

# **HEALTH EDGE INSURANCE**

(For Optional Cover – Domestic Help/Staff Indemnity only)
(This schedule will be issued and considered active only if base policy is active)

POLICY SCHEDULE							
Policy No.: Issue Date:							
Servicing Branch Office:							
PROPOSER DETAILS							
Name of Proposer:							
Communication Address:							
City:	State:			Pin-code:			
Landmark: PAN No / Form 60:	Night could						
PAN No / Form 60:	Nationality:						
	INSURED	PERSON'S D	DETAI	LS			
		Domestic	Don	nestic	Domestic	Domestic	
Domestic help/staff inde	emnity details	Help/Staff 1	_	Staff 2	Help/Staff 3	Help/Staff 4	
Name							
Gender							
Marital Status							
Date of Birth							
Nationality							
Age in completed years							
Base Sum Insured (in Rs.)	(Individual Basis)						
IMPOR	RTANT TERMS, O	CONDITION	IS AN	D EXC	LUSION		
1•	•						
2•							
Name of Insured Person	Pre-existing disease / hospitalization/ medical treatment /surgical history		Permanent disease exclusion if any				



CONTACT DETAILS IN CASE OF ANY CLAIM/QUERIES/REQUEST			
Email:	customer.care@sbigeneral.in		
Toll Free Number:	1800221111, 18001021111		
Website:	www.sbigeneral.in		
Fax No:	1800227244, 18001027244		
Claim Service Provider:	xxxxxxxxx		
Contact Details:	xxxxxxxxx		
Website:	xxxxxxxx		
Fax No:	xxxxxxxx		

### GRIEVANCE REDRESSAL MECHANISM

#### Please follow the steps below

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)

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: 022-42412070.

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

List of Grievance Redressal Officers at Branches:

https://content.sbigeneral.in/uploads/0434fb898fe243688f4b2cf943f9b055.pdf

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)

If Your issue remains unresolved You may approach IRDAI by calling on the Toll-Free no. 155255 or You can register an online complaint on the website http://igms.irda.gov.in

#### 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



Signed at: (RO/BO/DO – Details)	For SBI General Insurance Company Limited
Date & Place:	Authorized Signatory

## **SCHEDULE OF COVERAGE AND POLICY LIMIT**

Coverage	Details		
Entry Age (Adult)	Min - 18 years Max - 65 years		
Sum Insured (SI)	INR 50,000/INR 1,00,000		
Room Rent	2% of Sum Insured		
ICU Charges	4% of Sum Insured		
Day Care Treatments	Up to Sum Insured		
AYUSH	Up to Sum Insured		
Modern Treatments/Advanced Procedures	Up to Sum Insured		
Emergency Road Ambulance Cover	INR 3,000		
Bariatric Cover	Up to INR 50,000		