

## SAMPOORNA AROGYA - 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<br>(Please refer to applicable policy clause number in next column)  | Policy Clause Number |              |                  |  |  |  |  |  |  |  |  |  |  |  |  |         |              |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 1.      | <b>Name of Insurance Product/ Policy</b>        | <b>Sampoorna Arogya - Group</b>  |                      |              |                  |  |  |  |  |  |  |  |  |  |  |  |  |         |              |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2.      | <b>Policy Number</b>                            | XXXXXXXXXXXXXXXXXXXX   |                      |              |                  |  |  |  |  |  |  |  |  |  |  |  |  |         |              |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3.      | <b>Type of Insurance Product/ Policy</b>        | Both Indemnity and Benefit   |                      |              |                  |  |  |  |  |  |  |  |  |  |  |  |  |         |              |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4.      | <b>Sum Insured (Basis)</b>                      | <p><b>Individual Sum Insured</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Sr. No.</th><th style="width: 45%;">Insured Name</th><th style="width: 40%;">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" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Sr. No.</th><th style="width: 45%;">Insured Name</th><th style="width: 40%;">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 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Sr. No. | Insured Name                                    | Base Sum Insured   |                      |              |                  |  |  |  |  |  |  |  |  |  |  |  |  |         |              |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Sr. No. | Insured Name                                    | Base Sum Insured   |                      |              |                  |  |  |  |  |  |  |  |  |  |  |  |  |         |              |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 5.      | <b>Policy Coverage (What the Policy Covers)</b> | <p><b>Following are covered as basic cover up to the limit specified in the policy schedule</b></p> <p><b>SECTION I - HOSPITALIZATION COVER</b></p> <p><b>I.A. BASE COVER</b></p> <p><b>I.A.1 HOSPITALIZATION MEDICAL EXPENSES</b> - Room Rent, Boarding &amp; Nursing Charges (2% of Sum Insured). Intensive Care Unit Charges (4% of Sum Insured), Medical Practitioner and Specialists Fees including Teleconsultation, etc.</p>  | Coverage             |              |                  |  |  |  |  |  |  |  |  |  |  |  |  |         |              |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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|------------|-------|---|-------------------------|
|            |       | <p><b>I.A.2 PRE-HOSPITALIZATION MEDICAL EXPENSES</b> - Expenses covered prior to 30 or 60 days of hospitalization.</p> <p><b>I.A.3 POST-HOSPITALIZATION MEDICAL EXPENSES</b> - Expenses covered post-hospitalization up to 60 or 90 days.</p> <p><b>I.A.4 MENTAL HEALTHCARE</b> - Medical Expenses covered for hospitalization for any Mental Illness.</p> <p><b>I.A.5 DAY CARE SURGERY/PROCEDURES</b> - Medical Expenses on Hospitalization of Insured Person Day Care Treatment.</p> <p><b>I.A.6 AMBULANCE CHARGES</b> - Expenses incurred up to 1% of Sum Insured subject to maximum of Rs. 5,000/- or Rs. 10,000/- on Road Ambulance Services.</p> <p><b>I.A.7 DOMICILIARY HOSPITALISATION</b> - We will pay the Medical Expenses incurred up to 20% of Sum Insured subject to maximum of Rs. 50,000/- or Rs. 2,00,000/- on Domiciliary Hospitalization</p> <p><b>I.A.8 ALTERNATIVE TREATMENTS</b> - We will pay Medical Expenses up to Sum Insured Alternative Treatments.</p> <p><b>I.A.9 ORGAN DONOR EXPENSES</b> - We will pay Medical Expenses of 50% of Sum Insured towards organ donor's Hospitalization.</p> <p><b>I.A.10 REINSTATEMENT BENEFIT</b> - Automatically reinstatement of Sum Insured immediately upon exhaustion of the limit of coverage.</p> <p><b>I.A.11 GENETIC DISORDER OR DISEASES</b> - Coverage for Genetic Disorder Or Diseases.</p> <p><b>I.A.12 INTERNAL CONGENITAL DISEASES</b> - We will pay the medical expenses of 25% of Sum Insured If the insured person is hospitalized for any condition related to Internal Congenital Diseases.</p> <p><b>I.A.13 HIV/AIDS COVER</b> - Coverage for Insured Person if diagnosed with HIV require Hospitalization.</p> <p><b>I.A.14 ADVANCED TREATMENTS</b> - Coverage up to 25% of Sum Insured for the specified procedures.</p> <p><b>I.B. OPTIONAL COVERS</b></p> <p><b>I.B.1 MATERNITY EXPENSES COVER</b> - Coverage for In-patient Maternity Expenses allowed on hospitalizations for maximum up to 3 live children or lawful termination of pregnancy/pregnancies.</p> <p><b>I.B.2 NEW BORN BABY EXPENSE COVER</b> - Coverage for New Born Babies of the Insured Person from the date of birth of the baby.</p> |                         |

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|            |       | <p><b>I.B.3 OUTPATIENT EXPENSES</b> - Covers the expenses of 1% of Sum Insured subject to maximum of Rs. 10,000/- if an Insured Person undergoes Out Patient Treatment.</p> <p><b>I.B.4 AGGREGATE DEDUCTIBLE</b> - Covers listed from I.A.1 to I.A.14 on Medically Necessary Hospitalization due to Illness or Injury sustained or contracted on aggregate deductible basis.</p> <p><b>I.B.5 VOLUNTARY CO-PAYMENT</b> - 20% Co-Payment will be applied on each and every admissible claim.</p> <p><b>SECTION II – CRITICAL ILLNESS</b>- Covers the critical illness which occurs or first manifests itself as a first incidence.</p> <p><b>SECTION III – HOSPITAL DAILY CASH</b></p> <p><b>III. A. BASE COVER</b> - Coverage for hospitalization solely and directly due to an Accident, Illness, Injury or Sickness, and payment is for each continuous and completed period of 24 hours of Hospitalisation and in aggregate.</p> <p><b>III.A.1 SICKNESS HOSPITAL CASH BENEFIT</b> - Daily Hospital Cash Benefit on hospitalization due to an Illness.</p> <p><b>III.A.2 ACCIDENT HOSPITAL CASH BENEFIT</b> - Daily Hospital Cash Benefit, if the Insured Person is Hospitalized due to an Injury resulting from an Accident.</p> <p><b>III.A.3 ICU CASH BENEFIT</b> - Hospitalization in an Intensive Care Unit (ICU) for Medically Necessary treatment of an Illness or an Injury. Payment is 3 times the daily Hospital cash Benefit. Limited to a maximum of 15 days in aggregate per Insured Person per Policy Year.</p> <p><b>III.A.4 CONVALESCENCE BENEFIT</b> - Medically Necessary treatment of an Illness or an Injury or Accident where continuation of such Hospitalisation is Medically Necessary for at least 10 consecutive days, then payment is lump sum amount equal to 5 times the daily Hospital cash Benefit.</p> <p><b>III.A.5 COMPASSIONATE BENEFIT</b> - Nominee is paid a lump sum amount equal to 10 times the daily Hospital cash benefit amount.</p> <p><b>III.A.6 DAY CARE TREATMENT BENEFIT</b> - If the Insured Person requires and avails a Medically Necessary Day Care Treatment, we pay a lump sum benefit amount which is the lower of either 5 times the daily Hospital cash Benefit or Rs. 10,000/-.</p> |                         |

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|------------|--|---|-------------------------|
|            |  | <p><b>SECTION IV – PERSONAL ACCIDENT</b></p> <p><b>IV.A.1 ACCIDENTAL DEATH</b> - Accidental death covered if same happens within 365 days from the date of the Accident.</p> <p><b>IV.A.2 PERMANENT TOTAL DISABLEMENT</b> - Covers bodily injury which results in disablement within 12 months of the date of loss.</p> <p><b>IV.A.3 FUNERAL EXPENSES</b> - A onetime lump sum payment of 1% of Sum Insured subject to maximum of Rs 10,000/-</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<br/>(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. Investigation &amp; Evaluation: (Code- Excl04)</li> <li>2. Rest Cure, rehabilitation and respite care: (Code- Excl05)</li> <li>3. Obesity/ Weight Control: (Code- Excl06)</li> <li>4. Change-of-Gender treatments: (Code- Excl07)</li> <li>5. Cosmetic or plastic Surgery: (Code- Excl08)</li> <li>6. Hazardous or Adventure sports: (Code- Excl09)</li> <li>7. Breach of law: (Code- Excl10)</li> <li>8. Excluded Providers: (Code- Excl11)</li> <li>9. Sterility and Infertility: (Code- Excl17)</li> <li>10. Maternity: (Code- Excl18)</li> </ol> | Exclusions              |
| 7.         | <b>Waiting period</b>                                  | <ol style="list-style-type: none"> <li>1. Initial waiting period: 30 days for all illnesses (not applicable on renewal or for accidental injuries)</li> <li>2. Specific waiting period: 12 months for some diseases</li> <li>3. Hypertension, Diabetes and Cardiac Condition: 90 days</li> <li>4. Pre-existing diseases: 36 months</li> </ol>   | Waiting periods         |
| 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> <ol style="list-style-type: none"> <li>1. Rent, Boarding &amp; Nursing Charges (2% of Sum Insured). Intensive Care Unit Charges (4% of Sum Insured).</li> <li>2. Ambulance Charges Expenses incurred up to 1% of Sum Insured subject to maximum of Rs. 5,000/- or Rs. 10,000/- on Road Ambulance Services.</li> <li>3. Domiciliary Hospitalisation incurred up to 20% of Sum</li> </ol>  | Coverage                |

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|------------|---|--|-------------------------|
|            |   | <p>Insured subject to maximum of Rs. 50,000/- or Rs. 2,00,000/-</p> <p>4. Internal Congenital Diseases- Pays the medical expenses of 25% of Sum Insured.</p> <p>5. Advanced Treatments- Coverage up to 25% of Sum Insured for the specified procedures.</p> <p>6. Outpatient Expenses- Covers the expenses of 1% of Sum Insured subject to maximum of Rs. 10,000/-</p> <p>7. Funeral Expenses- A onetime lump sum payment of 1% of Sum Insured subject to maximum of Rs 10,000/-</p> <p><b>Co-Pay:</b></p> <p>Voluntary Co-Payment- 20% Co-Payment will be applied</p>   |                         |
| 9.         | <b>Claims/<br/>Claims<br/>Procedure</b> | <p>a. For Cashless Service: 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. For Reimbursement of Claim: 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> <li>• Hospital Network details can be obtained from link: <a href="https://www.sbigeneral.in/portal/contact-us/hospital">https://www.sbigeneral.in/portal/contact-us/hospital</a></li> <li>• <b>Toll Free number: 1800 210 3366, 1800 210 6366</b></li> <li>• List of Hospitals which are blacklisted or from where no claims will be accepted by the insurer is available in below link: <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: <a href="https://www.sbigeneral.in/claim/claims-form-download">https://www.sbigeneral.in/claim/claims-form-download</a></li> </ul> <p><b>Note:</b> For cover wise claims procedure, please refer to policy wordings.</p> | Conditions              |
| 10.        | <b>Policy<br/>Servicing</b>             | <p><b>Email:</b> customer.care@sbigeneral.in</p> <p><b>Toll-Free number</b> 1800 102 1111 (Available 24/7)<br/>For agents and intermediaries<br/>1800 22 1111 (Available 24/7)</p> <p><b>Website:</b> <a href="http://www.sbigeneral.in">www.sbigeneral.in</a></p>   |                         |

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| 11.        | Grievances/<br>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><br/>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><br/>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.customerCare@sbigeneral.in">head.customerCare@sbigeneral.in</a><br/>Toll-Free Number: 1800 102 1111 (Available 24/7)</p> <p><b>For Senior Citizens:</b><br/>Senior citizens can reach us through the following dedicated channels:</p> <p>Email: <a href="mailto:SeniorCitizenGrievances@sbigeneral.in">SeniorCitizenGrievances@sbigeneral.in</a><br/>Toll-Free Number: 1800 102 1111 (Available 24/7)</p> <p><b>Stage 3: Grievance Redressal Officer (GRO)</b><br/>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: <a href="mailto:gro@sbigeneral.in">gro@sbigeneral.in</a><br/>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><br/>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> | Conditions              |
| 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://www.sbigeneral.in/Products/Health/Products/Health%20Products/Health%20Products.aspx">https://www.sbigeneral.in/Products/Health/Products/Health%20Products/Health%20Products.aspx</a></li> </ol>   | Conditions              |

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|            |                         | <p><a href="https://content.sbigeneral.in//uploads/c6a2844dd65446019b130ffbae1fa20f.pdf">https://content.sbigeneral.in//uploads/c6a2844dd65446019b130ffbae1fa20f.pdf</a></p> <p><b>4. 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:<br/> <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><br/> 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 - 6  |

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