

KUTUMB SWASTHYA BIMA

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	Kutumb Swasthya Bima																														
2.	Policy Number	XXXXXXXXXXXXXXXXXXXXXXXXXX																														
3.	Type of Insurance Product/ Policy	Benefit																														
4.	Sum Insured (Basis)	<p>Sum Insured details</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr> <th style="width: 10%;">Sr. No.</th> <th style="width: 40%;">Insured Name</th> <th style="width: 50%;">Base Sum Insured</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td style="text-align: center;">Refer Point 5</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			Refer Point 5																								
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5.	Policy Coverage (What the Policy Covers)	<p>Covers: Plan Type -</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;">Sr. No.</th> <th style="width: 15%;">Cover Name</th> <th style="width: 20%;">Cover Description</th> <th style="width: 15%;">Base</th> <th style="width: 15%;">Medium</th> <th style="width: 15%;">Top</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1</td> <td>Tele-consultation Benefit</td> <td>Tele Consultation (calls per family per annum)</td> <td>Upto 4 calls per month, subject to maximum of 24 calls per annum</td> <td>Upto 6 calls per month, subject to maximum of 36 calls per annum</td> <td>Upto 10 calls per month, subject to maximum of 60 calls per annum</td> </tr> <tr> <td style="text-align: center;">2</td> <td rowspan="2">Hospitalization Benefit (per life) Deductible - 24 hours</td> <td>a) Hospital Daily Cash</td> <td style="text-align: center;">Not Covered</td> <td>Rs. 250 per day for maximum 30 days</td> <td>Rs. 250 per day for maximum 60 days</td> </tr> <tr> <td></td> <td>b) Conveyance Allowance Benefit (lumpsum per paid claim)</td> <td style="text-align: center;">Not Covered</td> <td style="text-align: center;">Rs. 400</td> <td style="text-align: center;">Rs. 400</td> </tr> <tr> <td style="text-align: center;">3</td> <td>Personal Accident (For Primary Insured Only)</td> <td>a) Accidental Death b) Permanent Total Disablement</td> <td style="text-align: center;">Rs. 1,00,000</td> <td style="text-align: center;">Rs. 3,00,000</td> <td style="text-align: center;">Rs. 5,00,000</td> </tr> </tbody> </table>	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) Deductible - 24 hours	a) Hospital Daily Cash	Not Covered	Rs. 250 per day for maximum 30 days	Rs. 250 per day for maximum 60 days		b) Conveyance Allowance Benefit (lumpsum per paid claim)	Not Covered	Rs. 400	Rs. 400	3	Personal Accident (For Primary Insured Only)	a) Accidental Death b) Permanent Total Disablement	Rs. 1,00,000	Rs. 3,00,000	Rs. 5,00,000	C. Scope of Cover
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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)	<p>Following is a partial list of the policy exclusions. Please refer to the policy document for the complete list of exclusions:</p> <ul style="list-style-type: none"> 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 health 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) 	D. General Exclusions
7.	Waiting period	<p>Initial Waiting Period: 30 Days</p> <p>Specific Waiting Periods (applicable for Hospitalization Benefit)</p> <ul style="list-style-type: none"> o 12 months Any types of gastric or duodenal ulcers, Tonsillectomy, Adenoidectomy, Mastoidectomy, Tympanoplasty, all internal or external tumor / cysts/ nodules/ polyps of any kind including breast lumps, All types of Hernia and Hydrocele etc. (not applicable for claims arising due to accident). o 24 months for Cataract, Benign Prostatic Hypertrophy, Hysterectomy/ myomectomy for menorrhagia or fibromyoma or prolapse of uterus etc. (not applicable for claims arising due to accident). o 36 months for Joint replacement surgery due to degenerative condition, age related osteoarthritis and osteoporosis unless such joint replacement surgery is necessitated by Accidental Bodily Injury (not applicable for claims arising due to accident). o 90 days for Hypertension, Cardiac conditions, Diabetes. <p>Pre-Existing diseases: 36 months</p>	D. General Exclusions

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8.	Financial Limits of the Coverage	Not Applicable	
9.	Claims / Claims Procedure	<ul style="list-style-type: none"> For claims the Insured Person may submit the necessary documents to TPA/Company within the prescribed time limit as specified in the Policy Wordings. For Reimbursement of Claim: Turn Around Time (TAT) for claim settlement <ul 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. 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>	E.4) Conditions when a claim arises
10.	Policy Servicing	<p>Email: customer.care@sbigeneral.in</p> <p>Toll-Free number 1800102111 (Monday to Saturday) (8 am - 8 pm).</p> <p>Website: www.sbigeneral.in</p>	
11.	Grievances/ Complaints	<p>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.</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: 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>	E.5) Grievances Redressal Procedure During the Contract

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		<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 provided the product is not withdrawn, except on grounds of established fraud or non-disclosure or misrepresentation by the Insured Person. 3. 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 4. 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 45 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to 	<p>E. 2) Conditions Applicable During the Contract,</p> <p>E.3) Conditions applicable during renewal of the Policy:</p>

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		portability. For Detailed Guidelines on portability, kindly refer the link: https://content.sbigeneral.in/uploads/c6a2844dd65446019b130ffbae1fa20f.pdf	
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.	E.1) Conditions Precedent to the Contract, clause 3

Declaration by the Policy Holder: I have read the above and confirm having noted the details

Place:

Date:/...../.....

Signature of the Policyholder

- 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