SBI general INSURANCE
SURAKSHA AUR BHAROSA DONO

Name: .....

.....

Address: .....

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Contact No.: .....

Email ID: .....

SUPER HEALTH INSURANCE

Policy/Certificate No.:

Policy Issue Date:

Customer Id:

Claim Form Link : https://content.sbigeneral.in/uploads/65f9183851a34febb8052ebe664b6283.pdf

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 Super Health Insurance.

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 Super Health Insurance.

SBI general INSURANCE
SURAKSHA AUR BHAROSA DONO

SUPER HEALTH INSURANCE

POLICY SCHEDULE

Policy No.: Issue Date:

Servicing Branch Office:

INTERMEDIARY DETAILS

Intermediary Name:

Intermediary Code:

Mobile No.

Landline No.

Address:

Name & Contact Details of sales person / RM:

PROPOSER DETAILS

Name of Proposer:

Present Address
(Current Residing Address)

City: State:

Village: Grampanchayat:

Pin-code: Landmark:

Permanent Address

City: State:

Village: Grampanchayat:

Pin-code: Landmark:

PAN No / Form 60:

GSTN No:

Email:

Contact Details:

Nationality:

Occupation:

Period of Insurance:

From Date and Time: ____/____/_____ ____hrs

To Date and Time: ____/____/_____midnight

First Policy Inception Date ____/____/_____

Business Type: New/ Renewal/ Migration/ Portability

Previous Policy Number (if applicable):

Policy Type: Individual / Family Floater

Plan Name: Prime/Elite/Premier/Platinum/Platinum Infinite

Premium Frequency:
Monthly / Quarterly / Half-yearly /Annual / Single

No of Insured Members:

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.

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INSURED PERSON'S DETAILS:

Details	Insured 1	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6
Name of the Insured						
Date of Birth						
Age						
Gender						
Marital Status						
Height						
Weight						
Nationality (Indian/ Non -Indian/ Non-resident Indian/ Other)						
Occupation and Nature of Business/ Work						
Relationship with Proposer						
Basic Sum Insured						
Additional Basic Sum Insured for Accident - related hospitalization						
Health Assistance (A.I Personal Fitness Coaching), Dietician and Nutrition E – consultation, and Unlimited Gym Membership						
Walk Healthy Benefit						
ABHA (Ayushman Bharat Health Account) number (if available):						

NOMINEE DETAILS:

Insured Name	Insured 1	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6
Name of the Nominee						
Date of Birth (DD/MM/YYYY)						
Age						
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						

APPOINTEE DETAILS:

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						

SPECIAL CONDITION

Coverage Subject to additional condition, deductible, co-pay as below

1•

2•

IMPORTANT TERMS, CONDITIONS AND EXCLUSION

Coverage Subject to additional condition, deductible, co-pay as below

1•

2•

Name of Insured Person	Pre-existing disease/Disability/ hospitalization/ medical treatment / surgical history	Permanent disease exclusion if any

ADDITIONAL LOADING (if applicable)

Name of Insured Person	Disease

SBI general INSURANCE
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PREMIUM DETAILS

Particulars	Amount (Rs)
Premium in Rs.	
Optional Cover Premium in Rs.	
Loading (if any) in Rs.	
Discount (if any) in Rs.	
Instalment Loading (if any) in Rs.	
Total Premium with Instalment Loading	
EMI amount (as per Instalment frequency opted)	
Add Taxes as applicable	
Final Premium (EMI Amount with Taxes) in Rs.	

Collection Details: _____ Receipt no: _____ Receipt Date: _____

Consolidated Stamp Duty paid towards Insurance Policy Stamps vide Order No_____

Dated_____of General Stamp Office, Mumbai GSTN No. _____

CONTACT DETAILS IN CASE OF ANY CLAIM

Email:	sbig.health@sbigeneral.in
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
Claim Service Provider	xxxxxxxxx
Contact Details	xxxxxxxxx
Website	xxxxxxxxx
Fax No	xxxxxxxxx

GRIEVANCE REDRESSAL PROCEDURE:

Stage 1:

If you are dissatisfied with the resolution provided above or for lack of response, you may write to head.customercare@sbigeneral.in We will look into the matter and decide the same expeditiously within 14 days from the date of receipt of your complaint.

For Senior Citizens: Senior Citizens can reach us at seniorcitizengrievances@sbigeneral.in; Toll Free - 1800 102 1111 (Available 24/7)

Stage 2:

In case, you are not satisfied with the decision/resolution communicated by the above once, or have not received any response within 14 days, you may send your Appeal addressed to the Grievance Redressal Officer at: gro@sbigeneral.in or contact at 022-45138021.

Address: Grievance Redressal Officer, 9th Floor, A & B Wing, Fulcrum Building, Sahar Road, Andheri (East), Mumbai 400 099.

List of Grievance Redressal Officers at Branch:

https://content.sbigeneral.in/uploads/0449cac1bcd144bbb160d3f6b714fbbd.pdf/

Stage 3:

In case, you are not satisfied with the decision/resolution communicated by the above office, or have not received any response within 14 days, you may Register your complaint with IRDAI on the below given link https://bimabharosa.irdai.gov.in/Home/Home.

Stage 4:

If your grievance remains unresolved from the date of filing your first complaint or is partially resolved, you may approach the Insurance Ombudsman falling in your jurisdiction for Redressal of your Grievance. The details of the Insurance Ombudsman can be accessed at (https://www.cioins.co.in/Ombudsman).

IMPORTANT NOTE

Important Note:

Insurance is a contract of Utmost Good Faith requiring the Insured not only to disclose all information related to his health and which 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.

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.

Policy document sent electronically is as valid as physical policy contract document

In case of payment by cheque, in the event of dishonor 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.

SBIGI does not accept Cash for Premium Payments against the Policy

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

All terms, conditions, and exclusions as per standard Policy wordings attached with this Schedule

Signed at:
(RO/BO/DO – Details)

For SBI General Insurance Company Limited

Date & Place:

Authorized Signatory

COVERAGE DETAILS (ONLY THE OPTED PLAN DETAILS WILL BE PRINTED BELOW):

Benefits			Prime	Elite	Premier	Platinum	Platinum Infinite
Entry Age (Adult)			Min - 18 years Max - No capping	Min - 18 years Max - No capping	Min - 18 years Max - No capping	Min - 18 years Max - No capping	Min - 18 years Max - No capping
Entry Age (Child)			91 days to 30 years	91 days to 30 years	91 days to 30 years	91 days to 30 years	91 days to 30 years
Sum Insured (SI)			3 Lacs, 5 Lacs, 7 Lacs, 10 Lacs, 15 Lacs, 20 Lacs, 25 Lacs	3 Lacs, 5 Lacs, 7 Lacs, 10 Lacs, 15 Lacs, 20 Lacs, 25 Lacs	3 Lacs, 5 Lacs, 7 Lacs, 10 Lacs	10 Lacs, 15 Lacs, 20 Lacs, 25 Lacs, 30 Lacs, 40 Lacs, 50 Lacs	50 Lacs, 75 Lacs,1 Crore and 2 Crores
Base Covers							
Eligibility	Family Combination		Up to 4ANC	Up to 4ANC	Up to 4ANC	Up to 4ANC	Up to 4ANC
	Premium Type, Zone Agnostic Premium		Age Banded	Age Banded	Age Banded	Age Banded	Age Banded
In-patient Hospitalization	Inpatient Hospitalization Treatment	Room Rent	Actuals up to Sum Insured	Actuals up to Sum Insured	Actuals up to Sum Insured	Actuals up to Sum Insured	Actuals up to Sum Insured
		ICU Charges	Actuals up to Sum Insured	Actuals up to Sum Insured	Actuals up to Sum Insured	Actuals up to Sum Insured	Actuals up to Sum Insured

	Shared accommodation Cash Benefit	500 per day, maximum INR 4000	500 per day, maximum INR 4000	500 per day, maximum INR 4000	500 per day, maximum INR 8000	1000 per day, maximum INR 15000
	Health Multiplier	NA	For SI:3 Lacs to 10 Lacs - 2X of SI & For SI:15 Lacs and above - 3X of SI	2X of Base Sum Insured	For SI:10 Lacs – 2X of SI & For SI: 15 Lacs and above - 3X of SI	3X of Base Sum Insured
	Pre-hospitalization Medical Expenses (up to Sum Insured)	60 Days	60 Days	60 Days	60 Days	60 Days
	Post-hospitalization Medical Expenses (up to Sum Insured)	90 Days	90 Days	90 Days	90 Days	180 Days
	Day Care Treatment (up to Sum Insured)	All day care covered	All day care covered	All day care covered	All day care covered	All day care covered
	Domiciliary Hospitalization	Actuals up to Sum Insured	Actuals up to Sum Insured	Actuals up to Sum Insured	Actuals up to Sum Insured	Actuals up to Sum Insured
	Home Health Care	Actuals up to Sum Insured	Actuals up to Sum Insured	Actuals up to Sum Insured	Actuals up to Sum Insured	Actuals up to Sum Insured
	Emergency Road Ambulance Cover (per hospitalization)	INR 3000	INR 3000	INR 4000	INR 5000	Covered up to SI
	Air Ambulance Cover (Domestic)	Up to 2 Lacs	Up to 2 Lacs	Up to 2 Lacs	Up to 2 Lacs	Up to 10 Lacs
	Organ Donor Expenses	Actuals up to Sum Insured	Actuals up to Sum Insured	Actuals up to Sum Insured	Actuals up to Sum Insured	Actuals up to Sum Insured
	ReInsure Benefit (Related and Unrelated illness both)	Unlimited up to 100%	Unlimited up to 100%	Unlimited up to 100%	Unlimited up to 100%	Unlimited up to 200%
	Bariatric Surgery Cover	Up to INR 50,000	Up to INR 50,000	Up to INR 50,000	Up to 2 Lac	Up to 2 Lacs
	Modern Treatments/ Advanced Procedures	Actuals up to Sum Insured	Actuals up to Sum Insured	Actuals up to Sum Insured	Actuals up to Sum Insured	Actuals up to Sum Insured
	AYUSH (In-patient hospitalization)	Actuals up to Sum Insured	Actuals up to Sum Insured	Actuals up to Sum Insured	Actuals up to Sum Insured	Actuals up to Sum Insured
	Recovery Benefit	NA	NA	INR 2500	INR 5000	INR 10,000
	Claims Shield	Non-payable Items (paid up to Sum Insured)	Non-payable Items (paid up to Sum Insured)	Non-payable Items (paid up to Sum Insured)	Non-payable Items (paid up to Sum Insured)	Non-payable Items (paid up to Sum Insured)
Value Added Services	**E-Opinion**	NA	NA	NA	4 - Per Member	Unlimited
	Annual Health Check-up	Up to INR 2500 (1st renewal onwards/year)	Up to INR 2500 (1st renewal onwards/year)	Up to INR 2500 (1st renewal onwards/year)	Up to INR 5000 (since inception)	Up to INR 10,000 (since inception)
Maternity	**Maternity Expenses**	NA	NA	Up to INR 25,000 (N)/INR 50,000(C-sec)	Up to INR 50,000 (N)/INR 75,000(C-sec)	Up to 2 Lac
	New Born Baby Cover	NA	NA	Up to Maternity SI	Up to Maternity SI	Up to Maternity SI
	Child Vaccination (Up to 12 years of age)	NA	NA	NA	(5000 per annum)	(10,000 per annum)
Renewal Benefits	**Enhanced Cumulative Bonus (reduction is same proportion in case claim is settled)**	50% of Base Sum Insured up to 100%	50% of Base Sum Insured up to 100%	50% of Base Sum Insured up to 100%	50% of Base Sum Insured up to 200%	NA

	Loyalty Credit (SI enhancement irrespective of claim)	NA	NA	NA	NA	50% of Base Sum Insured up to 100%
Global Cover	**Medical Treatment abroad (Listed illness, Diagnosis in India)**	NA	NA	NA	Actuals up to Sum Insured	Actuals up to Sum Insured
	Out-Patient Dental / Vision Cover	NA	NA	NA	NA	Up to INR 5000/Family
	Out Patient and Prescribed Diagnostic test (Cancer Diagnosed Patients)	NA	NA	INR 5000/Policy	INR 10000/Policy	INR15000/ Policy

#If the child above 18 years of Age is financially independent, he or she shall be ineligible for coverage under this Policy in the subsequent renewals.

OPTIONAL COVERS

Name of Insured Person	**Insured 1**	**Insured 2**	**Insured 3**
Enhanced ReInsure Benefit	Covered/Not Covered		
Enhanced Cumulative Bonus Safeguard (if claim amount is 1Lac or less, No reduction in Enhanced Cumulative Bonus)	Covered/Not Covered		
Co-payment (10%/20%)	Covered/Not Covered		
Aggregate Deductible (1 Lac/2 Lacs/ 3 Lacs/ 5 Lacs/ 10 Lacs)	Covered/Not Covered		
Domestic help/staff Indemnity	Covered/Not Covered (refer to additional schedule for details)		
Additional Basic Sum Insured (for Accident related hospitalization)	Covered/Not Covered	Covered/Not Covered	Covered/Not Covered
Health Assistance (A.I Personal Fitness Coaching), Dietician and Nutrition E – Consultation, and Unlimited Gym Membership	Covered/Not Covered	Covered/Not Covered	Covered/Not Covered
Walk Healthy Benefit	Covered/Not Covered	Covered/Not Covered	Covered/Not Covered

Coverage	**Aggregate Deductible**	**Unlimited Gym Membership Plan**
Prime	1 Lac / 2 Lacs / 3Lacs	3+3+3+3
Elite	1 Lac / 2 Lacs / 3Lacs	3+3+3+3
Premier	1 Lac / 2 Lacs / 3Lacs	3+3+3+3
Platinum	3 Lacs / 5 Lacs	6+6
Platinum Infinite	5 Lacs/10 Lacs	6+6

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WAITING PERIOD

Name of Insured Person	Initial Waiting Period (Excluding Accidental Hospitalization)	Specific Disease waiting period	Pre-Existing Waiting Period	Maternity and related Expenses	Medical Treatment Abroad	Hypertension, Diabetes, Cardiac Condition

Note: If any of the specified disease / procedure falls under the waiting period specified for pre-existing diseases, then the longer of the two waiting periods shall apply.

PREMIUM CERTIFICATE

Premium certificate for the purpose of deduction under section 80 - (D) of Income Tax (Amendment) Act, 1986

Transaction Id:

This is to certify that Mr./Ms./Mrs. ..... has paid INR ..... (In Words .....) towards the premium for Health Insurance vide Direct Credit Transaction ID/ Cheque No. xxxxxxxxx for the period from ..... (dd/mm/yy) .....To .....(dd/mm/yy) .....Midnight for Policy No. .....

Upon issuance of this receipt, all previously issued temporary receipts, if any, related to this policy are considered null and void. For the purpose of deduction under section 80D. The benefit shall be as per the provisions of the Income Tax Act, 1961 and any amendments made thereafter.

You may get tax benefits up to ₹..... subject to maximum permissible limits under Income Tax Act 1961 as modified from time to time. For more details kindly consult your tax advisor. In the event of non-realization of premium, benefits cannot be obtained against this premium receipt.

GSTI No.: _____

Date: DD/MM/YYYY

Place: Authorized Signatory

GST TAX INVOICE

GST Invoice No	XXXX	**GST Invoice Date**	DD/MM/YYYY
GSTIN/Unique No: (SBI General)	27AAMCS8857L1ZC	**SBI General State**	Maharashtra
SBI General Branch Address:	**SBI General Insurance Company Limited** Fulcrum Building, 9th Floor, A & B Wing, Sahar Road, Andheri (East), Mumbai 400 099, India		
DETAILS OF POLICYHOLDER			
Name			
Address			

SBI general INSURANCE
SURAKSHA AUR BHAROSA DONO

Policy Holder State			**Place of Supply**							
			Whether invoice under Reverse Charge		No					
GSTIN/Unique No:	XXXXXXX		**Policy Number**		XXXXXXXX					
Insurance Product Name	**HSN Code**	**Premium (without Taxes)**	**CGST**		**SGST/ UTGST**		**IGST**			
			Rate	**Amount**	**Rate**	**Amount**	**Rate**	**Amount**		

Total Invoice Value (In Figures)			
Taxes Applicable		**Authorised Signatory**	
SBI General Receipt No:		**Receipt Date:**	DD/MM/YYYY

Branch Office Address: Fulcrum Building, 9th Floor, A & B Wing, Sahar Road, Andheri (East), Mumbai 400 099 - India.		**Reference No:**	XXXXXXXX
		OF Receipt No:	XXXXXXXX
		Date:	DD/MM/YYYY
		Branch Code:	XXXXX
		Party/Depositor ID:	XXXXXXXXXXXX

RECEIPT

Received with thanks from **XXXXXXXXXXXXXX**
an amount of **Rs. XXXXXX (In Word - XXXXX)**
by **EFT**
No: **XXXXXXXXX**
Dated: **DD/MM/YYYY**
Drawn on Bank: STATE BANK OF INDIA Branch:

Party ID	Quote/Policy/Claim No.	Name of Party	Amount (Rs.)
XXXXXXX	XXXXXXXXX	XXXXXXXX	XXXXXXX
		TOTAL	**XXXXXXX**

Disclaimer

1. Receipt subject to realization of instrument submitted
2. Kindly refer to the policy document for the time of commencement of cover

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

Authorized Signatory