

Kutumb Swasthya Bima Micro Insurance Product

PROSPECTUS

SBI General's Kutumb Swasthya Bima Micro Insurance Product is designed to cover loss of life and disability due to accident. It also provides you with fixed benefit for each day of hospitalization and teleconsultation benefit

Who Can Buy This Policy?

SBI General's Kutumb Swasthya Bima Micro Insurance Product can be bought by any person between the age of 18 Years to 65 Years.

Age Criteria & Eligibility

Minimum Entry Age: 18 Years Maximum Entry Age: 65 Years

Minimum Entry Age for children: 91 Days Maximum Entry Age for Children: 25 Years

Family includes Self, Spouse, Dependent children, Dependent Parents & Dependent Parents in law maximum up to 6 Members.

There is no exit age applicable to the policy.

Type of Policy

Individual and Family

Scope of Cover

S. No	Cover Name	Cover Description	Base
1	Teleconsultation Benefit	Tele Consultation (calls per family per annum)	Upto 4 calls per month, subject to maximum of 24 calls per annum
2	Personal Accident(For Primary Insured Only)	a) Accidental Death	Rs. 1,00,000
		b) Permanent Total Disablement	

Period of Insurance

This policy can be issued for a tenure of 1 year only.

Exclusions

I. Exclusion specific to Personal Accident Section

The Company shall not be liable for any claim or claims under this Policy arising from

- Payment of compensation in respect of injury or disablement directly or indirectly arising out of or contributed to by or traceable to any disability existing on the date of issue of this Policy.
- Infections (except pyogenic infections which shall occur through an Accidental cut or wound) or any other kind of Disease.
- Accident while being under the influence or abuse of drugs, alcohol, or other intoxicants or hallucinogens unless properly prescribed by a physician and taken as prescribed

General Exclusions

- Any medical treatment outside India.
- War, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, commotion, unrest, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalisation or requisition of or damage by or under the order of any government or public local authority.
- Intentional self-injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol) and any violation of law or participation in an event/activity that is against law with a criminal intent.
- Nuclear damage caused by, contributed to, by or arising from ionising radiation or contamination by radioactivity from:
 - any nuclear fuel or from any nuclear waste; or
 - from the combustion of nuclear fuel (including any self-sustaining process of nuclear fission);
 - nuclear weapons material;
 - nuclear equipment or any part of that equipment;

5. Injury or Disease directly caused by or contributed to by nuclear weapons/materials.
6. Accident resulting from Suicide, attempted suicide (whether sane or insane) or intentionally self-inflicted injury.
7. Accident during air travel except as a fare paying passenger on a recognized airline or charter aircraft
8. Accident while operating or learning to operate any aircraft or ship or performing duties as a member of the crew on any aircraft or ship.
9. Accident arising out of and in the course of employment in any branch of the Military or Armed Forces of any country, whether in peace or War.
10. The dispersal or application of pathogenic or poisonous biological or chemical materials; The release of pathogenic or poisonous biological or chemical materials, or Congenital anomalies or any complications or conditions arising there from.
11. Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving

Premium Paying Term

Quarterly/Half Yearly/Annually

Premium Frequency	Annual	Half yearly	Quarterly
Loading	0%	4.5%	10.20%

Premium Rates

Variant	Age band (Primary Policyholder)	Premium for Primary Insured	Additional premium for members covered		
			Per Child	Per Parent	Per Adult (spouse)
Base	All	363	NA	NA	NA

General Conditions

Renewal conditions

- i. 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.
- ii. The Company shall endeavor to give notice for Renewal. However, the Company is not under obligation to give any notice for Renewal.
- iii. Renewal shall not be denied on the ground that the Insured Person had made a Claim or Claims in the preceding Policy years.
- iv. Request for Renewal along with the requisite premium shall be received by the Company before the end of the Policy Period
- v. At the end of the Policy Period, the Policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without Break in Policy. Coverage is not available during the Grace Period.
- vi. No loading shall apply on Renewals based on individual Claims experience.

Special Conditions applicable for policies issued with premium payment on instalment basis

If the Insured Person has opted for Payment of Premium on an instalment basis i.e. Single, Half Yearly, Quarterly or Monthly, as mentioned in the Policy Schedule/Certificate of Insurance, the following Conditions shall apply (notwithstanding any terms contrary elsewhere in the Policy)

- i. Grace Period would be given to pay the instalment premium due for the Policy. In case of monthly instalment option, a Grace Period of 15 days is applicable. Whereas, in case of Single, Half Yearly, Quarterly instalment options, a Grace Period of 30 days is applicable.
- ii. During such Grace Period, coverage will be available from the due date of instalment premium till the date of receipt of premium by Company.
- iii. The Insured Person will get the accrued continuity benefit in respect of the Sum Insured, No Claim Bonus, Specific Waiting Periods, Waiting Periods for Pre-existing Diseases, Moratorium period etc in the event of payment of premium within the stipulated Grace Period
- iv. No interest will be charged if the instalment premium is not paid on due date.
- v. In case of instalment premium due not received within the Grace Period, the Policy will get cancelled.
- vi. In the event of a Claim, all subsequent premium instalments shall immediately become due and payable.
- vii. The Company has the right to recover and deduct all the pending instalments from the Claim amount due under the Policy.

Alterations in the Policy

The Proposal Form, Certificate, and Policy Schedule / Certificate if Insurance constitute the complete contract of insurance. This Policy constitutes the complete contract of insurance between the Policyholder and Us. No change or alteration will be effective or valid unless approved in writing which will be evidenced by a written endorsement, signed and stamped by Us. All endorsement requests will be made by the Policy Holder and/or the Insured Person only. This Policy cannot be changed by anyone (including an insurance agent or broker) except Us.

Cancellation and Termination Terms of Policy

A. Cancellation by you:

For Yearly premium paying mode.

i) You can choose to cancel the policy, giving us a 15-day notice period by recorded delivery. This, provided there is no claim under the policy. The insured shall be entitled for premium refund at the company's Short Period Scale provided in table below.

Period on risk	Rate of premium refunded
Up to one month	75% of annual rate
Up to three months	50% of annual rate
Up to six months	25% of annual rate
Exceeding six months	Nil

For Quarterly and Half yearly premium paying mode.

- For Quarterly and Half yearly Premium Payment options, 50% of current instalment premium will be refunded when the current period is less than 6 months in to the policy year. For instalment after 6 months, no refund will be payable.
- No refund of any premium in case of any claim during policy year

B. Cancellation by Us -

Policy may be cancelled by us on the grounds of misrepresentation, fraud or non-disclosure of material facts by sending to you 15 days' notice by recorded delivery at last known address/email ID without refund of premium.

Free Look Period :

- Every Policyholder of new individual health insurance policies except those with tenure of less than a year, shall be provided a free look period of 30 days beginning from the date of receipt of Policy document, whether received electronically or otherwise, to review the terms and conditions of such Policy.
- In the event a Policyholder disagrees to any of the Policy terms or conditions, or otherwise and has not made any Claim, he shall have the option to return the Policy to the Insurer for cancellation, stating the reasons for the same.
- Irrespective of the reasons mentioned, the Policyholder shall be entitled to a refund of the premium paid subject only to a deduction of a proportionate risk premium for the period of cover and the expenses, if any, incurred by the Insurer on medical examination of the proposer and stamp duty charges.
- A request received by Insurer for cancellation of the Policy during free look period shall be processed and premium shall be refunded within 7 days of receipt of such request, as stated at sub regulation (3) above.

Revision and Modification of the Policy Product

Any revision or modification will be done with the approval of the Authority. We shall notify You about revision / modification in the Policy including premium payable thereunder. Such information shall be given to You at least ninety (90) days prior to the effective date of modification or revision coming into effect.

Existing Policy will continue to remain in force till its expiry, and revision will be applicable only from the date of next renewal. Credit of continuity/waiting periods for all the previous policy years would be extended in the new policy on Renewal with Us

Withdrawal of the Product

In case the Policy is found to be financially unviable or is deficient in any manner, We shall, in terms of Insurance Regulatory & Development Authority Health Insurance Regulations (2016), have the option to withdraw this Policy from the market subject to prior approval of such withdrawal from the Regulatory Authority.

Any withdrawal of the Policy would be duly intimated to the Policy Holder/Insured Person at least ninety (90) days prior to date of such revision or modification, who on expiry of the existing Policy will have an option to obtain Renewal under similar product/s available with Us. Credit of continuity/waiting periods for all the previous policy years would be extended in the new policy on Renewal with Us.

Claim Intimation

Upon the discovery or occurrence of an event or Hospitalisation that may give rise to a claim under this Policy, Insured Person or the Nominee as the case may be, shall undertake the following:

- In case of Teleconsultation, Customer can call to the Toll free numbers of SBI GI's empanelled Tele- Consultation Service Provider from his/her registered mobile number to get the limited set of health care services, basis the chosen plan.

Service Timings- Tele Consultation will be available for 12 hrs* in a day, 8 AM to 8 PM on all seven days in week.

*Timings and duration of tele-consultation service subject to change on the sole discretion of the company. Any such changes or technical disruption leading to unavailability of service, will be communicated to customers.

- In case of Hospitalisation, notify Us either at Our call centre or in writing within 48 hours of the Hospitalization but not later than discharge from the Hospital. The following details are to be provided to Us at the time of intimation of Claim:

- Policy Number
- Name of the Policyholder
- Date and Time of Loss Location of Accident /illness for which insured is hospitalized.

- o Name of the Insured Person in whose relation the claim is being lodged
- o Nature of claims, Accidental death, Permanent Total Disablement, Hospital Daily Cash
- o Name and address of the attending Medical Practitioner and Hospital (if admission has taken place)
- o Any other information, documentation as requested by Us.

Intimation about an event or occurrence that may give rise to a claim under this Policy must be given within 30 days of its happening. We will examine and relax this time limit mentioned herein depending upon the merits of the case.

Claim Documents

1. In case of Teleconsultation claim:

- For Teleconsultation claim, Call need to be made by the primary insured from his/her registered mobile no. in the toll-free no. provided by the insurer.
- Every call made by the customer for consultation irrespective of whether it is a follow up call or otherwise, will be treated as a new call /claim.
- If in a single call, the Primary Insured Person seeks consultation for other Insured Persons mentioned in the Policy Schedule / Certificate of Insurance, then queries pertaining to each Insured Person will be treated as a separate call/claim

2. In case of Personal Accident claim, following is the document list for claim submission:

A. Personal Accident – Death

- Duly filled and signed claim form
- Certified copy of Death certificate issued by municipal authority
- Certified copy of FIR, MLC Copy, Spot Panchnama.
- Certified copy of Post-mortem examination report, if done.

Nominee / Beneficiary details

- Duly filled and signed Central KYC Registry form
- Self-attested Copy of PAN card & Aadhar card, photo id & address Proof of the nominee / beneficiary (Pan card / Driving license / Passport / Aadhar Card / Election Card, etc) for address mentioned in claim form
- Beneficiary bank account / NEFT details: Cancelled cheque or copy of first page of bank passbook showing account holder's name, Account number, IFSC code, Branch name etc.

B. Personal Accident – Permanent Total Disability

- Duly filled and signed claim form
- Certified copy of Disability certificate issued by Appropriate Govt/Medical authority
- Certified copies of hospital treatment records and diagnostic reports
- Certified copy of FIR, MLC Copy, Spot Panchnama.
- Photograph of insured showing disability

Beneficiary details

- Duly filled and signed Central KYC Registry form (applicable for benefit of Rs 1,00,000 & above)
- Self-attested Copy of PAN card & Aadhar card, photo id & address Proof of the nominee / beneficiary (Pan card / Driving license / Passport / Aadhar Card / Election Card, etc) for address mentioned in claim form (applicable for benefit of Rs 1,00,000 & above)
- Insured bank account / NEFT details: Cancelled cheque or copy of first page of bank passbook showing account holder's name, Account number, IFSC code, Branch name etc.
- On receipt of intimation from Insured regarding a claim under the Policy, Insurer is entitled to carry out examination and obtain information and may seek further clarification.

In case there is a delay in the submission of claim documents, then in addition to the documents mentioned above, the claimant is also required to provide Us the reasons for such delay in writing. We shall condone delay on merit for delayed claims where delay is proved to be for reasons beyond the control of the Policyholder or Insured Person or the claimant, as the case may be.

Anti Rebating Warning

As per Section 41 of the Insurance Act 1938, as amended, the practice of rebating is prohibited, as follows:

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 of risk relating to lives or property in India, any rebate of the 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 prospectus or tables of the insurer
2. Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to Ten Lakh rupees

Disclaimer

For more details on risk factors, terms and conditions, please read the sales brochure before concluding the sale.

Grievance redressal procedure

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.customerCare@sbigeneral.in

Toll-Free Number: 1800 102 1111 (Available 24/7)

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 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

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>

Contact Us

For any product or service related information or assistance, here's how you can reach Us.

Contact details for Policy Servicing	Contact details for Claim Servicing
<p>SBI General Insurance Company Limited, Address:9th Floor, Wing A & B, Fulcrum, Sahar Road, Andheri (East), Mumbai – 400 099. Email: customer.care@sbigeneral.in ; seniorcitizenGrievances@sbigeneral.in (for Senior Citizens) 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</p>	<p>Accident & Health claims team, SBI General Insurance Company Limited, Address: 9th Floor, Westport, Pan Card Club Road, Baner, Pune, Maharashtra – 411 045. Email: sbig.health@sbigeneral.in Toll Free number: 1800 210 3366, 1800 210 6366 Website: www.sbigeneral.in Fax No: +91 20 49334525</p>