

HOSPICASH FLEXI INSURANCE

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 (Please refer to applicable policy clause number in next column)	Policy Clause Number																								
1.	Name of Insurance Product/ Policy	Hospicash Flexi Insurance																									
2.	Policy Number	XXXXXXXXXXXXXXXXXXXXXXXXXX																									
3.	Type of Insurance Product/ Policy	Benefit																									
4.	Sum Insured (Basis)	<p>Family Individual Sum Insured</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr> <th style="width: 15%;">Sr. No.</th> <th style="width: 40%;">Insured Name</th> <th style="width: 45%;">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> </tbody> </table> <p>Family Floater Sum Insured</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Sr. No.</th> <th style="width: 40%;">Insured Name</th> <th style="width: 45%;">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> </tbody> </table> <p>Note: 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																									
Sr. No.	Insured Name	Base Sum Insured																									
5.	Policy Coverage (What the Policy Covers)	<p>Following are covered as basic cover up to the limit specified in the policy schedule</p> <p>A. Base Cover</p> <p>1. Accident and Sickness Hospital Cash Benefit- Pays the Daily Allowance for each calendar day of Hospitalization due to Accidental Bodily Injury or illness.</p> <p>B. Optional Covers</p> <p>1. Accident Hospital Cash Benefit- Pays two times the Daily Allowance for each calendar day of Hospitalisation.</p> <p>2. ICU Cash Benefit- Two times the Hospital Daily Cash</p>	Coverage																								

Sl. No.	Title	Description (Please refer to applicable policy clause number in next column)	Policy Clause Number
		<p>Allowance, for each calendar day of Hospitalisation to be spent in the ICU.</p> <ol style="list-style-type: none"> 3. Convalescence Benefit- Policy is extended to pay lump sum amount equal to Five times the Hospital Daily Cash Allowance in case of continuous and completed hospitalization beyond consecutive 10 calendar days due to Accidental Bodily Injury or Illness. 4. Compassionate Benefit – Pays additional amount lumpsum Ten times the Hospital Daily Cash Allowance towards expenses as a Compassionate Benefit to the Nominee 5. Day Care Treatment Benefit- Pays five times the Hospital Daily Cash Allowance subject to maximum of Rs 10,000 per claim towards Day Care Treatment. 6. Maternity Hospital Cash Benefit- Pays daily fixed benefit amount, in case an Insured Person is hospitalized for delivery of a child / Medically Necessary Treatment during pregnancy/ lawful medical termination of pregnancy restricted to pay for first 2 deliveries only 7. Other Waiting Periods - Initial waiting period, Specified waiting period and Pre-Existing waiting period will be modified if this cover is opted. 8. Increased Deductible/Franchise - Provides discount mentioned and time bound deductible/franchise of day(s). <p>Note: 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.	Exclusions (What the policy does not cover)	<p>Following is a partial list of the policy exclusions. Please refer to the policy document for the complete list of exclusions:</p> <ol style="list-style-type: none"> 1. Investigation & Evaluation: (Code- Excl04) 2. Rest Cure, rehabilitation and respite care: (Code- Excl05) 3. Obesity/ Weight Control: (Code- Excl06) 4. Change-of-Gender treatments: (Code- Excl07) 5. Cosmetic or Plastic Surgery: (Code- Excl08) 6. Hazardous or Adventure sports: (Code- Excl09) 7. Breach of law: (Code- Excl10) 8. Excluded Providers: (Code-Excl 11) 	Waiting period and exclusions
7.	Waiting period	<ol style="list-style-type: none"> 1. Initial waiting period: 30/0 days for all illnesses (not applicable on renewal or for accidental injuries) 2. Maternity waiting period- 36/24/12/9/0 months 3. Specific waiting period: 12/24/0 months for some diseases 4. Pre-existing diseases: 36/24/12/0 months 	Waiting period and exclusions

Sl. No.	Title	Description (Please refer to applicable policy clause number in next column)	Policy Clause Number
8.	Financial Limits of the Coverage	<p>In case of a claim, this policy requires you to share the following costs:</p> <p>Sub-Limits:</p> <ol style="list-style-type: none"> 1. Day Care Treatment Benefit- Pays five times the Hospital Daily Cash Allowance subject to maximum of Rs 10,000 per claim towards Day Care Treatment. 2. Maternity Hospital Cash Benefit- Restricted to pay for first 2 deliveries only. 	Coverage
9.	Claims/ Claims Procedure	<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 https://www.sbigeneral.in/portal/contact-us/hospital</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> <ol style="list-style-type: none"> 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. <ul style="list-style-type: none"> • Hospital Network details can be obtained from link: https://www.sbigeneral.in/portal/contact-us/hospital • 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/hospital • Claim forms can be downloaded from below link: https://www.sbigeneral.in/claim/claims-form-download <p>Note: For cover wise claims procedure, please refer to policy wordings.</p>	Specific terms and clauses
10.	Policy Servicing	<p>Email: customer.care@sbigeneral.in</p> <p>Toll-Free number 18001021111 (Monday to Saturday) (8 am - 8 pm)</p> <p>Website: www.sbigeneral.in</p>	

Sl. No.	Title	Description (Please refer to applicable policy clause number in next column)	Policy Clause Number
11.	Grievances/ Complaints	<p>Stage 1:</p> <p>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.</p> <p>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)</p> <p>Stage 2:</p> <p>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.</p> <p>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:</p> <p>https://content.sbigeneral.in/uploads/0449cac1bcd144bbb160d3f6b714fbbd.pdf</p> <p>Stage 3:</p> <p>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</p> <p>https://bimabharosa.irdai.gov.in/Home/Home</p> <p>Stage 4:</p> <p>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)</p>	
12.	Things to remember	<ol style="list-style-type: none"> 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. Policy renewal: The Policy shall ordinarily be renewable except on grounds of fraud or non-disclosure or misrepresentation by the Insured Person. 3. Moratorium Period: After completion of sixty continuous months of coverage (including portability and migration) in 	Standard general terms and clauses

Sl. No.	Title	Description (Please refer to applicable policy clause number in next column)	Policy Clause Number
		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.	
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.	Standard General Terms and Clauses - 3.A.a

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