

## GROUP HEALTH INSURANCE POLICY

### POLICY SCHEDULE

Policy No: \_\_\_\_\_ Issue Date: \_\_\_\_\_  
 Servicing Branch Office: \_\_\_\_\_

### INTERMEDIARY DETAILS

Intermediary Name: \_\_\_\_\_  
 Intermediary Code: \_\_\_\_\_  
 Intermediary Contact details: \_\_\_\_\_  
 Address.: \_\_\_\_\_  
 Phone no: \_\_\_\_\_ E-mail: \_\_\_\_\_

### POLICY DETAILS

Name of the Insured/Proposer			
Present Address (Current Residing Address)	City:	State:	
	Village:	Gram Panchayat:	
	Pin-code:	Landmark:	
Permanent Address	City:	State:	
	Village:	Gram Panchayat:	
	Pin-code:	Landmark:	
Business Type	New/ Renewal/ Migration/ Portability		
Contact number:		Alternate number:	
Email:			
Date of inception first insurance policy			
Product Type:			
Plan Opted:			
Period of Insurance	From XX.XX.20XX and Time: _____ hrs		To XX.XX.20XX and Time: _____ midnight
Previous insurance policy no, if any			
Name of the Administrator / TPA			
No of Primary Insured Persons covered			
Total No of Insured Persons Covered			
Details of Insured Persons	As per annexure attached		
Compulsory Co-pay at Non-Net work hospitals, Applicable	_____ %		

As part of our Go Green initiative, your policy will be issued digitally to your registered mobile number via WhatsApp, SMS, and email. By issuing an e-policy, we help conserve the environment by saving a tree. An electronic policy document holds the same legal validity as a physical copy. The date on which the policy document is delivered will be considered for determining the free look period.

However, if you would prefer to receive a physical copy of your policy document, simply send an SMS with the message "PRINT <Policy Number>" to 561612 from your registered mobile number.

## COVER OPTIONS DETAILS:

Cover Options:	Excess applicable, if any	Sum Insured Opted, as applicable
Standard Group health	Yes/No	
Add on Covers Opted: (only those covers which are opted will be reflected in the policy schedule)		
Ambulance Expenses cover		
Annual medical check up cover		
Maternity benefit extension with 9 months waiting period		
Maternity benefit extension without 9 months waiting period		
New born baby cover from day one		
Critical illness cover		
Pre-existing disease exclusion waiver		
First year exclusions waiver		
First 30 days exclusion waiver		
Coverage for Ayurvedic medicine		
Coverage for Homeopathic and Unani system of medicine		
Exclusion of Domiciliary Hospitalisation		
Exclusion of Pre and Post Hospitalisation cover		
Coverage for Out Patient Expenses		
Coverage for Dental Expenses		
Corporate Buffer		
Coverage for Congenital Internal Diseases		
Voluntary Co-pay option		
Enhancement of Room rent Sub limits		
Family Floater Cover		

## ADDITIONAL CONDITIONS:

Subject to the following additional Conditions and attached Clauses / Endorsements / Warranties:

- 1.
- 2.

## CONTACT DETAILS (All Values in INR)

Contact Details	Policy Servicing	Claims Servicing
Email	customer.care@sbigeneral.in; seniorcitizen grievances@sbigeneral.in (for Senior Citizens)	sbig.health@sbigeneral.in
Toll-Free number	1800 102 1111 (Available 24/7) For agents and intermediaries 1800 22 1111 (Available 24/7)	1800 210 3366, 1800 210 6366
Website	www.sbigeneral.in	
Fax No	1800227244, 18001027244	+91 20 49334525

## GRIEVANCE REDRESSAL PROCEDURE

### 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.customer care@sbigeneral.in

Phone: 1800 102 1111

For Senior Citizens:

Senior citizens can reach us through the following dedicated channels:

Email: Senior citizen grievances@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 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>

## IMPORTANT NOTE:

Please examine this Policy including its attached Schedules/ Annexure if any. In the event of any discrepancy, contact the office of the Company immediately, it being noted that this Policy shall be otherwise considered as being entirely in order.

In case of payment by cheque, in the event of dishonor of cheque for any reason whatsoever, insurance provided under this document automatically stands cancelled from the inception irrespective of whether a separate communication is sent or not.

Any claim arising or related to consequences of the pre-existing diseases is excluded from the scope of policy cover unless the same is covered on payment of premium and coverage terms mentioned in the schedule.

This is a Contract between the Company and the Insured Person(s). The Insured Person(s) shall not transfer, nominate, alienate or in any way pass the benefits and /or liabilities to any other person, institution, hospital, company or body corporate without specific approval in writing by a duly authorised officer of the company. However, if the Insured Person(s) is permanently incapacitated or deceased, the legal heirs of the insured may represent him in respect of claim under the policy.

To verify your Policy details click/ visit [www.sbigeneral.in](http://www.sbigeneral.in)

All terms, conditions and exclusions as per standard policy wordings attached with this schedule.