

## HEALTH EDGE INSURANCE

### POLICY SCHEDULE

Policy No.: \_\_\_\_\_ Issue Date: \_\_\_\_\_

Servicing Branch Office: \_\_\_\_\_

### INTERMEDIARY DETAILS

Intermediary Name: \_\_\_\_\_

Intermediary Code: \_\_\_\_\_

Contact Details: \_\_\_\_\_

Mobile No.: \_\_\_\_\_

Landline No.: \_\_\_\_\_

Address.: \_\_\_\_\_

### PROPOSER DETAILS

Name of Proposer		
Present Address (Current Residing Address)	Village:	Grampanchayat:
	City:	State:
	Pin-code:	Landmark:
Permanent Address	Village:	Grampanchayat:
	City:	State:
	Pin-code:	Landmark:
Nationality:		
Occupation:		
Policy Type:	Individual / Family Floater	
GSTN No:		
Email:		
Contact Details:		
Period of Insurance:		
From Date and Time:	____/____/____ ____hrs	
To Date and Time:	____/____/____ ____midnight	
First Policy Inception Date	____/____/____	
Business Type:	New/ Renewal/ Migration/ Portability	
Previous Policy Number (if applicable):		
No of Insured Members:		
Premium Frequency:	Monthly / Quarterly / Half-yearly / Annual / Single	

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.

## INSURED PERSON'S DETAILS

Name of Insured Person	Insured 1	Insured 2	Insured 3
1st Policy Inception date			
Member ID			
Date of Member Entry			
Gender			
DOB			
Age in completed years			
Marital Status			
Relation with Primary Insured/Proposer			
Nationality			
Occupation			
Basic Sum Insured (Separate only for Individual cover, in Rs.)			
Booster Benefit			

## NOMINEE DETAILS:

Insured Name	Insured 1	Insured 2	Insured 3
Name of the Nominee			
Date of Birth (DD/MM/YYYY)			
Age			
Gender (M/F/O)			
Relationship with Policyholder			
Mobile No. of the Nominee			
Present Address of the Nominee			
Permanent Address of the Nominee			
Nominee Email ID			

## APPOINTEE DETAILS:

Insured Name	Insured 1	Insured 2	Insured 3
Name of Appointee			
Date Of Birth (DD/MM/YYYY)			
Age			
Gender (M/F/O)			
Relationship with Nominee			
Address of the Appointee			
Appointee Mobile no			

## SPECIAL CONDITION

Coverage Subject to additional condition, deductible, co-pay as below

- 1• Critical Illness: Survival Period-28 days
- 2•
- 3•

## IMPORTANT TERMS, CONDITIONS AND EXCLUSION

- 1•
- 2•

Name of Insured Person	Pre-existing disease/Disability/ hospitalization/ medical treatment /surgical history	Permanent disease exclusion if any

## ADDITIONAL LOADING (if applicable)

Name of Insured Person	Disease

## PREMIUM DETAILS

Particulars	Amount (Rs)
Premium in Rs.	
Optional Cover Premium in Rs.	
Loading (if any) in Rs.	
Discount (if any) in Rs.	
Instalment Loading (if any) in Rs.	
Total Premium with Instalment Loading	
EMI amount (as per Instalment frequency opted)	
Add Taxes as applicable	
Final Premium (EMI Amount with Taxes) in Rs.	

Collection Details: \_\_\_\_\_ Receipt no: \_\_\_\_\_ Receipt Date: DD / MM/ YYYY  
 Consolidated Stamp Duty paid towards Insurance Policy Stamps vide Order No \_\_\_\_\_  
 Dated \_\_\_\_\_ of General Stamp Office, Mumbai GSTN No. \_\_\_\_\_

## CONTACT DETAILS IN CASE OF ANY CLAIM/QUERIES/REQUEST

Email:	sbig.health@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
Fax No:	1800227244, 18001027244
Claim Service Provider:	xxxxxxxxx
Contact Details:	xxxxxxxxx
Website:	xxxxxxxxx
Fax No:	xxxxxxxxx

## GRIEVANCE REDRESSAL PROCESS

### 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](mailto:head.customercare@sbigeneral.in)

Phone: 1800 102 1111

For Senior Citizens:

Senior citizens can reach us through the following dedicated channels:

Email: [Seniorcitizengrивences@sbigeneral.in](mailto:Seniorcitizengrивences@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](mailto: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 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 of the Policy irrespective of whether a separate communication is sent or not.

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

Signed at:

(RO/BO/DO – Details)

For SBI General Insurance Company Limited

Date & Place:

Authorized Signatory

## COVERAGE DETAILS

Benefits			Platinum
	Sum Insured (SI)		3 Lacs, 5 Lacs, 7 Lacs, 10 Lacs, 15 Lacs, 20 Lacs, 25 Lacs
	Family Combination		XX
	No. of Days of Hospitalization covered		5 days, 10 days and Unlimited
In-patient Hospitalization	Inpatient Hospitalization Treatment	Room Rent	Actuals up to Sum Insured
		ICU Charges	Actuals up to Sum Insured
	Pre-hospitalization Medical Expenses (up to Sum Insured)		30 days
	Post-hospitalization Medical Expenses (up to Sum Insured)		60 Days
	Day Care Treatment (up to Sum Insured)		All day care covered
	Emergency Road Ambulance Cover (per hospitalization)		Up to INR 3000
	Bariatric Surgery Cover		Up to 50,000
	Modern Treatments/Advanced Procedures		Covered up to SI
	AYUSH		Covered up to SI
	Stay Fit Health Check-Up		INR 5000 per eligible member

If Your issue remains unresolved You may approach IRDAI by calling on the Toll-Free no. 155255 or You can register an online complaint on the website <http://igms.irda.gov.in>

## OPTIONAL COVERS (Only the opted option will be printed below)

Name of Insured Person	Insured 1	Insured 2	Insured 3
Hospital Daily Cash	(1000 for 10 days/2000 for 10 days)		
Accidental Death Cover [Primary Insured only]	(10 lacs /20 lacs)		
Healing Benefit (>5 days of Hospitalization)	(INR 5000 /10,000)		
Unlimited Refill (Related and Unrelated Illness both)	(Unlimited Refill up to 100% of BSI)		
Vector Borne Fixed Benefit	(INR 50000/1 lacs)		
Critical Illness Cover	INR 300000		
Claims Safeguard	Items listed in list 1 of Annexure II		
Out Patient (OPD) Cover	(INR 5000/- Per Member)		
Booster Benefit (reduction is same proportion in case claim is settled)	50% of Base Sum Insured, maximum up to 200%		

E-opinion	E-opinion (refer Policy Wordings)		
Domestic help/staff Indemnity	Refer Schedule Attached		
Co-Pay	(10 % /20 %)		
Global Treatment	Up to Sum Insured		
Wellness –	Health Assistance (A.I Personal Fitness Coaching), Dietician and Nutrition E – Consultation, and Unlimited Gym Membership,		
Walk Healthy Benefit			
Women Care (Maternity Expenses, New Born Baby over)	Maternity Normal Delivery 25000, C-Section 50000, New Born Baby – Up to Base Sum Insured		
	Insured 1	Insured 2	Insured 3
Women Care (Assisted Reproduction Treatment)	INR 100000		
	Insured 1	Insured 2	Insured 3

Refer Policy Wordings for complete details on coverages, Terms & Conditions and Exclusions applicable on this Policy

# If the child above 18 years of Age is financially independent, he or she shall be ineligible for coverage under this Policy in the subsequent renewals.

## WAITING PERIOD

1. Initial Waiting Period (Excluding Accidental Hospitalization): 30 days
2. Specific Disease waiting period: 24 months
3. Pre-Existing Waiting Period: 24 months
4. Women care  
Maternity Expenses: 48 months  
Assistance Reproductive Treatment: 48 months
5. Global Treatment: 36 months
6. Hypertension, Diabetes, Cardiac Condition: 90 days

**Note:** If any of the specified disease / procedure falls under the waiting period specified for pre-existing diseases, then the longer of the two waiting periods shall apply. Refer Policy Wordings for complete details on coverages, Terms & Conditions and Exclusions applicable on this Policy

## PREMIUM CERTIFICATE

Premium certificate for the purpose of deduction under section 80 - (D) of Income Tax (Amendment) Act, 1986  
Transaction Id:

This is to certify that Mr./Ms./Mrs. \_\_\_\_\_ has paid INR \_\_\_\_\_ (In Words \_\_\_\_\_) towards the premium for Health Insurance vide Direct Credit Transaction ID/Cheque No. xxxxxxxxxx for the period from \_\_\_\_\_ (dd/mm/yy) To \_\_\_\_\_ (dd/mm/yy) Midnight for Policy No. xxxxxxxxxx

Upon issuance of this receipt, all previously issued temporary receipts, if any, related to this policy are considered null and void. For the purpose of deduction under section 80D. The benefit shall be as per the provisions of the Income Tax Act, 1961 and any amendments made thereafter.

You may get tax benefits up to Rs. \_\_\_\_\_ subject to maximum permissible limits under Income Tax Act 1961 as modified from time to time. For more details kindly consult your tax advisor. In the event of non-realization of premium, benefits cannot be obtained against this premium receipt.

GSTI No.: \_\_\_\_\_

Date: DD/MM/YYYY

Place:

Authorized Signatory

## GST TAX INVOICE

GST Invoice No	XXXX	GST Invoice Date	DD/MM/YYYY		
GSTIN/Unique No: (SBI General)	27AAMCS8857L1ZC	SBI General State	Maharashtra		
SBI General Branch Address:	SBI General Insurance Company Limited Fulcrum Building, 9th Floor, A & B Wing, Sahar Road, Andheri (East), Mumbai 400 099, India				
DETAILS OF POLICYHOLDER					
Name					
Address					
Policy Holder State			Place of Supply		
			Whether invoice under Reverse Charge	No	
GSTIN/Unique No:	XXXXXXX	Policy Number	XXXXXXX		
Insurance Product Name	HSN Code	Premium (without Taxes)	CGST	SGST/ UTGST	IGST
			Rate	Amount	Rate
Total Invoice Value (In Figures)					
Taxes Applicable			Authorized Signatory		
SBI General Receipt No:			Receipt Date:	DD/MM/YYYY	
Branch Office Address:			Reference No:	XXXXXXXX	
Fulcrum Building, 9th Floor, A & B Wing, Sahar Road, Andheri (East), Mumbai 400 099 - India.			OF Receipt No:	XXXXXXXX	
			Date:	DD/MM/YYYY	
			Branch Code:	XXXXX	
			Party/Depositor ID:	XXXXXXXXXXXXX	
RECEIPT					
Received with thanks from XXXXXXXXXXXXXXXX an amount of Rs. XXXXXX (In Word - XXXXX) by EFT No: XXXXXXXXXXXX Dated: DD/MM/YYYY Drawn on Bank: STATE BANK OF INDIA Branch:					
Party ID	Quote/Policy/Claim No.	Name of Party	Amount (Rs.)		
XXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXX		
		TOTAL	XXXXXXXX		

### Disclaimer

1. Receipt subject to realization of instrument submitted
2. Kindly refer to the policy document for the time of commencement of cover

For and on behalf of  
**SBI General Insurance Co. Ltd.**

Authorized Signatory