SBI general INSURANCE
SURAKSHA AUR BHAROSA DONO

KUTUMB SWASTHYA BIMA

CUSTOMER INFORMATION SHEET / KNOW YOUR POLICY

This document provides key information about your policy. You are also advised to go through your policy document.

<table>
<tr><th>Sl. No.</th><th>Title</th><th>Description
(Please refer to applicable policy clause number in next column)</th><th>Policy Clause Number</th></tr>
<tr><td>1.</td><td>Name of Insurance Product/ Policy</td><td>Kutumb Swasthya Bima</td><td></td></tr>
<tr><td>2.</td><td>Policy Number</td><td>XXXXXXXXXXXXXXXXXXXXX</td><td></td></tr>
<tr><td>3.</td><td>Type of Insurance Product/ Policy</td><td>Benefit</td><td></td></tr>
<tr><td>4.</td><td>Sum Insured (Basis)</td><td>Sum Insured details
<table>
<tr><th>Sr. No.</th><th>Insured Name</th><th>Base Sum Insured</th></tr>
<tr><td></td><td></td><td>Refer Point 5</td></tr>
<tr><td></td><td></td><td></td></tr>
<tr><td></td><td></td><td></td></tr>
</table>
Note: This is the base Sum Insured for policy. Please refer the policy schedule for cover wise limits.</td><td></td></tr>
<tr><td>5.</td><td>Policy Coverage (What the Policy Covers)</td><td>Covers: Plan Type -
<table>
<tr><th>Sr. No.</th><th>Cover Name</th><th>Cover Description</th><th>Base</th><th>Medium</th><th>Top</th></tr>
<tr><td>1</td><td>Tele-consultation Benefit</td><td>Tele Consultation (calls per family per annum)</td><td>Upto 4 calls per month, subject to maximum of 24 calls per annum</td><td>Upto 6 calls per month, subject to maximum of 36 calls per annum</td><td>Upto 10 calls per month, subject to maximum of 60 calls per annum</td></tr>
<tr><td rowspan="2">2</td><td rowspan="2">Hospitalization Benefit (per life) Deductible - 24 hours</td><td>a) Hospital Daily Cash</td><td>Not Covered</td><td>Rs. 250 per day for maximum 30 days</td><td>Rs. 250 per day for maximum 60 days</td></tr>
<tr><td>b) Conveyance Allowance Benefit (lumpsum per paid claim)</td><td>Not Covered</td><td>Rs. 400</td><td>Rs. 400</td></tr>
<tr><td>3</td><td>Personal Accident (For Primary Insured Only)</td><td>a) Accidental Death
b) Permanent Total Disablement</td><td>Rs. 1,00,000</td><td>Rs. 3,00,000</td><td>Rs. 5,00,000</td></tr>
</table></td><td>C. Scope of Cover</td></tr>
</table>

Sl. No.	Title	Description (Please refer to applicable policy clause number in next column)	Policy Clause Number
6.	**Exclusions (What the policy does not cover)**	**Following is a partial list of the policy exclusions. Please refer to the policy document for the complete list of exclusions:** a) Investigation and Evaluation (Code - Excl 04) b) Rest Cure, rehabilitation, and respite care (Code - Excl 05) c) Obesity / Weight Control (Code - Excl 06) d) Change of Gender Treatments (Code - Excl 07) e) Cosmetic or Plastic Surgery (Code - Excl 08) f) Hazardous or Adventure Sports (Code - Excl 09) g) Breach of Law (Code - Excl 10) h) Excluded Providers (Code - Excl 11) i) Treatment for alcoholism, drug or substance abuse or any addictive condition and consequences thereof (Code - Excl 12) j) Treatments received in heath hydros, nature cure clinics, spas or similar establishments or private beds (Code - Excl 13). k) Dietary supplements and substances that can be purchased without prescription (Code - Excl 14) l) Refractive Error (Code - Excl 15) m) Unproven Treatments (Code - Excl 16) n) Sterility and Infertility (Code - Excl 17) o) Maternity (Code - Excl 18)	D. General Exclusions
7.	**Waiting period**	**Initial Waiting Period:** 30 Days **Specific Waiting Periods** (applicable for Hospitalization Benefit) o 12 months Any types of gastric or duodenal ulcers, Tonsillectomy, Adenoidectomy, Mastoidectomy, Tympanoplasty, all internal or external tumor / cysts/ nodules/ polyps of any kind including breast lumps, All types of Hernia and Hydrocele etc. (not applicable for claims arising due to accident). o 24 months for Cataract, Benign Prostatic Hypertrophy, Hysterectomy/ myomectomy for menorrhagia or fibromyoma or prolapse of uterus etc. (not applicable for claims arising due to accident). o 36 months for Joint replacement surgery due to degenerative condition, age related osteoarthritis and osteoporosis unless such joint replacement surgery is necessitated by Accidental Bodily Injury (not applicable for claims arising due to accident). o 90 days for Hypertension, Cardiac conditions, Diabetes. **Pre-Existing diseases: 36 months**	D. General Exclusions

Sl. No.	Title	Description (Please refer to applicable policy clause number in next column)	Policy Clause Number
8.	**Financial Limits of the Coverage**	Not Applicable	
9.	**Claims / Claims Procedure**	• For claims the Insured Person may submit the necessary documents to TPA/Company within the prescribed time limit as specified in the Policy Wordings. • For Reimbursement of Claim: Turn Around Time (TAT) for claim settlement i. TAT for pre-authorization of cashless facility - within 1 hour from receipt of complete documents. ii. TAT for cashless final bill settlement - within 3 hours from receipt of complete documents. • Hospital Network details can be obtained from link: **https://www.sbigeneral.in/contact-us/cashless-hospitals-networks** • **Toll Free number: 1800 210 3366, 1800 210 6366** • List of Hospitals which are blacklisted or from where no claims will be accepted by the insurer is available in below link:**https://www.sbigeneral.in/contact-us/cashless-hospitals-networks** • Claim forms can be downloaded from below link: **https://www.sbigeneral.in/claim/claims-form-download** **Note:** For cover wise claims procedure, please refer to policy wordings.	E.4) Conditions when a claim arises
10.	**Policy Servicing**	**Email:** customer.care@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	
11.	**Grievances/ Complaints**	**Stage 1:** If you wish to register your grievances directly with us, you may write to us at head.customercare@sbigeneral.in or gro@sbigeneral.in or call our toll free number- 1800 102 1111. After examining the matter, final response would be conveyed within a period of 14 days from the date of receipt of your complaint. In our initial acknowledgement of receipt letter, we will provide the name and title of the person who is handling your Grievance. This person will have the authority necessary to investigate and resolve the Grievance. 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)	E.5) Grievances Redressal Procedure During the Contract

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		Details of our Grievance Redressal Officer is mentioned on our website at https://www.sbigeneral.in/grievance-redressal Note: The Company shall endeavour to maintain the regulatory TAT of 14 days in resolving your grievances. Alternatively, you may Register your grievance with the regulator through Bima Bharosa which is a grievance redressal platform provided by the Insurance Regulatory and Development Authority of India (IRDAI). You may access the Bima Bharosa Portal using the following link: https://bimabharosa.irdai.gov.in/Home/Home **Stage 2: 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	
12.	**Things to remember**	1. Free Look Cancellation: 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. 2. Policy renewal: 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. 3. Migration: The insured person will have the option to migrate the Policy to other health insurance products/ plans 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: **https://content.sbigeneral.in/uploads/c6a2844dd65446019b130ffbae1fa20f.pdf** 4. Portability: 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	E. 2) Conditions Applicable During the Contract, E.3) Conditions applicable during renewal of the Policy:

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		portability. For Detailed Guidelines on portability, kindly refer the link: **https://content.sbigeneral.in/uploads/c6a2844dd65446019b130ffbae1fa20f.pdf**	
13.	**Your Obligations**	Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement. **Disclosure of Information:** The Policy shall be void and all premiums paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description, or non-disclosure of any Material Fact by the Policyholder.	E.1) Conditions Precedent to the Contract, clause 3

Declaration by the Policy Holder: I have read the above and confirm having noted the details

Place: .....

Date: ...../...../..... Signature of the Policyholder

a) For product related documents including Customer Information Sheet, kindly refer to the below link: https://www.sbigeneral.in/downloads

b) In case of any conflict, the terms and conditions mentioned in the policy document shall prevail