

Name: .....

.....

Address: .....

.....

.....

.....

Contact No.: .....

Email ID: .....

**KUTUMB SWASTHYA BIMA-GROUP**

Certificate of Insurance No.:

Policy Issue Date:

**For Complete Coverage & Policy Wording, kindly visit our website - [www.sbgeneral.in](http://www.sbgeneral.in)**

Dear Mr / Mrs / Miss /M/s \_\_\_\_\_

Welcome to the SBI General Family. We are delighted to offer our **Hospital Daily Cash - Group**, designed to safeguard your valuable Crop/Asset

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
  - Intermediary Details
  - Premium Summary
  - Risks Covered
- 

We request you to verify and confirm that these documents are in order. Please ensure safety of documents as they form part of our contract with you. For all your future correspondence with us, kindly quote your Customer ID and policy 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@sbgeneral.in](mailto:customer.care@sbgeneral.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

## Kutumb Swasthya Bima-Group

# CERTIFICATE OF INSURANCE

Master Policy No:			
Master Policy Holder Name:			
Policy No:		Servicing Branch Office:	
Issue Date:		Intermediary Name & Code	
Intermediary Contact details	Phone/Mobile		
Email Id:			
Address:			

Certificate No:		Issuing Office/ GSTIN No		Issue Date:	
Group Policy Holders Name:					
Cover Opted for number of members:					
Proposers Name:			Gender:		
Aadhar/Driving License/ Passport/Voter Id					
Address:					
Email Id:					
PAN No. (Optional)					
Period of Insurance:	From: DD/MM/YYYY To: DD/MM/YYYY				
Date of Birth:	DD/MM/YYYY			Age	
Type of Plan opted:	Base <input type="checkbox"/>	Medium <input type="checkbox"/>	Top <input type="checkbox"/>	Date of First Policy :	DD/MM/YYYY
Product Type	Individual <input type="checkbox"/> Family <input type="checkbox"/>				
Premium Payment Basis	Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Annually <input type="checkbox"/>				
Previous policy number if any					
Mobile Number					
Alternate Mobile No.					
Nominee Name					
Nominee Age					
Relationship with Primary Insured					
Appointee (Name & Relationship), if Nominee is minor					

The digital copy of your policy document in PDF format will be sent to the registered mobile number or registered email ID. However, if you need a physical copy of the policy document, please send SMS "PRINT <Policy Number>" to 561612 from your registered mobile number.

## Special underwriting condition

- 1.
- 2.
- 3.

## Summary Particulars of Scope of Cover

1. Details of the Insured along with the Benefits (as per table below)  
<< Table of benefit as per plan type will populate in the final schedule >>

Sr. No.	Cover Name	Cover Description	Base	Medium	Top
1	Tele-consultation Benefit	Tele Consultation (calls per family per annum)	Upto 4 calls per month, subject to maximum of 24 calls per annum	Upto 6 calls per month, subject to maximum of 36 calls per annum	Upto 10 calls per month, subject to maximum of 60 calls per annum
2	Hospitalization Benefit (per life)	a) Hospital Daily Cash	Not Covered	₹250 per day for maximum 30 days	₹250 per day for maximum 60 days
		b) Conveyance Allowance Benefit (lumpsum per claim paid)	Not Covered	₹400	₹400
3	Personal Accident (For Primary Insured Only)	a) Accidental Death	₹1,00,000	₹1,00,000	₹5,00,000
		b) Permanent Total Disablement			

Waiting Period -

No waiting period for Teleconsultation and Personal Accident Sections.

Hospitalization Benefit – a) 30 days, except for Accidental hospitalization, b) 90 Days; 1 year; 2 years & 3 Years

Waiting Period for specific diseases/illness c) 36 months for pre-existing diseases

## Additional Conditions, Exclusions, Warranties:

Coverage subject to the following additional Conditions and Clauses / Endorsements / Warranties with reference to the Section that it is applicable to

Insured Person Name	Pre-Existing Conditions	Special Exclusions	Additional Loading if any

## Contact Details in Case of Teleconsultation Benefit claims

Name of Teleconsultation provider.	
Toll Free number	
Timings	

## Contact Details:

Email	customer.care@sbigeneral.in ; seniorcitizengrievances@sbigeneral.in (for Senior Citizens)
Toll Free number	1800221111, 18001021111 (Monday to Saturday (8 am - 8 pm).
Website	www.sbigeneral.in
Fax No	1800227244, 18001027244

## 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 22 1111 / 1800 102 1111 Monday to Saturday (8 am - 8 pm)

### Stage 2:

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 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>)

## Premium computation

### Premium Details

Premium	
Add: Loading	
Less: Discount	
Net Premium	
Add: Taxes as applicable	
Add Education Cess	
Final Premium	

## Instalment Schedule

Instalment Frequency:	Quarterly <input type="checkbox"/>	Half Yearly <input type="checkbox"/>	Annually <input type="checkbox"/>
Instalment Due Date:	DD/MM/YYYY		

For and on behalf of  
**SBI General Insurance Company**

Date: \_\_\_\_\_

Place: \_\_\_\_\_

\_\_\_\_\_  
Authorized Signatory

Consolidated Stamp Duty paid towards Insurance Policy Stamps vide Order No. .... Dated  
..... of General Stamp Office, Mumbai

Service Tax Reg. No. ....

## PREMIUM CERTIFICATE

(Applicable only for Section II. Hospitalisation Benefit)

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

This is to certify that Mr/Ms/Mrs. .... has paid ₹. .... (In Words  
.....) towards the premium for Health Insurance for the period from  
..... (DD/mm/yy) ..... To ..... (DD/mm/yy).....

Policy Number: \_\_\_\_\_

Date: \_\_\_\_\_

Place: \_\_\_\_\_

\_\_\_\_\_  
Authorised Signatory

## 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.

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.

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