

AROGYA TOP UP POLICY

POLICY SCHEDULE

Policy No:	Servicing Branch Office:	Issue Date:
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INTERMEDIARY DETAILS

Intermediary Name	xxxxxxxx	Intermediary Code	xxxxxxxx
Contact Details	Mobile No. - xxxxxxxx	Landline No.	xxxxxxxx
Email Id			
Address			

PROPOSER DETAILS

Name of Proposer		
Present Address (Current Residing Address)	Village: _____ Gram Panchayat: _____	
	City: _____ State: _____	
	Pin-code: _____ Landmark: _____	
Permanent Address:	Village: _____ Gram Panchayat: _____	
	City: _____ State: _____	
	Pin-code: _____ Landmark: _____	
Business Type	<<New/ Renewal/ Migration/ Portability>>	
Policy Period	From Date and Time: DD / MM / YYYYhrs	To Date and Time: DD / MM / YYYY midnight
Cover Opted		
Renewal policy number		
Contact Number		
Mail ID		
Date of Birth		
Date of inception of first policy		

INSURED PERSON'S DETAILS

Member ID	Unique Health ID	Name of the Insured Persons	Gender	Date of Birth	Relationship with Proposer	Deductible amount in INR.	Per Policy Year Sum Insured in INR.	Pre-Existing disease/ Disability/ Hospitalisation/ Medical Treatment/ Surgery History	Special Exclusions if any

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.

However, if you would prefer to receive a physical copy of your policy document, simply send an SMS with the message "PRINT <Policy Number>" to 561612 from your registered mobile number.

NOMINEE DETAILS:

Insured Name	Insured 1	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6
Name of the Nominee						
Date of Birth (DD/MM/YYYY)						
Age:						
Gender (M/F/O)						
Relationship with Policyholder						
Mobile No. of the Nominee						
Present Address of the Nominee						
Permanent Address of the Nominee						
Nominee Email ID						

APPOINTEE DETAILS

Insured Name	Insured 1	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6
Name of Appointee						
Date Of Birth (DD/MM/YYYY)						
Age:						
Gender (M/F/O)						
Relationship with Nominee						
Address of the Appointee						
Appointee Mobile No						

CLAIMS ASSISTANCE

In case of long term policy, the benefit mentioned in the schedule will be applicable on policy year basis and in no case it will be cumulative.

Name:	
Contact Details :	

OTHER / CURRENT HEALTH INSURANCE INFORMATION

Insured name	Year	Insurer	Policy No	Period of Insurance	Sum Insured	Cumulative Bonus % and amount in Rs.	Claims received/ receivable (Rs.) and the name of the individual against whom the claims are made

ADDITIONAL CONDITIONS

Coverage subject to the following additional Conditions and Clauses / Endorsements / Warranties:

- 1.
- 2.

PREMIUM DETAILS

Particulars	Amount (Rs)
Premium in Rs.	
Optional Cover Premium in Rs.	
Loading (if any) in Rs.	

Discount (if any) in Rs.	
Instalment Loading (if any) in Rs.	
Total Premium with Instalment Loading	
EMI amount (as per Instalment frequency opted)	
Add Taxes as applicable	
Final Premium (EMI Amount with Taxes) in Rs.	

Disclaimer: Final amount payable will include tax as applicable.

Collection Details:

Receipt no:

Receipt Date:

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

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

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

GSTIN: _____

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.

To verify your Policy details click/ visit www.sbigeneral.in

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

PREMIUM CERTIFICATE

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

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

Policy Number: _____

Date: _____

Place: _____

Authorised Signatory

SBI General Insurance Company Ltd.

Name, address, e-mail id and contact number of the Grievance Redressal Officer (separately for senior citizen) are as below:- _____

CONTACT DETAILS

Contact Details	Policy Servicing	Claims Servicing
Email	customer.care@sbigeneral.in seniorcitizengrievances@sbigeneral.in (for Senior Citizens)	sbig.health@sbigeneral.in
Toll Free number	1800 102 1111 (Available 24/7) For agents and intermediaries 1800 22 1111 (Available 24/7)	1800 210 3366, 1800 210 6366
Website	www.sbigeneral.in	
Fax No	1800227244, 18001027244	+91 20 49334525

GRIEVANCE REDRESSAL PROCEDURE

Stage 1: Bima Bharosa

You can register your grievances with the regulator using the following link: <https://bimabharosa.irdai.gov.in/Home/Home>

Stage 2: Head – Customer Care

Alternatively, if you wish to register your grievances directly with us, you may write to the Head – Customer Care. We aim to respond to all Grievances within 7 days. In our initial acknowledgement of receipt letter, we will provide the name and title of the person that is handling your Grievance. This individual will have the authority necessary to investigate and resolve the Grievance.

Email: head.customer.care@sbigeneral.in

Phone: 1800 102 1111

For Senior Citizens:

Senior citizens can reach us through the following dedicated channels:

Email: Seniorcitizengrievances@sbigeneral.in

Toll-Free Number: 1800 102 1111 (Available 24/7)

Stage 3: Grievance Redressal Officer (GRO)

In case, you are still not satisfied with the decision/resolution communicated by the above officer or have not received any response within 7 days, you may escalate the matter to the Grievance Redressal Officer (GRO) which will undergo a detailed case investigation, and we aim to resolve the issue within 7 days from the date of receipt of your Grievance at GRO Desk

Email: gro@sbigeneral.in

Designation: Grievance Redressal Officer

Phone: 022-45138021

Note:- The Company shall endeavour to maintain the regulatory TAT of 14 days in resolving your grievances.

Stage 4: Escalation to Insurance Ombudsman

If you feel that the response to your Grievance was unsatisfactory, or if you believe your concerns have not been adequately addressed by the company, you may escalate the matter to the Insurance Ombudsman.

Submit your Grievance online: <https://www.cioins.co.in/Ombudsman>