GROUP MEDICLAIM POLICY

POLICY SCHEDULE

Master Policy No.: .... Issue Date: ....

Servicing Branch Office: ....

....

INTERMEDIARY DETAILS

Intermediary Name: ....

Intermediary Code: ....

Contact Details: ....

Mobile No.: ....

Landline No.: ....

Address.: ....

....

Landmark: ....

POLICY HOLDER DETAILS

Name of Policyholder	
Present Address (Current Residing Address)	Village: _____ Grampanchayat: _____ City: _____ State: _____ Pin-code: _____ Landmark: _____
Permanent Address	Village: _____ Grampanchayat: _____ City: _____ State: _____ Pin-code: _____ Landmark: _____
PAN No./Form 60/61	
GSTIN No.	
Email ID.	
Contact Details.	
Nature Of Business	
Aadhar Number	
Group type*	Employer-Employee ☐ Non Employer-Employee ☐
Policy Type*	Individual ☐ Family Floater ☐
Business Type*	New/ Renewal/ Migration/ Portability
Previous Policy No.		Sum Insured	
Previous Insurer Name	

Date of 1st inception of Policy			
Period of Insurance	From Date and Time: ☐D ☐D ☐M ☐M ☐Y ☐Y ☐Y ☐Y _____hrs		To Date and Time: ☐D ☐D ☐M ☐M ☐Y ☐Y ☐Y ☐Y _____midnight
Expiring TPA Details	Name and Address		Contact details
No of Employees / Applicants Covered:			

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.

CO-INSURANCE DETAILS

Insurer Name:	Share Percentage:

CONTACT DETAILS	POLICY SERVICING	CLAIMS SERVICING
Email	customer.care@sbigeneral.in seniorcitizengrievances@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.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

IMPORTANT NOTE

Insurance is a contract of Utmost Good Faith requiring the Insured not only to disclose all information related to his health and which has a bearing on the acceptance or rejection of the Proposal by the Insurer and also not to suppress any factual information in response to the questions in the Proposal form.

Please examine this Policy including its attached Schedules/ Annexure if any. In the event of any discrepancy, contact the office of the Insurer immediately, it is 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 canceled from the inception of the Policy irrespective of whether a separate communication is sent or not.

To verify your Policy details click/ visit www.sbigeneral.in

All terms, conditions, and exclusions are as per standard Policy wordings attached with this Schedule.

SCHEDULE OF COVERAGE

Sections that are opted should be shown and rest should be hidden				
Cover Section	Sub Section	Cover Name and Description	Opted / Not Opted	As opted (Sum Insured/Limits)

I	Hospitalization Cover	Inbuilt Cover - Inpatient Care
		1. Hospital Accommodation-Room Rent/day
		<<Option A: From 1% to 20% of Base Sum Insured>>
		<<Option B: Rs. 1000 to Rs. 30000>>
		<<Option C: Combination of option A & Option B>>
		<<Option D: Actuals up to Base Sum insured>>
		<<Option E: Room category wise restriction as given in below>>
		  1) General ward
		  2) Air-Conditioned Twin sharing room/Twin sharing Non-AC
		  3) Air-Conditioned single private room/ Single private Non-AC
		  4) Air-Conditioned single private Deluxe room
		  5) Private suite (Above deluxe room)
		2. Hospital accommodation-ICU/day
		<<Option A: Any multiple of the room rent/day>>
		<<Option B: Actuals up to Base Sum Insured>>
		<< Any Plan combination can be opted>>
			<<Opted/Not Opted>>	<<Sum Insured>>
				1. <<As per limit chosen>>
				2. <<As per limit chosen>>

		Inbuilt Cover - Organ Donor		<< As per limit chosen >>
		Inbuilt Cover - Day Care Treatment		<< As per limit chosen >>
		Inbuilt Cover - Pre-hospitalization Medical expenses - 30 days		30 days
		Inbuilt Cover - Post-hospitalization Medical expenses - 60 days		60 days
		Inbuilt Cover - Modern Treatment (50% of Base Sum Insure)		<< As per limit chosen >>

		Inbuilt Cover - Inpatient care under Alternative Treatment (20% of base sum insured)		<< As per limit chosen >>
		Inbuilt Cover - Domiciliary Hospitalization (20% of base sum insured)		<< As per limit chosen >>
		Inbuilt Cover - Bariatric Surgery (20% of base sum insured)		<< As per limit chosen >>
		Optional Cover - Modification of Pre-hospitalization Medical expenses <<Option 1: 1% to 100% of Base Sum Insured at interval of 10%>> <<Option 2: No. of Days to be selected between - < 30 days to >30 days to 180 Days>> Option 3: Deletion of cover **<<Option 1 and 2 can be taken together>>**	<<Opted/Not Opted>>	<< As per limit chosen >>
		Optional Cover - Modification of Post-hospitalization Medical expenses Option 1: 1% to 100% of Base Sum Insured at interval of 10% Option 2: No. of Days to be selected between - < 60 days to >60 days to 180 Days Option 3: Deletion of cover **<<Option 1 and 2 can be taken together>>**	<<Opted/Not Opted>>	<< As per limit chosen >>
		Optional Cover - Modification of Modern Treatment Option 1: Enhancement of listed procedures Option 2: Enhancement of Sum Insured limits Option 3: Restriction of Sum Insured limits **(any permutation and combination of options can be taken together)**	<<Opted/Not Opted>>	<< As per limit chosen >>
		Optional Cover - Modification of Inpatient care under Alternative Treatment Option 1: Enhancement of Sum Insured limits Option 2: Restriction of Sum Insured limits Option 3: Removal of cover **(any permutation and**	<<Opted/Not Opted>>	<< As per limit chosen >>

			combination of options can be taken together)		
			Optional Cover - Modification of Domiciliary Hospitalization Option 1: Enhancement of Sum Insured limits Option 2: Restriction of Sum Insured limits Option 3: Removal of cover	<<Opted/Not Opted>>	<< As per limit chosen >>
			Optional Cover - Modification of Bariatric Surgery Option 1: Enhancement of Sum Insured limits Option 2: Restriction of Sum Insured limits	<<Opted/Not Opted>>	<< As per limit chosen >>
			Optional Cover - Maternity Expenses Option 1: Normal - INR 1000 to INR 10 Lacs; Caesarean - INR 1000 to 10 Lacs Option 2: Normal -1% to 100% of Base Sum Insured at interval of 10% ; Caesarean -1% to 100% of Base SI at interval of 10% Optional covers available for Maternity Option 1: Multiplier for multiple births (Twins, Triples & etc) 2x or 3x of normal and/or Caesarean sum insured Option 2: Medical expenses for maternity complications & miscarriage will be covered under section Inpatient care and shall not fall under this benefit if specified in policy schedule any combination of the above options can also be applied Maternity waiting period options Option A: No waiting period Option B: 9 Months Option C: 12 Months Option D: 18 months Option E: 24 Months Option F: 36 Months Option G: 48 Months	<<Opted/Not Opted>>	<< As per limit chosen >>
			Optional Cover - New born baby cover	<<Opted/Not Opted>>	<< As per limit chosen >>

			Optional Cover - Child Vaccination cover Option A: up to 20% of Base SI Option B: Up to Maternity SI Option C: As a separate limit over and above base sum insured (Up to 20% of maternity sum insured limit at interval of 5%)	<<Opted/Not Opted>>	<< As per limit chosen >>
			Optional Cover - Well baby cover for New Born	<<Opted/Not Opted>>	Up to Sum Insured
			Optional Cover - Stem cell umbilical Preservation Cover Option A: up to 20% of base Sum Insured Max to 2 lacs irrespective to the maternity SI Option B: Covered within the maternity Sum Insured	<<Opted/Not Opted>>	<< As per limit chosen >>
			Optional Cover - Infertility Cover and Surrogacy Cover Option 1: up to 50% of SI subject to Max 10 lacs Option 2: restricted to Maternity SI	<<Opted/Not Opted>>	<< As per limit chosen >>
			Optional Cover - Accident Multiplier	<<Opted/Not Opted>>	<< As per limit chosen >> <<2x/3x/4x/5x of Base Sum Insured>>
			Optional Cover - Emergency Ground Ambulance	<<Opted/Not Opted>>	<< As per limit chosen >>
			Optional Cover - Air Ambulance cover	<<Opted/Not Opted>>	<< As per limit chosen >>
			Optional Cover - Prosthetic cover	<<Opted/Not Opted>>	<< As per limit chosen >>
			Optional Cover – Convalescence benefit	<<Opted/Not Opted>>	<< As per limit chosen >>
			Optional Cover - Funeral and Repatriation Cover	<<Opted/Not Opted>>	<< As per limit chosen >>
			Optional Cover - Compassionate visit	<<Opted/Not Opted>>	<< As per limit chosen >>
			Optional Cover - Accompanying person cover	<<Opted/Not Opted>>	<< As per limit chosen >>

		Optional Cover - Health check up Option A: INR 1,000 to INR 25,000 per member/family Option B: as per actuals per member/family Option C: percentage of Sum insured (5/10/15/20% maximum up to Rs. 2lakhs per member/family)	<<Opted/Not Opted>>	<< As per limit chosen >>
		Optional Cover - Zero deductions in case of death of insured	<<Opted/Not Opted>>	Not Applicable
		Optional Cover - Sub-limit on specified illness / conditions	<<Opted/Not Opted>>	<< As per limit chosen >>
		Optional Cover - Loyalty credit <<5% / 10%/15%/20% / 30% / 35%/ 40%/ 45% to 50% every year.	<<Opted/Not Opted>>	<< As per limit chosen >>
		Optional Cover - Weekly benefit	<<Opted/Not Opted>>	<< As per limit chosen >>
		Optional Cover - Co-payment Option1: Co-payment up to 80% for one or multiple relationships self; spouse; children; parents; parents in laws; other relatives option 2: Co-payment for members older than a specified age- up to 80% of claim option 3: Up to 80% applicable for all Option 4: Up to 80% for select benefit options Option 5: Up to 80% for claim type (Cashless/reimbursement within specified timeline as per schedule,reimbursement beyond specified timeline as per schedule network/non-network) Options 6: Up to 80% for claim Amount Option 7: Up to 80% for Geography wise	<<Opted/Not Opted>>	<< As per limit chosen >>

		Option 8: Up to 80% for Specific aliments/procedures/implants Option 9: Up to 80% for number of claims Option 10: Up to 80% for Tier 1 hospitals as graded by SBIG **<< Any Plan combination can be opted>>**		
		Optional Cover - E-Opinion	<<Opted/Not Opted>>	Not Applicable
		Optional Cover - Corporate Floater for any illness or accident Option A: 2X/3X/4X/5X of Base Sum Insured or up to total buffer sum insured. Option B: 1/2/3/4/5/6/7/8/9/10 times Mid-term refill of corporate buffer **<<Any or all combination of above options can be opted>>**	<<Opted/Not Opted>>	<< As per limit chosen >>
		Optional Cover - Sum Insured Reinstatement Option A: 2X Base Sum Insure Option B: 3X Base Sum Insure	<<Opted/Not Opted>>	<< As per limit chosen >>
		Optional Cover - Claim settlement in network only	<<Opted/Not Opted>>	Not Applicable
		Optional Cover - Claim settlement on Reimbursement only	<<Opted/Not Opted>>	Not Applicable
		Optional Cover - Physiotherapy and Rehabilitation cover	<<Opted/Not Opted>>	<< As per limit chosen >>
		Optional Cover - Home Health Care	<<Opted/Not Opted>>	Up to Sum Insured
		Optional Cover - Non-medical/Consumables Expenses	<<Opted/Not Opted>>	Up to Sum Insured
		Optional Cover - External Congenital Anomalies	<<Opted/Not Opted>>	Up to Sum Insured
		Optional Cover - Cancer Care Option A: 25% of Base Sum Insure Option B: 50% of Base Sum Insure Option C: 75% of Base Sum Insure	<<Opted/Not Opted>>	<< As per limit chosen >>

		Option D: Equivalent (100%) to Base Sum Insure Option E: Double the Base Sum Insure (200%). Options for Initial Waiting Period for Cancer Care Option 1: 90 days initial Waiting period option 2: 120 days initial Waiting Period Option 3: 180 days initial Waiting Period		
		Optional Cover - Attendant Charges Cover	<<Opted/Not Opted>>	<< As per limit chosen >>
		Optional Cover - De-addiction Expenses Cover	<<Opted/Not Opted>>	<< As per limit chosen >>
		Optional Cover – Modification of Home/Vehicle	<<Opted/Not Opted>>	Up to Sum Insured
		Optional Cover - Expenses for external Aids and Appliances.	<<Opted/Not Opted>>	<< As per limit chosen >>
		Optional Cover - Waiting period for Pre- Existing Diseases (PED) Option A: No Waiting Period Option B: 12 months Option C: 24 months option D: 36 months	<<Opted/Not Opted>>	Not Applicable
		Optional Cover - Initial Waiting Period Option A: No Initial Waiting Period Option B: 15 days Option C: 30 days	<<Opted/Not Opted>>	Not Applicable
		Optional Cover - Waiting Period for Diseases Specific Exclusions Option A: No Waiting Period (Default) Option B: 12 months Option C: 24 months option D: 36 months	<<Opted/Not Opted>>	Not Applicable
		Optional Cover – Franchise	<<Opted/Not Opted>>	<< As per limit chosen >>
		Optional Cover -Vision Correction	<<Opted/Not Opted>>	<< As per limit chosen >>
		Optional Cover - Per claim deductible	<<Opted/Not Opted>>	<< As per limit chosen >>

		Optional Cover - Gender Reassignment Cover	<<Opted/Not Opted>>	Up to Sum Insured
		Wellness Care	<<Opted/Not Opted>>	Not Applicable

	OPD Treatment & Diagnostic Cover	Inbuilt
		a. Consultation
		   i: OPD consultation only in listed network hospitals
		   ii: OPD consultation in any registered provider
		   iii: Physical Consultation post Tele-consultation /E-opinion on referral basis only in listed network hospitals
		b. Diagnostic tests & Procedures,
		c. Pharmacy,
		d. Including OPD Dental expenses
		e. OPD Vision Expenses including spectacles & lenses,
		f. Physiotherapy on OPD basis: For Accidental Injury,
		g. Psychologist counselling
		h. Hearing Aids
		
		Option 1: 1000/- to 10 lacs with optional co-payment of 10%/20%/30%/40%/50% as specified on policy schedule/Col
		Option 1.a: no of visits up to 20 visits pa / per member
		Option 1.b: no of visits up to 50 visits pa / per member
		Option 1.c: unlimited visits
		Option 2 - Franchise from Rs. 500 to Rs. Rs. 50000
		<< Any Plan combination can be opted>>
			<<Opted/Not Opted>>	<< As per limit chosen >>

	Second medical opinion cover	Option 1: Unlimited Option 2: Limited (2/4/6/8/10/12/24 per Year) Option A: Per Person Option B: Per Family << Any Plan combination can be opted>>	<<Opted/Not Opted>>	
	Common Disease Cover	SI 10000 to 10 lacs in multiples of 10000. (The Sum Insured is over and above the base sum insured) << Any Plan combination can be opted>>	<<Opted/Not Opted>>	Up to Sum Insured

	Super Top-up Cover (Applicable on cumulative claim basis)	Deductible Range from: RS. 1000 up to Base SI. Super top-up Sum Insured range INR 10000 to INR 5 Crores, Multiples of 10 lacs beyond 5cr (The Sum Insured is over and above the base sum insured) << Any Plan combination can be opted>>	<<Opted/Not Opted>>	<< As per limit chosen >>
	Hospital daily allowance	Benefit Up to 25000/- per day for 5/10/15/20/25/30/45/60/ 90 days with or without deductible of 1 to 10 days.	<<Opted/Not Opted>>	<< As per limit chosen **Plan details to be mentioned here>>
	Critical Illness Cover (Fixed Benefit basis)	Sum Insured - Rs. 50,000 to 20 lacs in Multiples of 50,000 (60 Critical illnesses covered) 10/15/20/30/45/60 CI Waiting period applicable: Option 1 (Default): 90 days Option 2: 0 days Option 3: 30 days Option 4: 60 days Option 5: 180 days Survival period applicable: Option 1 (Default): 28 days Option 2: 0 days Option 3: 7 days Option 4: 14 days Coverage Type - Individual	<<Opted/Not Opted>>	<< As per limit chosen **Plan details to be mentioned here>>

WAITING PERIOD

Sr no	Initial Waiting Period	
1	For Pre-existing diseases (PED)	As per opted
2	Initial Waiting Period	As per opted
3	Waiting Period for Disease Specific Exclusions	As per opted