SBI general INSURANCE
SURAKSHA AUR BHAROSA DONO

SURROGACY AND OOCYTE DONOR SURAKSHA

CUSTOMER INFORMATION SHEET / KNOW YOUR POLICY

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

<table>
<tr><th>Sl. No.</th><th>Title</th><th>Description
(Please refer to applicable policy clause number in next column)</th><th>Policy Clause Number</th></tr>
<tr><td>1.</td><td>Name of Insurance Product/ Policy</td><td>Surrogacy and Oocyte Donor Suraksha</td><td></td></tr>
<tr><td>2.</td><td>Policy Number</td><td>XXXXXXXXXXXXXXXXXXXXX</td><td></td></tr>
<tr><td>3.</td><td>Type of Insurance Product/ Policy</td><td>Indemnity</td><td></td></tr>
<tr><td>4.</td><td>Sum Insured (Basis)</td><td>Individual Sum Insured
<table>
<tr><th>Sr. No.</th><th>Insured Name</th><th>Base Sum Insured</th></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>
<tr><td></td><td></td><td></td></tr>
<tr><td></td><td></td><td></td></tr>
</table>
Note: This is the base Sum Insured for policy. Please refer the policy schedule for cover wise Sum Insured.</td><td></td></tr>
<tr><td>5.</td><td>Policy Coverage (What the Policy Covers)</td><td>Covers expenses with respect of:
• In Patient Hospitalization – Hospitalization cover for
➢ Complications arising out of pregnancy during Surrogacy and post-partum delivery complications for the Surrogate Mother.
Or
➢ Complications arising due to oocyte retrieval with respect to the Oocyte Donor.
• Day Care Treatment – Medical Expenses for day care procedures up to sum insured.
• Road Ambulance Cover - Medical Expenses related to Road Ambulance services up to the limit specified in the policy schedule.</td><td>Section 3: Scope of Cover</td></tr>
</table>

Sl. No.	Title	Description (Please refer to applicable policy clause number in next column)	Policy Clause Number
6.	**Exclusions (What the policy does not cover)**	Following is a partial list of the policy exclusions. Please refer to the policy document for the complete list of exclusions: a) Investigation and Evaluation (Code - Excl 04) b) Rest Cure, rehabilitation, and respite care (Code - Excl 05) c) Obesity / Weight Control (Code - Excl 06) d) Change of Gender Treatments (Code - Excl 07) e) Cosmetic or Plastic Surgery (Code - Excl 08) f) Hazardous or Adventure Sports (Code - Excl 09) g) Breach of Law (Code - Excl 10) h) Excluded Providers (Code - Excl 11) i) Treatment for alcoholism, drug or substance abuse or any addictive condition and consequences thereof (Code - Excl 12) j) Treatments received in heath hydros, nature cure clinics, spas or similar establishments or private beds (Code - Excl 13). k) Dietary supplements and substances that can be purchased without prescription (Code - Excl 14) l) Refractive Error (Code - Excl 15) m) Unproven Treatments (Code - Excl 16) n) Sterility and Infertility (Code - Excl 17) o) Maternity (Code - Excl 18)	Section 5: Exclusions
7.	**Waiting period**	**Initial Waiting Period:** 30 days from the first Rider Commencement Date shall be excluded excepts claims arising due to an accident, provided the same are covered.	Section 4: Waiting Period
8.	**Financial Limits of the Coverage**	The policy will pay only up to the limits specified hereunder for the following: • Road Ambulance Cover – Up to Rs. 1,000/- per hospitalization	Section 3.3
9.	**Claims/ Claims Procedure**	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: **https://www.sbigeneral.in/contact-us/cashless-hospitals-networks** 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	Section 6.2, clause 11

Sl. No.	Title	Description (Please refer to applicable policy clause number in next column)	Policy Clause Number
		Turn Around Time (TAT) for claim settlement i. TAT for pre-authorization of cashless facility - within 1 hour from receipt of complete documents. ii. TAT for cashless final bill settlement - within 3 hours from receipt of complete documents. • Hospital Network details can be obtained from link: **https://www.sbigeneral.in/contact-us/cashless-hospitals-networks** • **Toll Free number: 1800 210 3366, 1800 210 6366** • List of Hospitals which are blacklisted or from where no claims will be accepted by the insurer is available in below link:**https://www.sbigeneral.in/contact-us/cashless-hospitals-networks** • Claim forms can be downloaded from below link: **https://www.sbigeneral.in/claim/claims-form-download** Note: For cover wise claims procedure, please refer to policy wordings	
10.	**Policy Servicing**	**Email:** customer.care@sbigeneral.in **Toll-Free number (24*7)** Toll free number 1800 102 1111 (Available 24/7) For agents and intermediaries 1800 22 1111 (Available 24/7 **Website:** www.sbigeneral.in	
11.	**Grievances/ Complaints**	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:** If you wish to register your grievances directly with us, you may write to us at head.customercare@sbigeneral.in or gro@sbigeneral.in or call our toll free number- 1800 102 1111. After examining the matter, final response would be conveyed within a period of 14 days from the date of receipt of your complaint. In our initial acknowledgement of receipt letter, we will provide the name and title of the person who is handling your Grievance. This person will have the authority necessary to investigate and resolve the Grievance. **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) Details of our Grievance Redressal Officer is mentioned on our website at https://www.sbigeneral.in/grievance-redressal Note: The Company shall endeavour to maintain the regulatory TAT of 14 days in resolving your grievances. Alternatively, you may Register your grievance with the regulator	Section 6: General Terms and Clauses, clause 14

Sl. No.	Title	Description (Please refer to applicable policy clause number in next column)	Policy Clause Number
		through Bima Bharosa which is a grievance redressal platform provided by the Insurance Regulatory and Development Authority of India (IRDAI). You may access the Bima Bharosa Portal using the following link: https://bimabharosa.irdai.gov.in/Home/Home **Stage 2 : 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	
12.	**Things to remember**	1. Free Look Cancellation: 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. 2. Migration: 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: **https://content.sbigeneral.in/uploads/c6a2844dd65446019b130ffbae1fa20f.pdf** 3. Portability: 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: **https://content.sbigeneral.in/uploads/c6a2844dd65446019b130ffbae1fa20f.pdf**	Section 6.1, clause 10 Section 6.1, clause 12, clause 13
13.	**Your Obligations**	Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement. **Disclosure of Information:** 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.	Section 6: General

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

SBI General Insurance Company Limited, Corporate & Registered Office: Fulcrum Building, 9th Floor, A & B Wing, Sahar Road, Andheri (East), Mumbai - 400099. | CIN: U66000MH2009PLC190546 | Tollfree: 18001021111 | customer.care@sbigeneral.in | www.sbigeneral.in | SBI Logo displayed belongs to State Bank of India and used by SBI General Insurance Company Limited under license | IRDAI Reg No: 144 | Surrogacy and Oocyte Donor Suraksha, UIN: SBIHLIA24100V012324. SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.