

Details of Plan:

Select the Plan: Base Medium Top

Sr No.	Cover Name	Cover Description	Base	Medium	Top
1.	Tele-consultation Benefit	Tele Consultation (calls per family per annum)	Upto 4 calls per month, subject to maximum of 24 calls per annum	Upto 6 calls per month, subject to maximum of 36 calls per annum	Upto 10 calls per month, subject to maximum of 60 calls per annum
2.	Hospitalization Benefit (Per Life)	a) Hospital Daily Cash	Not Covered	₹ 250 per day for maximum 30 days	₹ 250 per day for maximum 60 days
		b) Conveyance Allowance Benefit (lumpsum per paid claim)	Not Covered	₹ 400	₹ 400
3.	Personal Accident (For Primary Insured Only)	a) Accidental Death			
		b) Permanent Total Disablement	₹ 1,00,000	₹ 3,00,000	₹ 5,00,000

Waiting Period – No waiting period for Teleconsultation and Personal Accident Sections
Hospitalization Benefit a) 30 days, except for Accidental Hospitalisation, b) 90 days; 1 year; 2 years and 3 years waiting period for specific diseases / illness c) 48 months for pre-existing diseases

Please confirm the language for teleconsultation: Hindi English Punjabi Gujarati Marathi
 Malayalam Telugu Kannada Tamil Odia Bengali

Insured Person Details*:

Details	Insured 1	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6
Name						
Date of Birth						
Age						
Gender						
Marital Status Occupation & Nature of Business/Work						
Contact No.						
Nationality* (Indian/Non-Indian/ Non-resident Indian/Other)						
Relationship with Proposer*						
ABHA (Ayushman Bharat Health Account) number (if available)						

Note: By Family we mean Self, Spouse, Dependent children, Dependent parents and Dependent Parents in law max. up to 6 members.

Disclaimer: SBI General Insurance Company Limited | Corporate & Registered Office: Fulcrum Building, 9th Floor, A & B Wing, Sahar Road, Andheri (East), Mumbai - 400 099. | For more details on the risk factor, terms and conditions, please refer to the Sales Brochure and Policy Wordings carefully before conducting a sale. | For SBI General Insurance Company Limited IRDAI Reg. No. 144 dated 15/12/2009 | CIN: U66000MH2009PLC190546 | SBI Logo displayed belongs to State Bank of India and used by SBI General Insurance Company Limited under license. | Kutumb Swasthya Bima - Group, UIN: SBIPAGP20150V011920 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

Nominee Details:

Insured Name	Insured 1			Insured 2			Insured 3		
	Nominee 1	Nominee 2	Nominee 3	Nominee 1	Nominee 2	Nominee 3	Nominee 1	Nominee 2	Nominee 3
Nominee details									
Name of the Nominee*^									
% Share of Claim Amount									
Date of Birth (DD/MM/YYYY)*									
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									
Name of A/C holder									
Account Number									
IFSC Code									
MICR Code									
Bank Name									
Branch Name									

Insured Name	Insured 4			Insured 5			Insured 6		
	Nominee 1	Nominee 2	Nominee 3	Nominee 1	Nominee 2	Nominee 3	Nominee 1	Nominee 2	Nominee 3
Nominee details									
Name of the Nominee*^									
% Share of Claim Amount									
Date of Birth (DD/MM/YYYY)*									
Gender (M/F/O)									
Relationship with Policyholder*									
Mobile No. of the Nominee*									
Present Address of the Nominee									
Permanent Address of the Nominee									

Disclaimer: SBI General Insurance Company Limited | Corporate & Registered Office: Fulcrum Building, 9th Floor, A & B Wing, Sahar Road, Andheri (East), Mumbai - 400 099. | For more details on the risk factor, terms and conditions, please refer to the Sales Brochure and Policy Wordings carefully before conducting a sale. | For SBI General Insurance Company Limited IRDAI Reg. No. 144 dated 15/12/2009 | CIN: U66000MH2009PLC190546 | SBI Logo displayed belongs to State Bank of India and used by SBI General Insurance Company Limited under license. | Kutumb Swasthya Bima - Group, UIN: SBIPAGP20150V011920 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

Nominee Email ID									
Name of A/C holder									
Account Number									
IFSC Code									
MICR Code									
Bank Name									
Branch Name									

^ (Please attach a separate sheet if required in case of multiple nominees) / *If Nominee is a minor, give the details of Appointee.

Insured Name	Insured 1	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6
Name of Appointee*						
Date Of Birth (DD/MM/YYYY)*						
Age*						
Gender (M/F/O)						
Relationship with Nominee*						
Address of the Appointee						
Appointee Mobile no*						
Name of A/C holder						
Account Number						
IFSC Code						
MICR Code						
Bank Name						
Branch Name						

In the event of death of the proposer, any payment due under the policy shall become payable to the nominee in accordance with the policy terms and conditions. Nominee for self, must be an immediate relative of proposer. (Please attach a separate sheet if required).

Medical And Life Style Information:

Has any of the persons proposed to be insured ever suffer from / are currently suffering from any of illness/ diseases or any pre-existing accidental injury? **[If answer is Yes, then please specify the details in below table and attach relevant medical reports from Medical Practitioner if any].**

Insured Name	Name of Illness/ Disease/ Accidental Injury	Duration Since Suffering from	"Medications details (present/ past) please specify"	Are you fully cured (Yes/No)	Differently Abled Status (Yes/No)	Type of Impairment	Percentage of Impairment	UDID Number
Insured 1								
Insured 2								
Insured 3								
Insured 4								
Insured 5								
Insured 6								

Disclaimer: SBI General Insurance Company Limited | Corporate & Registered Office: Fulcrum Building, 9th Floor, A & B Wing, Sahar Road, Andheri (East), Mumbai - 400 099. | For more details on the risk factor, terms and conditions, please refer to the Sales Brochure and Policy Wordings carefully before conducting a sale. | For SBI General Insurance Company Limited IRDAI Reg. No. 144 dated 15/12/2009 | CIN: U66000MH2009PLC190546 | SBI Logo displayed belongs to State Bank of India and used by SBI General Insurance Company Limited under license. | Kutumb Swasthya Bima - Group, UIN: SBIPAGP20150V011920 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

Declarations on behalf of all persons proposed to be Insured

1. I hereby declare, on my behalf and on behalf of all persons proposed to be insured, that the above statements, answers and/or particulars given by me are true and complete in all respects to the best of my knowledge and that I am authorised to propose on behalf of these other persons.
2. I understand that the information provided by me will form the basis of the insurance policy, is subject to the Board approved underwriting policy of the insurer and that the policy will come into force only after full payment of the premium chargeable.
3. I further declare that I will notify in writing any change occurring in the occupation or general health of the life to be insured/proposer after the proposal has been submitted but before communication of the risk acceptance by the company.
4. I declare that I consent to the company seeking medical information from any doctor or hospital who/which at any time has attended on the person to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the person to be insured/proposer and seeking information from any insurer to whom an application for insurance on the person to be insured /proposer has been made for the purpose of underwriting the proposal and/or claim settlement.
5. I authorize the company to share information pertaining to my proposal including the medical records of the insured/proposer for the sole purpose of underwriting the proposal and/or claims settlement and with any Governmental and/or Regulatory authority.
6. I/we are aware of premium loading. (if any declared above) for habits & diseases as declared/mentioned by me/us above.
7. I/ We hereby agree to keep record of KYC details of all individual members covered under the Group Insurance including but not limited to HNI, Jewellers, NGO, Film Actor/ Producer and PEPs to provide the details of beneficiaries to the company as and when required.
 Note: Politically Exposed Persons (PEPs) are individuals who have been entrusted with prominent public functions by a foreign county, including the heads of States or Governments, senior politicians, senior government or judicial or military officers, senior executives of state-owned corporations and important political party officials.
8. I/We hereby encourage creatio of ABHA ID for all Policy holders at www.healthid.ndhm.gov.in and may notify in case customer wishes to the same with Insurer.
9. I declare that the details provided in the proposal form will be used for both new and renewal purposes.
10. I/We hereby agree to keep record of KYC details of all the individual members covered under the group insurance, and ensure to provide the KYC of beneficial owner to the Company as and when required.

Date:

Place:

Signature

SECTION 41 OF INSURANCE ACT, 1938

- (1) No person shall allow or offer to allow either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind or risk relating to lives or property in India, any rebate of whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate except such rebate as may be allowed in accordance with the published prospectuses or tables of the Insurer
- (2) Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to Ten Lakhs rupees