SAMPOORNA AROGYA - GROUP

CERTIFICATE OF INSURANCE

UIN:- SBIHLGP21605V012021

Master Policy No	GSA00103012025		
Policy No:	POGSA00100171520-01	Issue Date:	06/01/2025
Intermediary Name & Code	Sbi Kadodara 10981	0004560	
Intermediary Contact details	Phone/Mobile/Email Id:02622-272491 /+91-2622-272491 / sbi.10981@sbi.co.in	Address:	
Policy Period	From 03/01/2025 (13:36 Hrs) to Midnight of 02/01/2026(23:59 Hrs)	**Periodicity of payment of premium**	Yearly

Insured	NARESHKUMAR DHANJIBHAISOJITRA
Address	TANTITHAIYA, BLOCK NO 161 KADODARA ROAD,SURAT,Bagumara, Surat, Surat, Gujarat-394305, India.
PAN No.	
Cover Opted for number of members	1
Previous Policy No	POGSA00100171520
Date of 1st inception of Policy	03/01/2024

INSURED PERSON'S DETAILS

S No	Member ID	Member Name	Gender	Relationship with Primary Insured	DOB	Age in completed years	Nominee Name & Relationship	Nominee Age	Appointee Name & Relationship(If Nominee is Minor)	Coverage Under			
										Hospitalization Cover	Critical Illness	Hospital Daily Cash	Personal Accident
1	00000000701713 64	NARESHKUMAR SOJITRA	Male	Self	21/04/1992	32	DHANJIBHAI SOJITRA	62		Y	N	Y	N

SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products

Special Underwriting Conditions:

- Cashless facility will be applicable only for 'Section 1 - Hospitalization Cover' of this policy
- Specific waiting period as defined under Exclusions Point 2 (Excl02) under Policy wordings
- Pre-existing disease as defined under Exclusions Point 1 (Excl01) under Policy wordings
- First Thirty Days Waiting Period as defined under Exclusions Point 2 (Excl02) under Policy wordings
- Permanent Exclusions as defined under Exclusions Point 17 under Policy wordings
- Covid-19 Waiting Period

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
NARESHKUMAR SOJITRA	2	

Sum Insured Details:

Section	Coverage	Members	Sum Insured	Basis of Sum Insured
I	Hospitalization Cover	NARESHKUMAR SOJITRA	500,000.00	Individual
II	Critical Illness			Individual
III	Hospital Daily Cash	NARESHKUMAR SOJITRA	15,000.00	Individual
IV	Personal Accident			Individual

Contact Details:

Email	sbig.health@sbigeneral.in
Toll Free number	1800 210 3366, 1800 210 6366
Website	www.sbigeneral.in
Fax No	NA
Claims Administrator	Name: SBI General Insurance Address: 9th Floor,Westport,Pan Card Club Road,Baner Gaon,Baner,Pune,Maharashtra,India-411045

Redressal of Grievances

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 (24*7)

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 Details

Premium Details	Hospitalization Cover	Critical Illness	Daily Hospital Cash	Personal Accident
Premium	3,207.60	0.00	111.46	0.00
Add: Loading	0.00	0.00	0.00	0.00
Less: Discount	0.00	0.00	0.00	0.00
Net Premium	3,725.10			
Taxes as applicable	670.52			
Add Kerala Cess @1%				
Final Premium	4,395.62			

Signed at (RO/BO/DO-Details)

For SBI General Insurance Company Limited

Dated: 03/01/2025

Digitally signed by VISHWANATHAN SUBRAMANIAN
Date: 2025.01.14 12:27:39 IST

Authorised Signatory

P.S. If premium paid through cheque, the policy is void abinitio in case of dishonour of cheque.

Consolidated Stamp Duty paid Rs. 52.00/- towards Insurance Policy Stamps vide Order No.LOA/ENF-2/CSD/101/2024/(Validity Period Dt.07/10/2024 to Dt.06/10/2026)/4709 Date:- 01/10/2024 Dated 06/01/2025 of General Stamp Office, Mumbai

Service Tax Reg. No. 24AAMCS8857L1ZI

PREMIUM CERTIFICATE (Applicable to all sections except Section IV. Personal Accident))

Premium certificate for the purpose of deduction under section 80 - (D) of Income Tax (Amendment) Act, 1986
Transaction Id: SBIGN1870020250028479 2732
This is to certify that Mr./Ms./Mrs. NARESHKUMAR DHANJIBHAISOJITRA has paid INR 4396(In Words Rupees Four Thousand Three Hundred and Ninety Six) towards the premium for Health Insurance vide Direct Credit Transaction ID/Cheque No.SBIGN1870020250028479 2732 for the period from 03/01/2025 To 02/01/2026 Midnight for Policy No. POGSA00100171520-01
Date: 03/01/2025 **For SBI General Insurance Company Limited**
Place: Mumbai

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.
INSURANCE IS THE SUBJECT MATTER OF SOLICITATION

Declaration

As part of our Go Green initiative, your policy will be issued digitally to your registered mobile number via WhatsApp, SMS, and email. By issuing an e-policy, we help conserve the environment by saving a tree. An electronic policy document holds the same legal validity as a physical copy. The date on which the policy document is delivered will be considered for determining the free look period.

Deductible/Co Payment
Non- Network hospitalization Co Payment at 10% (if opted)
Voluntary Co- Payment at 20% (if opted)
Hospital Daily Cash - 24 hours

Waiting Periods applicable to different Sections

Hospitalization Cover	Critical Illness	Daily Hospital Cash	Personal Accident
Pre- Existing disease -36 months	Pre- Existing disease -36 months	Pre- Existing disease -36 months	No Waiting Period
30 days Waiting period except for Renewal policies and Claims as a result of Accident	First 90 days Waiting Period	30 days Waiting period except for Renewal policies and Claims as a result of Accident	
12 months Waiting period for specific diseases as listed in the Policy	Survival Period - 28 days	12 months Waiting period for specific diseases as listed in the Policy	
90 Days Waiting Period for Specific diseases as listed in the policy			
Maternity waiting period- 24 months			

COVERAGE DETAILS(to be populated as per plan chosen)

Section Details	Details of Coverage	Sum Insured Limit- 50,000 to 5.5 Lakhs	Sum Insured Limit- Limit- 6 Lakh-10 Lakh
Section I: Hospitalization Cover			
Members Covered NARESHKUMAR SOJITRA	Room Rent boarding and Nursing Charges.	2% of sum insured,	2% of sum insured,
	ICU charges	4% of sum insured,	4% of sum insured,
	Pre-Hospitalization Medical expenses	30 days prior to date of admission into the hospital/ Up to SI	60 days prior to date of admission into the hospital/ Up to SI
	Post Hospitalization Medical expenses	60 days prior to date of admission into the hospital/ Up to SI	90 days prior to date of admission into the hospital/ Up to SI
	Ambulance Expenses	1% of SI up to a max of Rs. 5000 but available for road ambulance only and per policy year	1% of SI up to a max of Rs. 10,000 but available for road ambulance only and per policy year
	Domiciliary Hospitalization	20% of the Sum Insured maximum up to Rs. 50000	20% of the Sum Insured maximum up to Rs. 200000
	Day Care Procedures	Upto Sum Insured	Upto Sum Insured
	Alternative Treatment Expenses	Not Applicable	Upto Sum Insured
	Organ Donor Expenses	Not Applicable	Up to 50% of Sum Insured
	Maternity Expenses	Not Applicable	10% of sum insured subject to a maximum Up to 100,000/-
	New Born Baby Expenses	Not Applicable	20% of sum insured subject to a maximum Up to 200,000/-
	Out Patient Expenses	Not Applicable	1% of sum insured subject to a maximum upto 10,000 per policy limit each year
	Reinstatement of Sum Insured	Not Applicable	Once up to 100% not for same illness within the same year
	High Deductible	Not Applicable	2/3/5 lacs deductible as opted for
	Mental Healthcare	10% of the SI, max Rs. 50,000	10% of the SI, max Rs. 50,000
	HIV/AIDS Cover	upto 25% of Sum insured)	upto 25% of Sum insured)
	Genetic Disorder/Diseases	upto Rs. 1 Lac	upto Rs. 1 Lac
	Internal Congenital Diseases	upto 25% of Sum insured)	upto 25% of Sum insured
	Advance Treatments for 12 Procedure as mentioned in the policy	upto 25% of Sum insured)	upto 25% of Sum insured
Section II:Critical Illness			
Members Covered NARESHKUMAR SOJITRA			

	1. Cancer of specific severity 2. Myocardial Infarction (First heart attack of specific severity) 3. Open Chest CABG 4.Open Heart Replacement or Repair of Heart Valves 5. Coma of Specified Severity 6. Kidney Failure Requiring Regular Dialysis 7. Stroke Resulting in Permanent Symptoms 8.Major Organ/Bone Marrow Transplant 9. Permanent Paralysis of Limbs 10. Multiple Sclerosis with Persisting Symptoms 11.Blindness 12.Primary(Idiopathic) Pulmonary Hypertension 13. Aorta Graft Surgery 14. Benign Brain Tumor 15. Motor Neurone disease with Permanent Symptoms	As per Sum Insured opted (1 lakh- 10 lakhs)	As per Sum Insured opted (1 lakh- 10 lakhs)
Section III:Hospital Daily Cash			
Members Covered NARESHKUMAR SOJITRA	Sickness Hospital Cash Benefit	Up to the Sum insured limit and for the number of days as opted	Up to the Sum insured limit and for the number of days as opted
	Accident Hospital Cash Benefit	2 times the Daily Cash benefit	2 times the Daily Cash benefit
	ICU Cash Benefit	3 times the Daily Cash benefit maximum of 15 days in aggregate per Insured Person per Policy Year.	3 times the Daily Cash benefit maximum of 15 days in aggregate per Insured Person per Policy Year.
	Convalescence Benefit	5 times the Daily Cash Benefit for each continuous and completed period of 24 hours of Hospitalisation.	5 times the Daily Cash Benefit for each continuous and completed period of 24 hours of Hospitalisation.
	Compassionate Benefit	10 times the Daily Cash Benefit amount subject to admissibility of the claim under the base cover.	10 times the Daily Cash Benefit amount subject to admissibility of the claim under the base cover.
	Day Care Treatment Benefit	5 times the Daily Cash Benefit or Rs. 10,000/- to the Insured Person for such Day Care (Day Care Treatment for less than 24 hours.) The benefit under this Section shall be available for a maximum of 2 Day Care Treatments per Insured Person per Policy Year.	5 times the Daily Cash Benefit or Rs. 10,000/- to the Insured Person for such Day Care (Day Care Treatment for less than 24 hours.) The benefit under this Section shall be available for a maximum of 2 Day Care Treatments per Insured Person per Policy Year.
Section IV: Personal Accident			
Members Covered NARESHKUMAR SOJITRA	Accidental Death Benefit	As per SI limit opted (1,2,4, 5,10, 15,20 lakhs as opted for)	As per SI limit opted (1,2,4, 5,10, 15,20 lakhs as opted for)
	Funeral Expenses Benefit	1% of Sum Insured subject to a max of Rs. 10,000/-	1% of Sum Insured subject to a max of Rs. 10,000/-

SBI general INSURANCE
SURAKSHA AUR BHAROSA DONO

Name :	NARESHKUMAR SOJITRA
Claim Administrator :	SBI General Insurance
Member ID :	0000000070171364
Relation :	Self
Age/Gender :	32, Male
Start Date :	03/01/2025
Policy Number :	POGSA00100171520-01

SBI general INSURANCE
SURAKSHA AUR BHAROSA DONO

This card identifies you as a SBI General beneficiary and valid for cashless hospitalisation at SBI General Insurance network hospitals subject to your policy terms and valid authorization letter from SBI General Insurance. Presentation of a valid photo identity along with this card is mandatory to avail cashless access at SBI General Insurance Network Hospitals. Insured needs to pay for non-medical hospitalisation bills, amount in excess of limit specified in authorisation letter and conditions not covered in the policy. In case of any concerns / clarifications related to policy and service, please do not hesitate to get in touch with your insurer i.e. SBI General at sbig.health@sbigeneral.in <mailto:sbig.health@sbigeneral.in> or call Customer Care Toll Free Numbers 1800 210 3366 / 1800 210 6366 (Available 24*7)

SBI General Insurance Company Limited 9th Floor, Westport, Pan Card Club Road, Baner, Pune, Maharashtra - 411 045 www.sbigeneral.in

SBI General Insurance and SBI are seperable legal entities and SBI is working as corporate agent of the company for sourcing of insurance products

SBI general INSURANCE
SURAKSHA AUR BHAROSA DONO

CUSTOMER INFORMATION SHEET

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>Sampoorna Arogya-Group</td><td></td></tr>
<tr><td>2</td><td>Policy Number</td><td>POGSA00100171520-01</td><td></td></tr>
<tr><td>3</td><td>Type of Insurance Product/Policy</td><td>Both Indemnity and Benefit</td><td></td></tr>
<tr><td>4</td><td>Sum Insured (Basis)</td><td>
<table>
<tr><td colspan="3">Individual Sum Insured</td></tr>
<tr><td>Sr. No</td><td>Insured Name</td><td>Base Sum Insured</td></tr>
<tr><td>1</td><td>NARESHKUMAR SOJITRA</td><td>500,000.00</td></tr>
</table>
Note: This is the base Sum Insured for policy. Please refer the policy schedule for cover wise limits.
</td><td></td></tr>
<tr><td>5.</td><td>Policy Coverage (What the Policy Covers)</td><td>Following are covered as basic cover up to the limit specified in the policy schedule:

SECTION I - HOSPITALIZATION COVER
I.A. BASE COVER
I.A.1 - HOSPITALIZATION MEDICAL EXPENSES- Room Rent, Boarding & Nursing Charges (2% of Sum Insured). Intensive Care Unit Charges (4% of Sum Insured), Medical Practitioner and Specialists Fees including Teleconsultation, etc.

I.A.2 - PRE-HOSPITALIZATION MEDICAL EXPENSES- Expenses covered prior to 30 or 60 days of hospitalization.

I.A.3 - POST-HOSPITALIZATION MEDICAL EXPENSES- Expenses covered post-hospitalization up to 60 or 90 days.

I.A.4 - MENTAL HEALTHCARE- Medical Expenses covered for hospitalization for any Mental Illness.

I.A.5 - DAY CARE SURGERY/PROCEDURES- Medical Expenses on Hospitalization of Insured Person Day Care Treatment.

I.A.6- AMBULANCE CHARGES- Expenses incurred up to 1% of Sum Insured subject to maximum of Rs. 5,000/- or Rs. 10,000/- on Road Ambulance Services.

I.A.7 - DOMICILIARY HOSPITALISATION- We will pay the Medical Expenses incurred up to 20% of Sum Insured subject to maximum of Rs. 50,000/- or Rs. 2,00,000/- on Domiciliary Hospitalization

I.A.8 - ALTERNATIVE TREATMENTS- We will pay Medical Expenses up to Sum Insured Alternative Treatments.

I.A.9 - ORGAN DONOR EXPENSES- We will pay Medical Expenses of 50% of Sum Insured towards organ donor’s Hospitalization.</td><td>Coverage</td></tr>
</table>

		I.A.10 - REINSTATEMENT BENEFIT- Automatically reinstatement of Sum Insured immediately upon exhaustion of the limit of coverage. I.A.11 - GENETIC DISORDER OR DISEASES- Coverage for Genetic Disorder Or Diseases. I.A.12- INTERNAL CONGENITAL DISEASES- We will pay the medical expenses of 25% of Sum Insured If the insured person is hospitalized for any condition related to Internal Congenital Diseases. I.A.13.- HIV/AIDS COVER- Coverage for Insured Person if diagnosed with HIV require Hospitalization. I.A.14- ADVANCED TREATMENTS- Coverage up to 25% of Sum Insured for the specified procedures. I.B. OPTIONAL COVERS I.B.1 - MATERNITY EXPENSES COVER- Coverage for In-patient Maternity Expenses allowed on hospitalizations for maximum up to 3 live children or lawful termination of pregnancy/pregnancies. I.B.2 - NEW BORN BABY EXPENSE COVER- Coverage for New Born Babies of the Insured Person from the date of birth of the baby. I.B.3 - OUTPATIENT EXPENSES- Covers the expenses of 1% of Sum Insured subject to maximum of Rs. 10,000/- if an Insured Person undergoes Out Patient Treatment. I.B.4 - AGGREGATE DEDUCTIBLE- Covers listed from I.A.1 to I.A.14 on Medically Necessary Hospitalization due to Illness or Injury sustained or contracted on aggregate deductible basis. I.B.5 VOLUNTARY CO-PAYMENT- 20% Co-Payment will be applied on each and every admissible claim. SECTION II - CRITICAL ILLNESS- Covers the critical illness which occurs or first manifests itself as a first incidence. SECTION III - HOSPITAL DAILY CASH III. A. BASE COVER- Coverage for hospitalization solely and directly due to an Accident, Illness, Injury or Sickness, and payment is for each continuous and completed period of 24 hours of Hospitalisation and in aggregate. III.A.1 - SICKNESS HOSPITAL CASH BENEFIT- Daily Hospital Cash Benefit on hospitalization due to an Illness. III.A.2 - ACCIDENT HOSPITAL CASH BENEFIT- Daily Hospital Cash Benefit, if the Insured Person is Hospitalized due to an Injury resulting from an Accident. III.A.3 - ICU CASH BENEFIT- Hospitalization in an Intensive Care Unit (ICU) for Medically Necessary treatment of an Illness or an Injury. Payment is 3 times the daily Hospital cash Benefit. Limited to a maximum of 15 days in aggregate per Insured Person per Policy Year. III.A.4 - CONVALESCENCE BENEFIT- Medically Necessary treatment of an Illness or an Injury or Accident where continuation of such Hospitalisation is Medically Necessary for at least 10 consecutive days, then payment is lump sum amount equal to 5 times the daily Hospital cash Benefit. III.A.5 - COMPASSIONATE BENEFIT- Nominee is paid a lump sum amount equal to 10 times the daily Hospital cash benefit amount. III.A.6 - DAY CARE TREATMENT BENEFIT- If the Insured Person requires and avails a Medically Necessary Day Care Treatment, we pay a lump sum benefit amount which is the lower of either 5 times the daily Hospital cash Benefit or Rs. 10,000/-.	

		SECTION IV - PERSONAL ACCIDENT IV.A.1 - ACCIDENTAL DEATH- Accidental death covered if same happens within 365 days from the date of the Accident. IV.A.2 - PERMANENT TOTAL DISABLEMENT- Covers bodily injury which results in disablement within 12 months of the date of loss. IV.A.3 - FUNERAL EXPENSES- A onetime lump sum payment of 1% of Sum Insured subject to maximum of Rs 10,000/- 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.	
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: 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- Excl11) 9. Sterility and Infertility: (Code- Excl17) 10. Maternity: (Code- Excl18)	Exclusions
7.	Waiting Period	1. Initial waiting period: 30 days for all illnesses (not applicable on renewal or for accidental injuries) 2. Specific waiting period: 12 months for some diseases 3. Hypertension, Diabetes and Cardiac Condition: 90 days 4. Pre-existing diseases: 36 months	Waiting Periods
8.	Financial Limits of the Coverage	In case of a claim, this policy requires you to share the following costs: Sub Limits: 1. Rent, Boarding & Nursing Charges (2% of Sum Insured). Intensive Care Unit Charges (4% of Sum Insured). 2. Ambulance Charges Expenses incurred up to 1% of Sum Insured subject to maximum of Rs. 5,000/- or Rs. 10,000/- on Road Ambulance Services. 3. Domiciliary Hospitalisation incurred up to 20% of Sum Insured subject to maximum of Rs. 50,000/- or Rs. 2,00,000/- 4. Internal Congenital Diseases- Pays the medical expenses of 25% of Sum Insured. 5. Advanced Treatments- Coverage up to 25% of Sum Insured for the specified procedures. 6. Outpatient Expenses- Covers the expenses of 1% of Sum Insured subject to maximum of Rs. 10,000/- 7. Funeral Expenses- A onetime lump sum payment of 1% of Sum Insured subject to maximum of Rs 10,000/- Co-Pay: Voluntary Co-Payment- 20% Co-Payment will be applied	Coverage
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/portal/contact-us/hospital 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. 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/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 Note: For cover wise claims procedure, please refer to policy wordings.	Conditions

10	Policy Servicing	**Email:** customer.care@sbigeneral.in **Toll-Free number:** 1800102111 (24*7) **Website:** www.sbigeneral.in	
11	Grievances /Complaints	**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 (24*7) **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)**	Conditions
12	Things to remember	1. Free Look Cancellation: The insured will be allowed 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 portability. For Detailed Guidelines on portability, kindly refer the link: https://content.sbigeneral.in//uploads/c6a2844dd65446019b130ffbae1fa20f.pdf 5. Moratorium Period: After completion of sixty continuous months of coverage (including portability and migration) in 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.	Conditions
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.	Conditions

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

SAMPOORNA AROGYA - GROUP
POLICY WORDING

PREAMBLE

In consideration of payment of Premium by You, We will provide insurance cover to the Insured Person(s) under this Policy up to Sum Insured and subject to waiting period, minimum hospitalization period and deductible/ Time Deductible/ Aggregate Deductible/ CoPay/ Voluntary Co-Pay as mentioned on Policy Schedule/ Certificate of Insurance.

This Policy is subject to Your statements in respect of all the Insured Persons in Proposal Form /Enrolment

Form, declarations, payment of premium and terms and conditions of this Policy

DEFINITIONS

1 **Accident or Accidental** means a sudden, unforeseen and involuntary event caused by external, visible and violent means.

2 **Age or Aged** means the completed age (in years) of the Insured Person as on his/ her last birthday.

3 **Aggregate Deductible** is a cost-sharing requirement under this Policy that provides that the Company will not be liable for a specified Rupee amount of the covered expenses, which will apply before any benefits are payable by the Company. A deductible does not reduce the Sum Insured. The deductible is applicable in aggregate towards hospitalization expenses incurred during the policy period by insured (individual policy) or insured family (in case of floater policy)

4 **Alternative Treatments** are forms of treatments other than "Allopathy" or "modern medicine" and includes Ayurveda, Unani, Siddha and Homeopathy (AYUSH) in the Indian context

5 **Any one illness** means continuous period of illness and includes relapse within 45 days from the date of last consultation with the hospital/day care centre where treatment was taken.

6 **Associated Medical Expenses** shall include Room Rent, nursing charges, operation theatre charges, fees of Medical Practitioner/surgeon/ anaesthetist/ Specialist conducted within the same Hospital where the Insured Person has been admitted. The below expenses are not part of associate medical expenses
   a. Cost of Pharmacy and consumables
   b. Cost of implants and medical devices
   c. Cost of diagnostics

7 **AYUSH Day Care Centre** means or includes Community Health Centre (CHC), Primary Health Centre (PHC), Dispensary, Clinic, Polyclinic or any such health centre which is registered with local authorities, wherever applicable and having facilities for carrying out treatment procedures and medical or surgical/para-surgical interventions or both under the supervision of registered AYUSH Medical Practitioner(s) on day care basis without in-patient services and must comply with all the following criterion:
   a. Having qualified registered AYUSH Medical Practitioner(s) in charge
   b. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre
   c. Maintaining daily records of patients and making them accessible to the insurance company's

8 **AYUSH Hospital** is a healthcare facility wherei medical/surgical/ para-surgical treatment procedures and interventions are carried out by AYUSH Medical Practitioner(s) comprising of any of the following
   a. Central or State government AYUSH Hospital; or
   b. Teaching hospital attached to AYUSH College recognized by the Central Government/Central Council of Indian Medicine/ Central Council for Homeopathy; or
   c. AYUSH hospital standalone or co-located with in-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH Medical Practitioner and must comply with the following criterion:
      i. Having at least 5 in-patient beds
      ii. Having qualified AYUSH Medical Practitioner in charge round the clock
      iii. Having dedicated AYSUH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out
      iv. Maintaining daily records of patients and making them accessible to the insurance company's authorized representative

9 **Break in Policy** means the period of gap that occurs at the end of the existing policy term/ installment premium due date, when the premium due for renewal on a given policy or installment premium due is not paid on or before the premium renewal date or Grace Period.

10 **Cashless Facility** means a facility extended by the Insurer to the Insured Person where the payments, of the costs of treatment undergone by the Insured in accordance with the Policy terms and conditions, are directly made to the Network provider by the Insurer to the extent pre-authorization approved.

11 **Complaint or Grievance** means written expression (includes communication in the form of electronic mail or voice based electronic scripts) of dissatisfaction by a complainant with respect to solicitation or sale or purchase of an insurance policy or related services by insurer and /or by distribution channel.

12 **Complainant** means a Policyholder or prospect or Nominee or assignee or any beneficiary of an insurance Policy who has filed a Complaint or Grievance against an Insurer and /or distribution channel.

13 **Condition Precedent** means a Policy term or condition upon which Our liability under the Policy is conditional upon.

14 **Congenital Anomaly** refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.
   a. **Internal Congenital Anomaly** - Congenital anomaly which is not in the visible and accessible parts of the body
   b. **External Congenital Anomaly** - Congenital anomaly which is in the visible and accessible parts of the body

15 **Co-Payment** means a cost sharing requirement under a health insurance policy that provides that the policyholder/ insured will bear a specified percentage of the admissible claims amount. A co-payment does not reduce the Sum Insured.

16 **Day Care Centre** means any institution established for day care treatment of illness and/or injuries or a medical setup within a Hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified Medical Practitioner AND must comply with all minimum criterion as under -
   a. has qualified nursing staff under its employment;
   b. has qualified Medical Practitioner(s) in charge;
   c. has a fully equipped operation theatre of its own where surgical procedures are carried out;
   d. maintains daily records of patients and will make these accessible to the insurance company's authorized personnel

17 **Day Care Treatment** means medical treatment, and/or surgical procedure which is
   a. undertaken under General or Local Anesthesia in a hospital/day care center in less than 24 hours because of technological advancement, and

b. which would have otherwise required a hospitalization of more than 24 hours. Treatment normally taken on an out-patient basis is not included in the scope of this definition.

18 **Deductible** means a cost sharing requirement under a health insurance policy that provides that the Insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of hospital cash policies which will apply before any benefits are payable by the Insurer. A deductible does not reduce the Sum Insured. (Deductible will be applicable as specified under the Policy)

19 **Dental Treatment** means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery.

20 **Dependent** means the Insured Person's legal spouse or children or parents or parent-in-law who have been enrolled in the Group Policy.

21 **Dependent Child** or a child (natural or legally adopted), who is financially dependent on the Policy Holder, does not have his /her independent source of income, is up to the age of 25 years and unmarried.

22 **Disclosure to information norm** - The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non-disclosure of any material fact.

23 **Domiciliary Hospitalization** means medical treatment for an illness/ disease/ injury which in the normal course would require care and treatment at a hospital but is actually taken while confined at home under any of the following circumstances:

a. the condition of the patient is such that he/she is not in a condition to be removed to a hospital, or
b. the patient takes treatment at home on account of nonavailability of room in a hospital.

24 **Emergency Care** means management for a Illness or Injury which results in symptoms which occur suddenly and unexpectedly and requires immediate care by a Medical Practitioner to prevent death or serious long-term impairment of the Insured Person's health.

25 **Grace period** means the specified period of time, immediately following the premium due date during which premium payment can be made to renew or continue a policy in force without loss of continuity benefits pertaining to waiting periods and coverage of pre-existing diseases. Coverage need not be available during the period for which no premium is received. The Grace Period for payment of the premium for all types of insurance policies shall be: fifteen days where premium payment mode is monthly and thirty days in all other cases.
Provided the insurers shall offer coverage during the grace period, if the premium is paid in instalments during the policy period.

26 **Hospital** means any institution established for in-patient care and day care treatment of Illness and/or Injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section of 56(1) of the said Act OR complies with all minimum criteria as under:

a. Has a fully equipped operation theatre of its own where Surgical Procedures are carried out;
b. Has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
c. Has qualified Medical Practitioner(s) in charge round the clock;
d. Has qualified nursing staff under its employment round the clock;
e. Maintains daily records of patients and makes this accessible to the insurance company's authorized personnel.

27 **Hospitalization or Hospitalised** means admission in a Hospital for a minimum period of 24 In-patient Care consecutive hours except for specified procedures/treatments, where such admission could be for a period of less than 24 consecutive hours.

28 **Illness** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical treatment.

a. **Acute condition** - Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ illness/ injury which leads to full recovery
b. **Chronic condition** - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:
   i. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests
   ii. it needs ongoing or long-term control or relief of symptoms
   iii. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
   iv. it continues indefinitely
   v. it recurs or is likely to recur

29 **Injury** means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.

30 **In-patient** means an Insured Person who is admitted to a Hospital and stays for at least 24 hours for the sole purpose of receiving treatment.

31 **Inpatient Care** means treatment for which the Insured Person has to stay in a Hospital for more than 24 hours for a covered event.

32 **Insured Person** means the Insured Member or Dependants named in the Policy Schedule/Certificate, who is/are covered under this Policy, for whom the insurance is proposed, and the appropriate premium is received.

33 **Intensive Care Unit(ICU)** means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated Medical Practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.

34 **Intensive Care Unit (ICU) Charges** means the amount charged by a Hospital towards ICU expenses which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivist charges.

35 **Maternity Expense** means:

a. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during Hospitalisation);
b. Expenses towards lawful medical termination of pregnancy during the Policy Period

36 **Medical Advice** means any consultation or advice from a Medical Practitioner including the issuance of any prescription or followup prescription.

37 **Medical Expenses** means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these expenses are not more than what would have been payable if the Insured Person had not been insured and not more than other hospitals or doctors in the same locality would have charged for the same medical treatment.

38 **Medically Necessary** means any treatment, test, medication, or stay in Hospital or part of stay in Hospital which
   a. Is required for the medical management of the Illness or Injury suffered by the Insured Person;
   b. Must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration or intensity.
   c. Must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
   d. Must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

39 **Medical Practitioner** means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of license. Medical Practitioner should not be the Insured Person or his/her Immediate Family Member or anyone who is living in the same household as the Insured Person.

40 **Mental health establishment** means any health establishment, including Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy establishment, by whatever name called, either wholly or partly, meant for the care of persons with mental Illness, established, owned, controlled or maintained by the appropriate Government, local authority, trust, whether private or public, corporation, co-operative society, organisation or any other entity or person, where persons withmental Illness are admitted and reside at, or kept in, for care, treatment, convalescence and rehabilitation, either temporarily or otherwise; and includes any general Hospital or general nursing home established or maintained by the appropriate Government, local authority, trust, whether private or public, corporation, co-operative society, organisation or any other entity or person; but does not include a family residential place where a person with mental Illness resides with his relatives or friends

41 **Migration** means a facility provided to Policyholders (including all members under family cover and group policies), to transfer the credits gained for pre-existing diseases and specific waiting periods from one health insurance policy to another with the same insurer.

42 **Network Provider** means hospitals or health care providers enlisted by an Insurer, TPA or jointly by an Insurer and TPA to provide medical services to an insured on payment by a cashless facility.

43 **Non-Network Provider** - means any hospital, day care centre or other provider that is not part of the network.

44 **New Born Baby** means baby born during the Policy Period and is aged upto 90 days.

45 **Nominee** means the person named in the Policy Schedule/Certificate who is nominated by the Policy Holder/Insured Person, to receive the benefits under the Policy in accordance
with the terms of the Policy, if the Policy Holder/ Insured Person is deceased.

46 **Notification of Claim** means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.

47 **Outpatient (OPD) Treatment** means the one in which the Insured visits a clinic/ hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient.

48 **Permanent Total Disablement** means when Insured is permanently, totally and absolutely unable to engage in any occupation or employment of any description whatsoever.

49 **Policy** means Policy document, the Group Proposal Form / Enrolment Form, the Policy Schedule/Certificate of Insurance issued to Insured Persons, Annexures, insuring clauses (if applicable to individual sections), definitions, exclusions, conditions and other terms contained herein, including endorsements (as amended from time to time), attaching to or forming part hereof, either at inception or during the Policy Period.

50 **Policy Holder** means the person or entity named in the Policy Schedule/Certificate as the Policy Holder.

51 **Policy Period** means the period commencing from Policy start date and time as specified in the Policy Schedule/Certificate or Insurance and terminating at midnight on the Policy end date as specified in the Policy Schedule/Certificate of Insurance.

52 **Policy Schedule/Certificate of Insurance** means the Schedule attached to and forming part of thisPolicy mentioning the details of the Insured Persons, the Sum Insured, the Policy Period and the limits and conditions to which the Benefits under the Policy are subject to, including any Annexures and/or endorsements

53 **Portability** means a facility provided to the health insurance Policyholders (including all members under family cover), to transfer the credits gained for, pre-existing diseases and specific waiting periods from one insurer to another insurer.

54 **Post-hospitalization Medical Expenses** means Medical Expenses means medical expenses incurred during pre-defined number of days immediately after the Insured Person is discharged from the Hospital, provided that:
   a. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and
   b. The inpatient Hospitalization claim for such Hospitalization is admissible by the Insurance company.

55 **Pre-hospitalization Medical Expenses** means Medical Expenses incurred during pre-defined number of days preceding the hospitalization of the Insured Person, provided that:
   a. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and
   b. The inpatient Hospitalization claim for such Hospitalization is admissible by the Insurance company.

56 **Pre-existing Disease** means any condition, ailment, injury or disease:
   a. That is/are diagnosed by a physician within 24 months prior to the effective date of the policy issued by the insurer or its reinstatement or
   b. For which medical advice or treatment was recommended by, or received from, a physician within 24 months prior to the effective date of the policy issued by the insurer or its reinstatement.

57 **Proposal form** means a form to be filled in by the prospect in physical or electronic form, for furnishing the information including material information, if any, as required by the insurer in respect of a risk, in order to enable the insurer to take informed decision in the context of underwriting the risk, and in the event of acceptance of the risk, to determine the rates, advantages, terms and conditions of the cover to be granted.
Explanation:
(i) "Material Information" for the purpose of these regulations shall mean all important, essential and relevant information and documents explicitly sought by insurer in the proposal form.
(ii) The requirements of "disclosure of material information" regarding a proposal or policy, apply both to the insurer and the prospect, under these regulations.

58 **Qualified Nurse** means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.

58 **Reasonable and Customary Charges** means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the Illness/Injury involved.

59 **Renewal** means the terms on which the contract of insurance can be renewed on mutual consent with a provision of Grace Period for treating the renewal continuous for the purpose of gaining credit for Pre-existing diseases, time bound exclusions and for all waiting periods.

61 **Room Rent** means the amount charged by a Hospital towards Room and Boarding expenses and shall include the associated medical expenses.

62 **Senior Citizen** means any person, who has attained the Age of sixty years or above.

63 **Specific Waiting Period** means a period up to 36 months from the commencement of a health insurance policy during which period specified diseases/ treatments (except due to an accident) are not covered. On completion of the period, diseases/treatments shall be covered provided the policy has been continuously renewed without any break.

64 **Solicitation** means the act of approaching a prospect or a Policyholder by an Insurer or by a distribution channel with a view to persuading the prospect or a Policyholder to purchase or to renew an insurance Policy.

65 **Spouse** means the Primary Insured's legally married spouse as long as he/she continues to be married to the Primary Insured.

66 **Sum Insured** means the aggregate limit of indemnity consisting of the base sum Insured, Enhanced Cumulative Bonus/ Loyalty Credit, ReInsure Benefit/Enhanced ReInsure Benefit, Health Multiplier, which represents the maximum, total and cumulative liability of the Company for any and all claims made under the Policy, in respect of that Insured Person (on Individual basis) or all Insured Persons (on Floater basis) during the Policy Year.

67 **Surgery/Surgical Procedure** means manual and/or operative procedure(s) required for treatment of an Illness or Injury, correction of deformities and defects, diagnosis and cure of diseases, relief from suffering or prolongation of life, performed in a Hospital or day care centre by a Medical Practitioner.

68 **Survival Period** means the benefits under the Policy shall be payable only if the Insured is first diagnosed as suffering from a defined Critical Illness during the Policy Period, and the Insured survives for at least 28 days following such diagnosis.

69 **Tele-consultation** means engagement between licensed teleconsultation service provider/ professional and the insured/ covered member that is provided via a range of technology enabled communication media other than face-to-face interactions, such as telephone, internet, and others.

70 **Unproven/Experimental Treatment** means the treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.

71 **We/Our/Us/Company/Insurer** means SBI General Insurance Company Limited.

72 **You / Your** means the Policy Holder or the Primary Insured person named in the Policy Schedule / Certificate of Insurance

COVERAGE

SECTION I - HOSPITALIZATION COVER

I.A. BASE COVER
SUM INSURED AND LIMITS

We will pay under below listed Covers on Medically Necessary Hospitalization of an Insured Person due to Illness or Injury sustained or contracted during the Policy Period. The payment is subject to Sum Insured and limits, co-payments and deductible, if applicable as specified on the Schedule of Coverage in the Policy Schedule / Certificate of Insurance. Subject to otherwise terms and conditions of the Policy.

I.A.1 - HOSPITALIZATION MEDICAL EXPENSES

a. Room Rent, Boarding & Nursing Charges (2% of Sum Insured)
b. Intensive Care Unit Charges (4% of Sum Insured)
c. Medical Practitioner and Specialists Fees including Teleconsultation
d. Anaesthesia, blood, oxygen, operation theatre charges, surgical appliances
e. Medicines, drugs and consumables
f. Diagnostic procedures
g. The Cost of prosthetic and other devices or equipment if implanted internally during a Surgical Procedure.

Conditions:

i. If Insured is admitted in an ICU category those specified in the Policy Schedule of this Policy, then proportionate deductions shall not be applicable on the total Associated Medical Expenses in the proportion of the ICU Charges.
ii. In case of admission to a room at rates exceeding the limits as mentioned, the reimbursement of all other Associated Medical Expenses incurred at the Hospital, shall be payable in the same proportion as the admissible rate per day bears to the actual rate per day of room rent charges.
iii. Proportionate deductions shall not apply in respect of the Hospitals which do not follow differential billings or for those expenses in respect of which differential billing is not adopted based on the room category.

I.A.2 - PRE-HOSPITALIZATION MEDICAL EXPENSES

We will pay for Pre-Hospitalization Medical Expenses of an Insured Person which are incurred due to an Accident, Injury or Illness immediately prior to the Insured Person's date of admission to the Hospital or in case of domiciliary hospitalisation up to 30 or 60 days as specified in the Policy Schedule/Certificate of Insurance, provided that a claim made by the Insured Person on Us has been admitted under In-patient Benefit under Section I.A.1 or I.A.5 or I.A.7 or I.A.8 and is related to the same Accident, Injury or Illness.
Note -For the purpose of calculating Our liability under this benefit in an event of multiple Hospitalization claims for any one Illness, Injury or Accident We shall consider date of admission to the Hospital for Insured Person's first Hospitalization in order of its occurrence, for such Illness Injury or Accident.

I.A.3 - POST-HOSPITALIZATION MEDICAL

EXPENSES We will pay for Post-Hospitalization Medical Expenses of an Insured Person which are incurred due to an Accident, Injury or Illness immediately from the date of Your discharge from Hospital or in case of domiciliary hospitalisation up to 60 or 90 days as specified in the Policy Schedule/Certificate of Insurance, provided that a claim made by the Insured Person on Us has been admitted under In-patient Benefit under Section I.A.1 or I.A.5 or I.A.7. or I.A.8 and is related to the same Accident, Injury or Illness.
Note -For the purpose of calculating Our liability under this benefit in an event of multiple Hospitalization claims for any one Illness, Injury or Accident We shall consider date of discharge from the Hospital for Insured Person's first Hospitalization in order of its occurrence, for such Illness Injury or Accident.

I.A.4 - MENTAL HEALTHCARE

If an Insured Person is hospitalized for any Mental Illness contracted during the Policy Period, We will pay Medical Expenses -upto the limit as specified in Policy Schedule under Section C.1. in accordance with The Mental Health Care Act, 2017, subsequent amendments and other applicable laws and Rules provided that;
i. The Hospitalization is prescribed by a Medical Practitioner for Mental Illness
ii. The Hospitalization is done in Mental Health Establishment

Sub-limit:
a. The following disorders / conditions shall be covered only up to 10% of Base Sum Insured or Rs. 50,000, whichever is lower. This sub-limit shall apply for all the following disorders / conditions on cumulative basis.
b. Pre-hospitalization and Post-hospitalization Medical Expenses are also covered within the overall benefit sub-limit as specified above in point (a).

Disorder/Condition	Description
Severe Depression	Severe depression is characterized by a persistent feeling of sadness or a lack of interest in outside stimuli. It affects the way one feels, thinks, and behaves.
Schizophrenia	Schizophrenia is mental disorder, that distorts the way a person thinks, acts, expresses emotions, perceives reality, and relates to others. Schizophrenia result in combination of hallucinations, delusions, and extremely disordered thinking and behaviour that impairs daily functioning,
Bipolar Disorder	Bipolar disorder is a mental illness that brings severe high and low moods and changes in sleep, energy, thinking, and behaviour. It includes periods of extreme mood swings with emotional highs and lows.
Post-traumatic stress disorder	Post-traumatic stress disorder is an anxiety disorder caused by very stressful, frightening, or distressing events. It includes flashbacks, nightmares, severe anxiety and uncontrollable thoughts about the events.
Eating disorder	Eating disorder is a mental condition where people experience severe disturbances in their eating behaviours and related thoughts and emotions.
Generalized anxiety disorder	Generalized Anxiety Disorder is a mental health disorder characterized by a perpetual state of worry, fear, apprehension, inability to relax.
Obsessive compulsive disorders	Obsessive-compulsive disorder is an anxiety disorder in which people have recurring, unwanted thoughts, ideas or sensations (obsessions) that make them feel driven to do something repetitively (compulsions).
Panic disorders	Panic disorder is an anxiety disorder characterized by reoccurring unexpected panic attacks with sudden periods of intense fear. It may include palpitations, sweating, shaking, shortness of breath, numbness, or a feeling that something terrible is going to happen.
Personality disorders	Personality disorder is a type of mental disorder in which people have a rigid and unhealthy pattern of thinking, functioning and behaving. It includes trouble in perceiving and relating to situations and people.
Conversion disorders	Conversion disorder is a type of mental disorder where mental or emotional distress causes physical symptoms without the existence of an actual physical condition.
Dissociative disorder	Dissociative disorders are mental disorders that involve experiencing a disconnection and lack of continuity between thoughts, memories, surroundings, actions and identity
*ICD codes for the above disorders / conditions are provided below	

What is not covered:
a. Treatment related to intentional self-inflicted Injury or attempted suicide by any means.
b. Treatment and complications related to disorders of intoxication, dependence, abuse, and withdrawal caused by drugs and other substances such as alcohol, opioids or nicotine.

ICD Codes	Disorder / Condition
F33.0, F33.1, F33.2, F33.4, F33.5, F33.6, F33.7, F33.8, F33.9, O90.6, F34.1, F32.81, F32.0, F32.1, F32.2,F32.4, F32.5, F32.6, F32.7, F32.8, F32.9, F33.9, F30.0, F30.1, F30.2, F30.4, F30.5, F30.6, F30.7, F30.8, F30.9, F32.3, F33.3, F43.21, F32.8, F33.40, F32.9	Severe Depression
F20.0, F20.1, F20.2, F20.3, F20.5, F21, F22, F23, F24, F20.8, F25.0, F25.1, F25.8, F25.9	Schizophrenia
F31.0, F31.1, F31.2, F31.4, F31.5, F31.6, F31.7, F31.8, F31.9	Bipolar Disorder
F40.1, F41.0, F40.2, F40.8, F40.9, F41.1, F41.3, F41.8	Generalized anxiety disorder
F50.0, F50.2, F50.8, F98.3, F98.21, F50.8	Eating disorder
F42	Obsessive compulsive disorders
F41.1, F40.1, F60.7, F93.0, F94.0	Panic disorders
F60.0, F60.1, F60.2, F60.3, F60.4, F60.8, F60.6, F60.7, F60.5	Personality disorders
F44.4, F44.5, F44.6, F44.7	Conversion disorders
F44.5, F44.8, F48.1, F44.1, F44.2	Dissociative disorders

I.A.5 - DAY CARE SURGERY/PROCEDURES

We will pay for the Medical Expenses as listed under Section I.A.1 on Hospitalization of Insured Person in Hospital or Day Care Centre for Day Care TreatmentIndicative list of Day Care Treatment is attached in Annexure V (Please refer at the end of this document)

I.A.6- AMBULANCE CHARGES

We will pay for expenses incurred up to 1% of Sum Insured subject to maximum of Rs. 5,000/- or Rs. 10,000/- as specified in Policy Schedule/ Certificate of Insurance, on Road Ambulance Services if Insured Person is required;

a. to be transferred to the nearest Hospital following an emergency
b. or from one Hospital to another Hospital
c. or from Hospital to Home (within same City) following Hospitalization

provided that Claims under Section I.A.1 is admissible under the Policy.

-Insured Person shall not bear specified percentage of admissible Claim amount under each and every Claim of this section even if Co-payment under Section I.B.5 is opted and specified in the Policy Schedule/Certificate of Insurance.

I.A.7 - DOMICILIARY HOSPITALISATION

We will pay the Medical Expenses incurred up to 20% of Sum Insured subject to maximum of Rs. 50,000/- or Rs. 2,00,000/- as specified in Policy Schedule/Certificate of Insurance, on Domiciliary Hospitalization of the Insured Person provided that:

a. It has been prescribed by the treating Medical Practitioner and
b. the condition the Insured Person is such that he/she could not be moved to a Hospital or
c. the Medical Necessary Treatment is taken at Home on account of non-availability of room in Hospital

Expenses incurred on Domiciliary Hospitalization in respect to following treatment are excluded under the Policy

a. Asthma, bronchitis, tonsillitis and upper respiratory tract infection including laryngitis and pharyngitis, cough and cold, influenza,
b. Arthritis, gout and rheumatism,
c. Chronic nephritis and nephritic syndrome,
d. Diarrhoea and all type of dysenteries, including gastroenteritis,
e. Epilepsy
f. Pyrexia of Unknown Origin for less than 10 Days.

- Insured Person shall not bear specified percentage of admissible Claim amount under each and every Claim of this section even if Co-payment under Section I.B.5 is opted and specified in the Policy Schedule/Certificate of Insurance.

I.A.8 - ALTERNATIVE TREATMENTS

We will pay Medical Expenses Upto Sum Insured as specified in Policy Schedule / Certificate of Insurance, in accordance with Section I.A.1 on Hospitalization of Insured Person for following Alternative Treatments prescribed by Medical Practitioner.

a. Ayurvedic
b. Unani
c. Siddha
d. Homeopathy

a. The procedure performed on the insured Person cannot be carried out on Outpatient basis.
b. The treatment has been undertaken in a government Hospital or in any institute recognized by government and/or accredited by Quality Council of India/National Accreditation Board or authorised medical council of the respective country/state as applicable.

- Insured Person shall not bear specified percentage of admissible Claim amount under each and every Claim of this section even if Co-payment under Section I.B.5 is opted and specified in the Policy Schedule/Certificate of Insurance.

I.A.9 - ORGAN DONOR EXPENSES

We will pay Medical Expenses of 50% of Sum Insured as specified in Policy Schedule / Certificate of Insurance, as listed under Section I.A.1 towards organ donor's Hospitalization for harvesting of the donated organ where an Insured Person is the recipient, provided that;

a. The organ donor is any person whose organ has been made available in accordance and in compliance with The Transplantation of Human Organ (amendment) Act, 2011 and Transplantation of Human Organs and Tissues Rules, 2014
b. Hospitalization Claim under Section I.A.1 is admissible under the Policy

We will not cover expenses towards the donor in respect of:

a. Any Pre or Post - Hospitalization Medical Expenses,
b. Cost towards donor screening.
c. Cost associated to the acquisition of the organ.
d. Any other medical treatment or complication in respect of the donor, consequent to harvesting.
e. Expenses related to organ transportation or preservation.
f. Transplant of any organ/tissue where the transplant is experimental or investigational.
g. Hospitalisation or any other Medical Expenses if Insured Person is Hospitalised for donating organ

This is an in-built cover for Sum Insured options Rs. 600,000.00 and above.

- Insured Person shall not bear specified percentage of admissible Claim amount under each and every Claim of this section even if Co-payment under Section I.B.5 is opted and specified in the Policy Schedule/Certificate of Insurance.

I.A.10 - REINSTATEMENT BENEFIT

We will automatically reinstate the Sum Insured immediately upon exhaustion of the limit of coverage, which has been defined, during the policy period.

Other conditions applicable to this benefit:

a. The reinstated Sum Insured will be triggered only after the Hospitalisation Sum Insured has been completely exhausted during the Policy Period;
b. If the claimed amount is higher than the balance Sum Insured under the Policy, then this Benefit will not be triggered for such claims.
c. The reinstated Sum Insured would be triggered only for subsequent claims made by the Insured Person and not arising out of any Illness/disease/ Injury or Accident (including its complications) for which a claim has been lodged in the current Policy year under Hospitalisation Expenses Section I.A.1
d. This benefit is applicable only once during each Policy Period & will not be carried forward to the subsequent renewals if the Benefit is not utilized.
e. The reinstated Sum Insured shall not be available for claims towards Alternative treatments I.A.9 and Maternity Expenses I.B.3 and New Born Baby Expenses I.B.4 and, if opted for

This is an in-built cover for Sum Insured options Rs. 600,000.00 and above.

- Insured Person shall not bear specified percentage of admissible Claim amount under each and every Claim of this section even if Co-payment under Section I.B.5 is opted and specified in the Policy Schedule/Certificate of Insurance.

I.A.11 - GENETIC DISORDER OR DISEASES

Insured Person shall not bear specified percentage of admissible Claim amount under each and every

Claim of this section even if Co-payment under Section I.B.5 is opted and specified in the Policy Schedule/Certificate of Insurance.

I.A.12- INTERNAL CONGENITAL DISEASES

We will pay the medical expenses of 25% of Sum Insured as specified in Policy Schedule / Certificate of Insurance, under Section I. If the insured person is hospitalized for any condition related to Internal Congenital Diseases -.

- Insured Person shall not bear specified percentage of admissible Claim amount under each and every Claim of this section even if Co-payment under Section I.B.5 is opted and specified in the Policy Schedule/Certificate of Insurance.

I.A.13.- HIV/AIDS COVER

If Insured Person is diagnosed with HIV during the Policy Period and require Hospitalization under Section C.1 in accordance with the Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome (Prevention and Control) Act, 2017 and amendments thereafter, then We will pay medical expenses up to the Sum Insured as specified in Policy Schedule.

i. Medical Expenses which are arise from or are in way related to Human Immunodeficiency Virus (HIV) and/ or HIV related illness and including Acquired Immune Deficiency Syndrome (AIDS) being maintained throughout or AIDS Related Complex (ARC) and/or any mutant the period, derivative or variations thereof.
ii. Medical Expenses as listed in Section C.1

Conditions

- Claim under Section C.1 is admissible under the Policy
- Any Expenses taken at OPD for the treatment on HIV/AIDS shall be excluded
- HIV/AIDS Cover shall be examined and confirmed by Medical Practitioner
- The stage of AIDS experienced by You shall be the first incidence during the Policy Period

- Insured Person shall bear specified percentage of admissible Claim amount under each and every Claim of this section even if Co payment under Section I.B.5 is opted and specified in the Policy Schedule/Certificate of Insurance.

I.A.14- ADVANCED TREATMENTS

The following procedures will be covered (wherever medically indicated) either as in patient or as part of day care treatment in a hospital up to 25% of Sum Insured as specified in the Policy Schedule /Certificate of Insurance, during the policy period and not limited to the following:

i. Uterine Artery Embolization and HIFU (High Intensity Focused Ultrasound)
ii. Balloon Sinuplasty
iii. Deep Brain Stimulation
iv. Oral Chemotherapy
v. Immunotherapy - Monoclonal Antibody to be given as injection
vi. Intra Vitreal Injections
vii. Robotic Surgeries
viii. Stereotactic Radio Surgeries
ix. Bronchial Thermoplasty
x. Vaporisation of the Prostrate (Green Laser Treatment or Holmium Laser Treatment)
xi. IONM - (Intra Operative Neuro Monitoring)
xii. Stem Cell Therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered

- Insured Person shall not bear specified percentage of admissible Claim amount under each and every Claim of this section even if Co-payment under Section I.B.5 is opted and specified in the Policy Schedule/Certificate of Insurance.

I.B. OPTIONAL COVERS

In consideration of payment of additional Premium or reduction in the Premium as applicable, it is hereby declared and agreed that We will pay the expenses under below listed Covers subject to all other terms, conditions, exclusions and waiting periods applicable to the Policy.

These Covers are optional and applicable only if opted for and up to the Sum Insured or limits and subject to copayments/ deductibles, if any, mentioned on the Schedule of Coverage in the Policy Schedule/ Certificate of Insurance.

I.B.1 - MATERNITY EXPENSES COVER

We will cover In-patient Maternity Expenses as listed in Section I.A.1. We shall allow Hospitalizations for maximum up to 3 live children or lawful termination of pregnancy/pregnancies (or either) of an Insured Person.

Claim in respect of delivery for only first 3 living children and/or operations associated therewith will be considered in respect of any one Insured Person. Those Insured Persons who are already having three or more living children will not be eligible for this benefit.

This is an optional cover for Sum Insured options Rs. 6,00,000/- and above.

a. We will pay medical expenses up to 10% of Sum Insured subject to maximum of Rs. 1,00,000/-under this cover as specified in Policy Schedule / Certificate of Insurance.
b. The Insured Person should have been continuously covered under this Policy for at least 24 months before availing this Benefit.
c. The payment towards any admitted claim for Insured Person under this cover for any complication arising out of or as a consequence of pregnancy or childbirth will be restricted to limits specified in the Policy Schedule/Certificate of Insurance. However, any "reinstated Sum Insured" will not be available for coverage under this section.
d. Pre or post-natal Maternity Expenses will be covered within the maternity Sum Insured under this Cover. However, the Pre or post-natal Maternity Expenses cannot be claimed under Pre or Post - Hospitalisation Expenses under Section I.A.2 and I.A.3, respectively.
e. Any Pre and Post Hospitalization expenses will be covered under maternity Sum Insured.

- Insured Person shall not bear specified percentage of admissible Claim amount under each and every Claim of this section even if Co-payment under Section I.B.5 is opted and specified in the Policy Schedule/Certificate of Insurance.

I.B.2 - NEW BORN BABY EXPENSE COVER

Subject to a claim being admitted under Maternity Expenses Cover under Section I.B.I, We will cover the following:

a. We will cover the New Born Babies of the Insured Person from the date of birth of the baby, for any disease/sickness/ailment /Injury up to 90 days from the date of delivery
b. Subject to the terms and conditions of the Policy, on request of the Policy Holder, We will cover the New Born Baby beyond 90 days on payment of requisite premium for the New Born Baby into the Policy by way of an endorsement or at Renewal, whichever is earlier.
c. Mandatory Vaccinations of the New Born baby up to 90 days, as recommended by the Indian Pediatric Association will be covered, subject to maximum of Rs 2,500/-.
d. We will pay expenses of 20% of Sum Insured subject to maximum of Rs. 2,00,000/- under this cover as specified in Policy Schedule / Certificate of Insurance.

This is an optional cover for Sum Insured options Rs. 6,00,000/- and above.

- Insured Person shall not bear specified percentage of admissible Claim amount under each and every Claim of this section even if Co-payment under Section I.B.5 is opted and specified in the Policy Schedule/Certificate of Insurance.

Other conditions applicable to this benefit

a. Can be opted only under Family Floater plans covering two or more members under the same Policy
b. This cover cannot be opted independent of Maternity Expenses cover.

I.B.3 - OUTPATIENT EXPENSES

We will, on reimbursement basis, pay the expenses of 1% of Sum Insured subject to maximum of Rs. 10,000/- as specified in Policy Schedule / Certificate of Insurance, if an Insured Person undergoes Out Patient Treatment, on advice of a Medical Practitioner because of Illness/disease and/or injury sustained or contracted during the Policy period up to the limit specified in the Policy Schedule /Certificate, for the Expenses incurred on:

a. Medical Practitioner's consultation excluding Dental Treatment;
b. Pharmacy expenses;
c. Diagnostic procedures.
d. Teleconsultation

Other conditions applicable to this benefit .

a. Pharmacy expense is supported with a valid medical prescription.
b. Expense for diagnostic procedure is on the advice of the Medical Practitioner.
c. Single claim is raised for all expenses incurred during the Policy Period, within 30 days from the date of the expiry of the Policy, reimbursement of the same will be done once during the Policy year.

This is an optional cover for Sum Insured options Rs. 6,00,000/- and above.

- Insured Person shall not bear specified percentage of admissible Claim amount under each and every Claim of this section even if Co-payment under Section I.B.5 is opted and specified in the Policy Schedule/Certificate of Insurance.

I.B.4 - AGGREGATE DEDUCTIBLE

We will pay under Covers listed from I.A.1 to I.A.14 on Medically Necessary Hospitalization of an Insured Person due to Illness or Injury sustained or contracted during the Policy Period. The payment is subject to Sum Insured and post the Aggregate Deductible is met.

This is an optional cover for Sum Insured options Rs. 6,00,000/- and above.

Insured Person shall not bear specified percentage of admissible Claim amount under each and every Claim If Co-payment under Section I.B.5 is opted and specified in the Policy Schedule/Certificate of Insurance.

I.B.5 VOLUNTARY CO-PAYMENT

If You avail this option, 20% Co-Payment as mentioned on the Schedule of Coverage in the Policy Schedule / Certificate of Insurance will be applied on each and every admissible claim after Deductible/Excess if any, applicable under the Policy. Once the Co-Payment option is availed by the Insured Person, it cannot be opted out of at subsequent Renewal.

SECTION II - CRITICAL ILLNESS

If an Insured Person is diagnosed to be suffering from a Critical Illness (as defined below), while the Policy is in force then We will pay the Critical Illness Sum Insured specified in the Policy Schedule /Certificate provided that:

a. The Critical Illness, which the Insured Person is suffering from, occurs or first manifests itself during the Policy Period as a first incidence; and
b. The Insured Person survives for at least 28 days from the date of Diagnosis of the Critical Illness; and
c. Upon Our admission of the first claim under this Section II in respect of an Insured Person in any Policy Period, the cover under this shall automatically terminate in respect of that Insured Person;
d. Our total liability for an Insured Person under this Benefit will be limited to the Critical Illness Sum Insured.
e. For the purpose of this Policy, Critical Illness means an illness, sickness or a disease or a corrective measure as specifically defined below first commence at least 90 days after the commencement of the Policy Period.
f. This coverage applicable for Individual basis only

STANDARD DEFINITION

CANCER OF SPECIFIED SEVERITY

A malignant tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukemia, lymphoma and sarcoma.

The following are excluded -

i. All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or noninvasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN - 2 and CIN-3.
ii. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
iii. Malignant melanoma that has not caused invasion beyond the epidermis;
iv. All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0
v. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
vi. Chronic lymphocytic leukaemia less than RAI stage 3
vii. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,
viii. All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;

OPEN CHEST CABG

The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breastbone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist.The following are excluded:

i. Angioplasty and/or any other intra-arterial procedures

OPEN HEART REPLACEMENT OR REPAIR OF HEART VALVES

The actual undergoing of open-heart valve surgery is to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease affected cardiac valve(s). The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of surgery has to be confirmed by a specialist medical practitioner Catheter based techniques including but not limited to, balloon valvotomy/valvuloplasty are excluded.

MYOCARDIAL INFARCTION (FIRST HEART ATTACK OF SPECIFIC SEVERITY)

The first occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria:

i. A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. typical chest pain)
ii. New characteristic electrocardiogram changes
iii. Elevation of infarction specific enzymes, Troponins, or other specific biochemical markers

The following are excluded:

i. Other acute Coronary Syndromes
ii. Any type of angina pectoris
iii. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.

PRIMARY (IDIOPATHIC) PULMONARY HYPERTENSION

I. An unequivocal diagnosis of Primary (Idiopathic) Pulmonary Hypertension by a Cardiologist or specialist in respiratory medicine with evidence of right ventricular enlargement and the pulmonary artery pressure above 30 mm of Hg on Cardiac Cauterization. There must be permanent irreversible physical impairment to the degree of at least Class IV of the New York Heart Association Classification of cardiac impairment.
II. The NYHA Classification of Cardiac Impairment are as follows:
    i. Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.
    ii. Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.
III. Pulmonary hypertension associated with lung disease, chronic hypoventilation, pulmonary thromboembolic disease, drugs and toxins, diseases of the left side of the heart, congenital heart disease and any secondary cause are specifically excluded.

END STAGE LUNG FAILURE

End stage lung disease, causing chronic respiratory failure, as confirmed, and evidenced by all the following:

i. FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart; and
ii. Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and
iii. Arterial blood gas analysis with partial oxygen pressure of 55mmHg or less (PaO2 < 55mmHg); and iv. Dyspnea at rest.

In case the Insured person dies after the survival period of 30 days but before assessment period 90 days where the death is due to complications arising out of the said major illness or the said major illness is the predisposing reason for death, then such claims will be paid by Us.

STROKE RESULTING IN PERMANENT SYMPTOM

Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extracranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.

The following are excluded:

i. Transient ischemic attacks (TIA)
ii. Traumatic injury of the brain
iii. Vascular disease affecting only the eye or optic nerve or vestibular functions.

In case the Insured person dies after the survival period of 30 days but before assessment period 90 days where the death is due to complications arising out of the said major illness or the said major illness is the predisposing reason for death, then such claims will be paid by Us.

PERMANENT PARALYSIS OF LIMBS

Total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist medical practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months.
In case the Insured person dies after the survival period of 30 days but before assessment period 90 days where the death is due to complications arising out of the said major illness or the said major illness is the predisposing reason for death, then such claims will be paid by Us.

MULTIPLE SCLEROSIS WITH PERSISTING SYMPTOMS

I. The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:
   i. investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and
   ii. there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.
II. Neurological damage due to SLE is excluded.

BENIGN BRAIN TUMOR

Benign brain tumor is defined as a life threatening, noncancerous tumor in the brain, cranial nerves or meninges within the skull. The presence of the underlying tumor must be confirmed by imaging studies such as CT scan or MRI.

This brain tumor must result in at least one of the following and must be confirmed by the relevant medical specialist.

i. Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or
ii. Undergone surgical resection or radiation therapy to treat the brain tumor. The following conditions are excluded:

Cysts, Granulomas, malformations in the arteries or veins of the brain, hematomas, abscesses, pituitary tumors, tumors of skull bones and tumors of the spinal cord.

MOTOR NEURON DISEASE WITH PERMANENT SYMPTOMS

Motor neuron disease diagnosed by a specialist medical practitioner as spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis. There must be progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurons. There must be current significant and permanent functional neurological impairment with objective evidence of motor dysfunction that has persisted for a continuous period of at least 3 months.
In case the Insured person dies after the survival period of 30 days but before assessment period 90 days where the death is due to complications arising out of the said major illness or the said major illness is the predisposing reason for death, then such claims will be paid by Us

COMA OF SPECIFIED SEVERITY

A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following:

I. no response to external stimuli continuously for at least 96 hours;
ii. life support measures are necessary to sustain life; and
iii. permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.

The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse is excluded.

MAJOR HEAD TRAUMA

Accidental head injury resulting in permanent Neurological deficit to be assessed no sooner than 3 months from the date of the accident. This diagnosis must be supported by unequivocal findings on Magnetic Resonance Imaging, Computerized Tomography, or other reliable imaging techniques. The accident must be caused solely and directly by accidental, violent, external and visible means and independently of all other causes.
The Accidental Head injury must result in an inability to perform at least three (3) of the following Activities of Daily Living either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons. For the purpose of this benefit, the word “permanent” shall mean beyond the scope of recovery with current medical knowledge and technology.

The Activities of Daily Living are:

i. Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;

ii. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
iii. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
iv. Mobility: the ability to move indoors from room to room on level surfaces;
v. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
vi. Feeding: the ability to feed oneself once food has been prepared and made available.

The following are excluded:

i. Spinal cord injury;

BLINDNESS

Total, permanent and irreversible loss of all vision in both eyes as a result of illness or accident. The Blindness is evidenced by:

i. corrected visual acuity being 3/60 or less in both eyes or;
ii. the field of vision being less than 10 degrees in both eyes

The diagnosis of blindness must be confirmed and must not be correctable by aids or surgical procedure.

MAJOR ORGAN / BONE MARROW TRANSPLANT

The actual undergoing of a transplant of:

i. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or occasions 3 months apart; and
ii. Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner

The following are excluded:

i. Other stem-cell transplants
ii. Where only islets of langerhans are transplanted

THIRD DEGREE BURNS

There must be third-degree burns with scarring that cover at least 20% of the body's surface area. The diagnosis must confirm the total area involved using standardized, clinically accepted, body surface area charts covering 20% of the body surface area.

DEAFNESS

Total and irreversible loss of hearing in both ears as a result of illness or accident. This diagnosis must be supported by pure tone audiogram test and certified by an Ear, Nose and Throat (ENT) specialist. Total means "the loss of hearing to the extent that the loss is greater than 90decibels across all frequencies of hearing" in both ears.

LOSS OF SPEECH

Total and irrecoverable loss of the ability to speak as a result of injury or disease to the vocal cords. The inability to speak must be established for a continuous period of 12 months. This diagnosis must be supported by medical evidence furnished by an Ear, Nose, Throat (ENT) specialist.

KIDNEY FAILURE REQUIRING REGULAR DIALYSIS

End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (haemodialysis or peritoneal dialysis) is instituted, or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner

END STAGE LIVER FAILURE

Permanent and irreversible failure of liver function that has resulted in all three of the following:

i. Permanent jaundice; and
ii. Ascites; and
iii. Hepatic encephalopathy.

Liver failure secondary to drug or alcohol abuse is excluded.

SPECIFIC DEFINITION

SURGERY OF AORTA

The actual undergoing of surgery for a disease or injury of the aorta needing excision and surgical replacement of the diseased part of the aorta with a graft.
The term "aorta" means the thoracic and abdominal aorta but not its branches.
Surgery performed using only minimally invasive or intra-arterial techniques are excluded.

PARKINSON'S DISEASE

The unequivocal diagnosis of progressive degenerative primary idiopathic Parkinson's disease (all other forms of Parkinsonism are excluded) made by a consultant neurologist. This diagnosis must be supported by all the following conditions:

- The disease cannot be controlled with medication; and
- Objective signs of progressive impairment; and
- There is an inability of the Life assured to perform (whether aided or unaided) atleast 3 of the following five (6) "Activities of Daily Living" for a continuous period of at least 6 months.

The Activities of Daily Living are:

I. Washing: the ability to wash in the bath or shower (including getting into and out
ii. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
iii. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
iv. Mobility: the ability to move indoors from room to room on level surfaces;
v. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
vi. Feeding: the ability to feed oneself once food has been prepared and made available

Drug-induced or toxic causes of Parkinsonism are excluded.

BRAIN SURGERY

The actual undergoing of surgery to the brain under general anesthesia during which a craniotomy with removal of bone flap to access is the brain is performed.
The following are excluded:

a) Burr hole procedures, transphenoidal procedures and other minimally invasive procedures such as irradiation by gamma knife or endovascular embolizations, thrombolysis and stereotactic biopsy
b) Brain surgery as a result of an accident

APALLIC SYNDROME

Universal necrosis of the brain cortex, with the brain stem remaining intact. Diagnosis must be definitely confirmed by a Registered Medical practitioner who is also a neurologist holding such an appointment at an approved hospital. This condition must be documented for at least one (1) month

ALZHEIMER'S DISEASE

Progressive and permanent deterioration of memory and intellectual capacity as evidenced by accepted standardised questionnaires and cerebral imaging. The diagnosis of Alzheimer's disease must be confirmed by an appropriate consultant and supported by the Company's appointed doctor. There must be significant reduction in mental and social functioning requiring the continuous supervision of the life assured. There must also be an inability of the Life Assured to perform (whether aided or unaided) at least 3 of the following 6 "Activities of Daily Living" for a continuous period of at least 3 months:

Activities of Daily Living are defined as:

I. Washing - the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
ii. Dressing - the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
iii. Transferring - the ability to move from a bed to an upright chair or wheelchair and vice versa;
iv. Toileting - the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
v. Feeding - the ability to feed oneself once food has been prepared and made available.
vi. Mobility - the ability to move from room to room without requiring any physical assistance.

The following are excluded:

- Any other type of irreversible organic disorder/dementia
- Non-organic disease such as neurosis and psychiatric illnesses; and
- Alcohol-related brain damage

APLASTIC ANAEMIA

Chronic Irreversible persistent bone marrow failure which results in Anaemia, Neutropenia and Thrombocytopenia requiring treatment with at least TWO of the following:

- Regular blood product transfusion;
- Marrow stimulating agents;
- Immunosuppressive agents; or
- Bone marrow transplantation.

The diagnosis and suggested line of treatment must be confirmed by a Haematologist acceptable to the Company using relevant laboratory investigations, including bone marrow biopsy. Two out of the following three values should be present:

- Absolute neutrophil count of 500 per cubic millimetre or less;
- Absolute erythrocyte Reticulocyte count of 20 000 per cubic millimetre or less; and
- Platelet count of 20 000 per cubic millimetre or less. Temporary or reversible aplastic anaemia is excluded.

BACTERIAL MENINGITIS

Bacterial infection resulting in severe inflammation of the membranes of the brain or spinal cord resulting in significant, irreversible and permanent neurological deficit. The neurological deficit must persist for at least 6 weeks. This diagnosis must be confirmedby : The presence of bacterial infection in cerebrospinal fluid by lumbar puncture; and A consultant neurologist.

LOSS OF INDEPENDENT EXISTENCE

Confirmation by a Consultant Physician of the loss of independent existence due to illness or trauma, lasting for a minimum period of 6 months and resulting in a permanent inability to perform at least three (3) of the following Activities of Daily Living either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons. For the purpose of this benefit, the word "permanent", shall mean beyond the scope of recovery with current medical knowledge and technology.

Activities of Daily Living:

a) Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
b) Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
c) Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
d) Mobility: the ability to move indoors from room to room on level surfaces;
e) Platelet count of 20 000 per cubic millimetre or less. Temporary or reversible aplastic anaemia is excluded.
f) Feeding: the ability to feed oneself once food has been prepared and made

In case the Insured person dies after the survival period of 30 days but before assessment period 6 months where the death is due to complications arising out of the said major illness or the said major illness is the predisposing reason for death, then such claims will be paid by Us.

ENCEPHALITIS

It is a severe inflammation of brain tissue, resulting in permanent neurological deficit lasting for a minimum period of 60 days. This must be certified by a Specialist Medical Practitioner (Neurologist). The permanent deficit must result in an inability to perform at least three of the Activities of Daily Living either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons.

FULMINANT VIRAL HEPATITIS

A submissive to massive necrosis of the liver by the Hepatitis virus, leading precipitously to liver failure. The diagnosis must be supported by all of the following:

- Rapid decreasing of liver size as confirmed by abdominal ultrasound;
- Necrosis involving entire lobules, leaving only a collapsed reticular framework (histological evidence is required);
- Rapid deterioration of liver function tests;
- Deepening jaundice; and
- Hepatic encephalopathy.

Hepatitis B infection or carrier status alone does not meet the diagnostic criteria. This excludes Fulminant Viral Hepatitis caused by alcohol, toxic substance, or drug.

SECTION III - HOSPITAL DAILY CASH

III. A. BASE COVER

If an Insured Person is Hospitalised during the Policy Period solely and directly due to an Accident, Illness, Injury or Sickness that occurs during the Policy Period, We shall pay the corresponding Benefits specified below for each continuous and completed period of 24 hours of Hospitalisation and in aggregate during the policy period subject to the deductible applicable of first 24 hours, as mentioned in the Policy Schedule / Certificate of Insurance.

Each member will be offered this cover separately and the same will not be available on floater basis.

Coverage under this section shall terminate on payment of benefit for prescribed number of days as opted by the insured.

III.A.1 - SICKNESS HOSPITAL CASH BENEFIT

We will pay the Daily Hospital Cash Benefit, if the Insured Person is Hospitalized during the Policy Period for Medically Necessary treatment of an Illness that occurred during the Policy Period

III.A.2 - ACCIDENT HOSPITAL CASH BENEFIT

We will pay the Daily Hospital Cash Benefit, if the Insured Person is Hospitalized during the Policy Period for Medically Necessary treatment due to an Injury resulting from an Accident that occurred during the Policy Period. We will pay 2 times the daily cash Benefit.

III.A.3 - ICU CASH BENEFIT

If the Insured Person is Hospitalized in an Intensive Care Unit (ICU) during the Policy Period for Medically Necessary treatment of an Illness or an Injury that occurred during the Policy Period, We will pay 3 times the daily Hospital cash Benefit.

Coverage under this benefit is limited to a maximum of 15 days in aggregate per Insured Person per Policy Year.

Other conditions applicable to this benefit

a. Where a benefit is admissible under ICU Cash benefit, no other benefit is payable for the same day/(s) of Hospitalisation under section III.A.1 and III.A.2.

b. In the event of transfer from ward to Intensive Care Unit and vice versa, the hospitalization would be regarded as continuous and the daily benefit payable would be as per the limits stated in III.A.1 or III.A.2

Provided Our maximum liability shall be restricted to the amount and period mentioned in the Schedule.

III.A.4 - CONVALESCENCE BENEFIT

If the Insured Person is Hospitalized during the Policy Period for Medically Necessary treatment of an Illness or an Injury or Accident that occurred during the Policy Period and the continuation of such Hospitalisation is Medically Necessary for at least 10 consecutive days, then We will pay a lump sum amount equal to 5 times the daily Hospital cash Benefit. This Benefit is available only once per Insured Person, per Policy Period

III.A.5 - COMPASSIONATE BENEFIT

If the Insured Person is Hospitalized for more than 24 hours for Medically Necessary treatment of an Injury due to an Accident that occurred during the Policy Period and the Insured Person dies during the course of such Hospitalisation, We will pay the Nominee of the Insured Person a lump sum amount equal to 10 times the daily Hospital cash benefit amount, subject to admissibility of the claim under Section III.A.2

III.A.6 - DAY CARE TREATMENT BENEFIT

If the Insured Person requires and avails a Medically Necessary Day Care Treatment during the Policy Period, We will pay a lump sum benefit amount which is the lower of either 5 times the daily Hospital cash Benefit or Rs. 10,000/- to the Insured Person for such Day Care Treatment provided the Insured Person is admitted in the Hospital/Day Care Centre for such Day Care Treatment for less than 24 hours.

The Benefit under this Section shall be available for a maximum of 2 Day Care Treatments per Insured Person per Policy Period. For list of Day Care treatments refer Annexure V of the Policy.

SECTION IV - PERSONAL ACCIDENT

IV.A.1 - ACCIDENTAL DEATH

If the Insured Person suffers an Injury during the Policy Period solely and directly due to an Accident that occurs during the Policy Period and that Injury solely and directly results in the death of the Insured Person within 365 days from the date of the Accident, We will pay the Sum Insured as specified against this benefit in the Policy Schedule/Certificate

IV.A.2 - PERMANENT TOTAL DISABLEMENT

If during the Policy Period a Primary Insured Person sustains Bodily injury which directly and independently of all other causes results in disablement within 12 months of the date of loss, then the company agrees to pay the insured person the compensation stated in the specific table of benefits below.

Table of benefits	
Permanent Total Disability	**% of Sum Insured**
Both Hands or Both Feet	**100%**
Sight of Both Eyes	**100%**
One Hand and One Foot	**100%**
Either Hand or Foot and Sight of One Eye	**100%**
Speech and Hearing in Both Ears	**100%**
Either Hand or Foot	**50%**
Sight of One Eye	**50%**
Speech or Hearing in Both Ears	**50%**
Hearing in One Ear	**25%**
Thumb and Index Finger of Same Hand	**25%**

Other conditions applicable to this benefit

a. If an Insured person dies as a result of bodily injury any amount claimed and paid to an Insured person under this section will be deducted from any payment under Accidental Death (IV.A.1).

IV.A.3 - FUNERAL EXPENSES

If We have accepted a claim for Accidental Death in accordance with Section IV.A.1. in respect of an Insured Person, then in addition to any amount payable under Section IV.A.1, We will make a onetime lump sum payment of 1% of Sum Insured subject to maximum of `10,000/- as specified in the Policy Schedule/ Certificate of Insurance, towards transportation of mortal remains and funeral/cremation in respect of that Insured Person.

WAITING PERIODS

All claims payable will be subject to the waiting periods specified below [Except for Section IV. Personal Accident]

1. Pre-Existing Diseases (Code- Excl01)
   a. Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 36 months of continuous coverage after the date of inception of the first policy with us.
   b. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase
   c. If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations then waiting period for the same would be reduced to the extent of prior coverage.
   d. Coverage under the policy after the expiry of 36 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.
2. Specified disease/procedure waiting period: (Code- Excl02)
   a. Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of 12 months of continuous coverage after the date of inception of the first policy with the Insurer. This exclusion shall not be applicable for claims arising due to an accident.
   b. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
   c. If any of the specified disease/procedure falls under the waiting period specified for preExisting diseases, then the longer of the two waiting periods shall apply.
   d. The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
   e. If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.
   f. List of Diseases excluded for 12 months:
      i. Any types of gastric or duodenal ulcers;
      ii. Tonsillectomy, Adenoidectomy, Mastoidectomy, Tympanoplasty;
      iii. Surgery on all internal or external tumor/cysts/nodules/ polyps of any kind including breast lumps;
      v. All types of Hernia and Hydrocele;
      vi. Anal Fissures, Fistula and Piles;
      vii. Cataract;
      viii. Benign Prostatic Hypertrophy;
      ix. Hysterectomy/ myomectomy for menorrhagia or fibromyoma or prolapse of uterus;
      x. Noninfective Arthritis, Treatment of Spondylosis / Spondylitis, Gout & Rheumatism;
      xi. Surgery of Genitourinary tract;
      xii. Calculus Diseases;
      xiii. Sinusitis, nasal disorders and related disorders;
      xiv. Surgery for prolapsed intervertebral disc unless arising from accident;
      xv. Vertebro-spinal disorders (including disc) and knee conditions;
      xvi. Surgery of varicose veins and varicose ulcers; Chronic
      xvii. Renal failure;
      xviii. Medical Expenses incurred in connection with joint replacement surgery due to Degenerative condition, Age related osteoarthritis and Osteoporosis unless such Joint replacement surgery unless necessitated by Accidental Bodily Injury.
   g. List of Diseases excluded for 90 days:
      i. Hypertension, Heart Disease and related complications
      ii. Diabetes and related complications
   h. Covid-19 - 15 days
3. 30 Days Waiting Period (Code- Excl03)
   a. Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.
   b. This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.
   c. The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.

EXCLUSIONS

We will not make any payment for any claim in respect of any Insured Person directly or indirectly for, caused by, arising from or in any way attributable to any of the following unless expressly stated to the contrary in this Policy:

1. **Investigation & Evaluation (Code- Excl04)**
   a. Expenses related to any admission primarily for diagnostics and evaluation purposes.
   b. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment.
2. **Rest Cure, rehabilitation and respite care (Code- Excl05)**
   a. Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
      i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
      ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.
3. **Obesity/ Weight Control (Code- Excl06)**
   Expenses related to the surgical treatment of obesity that does not fulfil all the elow conditions:
   a. Surgery to be conducted is upon the advice of the Doctor
   b. The surgery/Procedure conducted should be supported by clinical protocols
   c. The member has to be 18 years of age or older and
   d. Body Mass Index (BMI)
      i. greater than or equal to 40 or
      ii. greater than or equal to 35 in conjunction with any of the following severe comorbidities following failure of less invasive methods of weight los
         - Obesity-related cardiomyopathy
         - Coronary heart disease
         - Severe Sleep Apnea
         - Uncontrolled Type2 Diabetes
4. **Change-of-Gender treatments: (Code- Excl07)**
   Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex. However, such exclusion shall not be applicable to respective Insured Person to comply with Transgender Persons (Protection of Rights) Act, 2019.

5. Cosmetic or plastic Surgery: (Code- Excl08)
Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.

6. Hazardous or Adventure sports: (Code- Excl09)
Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.

7. Breach of law: Code- (Excl10)
Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.

8. Excluded Providers: Code- (Excl11)
Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of lifethreatening situations following an accident, expenses up to the stage of stabilization are payable but not the complete claim.

9. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code- Excl12)

10. Treatments received in heath hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. (Code- Excl13)

11.Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure (Code- Excl14)

12. Refractive Error:(Code- Excl15)
Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres.

13. Unproven Treatments:(Code- Excl16)
Expenses related to any unproven treatment,services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.

14. Sterility and Infertility: (Code- Excl17)
Expenses related to sterility and infertility this includes:

i. Any type of sterilization
ii. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT ICSI
iii. Gestational Surrogacy
iv. Reversal of sterilization

15. Maternity: (Code- Excl18)

a. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;
b. Expenses towards miscarriage (unless due to accident) and lawful termination of pregnancy during the policy period. Unless specifically covered and specified in Policy Schedule / Certificate of Insurance

16. Treatment taken outside geographical limits of India

17. In respect of the existing diseases, disclosed by the insured and mentioned in the Policy Schedule /Certificate of Insurance (based on insured's consent), policyholder is not entitled to get the coverage for specified ICD codes and the same are permanently excluded.

18. The cost of spectacles, contact lenses, hearing aids, crutches, wheelchairs, dentures, artificial teeth and all other external appliances and/or devices unless specifically covered.

19. Expenses incurred on Items for personal comfort like television, telephone, incurred during hospitalization and which have been specifically charged for in the hospitalisation bills issued by the hospital.

20. Circumcision unless necessary for treatment of a disease, illness or injury not excluded hereunder or due to an Accident.

21. Any Deductible amount or percentage of admissible claim under Co-Payment if applicable and as specified in the Policy Schedule / Certificate of Insurance.

22. Circumcision unless necessary for treatment of a disease, illness or injury not excluded hereunder, or, as may be necessitated due to an accident.

23. Act of self-destruction or self-inflicted injury or suicide

24. Outpatient Diagnostic, Medical and Surgical procedures or treatments, unless specifically covered and specified in the Policy Schedule / Certificate of Insurance.

25. Costs of donor screening or treatment including organ extraction, unless specifically covered and specified in the Policy Schedule / Certificate of Insurance.

26. Medical Practitioner's or Private Nurse home visit during pre and post Hospitalization period, attendant nursing expenses

27. Chemical & Nuclear Exposure
We will not pay for the treatment costs caused by or contributed to or arising from nuclear weapons/materials, radiations of any kind, contamination by radioactive material, nuclear waste, nuclear fuel or from the combustion of nuclear fuel, nuclear, chemical or biological weapons/attack.

a. Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any Illness, incapacitating disablement or death.
b. Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) microorganisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any Illness, incapacitating disablement or death.

28. **War**
We will not pay for the treatment related to and arising out of, or directly or indirectly connected with or traceable to, war, invasion, act of foreign enemy, hostilities (whether war be declared or not) civil war, rebellion, revolution, insurrection, mutiny, military or usurped power, seizure, capture, arrests, restraints and detainment of all Heads of State and citizens of whatever nation

GENERAL CONDITIONS

CONDITIONS PRECEDENT TO THE CONTRACT

1. Condition Precedent to Admission of Liability The terms and conditions of the policy must be fulfilled by the insured person for the company to make any payment for claim(s) arising under the policy

2. Age Limit

To be eligible to be covered under the Policy or get any benefits under the Policy, the Insured Person should have attained the age of at least 18 years and shall not have completed the age of 65 years on the date of commencement of the Policy Period as applicable to such Insured Person unless it is renewal of Policy. The entry age for dependent child will be 91 days to 25 years as on date of policy commencement, unless specifically covered and specified in the Policy Schedule.

3. Insured Person

a. Only those persons named as an insured person in the policy schedule / certificate of insurance shall be covered under this policy.

b. You can add more persons during the policy period but only after payment of an additional premium and subject to acceptance of proposal by us (wherever necessary) and after we haveissued an endorsement confirming the addition of such person as an insured person.

4. Nomination : The policyholder is required at the inception of the policy to make a nomination for the purpose of payment of claims under the policy in the event of death of the policyholder. Any change of nomination shall be communicated to the company in writing and such change shall be effective only when an endorsement on the policy is made. In the event of death of the policyholder, the Company will pay the nominee {as named in the Policy Schedule/Policy Certificate/Endorsement (if any)} and in case there is no subsisting nominee, to the legal heirs or legal representatives of the policyholder whose discharge shall be treated as full and final discharge of its liability under the policy.

5. Currency

The monetary limits applicable to this Policy will be in INR.

6. Disclosure of Information

The policy shall be void and all premiums paid thereon shall be void and all premium paid thereon shall be forfeited to the company in the event of misrepresentation, misdescription or nondisclosure of any material fact by the policy holder.

7. Electronic Transactions

The Insured Person agrees to adhere to and comply with all such terms and conditions as may be prescribed by Us from time to time, and hereby agree and confirm that all transactions effected by or through facilities for conducting remote transactions including the Internet, World Wide Web, electronic data interchange, call centers, teleservice operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication, established by or on behalf of Us, for and in respect of the Policy or its terms, or the Company's other products and services, shall constitute legally binding and valid transactions when done in adherence to and in compliance with Our terms and conditions for such facilities, as may be prescribed from time to time.

8. Observance of Terms and Conditions

The due observance and fulfilment of the terms and conditions of the Policy (including the realisation of premium by their respective due dates by Us and compliance with the specified procedure on all claims) in so far as they relate to anything to be done or complied with by the Policyholder or any of the Insured Persons or Claimants, shall be the condition precedent to Our liability to make payment under this Policy.

9. Premium

The premium payable under this Policy shall be paid in accordance with the schedule of payments in the Policy Schedule agreed between the Policyholder and Us in writing. No receipt for premium shall be valid except on Our official form signed by Our duly authorized official. The due payment of premium and realization thereof by Us and the observance and fulfilment of the terms, provisions, conditions and endorsements of this Policy by the Policyholder/Insured Person in so far as they relate to anything to be done or complied with by the Policyholder/Insured Person shall be a condition precedent to Our liability to make any payment under this Policy.

CONDITIONS APPLICABLE DURING THE CONTRACT

1. Alterations in the Policy

The Proposal Form, Certificate, and Policy Schedule / Certificate if Insurance constitute the complete contract of insurance. This Policy constitutes the complete contract of insurance between the Policyholder and Us. No change or alteration will be effective or valid unless approved in writing which will be evidenced by a written endorsement, signed and stamped by Us. All endorsement requests will be made by the Policy Holder and/or the Insured Person only. This Policy cannot be changed by anyone (including an insurance agent or broker) except Us.

2. Cancellation

I. The policyholder may cancel this policy by giving 15days'written notice and in such an event, the Company shall refund premium for the unexpired policy period as detailed below.

Period on risk	Rate of premium refunded
Up to one month	75% of annual rate
Up to three month	50% of annual rate
Up to six months	25% of annual rate
Exceeding six months	Nil

Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the insured person under the policy.

ii. The Company may cancel the policy at any time on grounds of misrepresentation non-disclosure of material facts, fraud by the insured person by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds or misrepresentation, non-disclosure of material facts or fraud.

3. Free look period

i. Every Policyholder of new individual health insurance policies except those with tenure of less than a year, shall be provided a free look period of 30 days beginning from the date of receipt of Policy document, whether received electronically or otherwise, to review the terms and conditions of such Policy.

ii. In the event a Policyholder disagrees to any of the Policy terms or conditions, or otherwise and has not made any Claim, he shall have the option to return the Policy to the Insurer for cancellation, stating the reasons for the same.

iii. Irrespective of the reasons mentioned, the Policyholder shall be entitled to a refund of the premium paid subject only to a deduction of a proportionate risk premium for the period of cover and the expenses, if any, incurred by the Insurer on medical examination of the proposer and stamp duty charges.

iv. A request received by Insurer for cancellation of the Policy during free look period shall be processed and premium shall be refunded within 7 days of receipt of such request, as stated at sub regulation (3) above.

iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period;

4. Possibility of Revision of Terms of the Policy Including the Premium Rates

The Company, with prior approval of IRDAI, may revise or modify the terms of the policy including thepremium rates. The insured person shall be notified three months before the changes are effected.

5. Withdrawal of the Product

i. In the likelihood of this product being withdrawn in future, the Company will intimate the insured person about the same 90 days prior to expiry of the policy.

ii. Insured Person will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period. as per IRDAI guidelines, provided the policy has been maintained without a break.

CONDITIONS APPLICABLE WHEN A CLAIM ARISES

1. Claims Process and Management

Completed claim forms and processing documents must be furnished to Us / TPA within the stipulated timelines for all reimbursement claims. Failure to furnish this documentation within the time required shall not invalidate nor reduce any claim if You can satisfy that it was not reasonably possible for You to submit / give proof within such time.

Cashless and Reimbursement Claim processing is through Our service partner TPA, details of the same will be available on the Health Card issued by Us as well as on Our /TPA website. For the latest list of Network Providers, you can log on to Our /TPA website. TPA will facilitate health claims processing.

2. Policyholder/ Insured Person's Duty at the Time of Claim

On occurrence of an event which may lead to a claim under this Policy, the following shall be complied with:

a. Forthwith notify, file and submit the claim in accordance with the claim procedure

b. If so requested by Us, the Insured Person must submit himself/herself for a medical examination by Our nominated Medical Practitioner as often as We consider reasonable and necessary. The cost of such examination will be borne by Us.

c. Allow the Medical Practitioner or any of Our representatives to inspect the medical and Hospitalization records, investigate the facts and examine the Insured Person as also verify the certificate of disability issued in respect of an Insured Person.

d. Assist and not hinder or prevent Our representatives in the pursuance of their duties for ascertaining the admissibility of the claim, its circumstances and its quantum under the provisions of the Policy

3. Claims Intimation

If You meet with any Accidental bodily Injury or suffer an Illness that may result in a claim, then as a Condition Precedent to Our liability, You must comply with the following claim procedures

S No	Type of Hospitalization	Notify Us or Our TPA (either at Our call centre or in writing)
1	Planned Hospitalization	within 48 hours of admission or before discharge from the Hospital, whichever is earlier.
2	Emergency Hospitalization	within twenty-four (24) hours of Your admission to hospital or before discharge whichever is earlier

The following details are to be provided to Us at the time of intimation of Claim:

- Health Card ID number
- Policy Number
- Name of the Policyholder
- Name of the Insured Person in whose relation the Claim is being lodged
- Nature of Hospitalisation/ Critical Illness
- Name and address of the attending Medical Practitioner and Hospital (if admission has taken place)
- Date of Admission if applicable
- Any other information, documentation as requested by Us

3.A Claim Cashless Process

Cashless facility is available for Hospitalization only at our Network Provider. The Insured Person can avail Cashless facility at Network Provider, by presenting the health card as provided by Us with this Policy, alongwith a valid photo identification proof (Voter ID card / Driving License / Passport / PAN Card / Aadhar Card, any other identity proof as approved by Us).

3. A. 1 For Planned Hospitalization

a. The Insured Person should at least forty-eight (48) hours prior to admission to the Hospital approach the Network Provider for Hospitalization for medical treatment.

b. The Network Provider will issue the request for authorization letter for Hospitalization in the pre-authorization form prescribed by the IRDAI.

c. The Network Provider shall electronically send the filled preauthorization form along with all the relevant details to the twenty-four (24) hour authorization/cashless department of TPA along with contact details of the treating Medical Practitioner and the Insured Person.

d. Upon receiving the pre-authorization form and all related medical information from the Network Provider, the eligibility of cover under the Policy will be verified.

e. Wherever the information provided in the request is sufficient to ascertain the authorisation, the authorisation letter will be issued to the Network Provider. Wherever additional information or documents are required, the same will be called for from the Network Provider and upon satisfactory receipt of last necessary documents the authorisation will be issued. All authorisations will be issued within a period of six (6) hours from the receipt of last complete documents.

f. The authorisation letter will include details of sanctioned amount, any specific limitation on the claim, any Co-Payment or Deductible and non- payable items if applicable.

g. The authorization letter shall be valid only for a period of fifteen (15) days from the date of issuance of authorization

In the event that the cost of Hospitalization exceeds the authorized limit as mentioned in the authorization letter:

a. The Network Provider shall request for an enhancement of authorisation limit.

b. Eligibility will be verified, and the enhancement will be evaluated on the availability of further limits.

c. In the event of a change in the treatment during Hospitalization of the Insured Person, the Network Provider shall obtain a fresh authorization letter from Us

At the time of discharge:

a. The Network Provider may forward a final request for authorization for any residual amount along with the discharge summary and the billing format in accordance with the process.

b. Upon receipt of the final authorisation letter, the Insured Person may be discharged by the Network Provider.

c. Ensure that the final authorization letter is signed by the Insured Person.

d. Ensure to take photocopies of relevant medical records for future reference.

3. A. 2 For Emergency Hospitalization

a. The Insured Person may approach the Network Provider for Hospitalization
b. Insured Person will need to provide health card / health insurance Policy at hospital admission counter
c. The Network Provider shall forward the request for authorization to TPA within twenty-four (24) hours of admission to the Hospital or before discharge whichever is earlier.
d. In the interim, the Network Provider may either consider treating the Insured Person by taking a token deposit or treating as per their norms.
e. The Network Provider shall refund the deposit amount to you barring a token amount to take care of non-covered expenses once the authorization is issued

The Network Provider will send the claim documents to TPA within fifteen (15) days from the date of discharge from Hospital.
List of necessary claim documents to be submitted for Cashless are as following:

- Claim Form duly filled and signed
- Original signed pre-authorisation request
- Copy of authorisation approval letter (s)
- Copy of Photo ID of Patient Verified by the Hospital
- Original Discharge/Death Summary
- Operation Theatre Notes (if any)
- Original Hospital Main Bill along with break up Bill and original receipts
- Original Investigation Reports, X Ray, MRI, CT Films, HPE etc.
- Details of the implants including the sticker indicating the type as well as invoice towards the cost of implant.
- Doctors Reference Slips for Investigations/Pharmacy
- Original Pharmacy Bills
- MLC/FIR Report/Post Mortem Report (if applicable and conducted)

Any additional documents may be called as required based on the circumstances of the claim
There can be instances where Cashless Facility may be denied for Hospitalization due to insufficient Sum Insured or insufficient information to determine admissibility in which case You/Insured Person may be required to pay for the treatment and submit the claim for reimbursement to TPA which will be considered by Us subject to the Policy Terms &Conditions.
We in Our sole discretion, reserves the right to modify, add or restrict any Network Provider for Cashless services under the Policy. Before availing the Cashless service, the Policyholder / Insured Person is required to check the applicable/latest list of Network Provider on TPA's website or by calling call centre.

3. B Claim Reimbursement Process

Wherever You have opted for a reimbursement of expenses, You may submit the documents for reimbursement of the claim to Our / TPA office not later than thirty (30) days from the date of discharge from the Hospital. You can obtain a Claim Form from any of Our / TPA Offices or download a copy from Our website https://www.sbigeneral.in

List of necessary claim documents/information to be submitted for reimbursement are as following:

Sr No	List of Documents/ Information	Hospitalization Cover	Critical Illness	Hospital Daily Cash	Personal Accident
1	Duly Filled and Signed Claim Form	Y	Y	Y	Y
2	Discharge Summary	Y	Y	Y	Y
3	Medical Records (Indoor Case Papers, OT notes, PAC Notes etc.)	Y	Y	Y	Y
4	Original Hospital Main Bill	Y	Y	Y	Y
5	Original Hospital Bill Break-up	Y	N	N	N
6	Original Pharmacy Bills	Y	N	N	N
7	Prescriptions for the medicines purchased (except hospital supply) and investigations done outside the hospital	Y	N	N	N
8	Consultation Papers	Y	Y	Y	Y
9	Investigation Reports	Y	Y	Y	Y
10	Digital Images/ CDs of the Investigation Procedures (if required)	Y	Y	N	N
11	MLC/FIR Report (If applicable)	Y	N	N	Y
12	Original Invoice/ Sticker (If applicable	Y	N	N	N
13	Post Mortem Report (If applicable)	Y	N	Y	Y
14	Disability Certificate (If applicable)	Y	N	N	Y

15	Attending Physician Certificate (If applicable)	Y	Y	N	Y
16	Ante-natal Record (If applicable)	Y	N	N	N
17	Birth Discharge Summary (If applicable	Y	N	N	N
18	Death Certificate (If applicable)	Y	Y	Y	Y
19	KYC (Photo ID card, If applicable)	Y	Y	Y	Y
20	Bank Details with Cancelled Cheque (If applicable	Y	Y	Y	Y

a. The above list is indicative, and We may call for any additional documents/ information/ subject the Insured Person to additional medical examinations as required to ascertain the admissibility of any Benefit including Optional Covers under the relevant Section of the Policy, based on the circumstances of the claim on a case to case basis.
b. Our branch offices shall give due acknowledgement of collected documents. In case there is a delay in the submission of claim documents, then in addition to the documents mentioned above, the claimant is also required to provide Us the reasons for such delay in writing. We shall condone delay on merit for delayed claims where delay is proved to be for reasons beyond the control of the Policy Holder or Insured Person anyone claiming from their behalf, as the case may be.

4. Scrutiny of Claim documents

a. We shall scrutinize the claim and accompanying documents. Any deficiency of documents shall be intimated to Insured Person and the Network Provider, as the case may be, within 5 days of their receipt.
b. If the deficiency in the necessary claim documents is not met or are partially met in 10 working days of the first intimation, We shall remind the Insured Person of the same and every 10 (ten) days thereafter
c. We will send a maximum of 3 (three) reminders following which We will send a closure letter.
d. We may at Our sole discretion decide to deduct the amount of claim for which deficiency is intimated to the Insured Person or settle the claim if We observe that such a claim is otherwise valid under the Policy.

5. Claims Investigation

Verification carried out, if any, will be done by individuals or entities authorized by Us to carry out such verification/investigation(s) and the costs for such verification/investigation shall be borne by Us. You additionally hereby consent to disclose Us of documentation and information that may held with Your medical professionals and other insurers.

6. Physical Examination

Any Medical Practitioner authorized by the TPA /Us shall be allowed to examine the Insured Person in case of any alleged disease/Illness/Injury requiring Hospitalization. Non-cooperation by the Insured Person will result into rejection of claim. We will bear the cost towards performing such medical examination (at the specified location) of the Insured Person.

7. Settlement and Repudiation of Claim

We shall be under no obligation to make any payment under this Policy unless We have been provided with the documentation and information to our satisfaction to establish the validity of the claim.

a. We shall settle a claim or reject a claim within 30 days of the receipt of the last "necessary" documents by Us. In case of suspected frauds, the last "necessary" document shall mean the receipt of verification/ investigation report to determine the validity of the claim as stated Where the circumstances of a claim warrant an investigation, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, Insurer/We shall settle the claim within 45 days from the date of receipt of last necessary document by Us. Repudiated claims will be informed to You in writing with appropriate reasons of repudiation.
b. The Policy Holder shall assist Us, if We so require, in any prosecution, proceeding or in the matter of recovery of claims by Us against third parties. The Policy Holder shall furnish all information that is sought from him by Us, either directly or through the distribution channels, which We consider as having a bearing on the risk to enable Us to assess properly the risk covered under a proposal for insurance.
c. We shall at all times maintain total confidentiality of the Policy Holder's information, unless it becomes necessary to disclose the information to any statutory authorities or courts due to operation of any law. Any breach of the obligations cast on Us or distribution channels or surveyors in terms of these regulations may enable the Authority to initiate action against each or all of Us, jointly or severally, under the Act and/or the Insurance Regulatory and Development Authority Act, 1999.
d. We will only make payment to the Policyholder or Primary Insured under this Policy. Policyholders' / Insured Person's receipt of payment shall be considered as a complete discharge of Our liability against any claim under this Policy. In the event of Primary Insured's death, We will make payment to the Nominee (as named in the Schedule) of such Insured Person. The payments under this Policy shall only be made in Indian Rupees within India.

8. Penal interest provision:

i. The Company shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.
ii. In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.
iii. However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document- In such cases, the Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document.
iv. In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the policyholder at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

Explanation: **Bank Rate** means Bank rate fixed by the Reserve Bank of India (RBI) which is prevalent as on 1st day of the financial year in which the claim has fallen due)

9. Multiple Policies(Applicable for Section I)

a. Indemnity Policies:
   A Policyholder can file for Claim settlement as per his/her choice under any Policy. The Insurer of that chosen Policy shall be treated as the primary Insurer.
   In case the available coverage under the said Policy is less than the admissible Claim amount, the primary Insurer shall seek the details of other available policies of the Policyholder and shall coordinate with other Insurers to ensure settlement of the balance amount as per the Policy conditions, without causing any hassles to the Policyholder.

b. Benefit based Policies:
   On occurrence of the Insured event, the Policyholders can Claim from all Insurers under all policies.

10. Arbitration

If We admit liability for any claim but any difference or dispute arises as to the amount payable for any claim the same shall be decided by reference to Arbitration. The Arbitrator shall be appointed in accordance with the provisions of the Arbitration and Conciliation Act, 1996 or any amendment thereof. No reference to Arbitration shall be made unless We have admitted Our liability for a claim in writing. The arbitration shall be governed by Indian Law and the venue of arbitration shall be within India.

a. All proceedings in any arbitration shall be conducted in english and a daily transcript in english of such proceedings shall be prepared.
b. The cost of arbitration undertaken in accordance with this section shall be borne by the parties associated with the arbitration and shall share equally in the costs of the arbitration proceedings and presiding arbitrator.
c. It is clearly agreed and understood that no reference to arbitration can be made if the We have either not admitted or has disputed liability in respect of any claim under or in respect of this Policy.
d. In the event that these arbitration provisions shall be held to be invalid then all such disputes or differences shall be referred to the exclusive jurisdiction of the Indian Courts

11. Complete Discharge

Any payment to the policyholder, insured person or his/ her nominees or his/ her legal representative or assignee or to the Hospital, as the case may be, for any benefit under the policy shall be a valid discharge towards payment of claim by the Company to the extent of that amount for the particular claim.

12. Disclaimer of Claim

If We disclaim the liability to the Insured Person for any claim and if the Insured Person within twelve (12) calendar months from the date or receipt of the notice of such disclaimer does not, notify Us in writing that he does not accept such disclaimer and intends to recover his claim from Us, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable under the Policy.

13. Claim Assessment

We will pay fixed or indemnified amounts as specified in the Policy Schedule/ Certificate of Insurance applicable for Benefits in accordance with the terms of this Policy. We are not liable to make any payments that are not specified in the Policy

14. Re-opening of Claim

The claim would be rejected if shortfall documents are not received within stipulated timelines as communicated through deficiency & reminder letters. However, such rejected claim shall be reviewed for settlement if, Requisite document sufficient for settlement are received.

15. Representation against Rejection

Where a rejection is communicated by Us, the Insured Person may if so desired within 15 days of the communication of the rejection, represent to Us for reconsideration of the decision

16. Payment Terms

a. All claims will be payable in India and in Indian rupees.
b. In case of Benefits provided under Section II of the Policy, once a claim has been paid in respect of any of the Insured Persons, this section will terminate
c. In case of reimbursement claims to be payable under Section I of the Policy, a claim should be admissible with Us under Section I.A.1 or I.A.8
d. The payment will be made to You or the Insured Person as specified in the Policy Schedule/Certificate. In the unfortunate event of Your death, We will pay the Nominee (as named in the Policy Schedule/Certificate) and in case of no Nominee to Your legal heir who holds a succession certificate or an indemnity bond to that effect, whichever is available and whose discharge shall be treated as full and final discharge of Our liability under the Policy.

17. Subrogation (Applicable only to Personal Accident Section)

The Policyholder and/or any Insured Person will do or concur in doing or permit to be done all such acts and things that may be necessary or reasonably required by Us for the purpose of enforcing and/or securing any civil or criminal rights and remedies or obtaining relief or indemnity from any other party to which We are/or would become entitled upon Us making any payment of a claim under this Policy, whether such acts or things shall be or become necessary or required before or after its payment. Neither You nor any Insured Person shall prejudice these subrogation rights in any manner and provide Us with whatever assistance or cooperation is required to enforce such rights. Any recovery that We make pursuant to this clause shall first be applied to the amounts paid or payable by Us under this Policy and any costs and expenses incurred by Us for effecting a recovery, whereafter We shall pay any balance remaining to the Insured person. This clause does not apply to any Sections where the amount payable is on a fixed benefit basis.

18. Special Provisions

Any special provisions subject to which this Policy has been entered into or endorsed on the Policy or in any separate instrument shall be deemed to be part of this Policy and shall have effect accordingly

19. Fraud

If any claim made by the insured person, is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the insured person or anyone acting on his/her behalf to obtain any benefit under this policy, all benefits under this policy and the premium paid shall be forfeited.

Any amount already paid against claims made under this policy but which are found fraudulent later shall be repaid by all recipient(s)/ policyholder(s), who has made that particular claim, who shall be jointly and severally liable for such repayment to the insurer.

For the purpose of this clause, the expression "fraud" means any of the following acts committed by the insured person or by his agent or the hospital/doctor/any other pa(y acting on behalf of the insured person, with intent to deceive the insurer or to induce the insurer to issue an insurance policy:

a) the suggestion, as a fact of that which is not true and which the insured person does not believe to be true;
b) the active concealment of a fact by the insured person having knowledge or belief of the fact;
c) any other act fitted to deceive; and
d) any such act or omission as the law specially declares to be fraudulent

The Company shall not repudiate the claim and / or forfeit the policy benefits on the ground of Fraud, if the insured person / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are within the knowledge of the insurer.

20. Limitation of Liability

If a claim is rejected or partially settled and is not the subject of any pending suit or other proceeding or arbitration, as the case may be, within thirty-six (36) months from the date of such rejection or settlement, the claim shall be deemed to have been abandoned and Our liability shall be extinguished and shall not be recoverable thereafter.

Any claim for which the notification of Claim is received 12 calendar months after the event or occurrence giving rise to the Claim shall not be admissible, unless it is proved to Our satisfaction that the delay in reporting of the Claim was for reasons beyond Your or the Insured Persons control.

CONDITIONS FOR RENEWAL OF THE CONTRACT

1. Renewal

i. The Policy shall ordinarily be renewable provided the product is not withdrawn, except on grounds of established fraud or non-disdosure or misrepresentetion by the Insured Person

ii. The Compony shall endeavor to give notice for Rencwal However, the Company is not under obligation to give eny notice for Renewal

iii. Renewal shall not be denied on the ground that the Insured Person hed made a Claim or Cloims in the preceding Policy yeers

iv. Request for Renewel along with the requisite premium shall be received by the Company before the end of the Policy Period

v. At the end ot the Policy Period, the Policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without Break in Policy Coverage is not available during the Gracc Period

vi. No loading shall apply on Rencwals based on individual Claims experience

2. 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 Portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance Policy with an Indian General/Health Insurer, the proposed Insured Person is entitled to transfer the credits gained to the extent of the Sum Insured, No Claim Bonus, Specific Waiting Periods, Waiting Period for Pre-existing Diseases, Moratorium Period, etc. from the existing Insurer to the acquiring Insurer in the previous Policy.

For Detailed Guidelines on Portability, kindly refer the link- https://content.sbigeneral.in//uploads/c6a2844dd65446019b130ffbae1fa20f.pdf

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. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the Company, the Insured Person is entitled to transfer the credits gained to the extent of the Sum Insured, No Claim Bonus, Specific Waiting Periods, Waiting Period for Pre-existing Diseases, Moratorium Period etc. in the previous Policy to the Migrated Policy.

For Detailed Guidelines on Migration, kindly refer the link- https://content.sbigeneral.in//uploads/c6a2844dd65446019b130ffbae1fa20f.pdf

4. Moratorium Period

After completion of sixty continuous months of coverage (including portability and migration) in 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.

CUSTOMER GRIEVANCE REDRESSAL POLICY

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 (24*7)

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)

LIST OF OMBUDSMEN OFFICES	
Office Details	**Jurisdiction of Office**
AHMEDABAD - Shri/Smt..... Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad - 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@ecoi.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
BENGALURU - Smt. Neerja Shah Office of the Insurance Ombudsman, Jeevan Soudha Building,PID No.57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru - 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@ecoi.co.in	Karnataka.
BHOPAL - Shri Guru Saran Shrivastava Office of the Insurance Ombudsman, JanakVihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal - 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@ecoi.co.in	Madhya Pradesh, Chhattisgarh.
BHUBANESHWAR - Shri Suresh Chandra Panda Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar - 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@ecoi.co.in	Orissa.
CHANDIGARH - Dr. Dinesh Kumar Verma Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 - D, Chandigarh - 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@ecoi.co.in	Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh.
CHENNAI - Shri M. Vasantha Krishna Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI - 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@ecoi.co.in	Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry).
DELHI - Shri/Smt..... Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi - 110 002. Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@ecoi.co.in	Delhi.
GUWAHATI - Shri Kiriti .B. Saha Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati - 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@ecoi.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
HYDERABAD - Shri I. Suresh Babu Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 67504123 / 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@ecoi.co.in	Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry.
JAIPUR - Smt. Sandhya Baliga Office of the Insurance Ombudsman, Jeevan Nidhi - II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: Bimalokpal.jaiur@ecoi.co.in	Rajasthan.
ERNAKULAM - Ms. Poonam Bodra Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@ecoi.co.in	Kerala, Lakshadweep, Mahea part of Pondicherry.
KOLKATA - Shri/Smt..... Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 Email: bimalokpal.kolkata@ecoi.co.in	West Bengal, Sikkim, Andaman & Nicobar Islands.

LUCKNOW -Shri/Smt..... Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@ecoi.co.in	Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, Fatehpur, Pratapgarh, Jaunpur,Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
MUMBAI - Ms Susmita Mukherjee Office of the Insurance Ombudsman, 3rd Floor, Jeevan SevaAnnexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 Email: bimalokpal.mumbai@ecoi.co.in	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.
NOIDA - Shri/Smt..... Office of the Insurance Ombudsman, BhagwanSahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514250 / 2514252 / 2514253 Email: bimalokpal.noida@ecoi.co.in	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahapur,Hapur,Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur
PATNA - Shri/Smt..... Office of the Insurance Ombudsman, 1st Floor,Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@ecoi.co.in	Bihar, Jharkhand.
PUNE - Shri/Smt..... Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune - 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@ecoi.co.in	Maharashtra,Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.
The updated details of Insurance Ombudsman are available on the IRDA website: www.irda.gov.in and on the website of General Insurance Council: www.gicouncil.in	

ANNEXURE I: THE LIST OF ITEMS THAT ARE TO BE SUBSUMED IN ROOM CHARGE

SNO	Item	SNO	Item
1	BABY CHARGES (UNLESS SPECIFIED/INDICATED)	24	IM IV INJECTION CHARGES
		25	CLEAN SHEET
2	HAND WASH	26	BLANKET/WARMER BLANKET
3	SHOE COVER		
4	CAPS	27	ADMISSION KIT
5	CRADLE CHARGES	28	DIABETIC CHART CHARGES
6	COMB	29	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES
7	EAU.DE-COLOGNE / ROOM FRESHNERS		
8	FOOT COVER	30	DISCHARGE PROCEDURE CHARGES
9	GOWN		
10	SLIPPERS	31	DAILY CHART CHARGES
11	TISSUE PAPER	32	ENTRANCE PASS / VISITORS PASS CHARGES
12	TOOTH PASTE		
13	TOOTH BRUSH	33	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE
14	BED PAN		
15	FACE MASK		
16	FLEXI MASK	34	FILE OPENING CHARGES
17	HAND HOLDER	35	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)
18	SPUTUM CUP		
19	DISINFECTANT LOTIONS		
20	LUXURY TAX	36	PATIENT IDENTIFICATION BAND / NAME TAG
21	HVAC		
22	HOUSE KEEPING CHARGES	37	PULSEOXYMETER\ CHARGES
23	AIR CONDITIONER CHARGES		

ANNEXURE II: THE LIST OF ITEMS THAT ARE TO BE SUBSUMED INTO PROCEDURE CHARGES

SNO	Item	SNO	Item
1	HAIR REMOVAL CREAM	12	SURGICAL BLADES, HARMONICSCALPEL, SHAVER
2	DISPOSABLES RAZORS CHARGES (for site preparations)	13	SURGICAL DRILL
3	EYE PAD	14	EYE KIT
4	EYE SHILED	15	EYE DRAPE
5	CAMERA COVER	16	X-RAY FILM
6	DVD, CD CHARGES	17	BOYLES APPARATUS CHARGES
7	GAUSE SOFT		

8	GAUZE	18	COTTON
9	WARD AND THEATRE BOOKING CHARGES	19	COTTON BANDAGE
		20	SURGICAL TAPE
10	ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS	21	APRON
		22	TORNIQUET
11	MICROSCOPE COVER	23	ORTHOBUNDLE, GYNAEC BUNDLE

ANNEXURE III: THE LIST OF ITEMS THAT ARE TO BE SUBSUMED INTO COSTS OF TREATMENT

SI NO	Item	SI NO	Item
1	ADMISSION/REGISTRATION CHARGES	9	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES- DIET CHARGES
2	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE	10	HIV KIT
		11	ANTISEPTIC MOUTHWASH
3	URINE CONTAINER	12	LOZENGES
4	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES	13	MOUTH PAINT
		14	VACCINATION CHARGES
		15	ALCOHOL SWABES
5	BIPAP MACHINE	16	SCRUB SOLUTIONISTERILLIUM
6	CPAP/ CAPD EQUIPMENT		
7	INFUSION PUMP-COST	17	GLUCOMETRE & STRIPS
8	HYDROGEN PEROXIDE\ SPIRIT\DISINFECTANTS ETC	18	URINE BAG

ANNEXURE IV: INDICATIVE LIST OF DAY CARE TREATMENTS/SURGERIES/PROCEDURES

SNo	Procedure Name	SNo	Procedure Name
1	Coronary Angiography	13	Fenestration Of The Inner Ear
2	Suturing Oral Mucosa	14	Revision Of A Fenestration Of The Inner Ear
3	Myringotomy With Grommet Insertion	15	Palatoplasty
4	Tymanoplasty (closure Of An Eardrum Perforation reconstruction Of The Auditory Ossicles)	16	Transoral Incision And Drainage Of A Pharyngeal Abscess
5	Removal Of A Tympanic Drain	17	Tonsillectomy Without Adenoidectomy
6	Keratosis Removal Under Ga	18	Tonsillectomy With Adenoidectomy
7	Operations On The Turbinates (nasal Concha	19	Excision And Destruction Of A Lingual Tonsil
8	Removal Of Keratosis Obturans	20	Revision of A Tympanoplasty
9	Stapedotomy To Treat Various Lesions In Middle Ear	21	Other Microsurgical Operations On The Middle Ear
10	Revision of A Stapedectomy	22	Incision Of The Mastoid Process And Middle Ear
11	Other Operations On The Auditory Ossicles	23	Mastoidectomy
12	Myringoplasty (post-aura/ endaural Approach As Well As Simple Type-I Tympanoplasty)	24	Reconstruction Of The Middle Ear
		25	Other Excisions Of The Middle And Inner Ear

26	Incision (opening) And Destruction (elimination) Of The Inner Ear	51	Excision Of Angioma Septum
27	Other Operations On The Middle And Inner Ear	52	Turbinoplasty
28	Excision And Destruction of Diseased Tissue Of The Nose	53	Incision & Drainage Of Retro Pharyngeal Abscess
29	Other Operations On The Nose - (other operation of the nose is very broad if any drainage of local pus will be considered as OPD)	54	UvuloPalatoPharyngoPlasty
30	Nasal Sinus Aspiration	55	Adenoidectomy With Grommet Insertion
31	Foreign Body Removal From Nose (if same is removed without using any anesthesia at OPD)	56	Adenoidectomy Without Grommet Insertion
32	Other Operations On The Tonsils And Adenoids	57	Vocal Cord Lateralisation Procedure
33	Adenoidectomy	58	Incision & Drainage Of Para Pharyngeal Abscess
34	Labyrinthectomy For Severe Vertigo	59	Tracheoplasty
35	Stapedectomy Under Ga	60	Cholecystectomy
36	Stapedectomy Under La	61	Choledocho-jejunostomy
37	Tympanoplasty (Type IV)	62	Duodenostomy
38	Endolymphatic Sac Surgery For Meniere's Disease	63	Gastrostomy
39	Turbinectomy	64	Exploration Common Bile Duct
40	Endoscopic Stapedectomy	65	Esophagoscopy
41	Incision And Drainage Of Perichondritis	66	Gastroscopy
42	Septoplasty	67	Duodenoscopy with Polypectomy
43	Vestibular Nerve Section	68	Removal of Foreign Body
44	Thyroplasty Type I	69	Diathery Of Bleeding Lesions
45	Pseudocyst Of The Pinna Excision	70	Pancreatic PseudocystEus & Drainage
46	Incision And Drainage - Haematoma Auricle	71	Rf Ablation For Barrett's Oesophagus
47	Tympanoplasty (Type II)	72	Ercp And Papillotomy
48	Reduction Of Fracture Of Nasal Bone	73	Esophagoscope And Sclerosant Injection
49	Thyroplasty (Type II)	74	Eus + Submucosal Resection
50	Tracheostomy	75	Construction Of Gastrostomy Tube
		76	Eus + Aspiration Pancreatic Cyst

77	Small Bowel Endoscopy (therapeutic)	102	Incision and Excision of Tissue In The Perianal Region
78	Colonoscopy ,lesion Removal -(only for investigation purpose is considered under investigation purpose)	103	Surgical Treatment of Hemorrhoids
79	ERCP	104	Other Operations On The Anus
80	Colonscopy Stenting Of Stricture	105	Ultrasound Guided Aspirations
81	Percutaneous Endoscopic Gastrostomy	106	Sclerotherapy, Etc
82	Eus And Pancreatic Pseudo Cyst Drainage	107	Laparotomy For Grading Lymphoma With Splenectomy
83	ERCP And Choledochoscopy	108	Laparotomy For Grading Lymphoma with Liver Biopsy
84	Proctosigmoidoscopy Volvulus Detorsion	109	Laparotomy For Grading Lymphoma with Lymph Node Biopsy
85	ERCP And Sphincterotomy	110	Therapeutic Laparoscopy With Laser
86	Esophageal Stent Placement	111	Appendicectomy With Drainage
87	ERCP + Placement Of Biliary Stents	112	Appendicectomy without Drainage
88	Sigmoidoscopy W / Stent	113	Infected Keloid Excision
89	Eus + Coeliac Node Biopsy	114	Axillary Lymphadenectomy
90	UgiScopy And Injection Of Adrenaline, Sclerosants Bleeding Ulcers	115	Wound Debridement And Cover
91	Incision Of A Pilonidal Sinus/ Abscess	116	Abscess-decompression
92	Fissure In AnoSphincterotomy	117	Cervical Lymphadenectomy
93	Surgical Treatment Of A Varicocele And A Hydrocele Of the Spermatic Cord	118	Infected Sebaceous Cyst
94	Orchidopexy	119	Inguinal Lymphadenectomy
95	Abdominal Exploration In Cryptorchidism	120	Infected Lipoma Excision
96	Surgical Treatment Of Anal Fistulas	121	Maximal Anal Dilatation
97	Division Of The Anal Sphincter (sphincterotomy)	122	Piles
98	Epididymectomy	123	A) Injection Sclerotherapy
99	Incision Of The Breast Abscess	124	B) Piles Banding
100	Operations On The Nipple	125	Liver Abscess- Catheter
101	Excision Of Single Breast Lump	126	Fissure In Ano-Fissurectomy

127	Fibroadenoma Breast Excision	154	Rigid Oesophagoscopy For Dilation Of Benign Strictures
128	OesophagealVaricesSclerotherapy	155	Eversion Of Sac
129	ERCP - Pancreatic Duct Stone Removal	156	Unilateral
130	Perianal Abscess I&d	157	Bilateral
131	Perianal Hematoma Evacuation	158	Lord's Plication
132	UgiScopy And Polypectomy Oesophagus	159	Jaboulay's Procedure
133	Breast Abscess I& D	160	Scrotoplasty
134	Feeding Gastrostomy	161	Circumcision For Trauma
135	Oesophagoscopy And Biopsy Of Growth Oesophagus	162	Meatoplasty
136	ERCP - Bile Duct Stone Removal	163	Intersphincteric Abscess Incision And Drainage
137	Ileostomy Closure	164	Psoas Abscess Incision And Drainage
138	Polypectomy Colon	165	Thyroid Abscess Incision And Drainage
139	Splenic Abscesses Laparoscopic Drainage	166	Tips Procedure For Portal Hypertension
140	UgiScopy And Polypectomy Stomach	167	Esophageal Growth Stent
141	Rigid Oesophagoscopy For Fb Removal	168	Pair Procedure Of Hydatid Cyst Liver
142	Feeding Jejunostomy	169	Tru Cut Liver Biopsy
143	Colostomy	170	Photodynamic Therapy Or Esophageal Tumour And Lung Tumour
144	Ileostomy	171	Excision Of Cervical Rib
145	Colostomy Closure	172	Laparoscopic Reduction Of Intussusception
146	Submandibular Salivary Duct Stone Removal	173	Microdochectomy Breast
147	Pneumatic Reduction Of Intussusception		
148	Varicose Veins Legs Injection Sclerotherapy	174	Surgery For Fracture Penis
149	Rigid Oesophagoscopy For Plummer Vinson Syndrome		
150	Pancreatic Pseudocysts Endoscopic Drainage	175	Parastomal Hernia
151	Zadek's Nail Bed Excision	176	Revision Colostomy
152	Subcutaneous Mastectomy	177	Prolapsed ColostomyCorrection
153	Excision Of Ranula Under Ga	178	Laparoscopic Cardiomyotomy(Hellers)

179	Laparoscopic Pyloromyotomy(Ramstedt)	204	Hysteroscopic Resection Of Fibroid
180	Operations On Bartholin's Glands (cyst)	205	Lletz
181	Incision Of The Ovary	206	Conization
182	Insufflations Of The Fallopian Tubes	207	Polypectomy Cervix
183	Other Operations On The Fallopian Tube	208	Hysteroscopic Resection Of Endometrial Polyp
184	Conisation Of The Uterine Cervix	209	Vulval Wart Excision
185	Therapeutic Curettage With Colposcopy	210	Laparoscopic Paraovarian Cyst Excision
186	Therapeutic Curettage With Biopsy	211	Uterine Artery Embolization
187	Therapeutic Curettage With Diathermy	212	Laparoscopic Cystectomy
188	Therapeutic Curettage With Cryosurgery	213	Hymenectomy(Imperforate Hymen)
189	Laser Therapy Of Cervix For Various Lesions Of Uterus	214	Endometrial Ablation
190	Other Operations On The Uterine Cervix	215	Vaginal Wall Cyst Excision
191	Incision Of The Uterus (hysterectomy)	216	Vulval Cyst Excision
192	Local Excision And Destruction Of Diseased Tissue Of The Vagina And The Pouch Of Douglas	217	Laparoscopic Paratubal Cyst Excision
193	Incision Of Vagina	218	Repair Of Vagina (Vaginal Atresia)
194	Incision Of Vulva	219	Hysteroscopy, Removal Of Myoma
195	Culdotomy	220	Turbt
196	Salpingo-oophorectomy Via Laparotomy	221	Ureterocoele Repair Congenital Internal
197	Endoscopic Polypectomy	222	Vaginal Mesh For Pop
198	Hysteroscopic Removal Of Myoma	223	Laparoscopic Myomectomy
199	D&C -	224	Surgery For Sui
200	Hysteroscopic Resection Of Septum	225	Repair Recto- Vagina Fistula
201	Thermal Cauterisation Of Cervix	226	Pelvic Floor Repair (Excluding Fistula Repair)
		227	URS + LL
202	HysteroscopicAdhesiolysis	228	Laparoscopic Oophorectomy
203	Polypectomy Endometrium	229	Percutaneous Cordotomy

230	Intrathecal Baclofen Therapy	255	Helical Tomotherapy
231	Entrapment Neuropathy Release	256	SRS - Stereotactic Radiosurgery
232	Diagnostic Cerebral Angiography	257	X - Knife Srs
233	Vp Shunt	258	GammaknifeSrs
234	Ventriculoatrial Shunt	259	TBI - Total Body Radiotherapy
235	Radiotherapy For Cancer	260	Intraluminal Brachytherapy
236	Cancer Chemotherapy	261	TSET - Total Electron Skin Therapy
237	IV Push Chemotherapy	262	Extracorporeal Irradiation Of Blood Products
238	HBI - Hemibody Radiotherapy	263	Telecobalt Therapy
239	Infusional Targeted Therapy	264	Telecesium Therapy
240	SRT - Stereotactic Arc Therapy	265	External Mould Brachytherapy
241	Sc Administration Of Growth Factors	266	Interstitial Brachytherapy
242	Continuous Infusional Chemotherapy	267	Intracavity Brachytherapy
243	Infusional Chemotherapy	268	3D Brachytherapy
244	CCRT - Concurrent Chemo + Rt	269	Implant Brachytherapy
245	2D Radiotherapy	270	Intravesical Brachytherapy
246	3D Conformal Radiotherapy	271	Adjuvant Radiotherapy
247	IGRT - Image Guided Radiotherapy	272	After loading Catheter Brachytherapy
248	IMRT - Step & Shoot	273	Conditioning Radiothearpy For Bmt
249	IMRT - DMLC	274	Extracorporeal Irradiation To The Homologous Bone Grafts
250	Rotational Arc Therapy	275	Radical Chemotherapy
251	Tele Gamma Therapy	276	Neoadjuvant Radiotherapy
252	FSRT - Fractionated Srt	277	LDR Brachytherapy
253	VMAT - Volumetric Modulated Arc Therapy	278	Palliative Radiotherapy
254	SBRT - Stereotactic Body Radiotherapy	279	Radical Radiotherapy

280	Palliative Chemotherapy	299	Other Restoration And Reconstruction Of The Skin And Subcutaneous Tissues
281	Template Brachytherapy	300	Chemosurgery To The Skin
282	Neoadjuvant Chemotherapy	301	Destruction Of Diseased Tissue In The Skin And Subcutaneous Tissues
283	Induction Chemotherapy	302	Reconstruction Of Deformity/ defect In Nail Bed
284	Consolidation Chemotherapy	303	Excision Of Bursirtis
		304	Tennis Elbow Release
285	HDR Brachytherapy	305	Incision, Excision And Destruction Of Diseased Tissue Of The Tongue
286	Incision And Lancing Of A Salivary Gland And A Salivary Duct	306	Partial Glossectomy
287	Excision Of Diseased Tissue Of A Salivary Gland And A Salivary Duct	307	Glossectomy
288	Resection Of A Salivary Gland	308	Reconstruction Of The Tongue
289	Reconstruction Of A Salivary Gland And A Salivary Duct	309	Other Operations On The Tongue
290	Other Operations On The Salivary Glands And Salivary Ducts	310	Surgery For Cataract
291	Other Incisions Of The Skin And Subcutaneous Tissues	311	Incision Of Tear Glands
292	Surgical Wound Toilet (wound Debridement) And Removal Of Diseased Tissue Of The Skin And SubcutaneousTissues	312	Other Operations On The Tear Ducts
293	Local Excision Of Diseased Tissue Of The Skin And Subcutaneous Tissues	313	Incision Of Diseased Eyelids
294	Other Excisions Of The Skin And Subcutaneous Tissues	314	Excision And Destruction Of Diseased Tissue Of The Eyelid
295	Simple Restoration Of Surface Continuity Of The Skin And Subcutaneous Tissues	315	Operations On The Canthus And Epicanthus
296	Free Skin Transplantation, Donor Site	316	Corrective Surgery For Entropion And Ectropion
297	Free Skin Transplantation, Recipient Site	317	Corrective Surgery For Blepharoptosis
298	Revision Of Skin Plasty	318	Removal Of A Foreign Body From The Conjunctiva

319	Removal Of A Foreign Body From The Cornea	336	Enucleation Of Eye Without Implant
320	Incision Of The Cornea	337	Dacryocystorhinostomy For Various Lesions Of Lacrimal Gland
321	Operations For Pterygium	338	Laser Photocoagulation To Treat Retinal Tear
322	Other Operations On The Cornea	339	Biopsy Of Tear Gland
323	Removal Of A Foreign Body From The Lens Of The Eye	340	Treatment Of Retinal Lesion
324	Removal Of A Foreign Body From The Posterior Chamber Of The Eye	341	Surgery For Meniscus Tear
325	Removal Of A Foreign Body From The Orbit And Eyeball	342	Incision On Bone, Septic And Aseptic
326	Correction Of Eyelid Ptosis By LevatorPalpebrae Superioris Resection (bilateral)	343	Closed Reduction On Fracture, Luxation Or Epiphyseolysis With Osteosynthesis
327	Correction Of Eyelid Ptosis By Fascia Lata Graft (bilateral)		
328	Diathermy/cryotherapy To Treat Retinal Tear	344	Suture And Other Operations On Tendons And Tendon Sheath
329	Anterior Chamber Paracentesis	345	Reduction Of Dislocation Under Ga
330	Anterior Chamber Cyclodiathermy	346	Arthroscopic Knee Aspiration
331	Anterior Chamber Cyclocyrotherapy	347	Surgery For Ligament Tear
332	Anterior Chamber Goniotomy	348	Surgery For Hemoarthrosis/ pyoarthrosis
333	Anterior Chamber Trabeculotomy	349	Removal Of Fracture Pins/ nails
334	Anterior Chamber Filtering		
335	Allied Operations to Treat Glaucoma	350	Removal Of Metal Wire

351	Closed Reduction On Fracture, Luxation	366	Release Of Midfoot Joint
352	Reduction Of Dislocation Under Ga	367	Orif With Plating- Small Long Bones
353	Epiphyseolysis With Osteosynthesis	368	Implant Removal Minor
354	Excision Of Various Lesions In Coccyx	369	Closed Reduction And External Fixation
355	Arthroscopic Repair Of Acl Tear Knee	370	Arthrotomy Hip Joint
356	Arthroscopic Repair Of Pcl Tear Knee	371	Syme's Amputation
357	Tendon Shortening	372	Arthroplasty
358	Arthroscopic Meniscectomy - Knee	373	Partial Removal Of Rib
359	Treatment Of Clavicle Dislocation	374	Treatment Of Sesamoid Bone Fracture
360	Haemarthrosis Knee-Lavage	375	Shoulder Arthroscopy / Surgery
361	Abscess Knee Joint Drainage	376	Elbow Arthroscopy
362	Carpal Tunnel Release	377	Amputation Of Metacarpal Bone
363	Closed Reduction Of Minor Dislocation	378	Release Of Thumb Contracture
364	Repair Of Knee Cap Tendon	379	Incision Of Foot Fascia
365	Orif With K Wire Fixation-Small Bones	380	Partial Removal Of Metatarsa

381	Repair/Graft Of Foot Tendon	401	Removal Of Tumor Of Arm Under GA
382	Revision/removal Of Knee Cap	402	Removal of Tumor of Arm under RA
383	Exploration Of Ankle Joint	403	Removal of Tumor Of Elbow Under GA
384	Remove/graft Leg Bone Lesion	404	Removal of Tumor Of Elbow Under RA
385	Repair/graft Achilles Tendon	405	Repair Of Ruptured Tendon
386	Remove Of Tissue Expander	406	Decompress Forearm Space
387	Biopsy Elbow Joint Lining	407	Revision Of Neck Muscle (torticollis Release)
388	Removal Of Wrist Prosthesis	408	Lengthening Of Thigh Tendons
389	Biopsy Finger Joint Lining	409	Treatment Fracture Of Radius & Ulna
390	Tendon Lengthening	410	Repair Of Knee Joint
391	Treatment Of Shoulder Dislocation	411	External Incision And Drainage In The Region Of The Mouth.
392	Lengthening Of Hand Tendon	412	External Incision And Drainage in the Region of the Jaw
393	Removal Of Elbow Bursa	413	External Incision And Drainage in the Region Of the Face.
394	Fixation Of Knee Joint	414	Incision Of The Hard And Soft Palate
395	Treatment Of Foot Dislocation	415	Excision And Destruction Of Diseased Hard Palate
396	Surgery Of Bunion	416	Excision And Destruction of Diseased Soft Palate
397	Tendon Transfer Procedure	417	Incision, Excision And Destruction In The Mouth
398	Removal Of Knee Cap Bursa	418	Other Operations In The Mouth
399	Treatment Of Fracture Of Ulna	419	Excision Of Fistula-in-ano
400	Treatment Of Scapula Fracture	420	Excision Juvenile Polyps Rectum

421	Vaginoplasty	441	Myocutaneous Flap
422	Dilatation Of Accidental Caustic Stricture Oesophageal	442	Fibro Myocutaneous Flap
423	PresacralTeratomas Excision	443	Breast Reconstruction Surgery After Mastectomy
424	Removal Of Vesical Stone	444	Sling Operation For Facial Palsy
425	Excision Sigmoid Polyp	445	Split Skin Grafting Under Ra
426	SternomastoidTenotomy	446	Wolfe Skin Graft
427	Infantile Hypertrophic Pyloric Stenosis Pyloromyotomy	447	Plastic Surgery To The Floor of The Mouth Under Ga
428	Excision Of Soft Tissue Rhabdomyosarcoma	448	Thoracoscopy And Lung Biopsy
429	High Orchidectomy For Testis Tumours	449	Excision Of Cervical Sympathetic Chain Thoracoscopic
430	Excision Of Cervical Teratoma	450	Laser Ablation Of Barrett's Oesophagus
431	Rectal-myomectomy	451	Pleurodesis
432	Rectal Prolapse (delorme's Procedure)	452	Thoracoscopy And Pleural Biopsy
		453	Ebus + Biopsy
433	Detorsion Of Torsion Testis	454	Thoracoscopy Ligation Thoracic Duct
434	Eua + Biopsy Multiple Fistula In Ano	455	Thoracoscopy Assisted Empyaema Drainage
435	Construction Skin Pedicle Flap	456	Haemodialysis
436	Gluteal Pressure Ulcerexcision	457	Lithotripsy/nephrolithotomy For Renal Calculus
437	Muscle-skin Graft, Leg	458	Excision Of Renal Cyst
438	Removal Of Bone For Graft	459	Drainage Of Pyonephrosis Abscess
439	Muscle-skin Graft Duct Fistula	460	Drainage Of Perinephric Abscess
440	Removal Cartilage Graft	461	Incision ot the Prostate

462	Transurethral Excision And Destruction of Prostate Tissue	482	Excision In The Area Of The Epididymis
463	Transurethral And Percutaneous Destruction of Prostate Tissue	483	Operations On The Foreskin
464	Open Surgical Excision And Destruction Of Prostate Tissue	484	Local Excision And Destruction of Diseased Tissue Of The Penis
465	Radical Prostatovesiculectomy	485	Amputation Of The Penis
466	Other Excision And Destruction of Prostate Tissue	486	Other Operations On The Penis
467	Operations On The Seminal Vesicles	487	Cystoscopical Removal of Stones
468	Incision And Excision of Periprostatic Tissue	488	Lithotripsy
469	Other Operations On The Prostate	489	Biopsy Oftemporal Artery For Various Lesions
470	Incision Of The Scrotum And Tunica Vaginalis Testis	490	External Arterio-venous Shunt
471	Operation On A Testicular Hydrocele	491	Av Fistula - Wrist
472	Excision And Destruction of Diseased Scrotal Tissue	492	Ursl With Stenting
473	Other Operations On The Scrotum AndTunica Vaginalis Testis	493	Ursl With Lithotripsy
474	Incision Of The Testes	494	CystoscopicLitholapaxy
475	Excision And Destruction of Diseased Tissue of The Testes	495	Eswl
476	Unilateral Orchidectomy	496	Bladder Neck Incision
477	Bilateral Orchidectomy	497	Cystoscopy & Biopsy
478	Surgical Repositioning of An Abdominal Testis	498	Cystoscopy And Removal of Polyp
479	Reconstruction Of The Testis	499	SuprapubicCystostomy
480	Implantation, Exchange And Removal of A Testicular Prosthesis	500	Percutaneous Nephrostomy
481	Other Operations On The Testis	501	Cystoscopy And "sling" Procedure

502	Tuna- Prostate	517	Surgery For Fournier's Gangrene Scrotum
503	Excision Of Urethral Diverticulum	518	Surgery Filarial Scrotum
504	Removal Of Urethral Stone	519	Surgery For Watering Can Perineum
505	Excision Of Urethral Prolapse	520	Repair Of Penile Torsion
506	Mega-ureter Reconstruction	521	Drainage Of Prostate Abscess
		522	Orchiectomy
507	Kidney Renoscopy And Biopsy	523	Cystoscopy And Removal of Fb
508	Ureter Endoscopy And Treatment	524	RF Ablation Heart
509	Vesico Ureteric Reflux Correction	525	RF Ablation Uterus
510	Surgery For Pelvi Ureteric Junction Obstruction	526	RF Ablation Varicose Veins
511	Anderson Hynes Operation	527	Percutaneous nephrolithotomy (PCNL)
512	Kidney Endoscopy And Biopsy	528	Laryngoscopy Direct Operative with Biopsy
513	Paraphimosis Surgery	529	Treatment of Fracture of Long Bones
		530	Treatment of Fracture of Short Bones
514	Injury Prepuce-Circumcision	531	Treatment of Fracture of Foot
		532	Treatment of Fracture of Hand
515	Frenular Tear Repair	533	Treatment of Fracture of Wrist
		534	Treatment of Fracture of Ankle
516	Meatotomy For Meatal Stenosi	535	Treatment of Fracture of Clavicle
		536	Chalazion Surgery

SBI general INSURANCE
SURAKSHA AUR BHAROSA DONO

ENROLLMENT FORM

SAMPOORNA AROGYA - GROUP

INTERMEDIARY/ SPECIFIED PERSON'S DETAILS

Intermediary Name : Sbi Kadodara 10981
Intermediary Code : 0004560
Intermediary Contact Details : 02622-272491
Party ID (if any) :
PF ID (If Any) :

PROPOSER DETAILS*

Name of the Proposer:	NARESHKUMAR DHANJIBHAISOJITRA
Communication Address:	TANTITHAIYA, BLOCK NO 161 KADODARA ROAD,SURAT,Bagumara, Surat, Surat, Gujarat-394305, India.
Contact Details (Phone):	
Email ID:	
Date of Birth:	21/04/1992
PAN No.:	
AADHAR No.:	
Gender : Male	
Occupation:	
Period of Insurance:	From: 03/01/2025 (13:36 Hrs) To: Midnight of 02/01/2026(23:59 Hrs)

DETAILS OF THE PERSON TO BE INSURED:*

Sr No	Name of the Insured	Date of Birth	Age	Gender	Height	Weight	Occupation	Marital Status	Relation with Proposer
1	NARESHKUMAR SOJITRA	21/04/1992	32	Male					Self

NOMINEE DETAILS*

In the event of death of the Insured Person any payment due under the policy shall become payable to the nominee in accordance with the policy terms and conditions. Nominee must be an immediate relative of proposer.

Nominee Name	Date of Birth & Gender of Nominee	Relationship with proposer	Address of Nominee
DHANJIBHAI SOJITRA			

*If nominee is minor : Name and Address Appointee and Relationship with Minor

MEMBER DETAILS

In the event of death of the Insured Person any payment due under the policy shall become payable to the nominee in accordance with the policy terms and conditions. Nominee must be an immediate relative of proposer.

Name of the Group Policyholder	
Unique Enrollment No/Member Id	

COVERAGE DETAILS *

Coverage Name	SI -Rs. 10 Lac
Hospitalization Medical Expenses	Room Rent, Boarding & Nursing Charges (2% of Sum Insured) Intensive Care Unit Charges (4% of Sum Insured) Medical Practitioner and Specialists Fees including Teleconsultation Anaesthesia, blood, oxygen, operation theatre charges, surgical appliances Medicines, drugs and consumables **Diagnostic procedures** The Cost of prosthetic and other devices or equipment if implanted internally during a Surgical Procedure.
Pre-hospitalization Medical Expenses	60 days
Post-hospitalization Medical Expenses	90 days
Mental Healthcare	Up to Sum Insured (the sub-limits applicable are family limits and not per person).
Day Care Surgery/Procedures	537 Day care surgeries
Ambulance charges	1% of SI subject to max of Rs. 10K
Domiciliary Hospitalisation	20% of SI subject to max of 2L
Alternative Treatments	Covered upto Rs. 50k
Organ Donor Expenses	Covered 50% of Sum Insured
Reinstatement Benefit	Covered Once up to 100% not for same illness within the same year & only if Sum Insured is exhausted
HIV/AIDS Cover	Covered Upto Sum insured
Genetic Disorders	Covered (Covered upto Rs. 1 Lac)
Internal Congenital Anomaly	Covered (Covered upto 25% of Sum insured)
12 Advance procedure (Refer PW)	Covered (Covered upto 25% of Sum insured)
PED waiting period	48 months
All hospitalizations excluding accidents	30 days
List of specific illness/diseases (for 19 illness)	1 year/90 Days
Family Definition	Self +Spouse + 3 Children+ Parents/Parents In Law.
Sum Insured Basis	Individual & Family Floater Basis

PREVIOUS/EXISTING DETAILS OF INSURED:

Do you suffer from any pre-existing illness? Yes or No

If Yes, please specify details and the no. of years:

Please provide details of your existing Health Insurance Details

Policy No. / Application No.	Insurer Name	Period of Insurance (from - to)	Sum Insured	Claims lodged during the preceding years

ELECTRONIC INSURANCE ACCOUNT DETAILS SECTION:

Choose your Insurance Repository (For those selecting e-Format) (a) NSDL Data Management Ltd. (b) CDSL Insurance Repository Ltd. (c) Karvy Insurance Repository Ltd. (d) CAMS Repository Services Lld.
I have e Insurance Account & the No. is
My CKYC No. (Central Know Your Customer Registry Number) is (If available)

PREMIUM PAYMENT DETAILS *

Premium Amount:	Cheque No.:
Date(DD/MM/YYYY): 06/01/2025	Cash Cheque/ Debit Card/ Credit Card/ Others: Please Specify:
Bank Name:	Bank Account Number:
IFSC Code:	Branch Name:

BANK DETAILS *

Cheque will be issued in the name of the Proposer only.

In case of payment made through credit card there fund amount would be reversed in Credit Card account directly or through cheque. Please provide the following bank details and a copy of a Cancelled Cheque if you opt for direct credit into your bank account: (Cancelled Cheque should be of the same bank account in which the refund needs to be credited directly.

Cheque No :

Bank Name :

Branch Name :

Cheque Date :

Cheque Amount for Rs :

Name as in Bank Account :

Bank Account No :

IFSC Code :

MISR Code :

Note: The Proposer agrees and undertakes to intimate in writing to SBI General Insurance about any change in bank account details.

If ECS is selected, please submit the standing instruction form available at our branches.

Date: 06/01/2025 Signature of Insured

Place: Mumbai

AML GUIDELINES

I/ We hereby confirm that all premiums have been/ will be paid from bonafide sources and no premiums have been/ will be paid out of proceeds of crime related to any of the offence listed in Prevention of Money Laundering Act 2002. I/We understand that the Company has the right to call for documents to establish source of funds. The insurance Company has the right to cancel the insurance contract in case I am/ have been found guilty by any competent court of law under any statues, directly or indirectly governing the prevention of money laundering in India.

Nationality: Indian/ No- Indian
If Non-Indian, please specify Country:
Type of Organization: Corporations/ Governments/ Non-Governmental Organizations/ Society/ Trust/ Partnership/ International Organization/ Cooperatives/ Section 25 Companies

DECLARATION ON BEHALF 0F ALL PERSONS PROPOSED TO BE INSURED

1. I hereby declare, on my behalf and on behalf of all persons proposed to be insured, that the above statements, answers and/or particulars given by me are true and complete in all respects to the best of my knowledge and that I am authorised to propose on behalf of these other persons.
2. I understand that the information provided by me will form the basis of the insurance policy, is subject to the Board approved underwriting policy of the insurer and that the policy will come into force only after full payment of the premium chargeable.
3. I further declare that I will notify in writing any change occurring in the occupation or general health of the life to be insured/proposer after the proposal has been submitted but before communication of the risk acceptance by the company.
4. I declare that I consent to the company seeking medical information from any doctor or hospital who/which at any time has attended on the person to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the person to be insured/proposer and seeking information from any insurer to whom an application for insurance on the person to be insured /proposer has been made for the purpose of underwriting the proposal and/or claim settlement.
5. I authorize the company to share information pertaining to my proposal including the medical records of the insured/proposer for the sole purpose of underwriting the proposal and/or claims settlement and with any Governmental and/or Regulatory authority."

Date: 06/01/2025 Place: Mumbai _____ Signature of Insured:

AGENTS DECLARATION

I,_____ (Full Name) in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/Authorised employee of the Broker/Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the Proposer including statement(s), information and response(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought herein will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy. I have further explained that if any untrue statement(s)/ information/response(s) is/are contained in this Proposal Form/including addendum(s), affidavits, statements, submissions, furnished/to be furnished, the Company shall have the right to vary the benefits which may be payable and further more if there has been a non-disclosure of any material fact, the policy issued to his/her favour pursuant to this Proposal may be treated by the Company as null and void and all premiums paid under the Policy may be forfeited to the company.

Date: 06/01/2025 Place: Mumbai Licence No.

_____
Signature of Agent

VERNACULAR DECLARATION

** Applicable where the Proposer is illiterate or is suffering from a disability due to which writing is restricted or where the Proposer has signed in vernacular language. (Note: The below must be witnessed by someone other than the Advisor/Employee of the Company).

I/We certify that the product applied for by me/us and the contents of the Proposal Form have been clearly explained to me/us and I/we have fully understood them. I/We further certify that the replies in the Proposal Form have been recorded as per the information provided by me/us. I, (Full name of the witness) _____ (Relation with the Proposer/Primary insured) _ adult and inhabitant of (city) _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ and residing at _____ do hereby certify that I have read out and explained the contents of the Proposal Form and all other documents incidental to availing the insurance policy from SBI General Insurance Company Ltd., to the Proposer/Primary Insured and he/she/they have understood the same. I/we declare that whatever I/we have stated herein above is true and correct to the best of knowledge and belief.

Date: 06/01/2025 Place: Mumbai

_____ _____
Signature of Witness Signature/Thumb impression of the Proposer/Primary Insured

SECTION 41 OF INSURANCE ACT, 1938

As per Section 41 of the Insurance Act 1938,as amended, the practice of rebating is prohibited, as follows:

1. No person shall allow or offer to allow either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind or risk relating to lives or property in India, any rebate of whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate except such rebate as may be allowed in accordance with the published prospectuses or tables of the Insurer
2. Any person making default in complying with the provisions of this section shall be punishable with fine , which may extend to Rupees Ten Lakhs.

INSURANCE IS A SUBJECT MATTER OF SOLICITATION.