical Practitioner and Specialists Fees</b> - Covers medical Practitioner and Specialists Fees. ( Including Teleconsultation)</li> </ol>	Scope of cover Endorsements																														

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		<p>3. Anesthesia, Blood, Oxygen, Operation Theatre charges, Surgical Appliances, Medicines &amp; Drugs, Diagnostic Materials and X-ray, Dialysis, Chemotherapy, Radiotherapy, Cost of Pacemaker, prosthesis/internal implants and any medical expenses incurred which is integral part of the operation</p> <p>4. <b>Pre-hospitalisation Expenses</b> - Covered prior to 30 days of hospitalisation</p> <p>5. <b>Post-hospitalisation Expenses</b> - Covered post 60 days of hospitalization.</p> <p>6. <b>Day Care Expenses</b> - Day Care expenses procedures requiring less than 24 hours of hospitalization</p> <p>7. <b>Non Network Hospitalisation Co-pay</b> - 10% of each claim as co-payment in case of non network hospitalisation.</p> <p>8. <b>Domiciliary Hospitalisation</b> - Charges towards Domiciliary Hospitalisation exceeding 3 days subject to 20% of the Basic Sum Insured or a maximum of up to Rs.20000, whichever is lesser.</p> <p>9. <b>HIV/AIDS Cover</b> - Expenses incurred for Inpatient treatment due to any condition caused by or associated with HIV/AIDS.</p> <p>10. <b>Mental Illness Cover</b> - Inpatient Treatment for any mental illness or psychiatric or psychological ailment / condition.</p> <p>11. <b>Genetic Disorders or Diseases</b> - Covered up to the Sum Insured</p> <p>12. <b>Internal Congenital Diseases</b> - Covered up to the Sum Insured</p> <p>13. <b>12 Specific Procedures</b> - Specific procedures as mentioned in the policy schedule covered.</p> <p><b>Following are covered as add on up to the limits specified in policy schedule, if you have paid the additional premium for these covers</b></p> <p>1. <b>Ambulance Expenses Cover</b> - Reimburse 1% of Sum Insured per Person per Policy period up to a maximum of Rs. 1500 towards the utilisation of an ambulance</p> <p>2. <b>Annual Medical Checkup Cover</b> - Expenses for a health check-up. Maximum liability under this Endorsement will be limited to - 1% of sum insured up to a maximum of Rs. 2500 Per Policy Period.</p> <p>3. Maternity Benefit Extension with waiting period of 9 months.</p> <p>4. Maternity Benefit Extension without waiting period of 9 months</p>	

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		<p><b>5. New born cover from day one</b> - Covers the new born babies from the date of birth of the baby, for any disease/sickness/ailment/Injury.</p> <p><b>6. Critical Illness Cover</b> - Expenses for treatment of specified “Critical Illness”.</p> <p><b>7. Pre-existing Disease Exclusion waiver</b> - PED exclusion is waived off if opted</p> <p><b>8. First year exclusion waiver</b> - First year exclusion is waived off if opted</p> <p><b>9. First 30 day exclusion waiver</b> - First 30 days exclusion is waived off if opted</p> <p><b>10. Coverage for Ayurvedic Medicine</b> - Ayurvedic Treatment is covered upto Sum Insured</p> <p><b>11. Coverage for Homeopathic and Unani system of medicine</b> - Homeopathy and Unani Treatment cover is covered upto Sum Insured.</p> <p><b>12. Exclusion of Domiciliary Hospitalisation</b> - The coverage under this policy shall exclude any expenses for Domiciliary Hospitalisation.</p> <p><b>13. Exclusion of Pre and Post hospitalisation cover</b> - The coverage under this policy shall exclude the expenses arising out of Pre &amp; Post Hospitalisation</p> <p><b>14. Coverage for Outpatient expenses</b> - Covers Outpatient Treatment.</p> <p><b>15. Coverage for Dental Expenses</b> - Covers necessary dental treatment</p> <p><b>16. Corporate Buffer</b> - Additional Sum Insured for the total Group.</p> <p><b>17. Coverage for Congenital Internal Diseases</b> - Exclusion for coverage for Congenital Internal Diseases stands deleted.</p> <p><b>18. Voluntary Co-pay option</b> - insured person shall bear specific % of all eligible and admissible claims as specified in the policy schedule</p> <p><b>19. Enhancement of Room Rent Sub-limits</b> - Room, Board &amp; Nursing Charges is enhanced if opted.</p> <p><b>20. Family Floater Cover</b> - Coverage for Primary Insured and his Family on a Family Floater basis.</p> <p><b>Note:</b> 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>	

Sl. No.	Title	Description (Please refer to applicable policy clause number in next column)	Policy Clause Number
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. Admission primarily for investigation &amp; evaluation</li> <li>2. Admission primarily for rest Cure, rehabilitation and respite care</li> <li>3. Expenses related to the surgical treatment of obesity that do not fulfill certain conditions</li> <li>4. Change-of-Gender treatments</li> <li>5. Expenses for cosmetic or plastic surgery</li> <li>6. Expenses related to any treatment necessitated due to participation in hazardous or adventure sports</li> </ol>	Exclusions
7.	<b>Waiting period</b>	<ol style="list-style-type: none"> <li>1. Initial waiting period: 30 days for all illnesses (not applicable on renewal or for accidental injuries)</li> <li>2. Hypertension, Heart Disease and Diabetes: 90 days</li> <li>3. Specific waiting period: 12 months</li> <li>4. Pre-existing diseases: 36 months</li> </ol>	Exclusions
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> <ul style="list-style-type: none"> <li>• Room, Board &amp; Nursing Charges as provided by the hospital: up to 1% of the Sum Insured max Rs.1500/- for Normal Room per day. If admitted into Intensive Care Unit up to 2% of the Sum Insured per day max Rs.2500/-.</li> <li>• Non Network Hospitalisation Co-pay: For all admissible claims where treatment is taken at hospitals which are not in the list of network providers empanelled by the Company/Administrator, insured person shall bear 10% of the eligible admissible claim as per terms of insurance or shall bear a % of the eligible admissible claim as stipulated in the schedule for the said purpose.</li> <li>• Domiciliary Hospitalisation: Insurer will cover Reasonable and Customary Charges towards Domiciliary Hospitalisation exceeding 3 days as defined in definition subject to 20% of the Basic Sum Insured or a maximum of up to Rs.20000, whichever is lesser</li> <li>• Ambulance expenses cover: It is hereby declared and agreed that we will reimburse 1% of Sum Insured per Person per Policy period up to a maximum of Rs. 1500 towards the utilisation of an ambulance.</li> </ul>	Scope of Cover and Endorsements

Sl. No.	Title	Description (Please refer to applicable policy clause number in next column)	Policy Clause Number
		<ul style="list-style-type: none"> <li>Annual medical check-up: Our maximum liability under this Endorsement will be limited to - 1% of sum insured up to a maximum of Rs. 2500 Per Policy Period.</li> <li>Coverage for Out Patient Treatment: Our maximum liability under this Endorsement for reimbursement of expenses will be limited to a maximum of 2% of the sum insured.</li> </ul> <p><b>Co-Pay:</b> 10% of each claim as co-payment in case of non-network hospitalisation</p>	
9.	<b>Claims/ Claims Procedure</b>	<ul style="list-style-type: none"> <li>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 <a href="https://www.sbigeneral.in/portal/contact-us/hospital">https://www.sbigeneral.in/portal/contact-us/hospital</a></li> <li>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 in the Policy Wordings.</li> </ul> <p>Turn Around Time (TAT) for claim settlement</p> <ul style="list-style-type: none"> <li>TAT for pre-authorization of cashless facility - within 1 hour from receipt of complete documents.</li> <li>TAT for cashless final bill settlement - within 3 hours from receipt of complete documents.</li> </ul> <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><b>Toll Free number: 1800 210 3366, 1800 210 6366</b></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>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><b>Note:</b> For cover wise claims procedure, please refer to policy wordings.</p>	Conditions
10.	<b>Policy Servicing</b>	<p><b>Email:</b> customer.care@sbigeneral.in</p> <p><b>Toll-Free number</b> 1800 102 1111 (Available 24/7) For agents and intermediaries 1800 22 1111 (Available 24/7)</p> <p><b>Website:</b> www.sbigeneral.in</p> <p><b>Fax No:</b> 1800227244, 18001027244</p>	

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11.	Grievances/ Complaints	<p><b>Stage 1: Bima Bharosa</b> You can register your grievances with the regulator using the following link: <a href="https://bimabharosa.irdai.gov.in/Home/Home">https://bimabharosa.irdai.gov.in/Home/Home</a></p> <p><b>Stage 2: Head – Customer Care</b> 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.</p> <p>Email:<a href="mailto:head.customer care@sbigeneral.in">head.customer care@sbigeneral.in</a> Phone: 1800 102 1111</p> <p>For Senior Citizens: Senior citizens can reach us through the following dedicated channels: Email:<a href="mailto:Seniorcitizengrievances@sbigeneral.in">Seniorcitizengrievances@sbigeneral.in</a> Toll-Free Number: 1800 102 1111 (Available 24/7)</p> <p><b>Stage 3: Grievance Redressal Officer (GRO)</b> In case, you are still not satisfied with the decision/resolution communicated by the above officer or have not received any response within 5 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</p> <p>Email: <a href="mailto:gro@sbigeneral.in">gro@sbigeneral.in</a> Phone: 022-45138021</p> <p>Note:- The Company shall endeavour to maintain the regulatory TAT of 14 days in resolving your grievances.</p> <p><b>Stage 4: Escalation to Insurance Ombudsman</b> 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.</p> <p>Submit your Grievance online: <a href="https://www.cioins.co.in/Ombudsman">https://www.cioins.co.in/Ombudsman</a></p>	Conditions
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 provided the product is not withdrawn, except on grounds of established fraud or non-disclosure or misrepresentation by the Insured Person.</li> <li><b>Migration:</b> The insured person will have the option to migrate the Policy to other health insurance products/ plans</li> </ol>	Conditions

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		<p>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.sbigeneral.in//uploads/c6a2844dd65446019b130ffbae1fa20f.pdf">https://content.sbigeneral.in//uploads/c6a2844dd65446019b130ffbae1fa20f.pdf</a></p> <p><b>4. 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 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:  <a href="https://content.sbigeneral.in//uploads/c6a2844dd65446019b130ffbae1fa20f.pdf">https://content.sbigeneral.in//uploads/c6a2844dd65446019b130ffbae1fa20f.pdf</a></p> <p><b>5. 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>	<p>Please disclose all pre-existing disease/s or condition/s before buying a policy.</p> <p>Nondisclosure shall include non-intimation of any circumstances which may affect the Insurance Cover.</p> <p>Disclosure of other material information during the policy period.</p>	Conditions 2, 6

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