

## SBI GENERAL HEALTH ALPHA

### CUSTOMER INFORMATION SHEET/ KNOW YOUR POLICY- HEALTH

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

| Sl. No. | Title                                    | Description<br>(Please refer to applicable Policy Clause Number in next column)   |  |  | Policy Clause Number   |              |                  |  |  |  |  |  |  |         |              |                  |  |  |  |  |  |  |
|---------|--|---|--|--|--|--------------|------------------|--|--|--|--|--|--|---------|--------------|------------------|--|--|--|--|--|--|
| 1.      | Name of Insurance Product / Policy       | SBI General Health Alpha  |  |  |  |              |                  |  |  |  |  |  |  |         |              |                  |  |  |  |  |  |  |
| 2.      | Policy Number                            | XXXXXXXXXXXXXXXXXXXXXXX   |  |  |  |              |                  |  |  |  |  |  |  |         |              |                  |  |  |  |  |  |  |
| 3.      | Type of Insurance Product/ Policy        | Indemnity and Benefit both  |  |  |  |              |                  |  |  |  |  |  |  |         |              |                  |  |  |  |  |  |  |
| 4.      | Sum Insured (Basis)                      | <table><tr><td>Sr. No.</td><td>Insured Name</td><td>Base Sum Insured</td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></table><br><table><tr><td>Sr. No.</td><td>Insured Name</td><td>Base Sum Insured</td></tr><tr><td></td><td></td><td rowspan="2"></td></tr><tr><td></td><td></td></tr></table><br><p>Note: 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 |  |  |  |  |  |  |
| Sr. No. | Insured Name                             | Base Sum Insured  |  |  |  |              |                  |  |  |  |  |  |  |         |              |                  |  |  |  |  |  |  |
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|         |  |   |  |  |  |              |                  |  |  |  |  |  |  |         |              |                  |  |  |  |  |  |  |
| Sr. No. | Insured Name                             | Base Sum Insured  |  |  |  |              |                  |  |  |  |  |  |  |         |              |                  |  |  |  |  |  |  |
|         |  |   |  |  |  |              |                  |  |  |  |  |  |  |         |              |                  |  |  |  |  |  |  |
|         |  |   |  |  |  |              |                  |  |  |  |  |  |  |         |              |                  |  |  |  |  |  |  |
| 5.      | Policy Coverage (What the Policy Covers) | <b>Base Cover Option 1: Hospitalization Cover</b><br><b>1. In-Patient Treatment</b> – Covers admission in Hospital beyond 24 hours.<br><b>2. Day Care Treatment</b> – Covers Medical Expenses for Day Care procedures.<br><b>3. AYUSH Treatment</b> – Covers Medical Expenses for In-Patient Treatment under Ayurveda, Yoga, Naturopathy, Unani, Siddha and Homeopathy.<br><b>4. Domiciliary Treatment</b> – Covers Medical Expenses of Domiciliary Hospitalization.<br><b>5. Pre-Hospitalization</b> – Covers Medical Expenses for 30/60/90 days prior to admission in a Hospital.<br><b>6. Post-Hospitalization</b> – Covers Medical Expenses for 60/90/120/180 days after discharge from the Hospital. |  |  | <br>3(a).<br><br>3(b).<br><br>3(c).<br><br>3(d).<br><br>3(e).<br><br>3(f). |              |                  |  |  |  |  |  |  |         |              |                  |  |  |  |  |  |  |

| Sl. No. | Title | Description<br>(Please refer to applicable Policy Clause Number in next column)  | Policy Clause Number  |
|---------|-------|--|---|
|         |       | <p>7. <b>Bariatric Surgery-</b> Covers Medical Expenses of surgical procedures of obesity.</p> <p>8. <b>Cumulative Bonus</b> - On Claim free renewal, Base Sum Insured will be increased by 50% maximum up to the percentage specified in the Policy Schedule.</p> <p style="text-align: center;"><b>OR</b></p> <p><b>Discount in Premium-</b> On Claim free renewal, a discount of 2.5% on Hospitalization Base Premium is provided.</p> <p><b>Base Cover Option 2: Personal Accident</b></p> <p>1. <b>Accidental Death (AD)-</b> Lump sum payment to the Nominee/Legal Heir/Assignee on Death of Insured within 12 months from the date of Accident.</p> <p>2. <b>Permanent Total Disablement (PTD)-</b> Lump sum payment to Insured, if PTD occurs within 12 months from the date of Accident.</p> <p>3. <b>Permanent Partial Disablement (PPD)-</b> Lump sum payment as specified, if PPD occurs within 12 months from the date of Accident.</p> <p>4. <b>Temporary Total Disablement (TTD)-</b> Weekly benefit as specified in case of Injury which completely incapacitates Insured from engaging in any employment or occupation.</p> <p>5. <b>Home Modification Benefit-</b> Lump sum payment to Insured for expenses of improvements carried out in residence to adjust to the disablement.</p> <p>6. <b>Child Education Benefit-</b> Lump sum payment to Nominee/Legal Heir/Assignee for education of dependent children, if Insured suffers AD and/or PTD.</p> <p>7. <b>Loan Protector-</b> Payment of fixed limit or outstanding loan amount, whichever is lower, if Insured suffers AD or PTD.</p> <p><b>Optional Covers (Available only if Base Cover Option 1 is opted)</b></p> <p>1. <b>Road Ambulance</b> – Covers expenses on availing Road Ambulance.</p> <p>2. <b>Air Ambulance-</b> Covers expenses on availing Air Ambulance.</p> <p>3. <b>Radio Cab</b> – Covers expenses on availing Radio Cab.</p> <p>4. <b>Organ Donor</b> – Covers Medical Expenses of donor for any organ transplant surgery conducted on Insured.</p> <p>5. <b>Modern Treatments-</b> Covers Medical Expenses of any Modern Treatments availed by Insured.</p> <p>6. <b>Home Health care-</b> Covers Medical Expenses of In-Patient Treatment taken at home.</p> <p>7. <b>Consumable Covers-</b> Covers expenses incurred in treatment of Insured for items listed in "Annexure II".</p> <p>8. <b>Restore Benefit-</b> Restoration of Base Sum Insured unlimited times during the Policy Year after payment of a Claim. Restored Sum Insured will be available for subsequent claims.</p> | <p>3(g).</p> <p>11.1.</p> <p>11.2.</p> <p>4.1</p> <p>4.2</p> <p>4.3</p> <p>4.4</p> <p>4.5</p> <p>4.6</p> <p>4.7</p> <p>3.1(a).</p> <p>3.1(b).</p> <p>3.1(c).</p> <p>3.1(d).</p> <p>3.1(e).</p> <p>3.1(f).</p> <p>3.1(g).</p> <p>3.1(h).</p> |

| Sl. No. | Title | Description<br>(Please refer to applicable Policy Clause Number in next column)   | Policy Clause Number  |
|---------|-------|---|---|
|         |       | <p>9. <b>Convalescence-</b> Lump sum payment for medically necessary hospitalization exceeding 7 consecutive and continuous days.</p> <p>10. <b>Companion Cover-</b> Covers expenses of a companion towards accommodation, travel and food, if Insured is Hospitalized for minimum continuous and consecutive 72 hours.</p> <p>11. <b>Adventure Sports-</b> Covers Medical Expenses for treatment of Injury/Accident due to participation in listed Adventure Sports.</p> <p>12. <b>Gym &amp; Sports Injury Cover-</b> Covers Medical Expenses for treatment of Injury due to participation in hobby sports or daily fitness activities.</p> <p>13. <b>Reconstructive Surgery-</b> Covers Medical Expenses of Reconstructive Surgery for cosmetic purposes due to an Accident.</p> <p>14. <b>Prosthetics-</b> Covers expenses of installation of external prosthesis equipment due to an Injury/ Illness.</p> <p>15. <b>Gender Reassignment –</b> Covers Medical Expenses of change of gender treatments.</p> <p>16. <b>Vision Correction-</b> Covers Medical Expenses of vision correction treatments.</p> <p>17. <b>Endless Sum Insured-</b> Covers Medical Expenses of Hospitalization for any one Claim during lifetime of the Policy without any limits on the Base Sum Insured.</p> <p>18. <b>Plan Ahead-</b> Continuity benefit for listed Waiting Periods served by Insured to newly married spouse or newborn child.</p> <p>19. <b>Maternity Expenses –</b> Covers maternity expenses of female insured for normal or C-section delivery or maternity related complications.</p> <p>20. <b>New Born Baby Care-</b> Covers Medical Expenses of New Born Baby up to 90 days from the date of delivery.</p> <p>21. <b>Child Vaccination-</b> Covers expenses of child vaccination till he/she completes 12 years of age.</p> <p>22. <b>Assisted Reproduction Treatment-</b> Covers Medical Expenses of Assisted Reproduction Treatment.</p> <p><b>Optional Covers (Available with both, Base Cover Option 1 and Option 2)</b></p> <p>1. <b>OPD Cover-</b> Covers Medical Expenses of OPD Treatment.</p> <p>2. <b>Global Cover –</b> Covers Medical Expenses of In-Patient or Day Care or OPD Treatment taken outside India as an emergency care or planned Hospitalization for any listed critical Illnesses.</p> <p>3. <b>Critical Illness –</b> Lump sum payment upon diagnoses of any listed critical Illness.</p> <p>4. <b>Hospital Daily Cash-</b> Payment of fixed amount per day if Hospitalization of Insured exceeds days as specified in the Policy Schedule.</p> <p>5. <b>Health Check Up –</b> Covers expenses of preventive Health</p> | <p>3.2(a).</p> <p>3.2(b).</p> <p>3.2(c).</p> <p>3.2(d).</p> <p>3.2(e).</p> <p>3.2(f).</p> <p>3.2(g).</p> <p>3.2(h).</p> <p>3.2(i).</p> <p>3.2(j).</p> <p>3.3(a).</p> <p>3.3(b).</p> <p>3.3(c).</p> <p>3.3(d).</p> <p>5.</p> <p>6.</p> <p>7.1.</p> <p>7.2.</p> <p>8.1.</p> |

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|---------|---|--|---|
|         |   | <p>Check Up tests.</p> <p>6. <b>E- Opinion-</b> Covers E-Opinion availed by Insured on medical condition from our empanelled network.</p> <p>7. <b>Reduction in Room Rent Limits</b> – Insured can opt the room type category for Hospitalizations.</p> <p>8. <b>Reduction in Specific Disease Waiting Period-</b> From 24 to 12 months.</p> <p>9. <b>Change in PED Waiting Period-</b> To 12 or 36 months.</p> <p>10. <b>Reduction in Maternity Expenses Waiting Period-</b> To 12 or 36 months.</p> <p>11. <b>Reduction in Global Cover Waiting Period-</b> From 24 to 12 months.</p> <p>12. <b>Voluntary Deductible:</b> The Insured has the following options:<br/> Option 1: Annual Aggregate Deductible- Insured shall bear an amount equal to the opted deductible for admissible Claims during the Policy Year.<br/> Option 2: Insured shall bear an amount equal to the opted deductible for each and every admissible Claim during the Policy Year.</p> <p>13. <b>Voluntary Co-Payment-</b> Insured to pay a pre-determined percentage, specified in Policy Schedule, as Voluntary Co-Payment on each and every Claim.</p> | <p>8.2.</p> <p>9.1.</p> <p>9.2.</p> <p>9.3.</p> <p>9.4.</p> <p>9.5.</p> <p>10.1.</p> <p>10.2.</p>   |
| 6.      | Exclusions (What the policy does not cover) | <p>Following is a partial list of the policy exclusions. Please refer to the Policy Wording for complete list of exclusions.</p> <p>1. Investigation &amp; Evaluation (Code: Excl04)</p> <p>2. Rest Cure, rehabilitation and respite care (Code: Excl05)</p> <p>3. Obesity/ Weight Control (Code: Excl06)</p> <p>4. Change-of-Gender treatments (Code: Excl07)</p> <p>5. Cosmetic or Plastic Surgery (Code: Excl08)</p> <p>6. Hazardous or Adventure sports (Code: Excl09)</p> <p>7. Breach of law (Code: Excl10)</p> <p>8. Excluded Providers (Code: Excl11)</p> <p>9. Substance Abuse and Alcohol (Code: Excl12)</p> <p>10. Wellness and Rejuvenation (Code: Excl13)</p> <p>11. Dietary Supplements &amp; Substances (Code: Excl14)</p> <p>12. Refractive Error (Code: Excl15)</p> <p>13. Unproven Treatments-Code (Code: Excl16)</p> <p>14. Sterility and Infertility (Code: Excl17)</p> <p>15. Maternity (Code-Excl 18) (If Not specifically opted)</p>  | <p>13.1(a).</p> <p>13.1(b).</p> <p>13.1(c).</p> <p>13.1(d).</p> <p>13.1(e).</p> <p>13.1(f).</p> <p>13.1(g).</p> <p>13.1(h).</p> <p>13.1(i).</p> <p>13.1(j).</p> <p>13.1(k).</p> <p>13.1(l).</p> <p>13.1(m).</p> <p>13.1(n).</p> <p>13.1(o).</p> |

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|---------|----------------------------------|--|---|
| 7.      | Waiting period                   | <ol style="list-style-type: none"> <li><b>Initial Waiting Period</b> – 30 days (not applicable in case of continuous renewal or Accidents).</li> <li><b>Specific Illness Waiting Period</b>- 24 months for listed conditions.</li> <li><b>Pre-Existing Diseases Waiting Period</b>- 24 months.</li> <li><b>Bariatric Surgery</b> - 24 months.</li> <li><b>Vision Correction</b>- 12 or 24 months, as opted.</li> <li><b>Maternity and Child Care Cover</b>- 24 months.</li> <li><b>Global Cover</b>- 24 months.</li> <li><b>Critical Illness</b>- 90 days</li> </ol>   | <p>12.3.</p> <p>12.2.</p> <p>12.1.</p> <p>12.8.</p> <p>12.5.</p> <p>12.4.</p> <p>12.6.</p> <p>12.7.</p> |
| 8.      | Financial Limits of the Coverage | <p>In case of a Claim, this Policy requires you to share the following costs:</p> <p><b>Sub-Limits</b></p> <ol style="list-style-type: none"> <li>Road Ambulance- Per Hospitalization: up to 2500/ 3500/ 5000/ 10,000/ 20,000/ 50,000/ 1,00,000.</li> <li>Air Ambulance- Up to 2 lacs/ 3 lacs/ 5 lacs/ 10 Lacs</li> <li>Radio Cab- Per Hospitalization: 500/750/1000/1500/2500/3000</li> <li>Organ Donor- Up to 25%/ 50%/ 75%/ 100% of Sum Insured.</li> <li>Modern Treatments- Up to 25%/ 50%/ 75%/ 100% of Sum Insured.</li> <li>Home Health Care- Up to 25%/ 50%/ 75%/ 100% of Sum Insured.</li> <li>Adventure Sports- Up to 25%/ 50%/ 75%/ 100% of Sum Insured.</li> <li>Reconstructive Surgery- Up to 5 Lacs.</li> <li>Prosthetics- Up to 5 Lacs.</li> <li>Gender Reassignment- Up to 10 Lacs.</li> <li>Vision Correction- Up to 50,000/ 1 Lac.</li> <li>Maternity Expenses-Up to 50,000/75,000/1,00,000/ 2,00,000/3,00,000/ 5,00,000.</li> <li>New born Baby Care- For Individual Policy: up to mother's Sum Insured. For Floater Policy: up to Policy Sum Insured.</li> <li>Child Vaccination- Up to 3000.</li> <li>Assisted Reproduction Treatment- Up to 1 Lac/3 Lacs/ 5 Lacs.</li> </ol> <p><b>Co-Payment</b></p> <ol style="list-style-type: none"> <li>Voluntary Co-Payment- If opted, Insured will pay 10%/20%/30%, as specified in Policy Schedule, as Voluntary Co-Payment on each and every Claim.</li> <li>OPD Co-Payment- If opted, Insured will pay 10%/25%, as specified in Policy Schedule, as Voluntary Co-Payment on each and every OPD claim.</li> </ol> |   |

| Sl. No.                    | Title  | Description<br>(Please refer to applicable Policy Clause Number in next column)   | Policy Clause Number |                          |                      |                  |  |  |                            |  |  |                     |
|----------------------------|--|---|----------------------|--------------------------|----------------------|------------------|--|--|----------------------------|--|--|---------------------|
|                            |  | <p><b><u>Deductible</u></b></p> <p>1. Voluntary Deductible: The Insured has the following options: -</p> <p>Option 1: Annual Aggregate Deductible- If opted, Insured shall bear an amount equal to 10,000/20,000/30,000/40,000/50,000/1 Lac/1.5 Lacs/2 Lacs as the opted deductible for admissible Claims during the Policy Year.</p> <p>Option 2: If opted, Insured shall bear an amount equal to 10,000/20,000/30,000/40,000/50,000/1 Lac/1.5 Lacs/2 Lacs as the opted deductible for each and every admissible Claim amount.</p>   |                      |                          |                      |                  |  |  |                            |  |  |                     |
| 9.                         | Claims /Claims Procedure   | <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 <a href="https://www.sbigeneral.in/portal/contact-us/hospital">https://www.sbigeneral.in/portal/contact-us/hospital</a></p> <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 hereunder.</p> <table><tr><th>Procedures</th><th>Cashless Hospitalization</th><th>Reimbursement Claims</th></tr><tr><td>Claim Intimation</td><td colspan="2">You shall intimate the Claims to us through any available mode of communication as specified in the Policy, Health Card or our Website or Our TPAs Website</td></tr><tr><td>Claim Intimation timelines</td><td>Within 24 hours of the Emergency Hospitalization<br/>At least 72 hours prior to the planned Hospitalization</td><td>Within 48 hours of admission or before discharge from the Hospital, whichever is earlier</td></tr></table> <p><b>Turn Around Time (TAT) for claims settlement:</b></p> <p>i. TAT for pre-authorization of cashless facility - within 1 hour from receipt of complete documents.</p> <p>ii. TAT for cashless final bill settlement - within 3 hours from receipt of complete documents.</p> <ul style="list-style-type: none"><li>Hospital Network details can be obtained from:<br/><a href="https://www.sbigeneral.in/portal/contact-us/hospital">https://www.sbigeneral.in/portal/contact-us/hospital</a></li><li>List of Hospitals which are blacklisted or from where no Claims will be accepted by the insurer is available in below link:<br/><a href="https://www.sbigeneral.in/contact-us/hospital">https://www.sbigeneral.in/contact-us/hospital</a></li><li>Claim forms can be downloaded from below link:<br/><a href="https://www.sbigeneral.in/claim/claims-form-download">https://www.sbigeneral.in/claim/claims-form-download</a></li></ul> <p>Note: For cover wise Claims procedure, please refer to Policy Wordings.</p> | Procedures           | Cashless Hospitalization | Reimbursement Claims | Claim Intimation | You shall intimate the Claims to us through any available mode of communication as specified in the Policy, Health Card or our Website or Our TPAs Website |  | Claim Intimation timelines | Within 24 hours of the Emergency Hospitalization<br>At least 72 hours prior to the planned Hospitalization | Within 48 hours of admission or before discharge from the Hospital, whichever is earlier | 14.3(e). & 14.3(f). |
| Procedures                 | Cashless Hospitalization   | Reimbursement Claims  |                      |                          |                      |                  |  |  |                            |  |  |                     |
| Claim Intimation           | You shall intimate the Claims to us through any available mode of communication as specified in the Policy, Health Card or our Website or Our TPAs Website |   |                      |                          |                      |                  |  |  |                            |  |  |                     |
| Claim Intimation timelines | Within 24 hours of the Emergency Hospitalization<br>At least 72 hours prior to the planned Hospitalization   | Within 48 hours of admission or before discharge from the Hospital, whichever is earlier  |                      |                          |                      |                  |  |  |                            |  |  |                     |

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|---------|----------------------|--|----------------------|
| 10      | Policy Servicing     | <b>Email:</b> customer.care@sbigeneral.in<br><b>Toll-Free number:</b> 1800221111, 18001021111 (24/7).<br><b>Website:</b> www.sbigeneral.in   |                      |
| 11      | Grievance/ Complaint | <p><b>Stage 1: Bima Bharosa</b></p> <p>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></p> <p>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: head.customercare@sbigeneral.in</p> <p><b>Phone: 1800 102 1111</b></p> <p>For Senior Citizens: Senior citizens can reach us through the following dedicated channels:</p> <p>Email: Seniorcitizengrивences@sbigeneral.in</p> <p>Toll-Free Number: 1800 102 1111 (Available 24/7)</p> <p><b>Stage 3: Grievance Redressal Officer (GRO)</b></p> <p>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</p> <p><b>Email:</b> gro@sbigeneral.in</p> <p><b>Note:-</b> The Company shall endeavour to maintain the regulatory TAT of 14 days in resolving your grievances.</p> <p><b>Phone: 022-45138021</b></p> <p><b>Stage 4: Escalation to Insurance Ombudsman</b></p> <p>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:<br/> <a href="https://www.cioins.co.in/Ombudsman">https://www.cioins.co.in/Ombudsman</a> </p> | 14.6(a).             |



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|---------|--------------------|--|---|
| 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 misrepresentation by the insured person on grounds of fraud.</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/c6a2844dd65446019b130bae1fa20f.pdf">https://content.sbigeneral.in/uploads/c6a2844dd65446019b130bae1fa20f.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 related to portability. For Detailed Guidelines on portability, kindly refer the link: <a href="https://content.sbigeneral.in/uploads/c6a2844dd65446019b130bae1fa20f.pdf">https://content.sbigeneral.in/uploads/c6a2844dd65446019b130bae1fa20f.pdf</a></li> <li><b>Change of Sum Insured:</b> Sum Insured/ Deductible/ Plan can be changed (increase / decrease) only at the time of Renewal subject to underwriting by the Company. For any increase in Sum Insured, the waiting period shall start afresh only for the enhance portion of the Sum Insured.</li> <li><b>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.</li> </ol> | <p>14.2(c).</p> <p>14.4(c).</p> <p>14.4(a).</p> <p>14.4(b).</p> <p>14.2(e).</p> <p>14.2(b).</p> |
| 13      | Your Obligation    | <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>  | 14.1(a).  |



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

Place: .....

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

Signature of the Policyholder:

Note:

- 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.