

Name:

Address:

Contact No.:

Email ID:

SAMPOORNA AROGYA - GROUP

Policy/Certificate No.:

Policy Issue Date:

Customer Id:

Claim Form Link :

Dear Mr / Mrs / Miss _____

Welcome to the SBI General Family. Health is the most precious thing we possess. So we are glad to see that you have made the right decision to protect your health and secure your mental peace through SBI General's Sampoorna Arogya - Group.

We are hereby enclosing the following documents pertaining to your policy that outline the details of risk and cover as proposed by you.

- Policy schedule
- Customer Information sheet
- Customer Service & Grievance Procedure

• Proposal Form Policy Terms & Conditions

(<https://content.sbigeneral.in/uploads/3f2a5458f1284f88813496e04e5c98b0.pdf>)



• Network Hospital List

<https://www.sbigeneral.in/portal/contact-us/hospital>



We request you to verify and confirm that these documents are in order. Please ensure safety of these documents as they form part of our contract with you. For all your future correspondence with us, kindly quote your Customer ID and Policy No mentioned above.

In case of any queries or suggestions, please do not hesitate to get in touch with us. You can contact us at customer.care@sbigeneral.in or call our Customer Care Number 1800-22-1111 (MTNL/BSNL user) and 1800-102-1111 (for other users).

We look forward to a continuing and mutually beneficial relationship.

Yours sincerely,

Authorized Signatory

Scan this QR code to enjoy Wellness Benefits and Value Added Services with Sampoorna Arogya - Group.



WHAT YOUR POLICY COVERS?



Hospitalization
Cover



Pre-Hospitalization
of 60 days



Post hospitalization
of 90 days



OPD

POLICY DETAILS

Master Policy No.: _____

Issue Date: _____

Servicing Branch Office: _____

INTERMEDIARY DETAILS

Intermediary Name: _____

Intermediary Code: _____

Intermediary Contact Details: _____

Mobile No.: _____

Landline No.: _____

Address.: _____

POLICY HOLDER DETAILS

Name of Policyholder: _____

Present Address

(Current Residing Address): _____

City: _____ State: _____

Village: _____ Gram Panchayat: _____

Pin-code: _____ Landmark: _____

Contact Details: _____

Permanent Address: _____

City: _____ State: _____

Village: _____ Gram Panchayat: _____

Pin-code: _____ Landmark: _____

Email: _____

PAN/Form 60/61: _____

GSTN No: _____

Period of Insurance: _____

From Date and Time: ____/____/____ hrs

To Date and Time: ____/____/____ midnight

Policy Type: Family

No of Employees / Members Covered: _____

Business Type: New/ Renewal/ Migration/ Portability

SCHEDULE OF COVERAGE

Table of Cover (Opted plan to be shown on the Certificate of Insurance):

Coverage Details	Opted
Hospitalization Cover	
Critical Illness	
Hospital Daily Cash	
Personal Accident	

As part of our Go Green initiative, your policy will be issued digitally to your registered mobile number via WhatsApp, SMS, and email. By issuing an e-policy, we help conserve the environment by saving a tree. An electronic policy document holds the same legal validity as a physical copy. The date on which the policy document is delivered will be considered for determining the free look period.

However, if you would prefer to receive a physical copy of your policy document, simply send an SMS with the message "PRINT <Policy Number>" to 561612 from your registered mobile number.

Optional Coverage Details: (opted under, Hospitalization Cover)

Coverage Details	Opted
Voluntary Co-pay	
For Sum Insured Rs. 600,000 onwards following optional covers may be opted	
Maternity Benefit Extension waiting period of 2 years	
New born baby expense	
Outpatient expenses	
Aggregate Deductible - (High Deductible)	

Waiting Period	
All hospitalizations excluding accidents	30 Days
List of specific illness/diseases (for 19 illness)	12 Months/90 Days
Pre-Existing Diseases	36 Month
COVID – 19	15 days

SPECIAL UNDERLYING CONDITION

- Members covered are Account Holder only.
- Minimum group size – 100
- Minimum and Maximum entry age in case of Adult is 18 years and 65 years

Party ID	Quote/Policy/Claim No.	Name of Party	Amount ₹

DISCLAIMER

1. Receipt subject to realisation of instrument submitted
2. Kindly refer to the policy document for time of commencement of cover • PAN No. of SBI General: AAMCS8857L

For and on behalf of
SBI General Insurance Co. Ltd.

Authorized Signatory

IMPORTANT NOTE

- In case if you wish to make any modifications in your current policy for example, addition or deletion in/of family members or change in SI amount, you may do so by submitting revised Proposal Form mentioning the proposed changes. Copy of Proposal Form is available on our website (link for website) or with our representative or you may contact SBIG nearest branch.
- Acceptance of proposed changes is subject to underwriting norms and SBIG reserves right to accept or reject such changes.
- In any case of the persons to be covered under this top up is suffering from any ailment/health condition or is more than 55 years old, the acceptance of such proposal shall be subject to medical underwriting.
- Please note that in case of delay in renewing your Policy before <policy expiry date>, a grace period as per the Policy, beginning from the day after the expiry of your policy, will be provided to you for payment of renewal premium. However, no Coverage shall be provided during the grace period.
- Policy shall not be renewed in case we receive renewal premium after expiry of grace period i.e. after <policy expiry date> (+ grace period), resulting in loss of continuity benefits (PEDs and other waiting period).
- Total Premium Payable as mentioned overleaf is subject to change due to applicable revised rates prescribed by IRDA/GST changes in regulatory guidelines/other Statutory levies and changes thereto, from time to time, as at the time of our receipt of quoted premium. Our Company shall receive the difference of premium before we assume risk.

To verify your Policy details click/ visit www.sbigeneral.in

Note: By proceeding with the payment you are agreeing to renew your Policy as per the terms and conditions and Policy information mentioned in the renewal notice

CONTACT DETAILS IN CASE OF CLAIMS

Email: sbig.health@sbigeneral.in ; seniorcitizengrievances@sbigeneral.in (for Senior Citizens)	Contact TPA
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	

All terms, conditions and exclusions as per standard Policy wordings attached with this schedule. For complete details of Coverage & Policy Wording, kindly visit our website. www.sbigeneral.in

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.customer@sbgeneral.in

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

For Senior Citizens:

Senior citizens can reach us through the following dedicated channels:

Email: Seniorcitizengrивences@sbgeneral.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@sbgeneral.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>

TERMS AND CONDITIONS

DECLARATION OF MATERIAL FACT	Insurance is a contract of Utmost Good Faith requiring the Insured to disclose all information related to his health that has a bearing on the acceptance or rejection of the Proposal by the Insurer and also not to suppress any factual information in response to the questions in the proposal form.
Our Recommendation	It is advisable to declare health condition or information related to each insured member at time of buying Policy
CHECK YOUR POLICY	Please examine this Policy including its attached Schedules/ Annexure if any. In the event of any discrepancy, contact the office of the Insurer immediately, it being noted that this Policy shall be otherwise considered as being entirely in order.
Our Recommendation	Know what your policy covers
PREMIUM PAYMENT	In case of payment by cheque, in the event of dishonour of cheque for any reason whatsoever, insurance provided under this document automatically stands cancelled from the inception of the Policy irrespective of whether a separate communication is sent or not.
Our Recommendation	Option for Online payment available.
PRE-EXISTING DISEASE	Any claim arising or related to consequences of the Pre-existing diseases as defined under the Policy is excluded from the scope of Policy cover unless the insurer specifically accepts the pre-existing disease declared with or without additional premium and coverage terms specifically mentioned in the schedule.
Our Recommendation	Please familiarise yourself with Policy wordings

TERMS AND CONDITIONS

MIS-DESCRIPTION	The Policy shall become voidable at the option of Insurer, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure in any material particulars declared by the Proposer in the Proposal form/personal statement, declaration and connected documents or any material information having been withheld by the Proposer or anyone acting on his
Our Recommendation	It is advisable to declare health condition or information related to each insured member at time of buying Policy
NOMINATION AND ASSIGNMENT	The Policy is not transferable/assignable to any third parties by the Insured. However, if the Insured is permanently incapacitated or deceased, the nominee/legal heirs of the Insured may represent him/her in respect of claim under the Policy.
Our Recommendation	Benefits of policy not transferable, but in case of incapacitation or death of insured nominee/legal heirs can represent insured for claims
KNOW YOUR POLICY	All terms, conditions and exclusions as per standard Policy wordings attached with this schedule
Our Recommendation	It is advisable to go through and familiarise policy document and wordings
IN THE EVENT OF CLAIM	All terms, conditions and exclusions as per standard Policy wordings attached with this schedule
Our Recommendation	You can connect with us during an event of claim

Authorized Signatory

For SBI General Insurance Company Limited

The information provided herein above is for the purpose of illustration only. For more details on risk factors, terms, conditions and exclusions, please read the Policy wordings carefully.