

## KUTUMB SWASTHYA BIMA- GROUP

### CUSTOMER INFORMATION SHEET/KNOW YOUR POLICY

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

Sl. No.	Title	Description (Please refer to applicable policy clause number in next column)	Policy Clause Number																														
1.	Name of Insurance Product/ Policy	<b>Kutumb Swasthya Bima- Group</b>																															
2.	Policy Number	XXXXXXXXXXXXXXXXXXXXXX																															
3.	Type of Insurance Product/ Policy	Benefit																															
4.	Sum Insured (Basis)	<p><b>Family Individual Sum Insured</b></p> <table border="1"> <thead> <tr> <th>Sr. No.</th><th>Insured Name</th><th>Base Sum Insured</th></tr> </thead> <tbody> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </tbody> </table> <p><b>Family Floater Sum Insured</b></p> <table border="1"> <thead> <tr> <th>Sr. No.</th><th>Insured Name</th><th>Base Sum Insured</th></tr> </thead> <tbody> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </tbody> </table> <p><b>Note:</b> This is the base Sum Insured for policy. Please refer the policy schedule for cover wise limits.</p>	Sr. No.	Insured Name	Base Sum Insured													Sr. No.	Insured Name	Base Sum Insured													
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5.	Policy Coverage (What the Policy Covers)	<p><b>Following are covered as basic cover up to the limit specified in the policy schedule:</b></p> <ul style="list-style-type: none"> <li>I. ele-consultation Benefit: Covers the facility of telephonic consultation.</li> <li>II. Hospitalization Benefit           <ul style="list-style-type: none"> <li>a) Hospital Daily Cash- Hospital Daily Cash benefit for each continuous and completed period of 24 hours.</li> <li>b) Conveyance Allowance Benefit- Covers benefit amount towards conveyance expenses.</li> </ul> </li> <li>III. Personal Accident</li> </ul>	Scope of cover																														

Sl. No.	Title	Description (Please refer to applicable policy clause number in next column)	Policy Clause Number
		<p>a) Accidental Death- Compensation for accidental death paid to person's beneficiary or legal representative.</p> <p>b) Permanent Total Disablement- Compensation for disablement paid to the insured person</p> <p><b>Note:</b> Insurer's Liability in respect of all claims admitted during the period of insurance shall not exceed the Sum Insured for the Insured person as mentioned in the schedule.</p>	
6.	<b>Exclusions (What the policy does not cover)</b>	<p><b>Following is a partial list of the policy exclusions. Please refer to the policy document for the complete list of exclusions:</b></p> <ol style="list-style-type: none"> <li>1. Pre-existing Disease Exclusion: (Code- Excl 01)</li> <li>2. 30-day waiting period exclusion: (Code- Excl 03)</li> <li>3. Investigation &amp; Evaluation: (Code- Excl 04)</li> <li>4. Rest Cure, rehabilitation and respite care: (Code- Excl 05)</li> <li>5. Obesity/ Weight Control: (Code- Excl 06)</li> <li>6. Change-of-Gender treatments: (Code- Excl 07)</li> <li>7. Cosmetic or plastic Surgery: (Code- Excl 08)</li> <li>8. Breach of law: (Code- Excl 10)</li> <li>9. Sterility and Infertility: (Code- Excl17)</li> <li>10. Maternity: (Code- Excl18)</li> </ol>	General exclusions
7.	<b>Waiting period</b>	<ol style="list-style-type: none"> <li>1. Initial waiting period: 30 days for all illnesses.</li> <li>2. Specific waiting period: 90 Days/ 1/ 2/ 3 Years for specific diseases/illness.</li> <li>3. Pre-existing diseases: 36 months</li> </ol>	General exclusions
8.	<b>Financial Limits of the Coverage</b>	<p><b>In case of a claim, this policy requires you to share the following costs:</b></p> <p><b>Sub-Limits:</b></p> <ul style="list-style-type: none"> <li>• Hospital Daily Cash- ₹250 per day for maximum 30 days for Medium plan and ₹250 per day for maximum 30 days for Top plan.</li> <li>• Conveyance Allowance Benefit- ₹400 for Medium and Top plans.</li> <li>• Accidental Death and Permanent Total Disablement- ₹1,00,000, ₹3,00,000 and ₹5,00,000 for Base, Medium and Top plans respectively.</li> </ul>	Scope of cover
9.	<b>Claims/ Claims Procedure</b>	<p>a. <b>For Cashless Service:</b> Insured may refer Pre-Authorization form attached as Annexure-C to the Policy Wordings and for updated Hospital Network details refer the link</p> <p><a href="https://www.sbigeneral.in/portal/contact-us/hospital">https://www.sbigeneral.in/portal/contact-us/hospital</a></p>	Conditions

Sl. No.	Title	Description (Please refer to applicable policy clause number in next column)	Policy Clause Number
		<p>b. <b>For Reimbursement of Claim:</b> For reimbursement of claims the Insured Person may submit the necessary documents to TPA/Company within the prescribed time limit as specified in the Policy Wordings.</p> <p>Turn Around Time (TAT) for claim settlement</p> <ul style="list-style-type: none"> <li>i. TAT for pre-authorization of cashless facility - within 1 hour from receipt of complete documents.</li> <li>ii. TAT for cashless final bill settlement - within 3 hours from receipt of complete documents.</li> </ul> <ul style="list-style-type: none"> <li>• Hospital Network details can be obtained from link: <b><a href="https://www.sbigeneral.in/portal/contact-us/hospital">https://www.sbigeneral.in/portal/contact-us/hospital</a></b></li> <li>• Toll Free number: 1800 210 3366, 1800 210 6366</li> <li>• List of Hospitals which are blacklisted or from where no claims will be accepted by the insurer is available in below link: <b><a href="https://www.sbigeneral.in/contact-us/hospital">https://www.sbigeneral.in/contact-us/hospital</a></b></li> <li>• Claim forms can be downloaded from below link: <b><a href="https://www.sbigeneral.in/claim/claims-form-download">https://www.sbigeneral.in/claim/claims-form-download</a></b></li> </ul> <p>Note: For cover wise claims procedure, please refer to policy wordings.</p>	
10.	Policy Servicing	<p><b>Email:</b> <b><a href="mailto:customer.care@sbigeneral.in">customer.care@sbigeneral.in</a></b></p> <p><b>Toll-Free number</b> 1800 102 1111 (Available 24/7) For agents and intermediaries 1800 22 1111 (Available 24/7)</p> <p><b>Website:</b> <b><a href="http://www.sbigeneral.in">www.sbigeneral.in</a></b></p>	
11.	Grievances/ Complaints	<p>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:</p> <p><b>Stage 1: Bima Bharosa</b> You can register your grievances with the regulator using the following link: <a href="https://bimabharosa.irdai.gov.in/Home/Home">https://bimabharosa.irdai.gov.in/Home/Home</a></p> <p><b>Stage 2: Head – Customer Care</b> 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.</p> <p>Email: <a href="mailto:head.customer-care@sbigeneral.in">head.customer-care@sbigeneral.in</a> Toll-Free Number: 1800 102 1111 (Available 24/7) For Senior Citizens: Senior citizens can reach us through the following dedicated channels:</p>	Conditions

Sl. No.	Title	Description (Please refer to applicable policy clause number in next column)	Policy Clause Number
		<p>Email:Seniorcitizengrievances@sbigeneral.in Toll-Free Number: 1800 102 1111 (Available 24/7)</p> <p><b>Stage 3: Grievance Redressal Officer (GRO)</b> 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</p> <p>Email: gro@sbigeneral.in Phone: 022-45138021</p> <p>Note: - The Company shall endeavour to maintain the regulatory TAT of 14 days in resolving your grievances.</p> <p><b>Stage 4: Escalation to Insurance Ombudsman</b> 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.</p> <p>Submit your Grievance online: <a href="https://www.cioins.co.in/Ombudsman">https://www.cioins.co.in/Ombudsman</a></p>	
12.	Things to remember	<ol style="list-style-type: none"> <li><b>Free Look Cancellation:</b> 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.</li> <li><b>Policy renewal:</b> The Policy shall ordinarily be renewable except on grounds of fraud or non-disclosure or misrepresentation by the Insured Person.</li> <li><b>Migration:</b> 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- <a href="https://content.sbigeneral.in/uploads/c6a2844dd65446019b130ffbae1fa20f.pdf">https://content.sbigeneral.in/uploads/c6a2844dd65446019b130ffbae1fa20f.pdf</a></li> <li><b>Portability:</b> 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</li> </ol>	Standard general terms and clauses

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		<p>related to portability. For Detailed Guidelines on portability, kindly refer the link: <a href="https://content.sbigeneral.in//uploads/c6a2844dd65446019b130ffbae1fa20f.pdf">https://content.sbigeneral.in//uploads/c6a2844dd65446019b130ffbae1fa20f.pdf</a></p> <p><b>5. Moratorium Period:</b> After completion of sixty continuous months of coverage (including portability and migration) in health insurance Policy, no Policy and claim shall be contestable by the Insurer on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. This period of sixty continuous months is called as moratorium period. The moratorium would be applicable for the Sums Insured of the first Policy. Wherever, the Sum Insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of Sums Insured only on the enhanced limits.</p>	
13.	<b>Your Obligations</b>	<p>Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement.</p> <p><b>Disclosure of Information:</b></p> <p>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.</p>	General conditions

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

Place: .....

Date: ...../...../.....

Signature of the Policyholder

Note:

- For product related documents including Customer Information Sheet, kindly refer to the below link: <https://www.sbigeneral.in/downloads>
- In case of any conflict, the terms and conditions mentioned in the policy document shall prevail