

HOSPICASH FLEXI INSURANCE

POLICY SCHEDULE

Policy No.: _____ Issue Date: _____
Servicing Branch Office: _____

INTERMEDIARY DETAILS

Intermediary Name: _____
Intermediary Code: _____
Contact Details: _____
Mobile No.: _____
Landline No.: _____
Address.: _____

POLICY HOLDER DETAILS

Name of Policyholder																		
Present Address (Current Residing Address)	Village:				Gram Panchayat:													
	City:				State:													
	Pin-code:				Landmark:													
Permanent Address	Village:				Gram Panchayat:													
	City:				State:													
	Pin-code:				Landmark:													
Business Type	<<New/ Renewal/ Migration/ Portability>>																	
PAN No./Form 60/61.																		
GSTN No.																		
Email																		
Contact Details																		
Previous Policy No	Sum Insured:																	
Date of 1 st inception of Policy																		
Sum Insured Basis	<< Individual/ Family Floater>>																	
Period of Insurance	From Date and Time:				To Date and Time:													
	<input type="text" value="D"/>	<input type="text" value="D"/>	<input type="text" value="M"/>	<input type="text" value="M"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	hrs	<input type="text" value="D"/>	<input type="text" value="D"/>	<input type="text" value="M"/>	<input type="text" value="M"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	midnight
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.

SCHEDULE OF COVERAGE

Sr. No.	Coverage Name	Inbuilt / Optional
1	Accident and Sickness Hospital Cash Benefit	Inbuilt
2	Accident Hospital Cash Benefit	<<Opted/Not Opted>>
3	ICU Cash Benefit	<<Opted/Not Opted>>
4	Convalescence Benefit	<<Opted/Not Opted>>
5	Compassionate Benefit	<<Opted/Not Opted>>
6	Day Care Treatment Benefit	<<Opted/Not Opted>>
7	Maternity Hospital Cash Benefit Opted waiting period: <<1 Year/2 Years/9months/Zero>>	<<Opted/Not Opted>>
8	Other Waiting Periods Opted waiting period: <<Option 1: 30 days waiver Option 2: 2 Years Specific illness waiting period Option 3: Specific illness waiting period waiver Option 4: 1 Year waiting period for PED Option 5: 2 Years waiting period for PED Option 7: No waiting period for PED>>	<<Opted/Not Opted>>
9	Increased Deductible/Franchise	<<Opted/Not Opted>>

Waiting Period –

1. Initial Waiting Period* - 30 days (excl Accident) (unless waiver opted)
2. PED* - 3 Years (unless lesser duration opted)
3. Specific Illness* - 1 Year /2 Years (unless waiver opted/increased duration opted)
4. Maternity* - 3 Years (unless lesser Waiting period opted)

<<Franchise/Deductible>> - <<1 day/2 days>> (Does not apply to Day Care Treatment Benefit)

SPECIAL CONDITION

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

- 1.
- 2.

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

Signed at (RO/BO/DO – Details)		For SBI General Insurance Company Limited
Date and Place		Authorized Signatory

P.S. If premium paid through cheque, the policy is void ab initio in case of dishonor of cheque.

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

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

GRIEVANCE REDRESSAL

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: 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: SeniorCitizenGrievances@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

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

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