

**Date: 16-01-2021**

**To,**  
State Bank of India,  
16<sup>TH</sup> Floor, Corporate Centre, State Bank Bhavan,  
Madame Cama Road, Nariman Point,  
Mumbai 400 021

**Subject: Policy Number: 4101200200000034-01**

Dear Customer,

Welcome to SBI General. Thank you for choosing SBI General's Group Health Insurance Policy. We are delighted to have you as our esteemed Customer.

We enclose the following documents pertaining to your Policy:

- Policy Schedule
- Policy Clauses & Wordings
- Grievance Redressal Letter

We have taken care that the documents reflect details of risk and cover as proposed by you. We request you to verify and confirm that the documents are in order. Please ensure safety of these documents as they form part of our contract with you. For all your future correspondence you may have with us, kindly quote your Customer ID and Policy Number.

**Your Customer ID** : C04304

**Your Policy Number** : 4101200200000034-01

The Postal Address of your SBI General Branch that will service you in future is:

SBI General Insurance Company Limited.  
Ground Floor, People's Education Society, Advocate Balasaheb Apte College of Law,  
Prin. N.M. Kale Marg, Gokhale Road (S), Dadar (West), Mumbai - 400028, Maharashtra.

In case of any queries or suggestions, please do not hesitate to get in touch with us. You can contact us at [customer.care@sbigeneral.in](mailto:customer.care@sbigeneral.in) or call our Customer Care Number **1800-102-1111 / 1800-22-1111**

We look forward to a continuing and mutually beneficial relationship.

Yours sincerely,



Authorized Signatory

---

**SBI General Insurance Company Ltd., Registered Office: &Corporate Office:** SBI General Insurance Company Ltd. 301, Natraj, Junction of Western Express Highway & Andheri Kurla Road, Andheri (East), Mumbai – 400069.



**GROUP HEALTH INSURANCE POLICY – POLICY SCHEDULE SURAKSHA AUR BHAROSA DONO**  
**UIN - IRDA/NL-HLT/SBIGI/P-H/V.1/39/13-14**

**SCHEDULE**

<b>Policy No:</b> 4101200200000034-01	<b>Servicing Branch Office:</b> SBI General Insurance Company Ltd. 301, Natraj, Junction of Western Express Highway & Andheri Kurla Road, Andheri (East), Mumbai – 400069., Maharashtra.	<b>Issue Date:</b> 16-01-2021
--	--	----------------------------------

**Intermediary Details:**

<b>Intermediary Name</b>	AnandRathi Insurance Brokers Ltd
<b>Intermediary Code</b>	119637
<b>Intermediary Contact Details</b>	Contact Person : Mr. Rajan , Sr.V.P. : Contact No : 09810553569 E-mail ID : <a href="mailto:rajansrivastava@rathi.com">rajansrivastava@rathi.com</a>

**Insured Details:**

<b>Name of the Insured/Proposer</b>	STATE BANK OF INDIA
<b>Address</b>	16 <sup>TH</sup> Floor, Corporate Centre, State Bank Bhavan, Madame Cama Road, Nariman Point, Mumbai 400 021
<b>Period of Insurance</b>	From: 16-01-2021 (00.00 Hrs) To:15-01-2022 Midnight
<b>Previous insurance policy no, if any</b>	4101200200000034-00
<b>Name of the Administrator / TPA</b>	SBI General Insurance Company
<b>No of Primary Insured Persons covered</b>	1,456 Employees
<b>Total No of Insured Persons Covered</b>	2,797
<b>Total Sum Insured</b>	As per Member Data
<b>Details of Insured Persons</b>	As per Member Data
<b>Compulsory Co-pay (If Applicable)</b>	As per Category Sheet (Annexure A).
<b>Add on Covers Opted:</b>	As per Category Sheet (Annexure A).
<b>GST No</b>	

**Additional Conditions:** Subject to the following additional Conditions and attached Clauses / Endorsements / Warranties:

**Annexure A:**

- The company shall not be liable to make any payment under this policy in respect of any pre-existing Critical Illness, symptom/s (and / or the treatment) of which were present in the insured person at any time before inception of this policy or on the date on which cover here under was granted to such insured person, or which manifests itself within a period of three calendar months from such date, whether or not the insured or the insured person has knowledge that the symptoms or treatment were related to such Critical Illness. In the event of any interruption in cover hereunder the terms of this exclusion shall apply afresh from re-commencement of cover.
- Maximum Entry Age in the Critical Illness will be 65 years. Those who have already taken the Critical Illness Plan in the expiring policy and have crossed the age of 65 years would continue to avail the cover.
- The Policy covered critical illness for under noted 14 ailments for a Sum insured of Rs. 5 Lac.
  - Stroke resulting in permanent symptoms.
  - Cancer of Specified severity.
  - Kidney failure requiring regular dialysis.
  - Major Organ/ Bone marrow transplant.
  - Multiple sclerosis with persisting symptoms.
  - Open Chest CABG (Coronary Artery Surgery)
  - First Heart Attack.
  - Coma of Specified severity.





<p>9. Heart Valve Replacement.</p> <p>10. Permanent paralysis of limbs.</p> <p>11. Motor Neuron disease with permanent symptoms.</p> <p>12. Aorta Graft Surgery.</p> <p>13. Total Blindness.</p> <p>14. Open Heart replacement or repair of heart valves.</p>
<p>4. Critical Illness Cover will not be available separately and can be taken only in conjunction with Base Plan and Super Top up plan taken together.</p>
<p>5. Waiting period of 90 days applicable (Not applicable to existing members)</p>
<p>6. The Critical Illness cover of Rs. 5 lacs is available on floater basis to entire family per annum.</p>
<p>7. In an event of the insured person being diagnosed with one of the critical illness defined in the policy after the lapse of waiting period of 90 days and surviving period of 30 days, the Insurance company will pay complete Sum insured under the Critical Illness to the Insured member. However the waiting period and entry age of 65 years will not be applicable for those retirees who are the existing member of Critical Illness cover under expiring policy. Thus for the claim to be admissible under critical Illness two conditions have to be complied with- i) No claim will be admissible for first 90 days. ii) After waiting period of 90 days, if insured is diagnosed with any of the 14 listed ailments and survives for 30 days after the first detection of the disease, the whole amount under the critical illness will become admissible.</p>
<p>8. The Insurance company shall pay the insured person only once in respect of any one of the covered illness under the policy. The Critical Illness part ceases after the admission of any claim from the family and no further claim is admissible under the said cover.</p>
<p>9. The Option for Critical Illness plan shall be exercised simultaneously with the Base Plan and Super Top up Plan and the premium for the same will be paid along with main policy. If Critical Illness Plan is not availed at the time of enrolment/ renewal along with Base Plan and Super Top up plan the it cannot be availed at a later date.</p>
<p><b>LIST OF CRITICAL ILLNESSES COVERED &amp; THEIR DEFINITION:</b></p> <p><b>1. STROKE RESULTING IN PERMANENT SYMPTOMS:</b></p> <p>Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intra-cranial vessel, haemorrhage and embolization 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.</p> <p>Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.</p> <p>The following are excluded:</p> <ol style="list-style-type: none"> <li>1) Transient ischemic attacks (TIA)</li> <li>2) Traumatic injury of the brain</li> <li>3) Vascular disease affecting only the eye or optic nerve or vestibular functions.</li> </ol>
<p><b>2. CANCER OF SPECIFIED SEVERITY</b></p> <p>A malignant tumour characterised by the presence of one or more tumours classified histologically as malignant and characterised by the uncontrolled growth and spread of malignant cells and with invasion of normal tissue and destruction of normal tissues.</p> <p>This diagnosis must be supported by histological evidence of malignancy &amp; confirmed by a pathologist. The term cancer includes leukaemia, lymphoma and sarcoma.</p> <p>The following are excluded -</p> <ol style="list-style-type: none"> <li>(1) Tumours showing the malignant changes of carcinoma in situ &amp; tumours which are histologically described as pre-malignant or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -2 &amp; CIN-3.</li> <li>(2) Any skin cancer other than invasive malignant melanoma</li> <li>(3) All tumours of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0.....</li> <li>(4) Papillary micro - carcinoma of the thyroid less than 1 cm in diameter</li> <li>5) Chronic lymphocytic leukaemia less than RAI stage 3</li> <li>6) Microcarcinoma of the bladder</li> <li>(7) All tumours in the presence of HIV infection.</li> </ol>





### 3. KIDNEY FAILURE

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.

### 4. MAJOR ORGAN / BONE MARROW TRANSPLANT

The actual undergoing of a transplant of:

One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or

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:

- 1) Other stem-cell transplants
- 2) Where only islets of Langerhans are transplanted

### 5. MULTIPLE SCLEROSIS WITH PERSISTING SYMPTOMS:

The definite occurrence of multiple sclerosis. The diagnosis must be supported by all of the following:

- a) Investigations including typical MRI and CSF findings, which unequivocally confirm the diagnosis to be multiple sclerosis
- b) There must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months, and
- c) Well documented clinical history of exacerbations and remissions of said symptoms or neurological deficits with at least two clinically documented episodes at least one month apart.

Other causes of neurological damage such as SLE and HIV are excluded.

### 6. CORONARY ARTERY SURGERY (CABG) Open Chest CABG

The actual undergoing of open chest surgery for the correction of one or more coronary arteries, which is/are narrowed or blocked, by coronary artery bypass graft (CABG).

The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a specialist medical practitioner. Excluded are:

- (1) Angioplasty and/or any other intra-arterial procedures
- (2) Any key-hole or laser surgery.

### 7. FIRST HEART ATTACK of specified severity

The first occurrence of an acute 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 this will be evidenced by all of the following criteria:

- a) a history of typical clinical symptoms consistent with the diagnosis of Acute Myocardial Infarction (for e.g. typical chest pain)
- b) new characteristic electrocardiogram changes
- c) elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

The following are excluded:

- (1) Non-ST-segment elevation myocardial infarction (NSTEMI) with elevation of Troponin I or T;
- (2) Other acute Coronary Syndromes
- (3) Any type of angina pectoris

### 8. 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:

- a) no response to external stimuli continuously for at least 96 hours;
- b) life support measures are necessary to sustain life; and
- c) 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.





**9. HEART VALVE REPLACEMENT**

The actual undergoing of open-heart valve surgery 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.

**10. 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.

**11. MOTOR NEURONE DISEASE WITH PERMANENT SYMPTOMS**

Motor neurone 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.

**12. Aorta Graft Surgery**

When the main artery leaving the heart, known as Aorta, is diseased, surgery is performed to remove the diseased portion, replacing it with synthetic graft. The Aorta is the main passage for oxygen rich blood to flow from heart to major organs of the body, like the brain, etc.

**13. Total Blindness**

A person losses total vision due to some condition or disease like Glaucoma, Cataract, Diabetes, etc. In case of total blindness, the condition is permanent and irreversible.

**14. Open Heart Replacement or repair of Heart Valves**

Due to defect or disease in the cardiac valve, it has to be repaired or replaced by open heart valve surgery.

Without prejudice to the exclusions mentioned elsewhere in this document, the following exclusions shall apply to the benefits admissible under this Policy:

No benefit shall be paid for the following circumstances, for the following conditions/ tests/ treatments and/or any Critical Illness directly or indirectly arising thereof or there from:

1. Benefits will not be available for any Pre- Existing Diseases or related condition(s) or any complications arising thereof for which Insured has been diagnosed, received medical treatment, had signs and / or symptoms, prior to inception of Insured's first Policy, unless such a condition is stated in the Proposal form and specifically accepted by the Insurer and endorsed thereon.

2. Insurer shall not be liable to make any payment under this Policy in connection with or in respect of any Insured Event during the Waiting Period as defined under the Policy.

3. Any diseases causing the death of the Insured within the stipulated Survival Period, measured from the date of incidence of the illness.

4. Any medical procedure or treatment, which is not medically necessary or not performed by a Medical Practitioner.

5. Any congenital External Conditions.

6. Any Covered Critical Illness arising from Birth control procedures and/ or hormone replacement therapy and any complications arising thereof from.

7. Any treatment/ surgery for change of sex or any cosmetic surgery or treatment/ surgery/ complications/ illness arising as a consequence thereof.

8. Any Covered Critical Illness arising from Treatment by a family member and self-medication or any treatment that is NOT scientifically recognized and any complications arising thereof / there from.

9. Any Covered Critical Illness arising from Treatment with alternative medicines like Ayurvedic, Homeopathy & Unani, acupuncture, acupressure, osteopath, naturopathy, chiropractic, reflexology, aromatherapy and like and any complications arising thereof / there from.

10. Attempted suicide (whether sane or insane) or intentionally self inflicted Injury or Illness.

11. Sexually transmitted conditions, mental or nervous disorder, , Acquired Immune Deficiency Syndrome (AIDS), Human Immune deficiency Virus (HIV) infection.



**GROUP HEALTH INSURANCE POLICY – POLICY SCHEDULE**

- |  |
|--|
| 12. Use/ Abuse of drugs, alcohol, or other intoxicants or hallucinogens unless properly prescribed by a Medical Practitioner and taken as prescribed.  |
| 13. War, invasion, act of foreign enemy, hostilities (whether war be declared or not), armed or unarmed truce, civil war, mutiny, rebellion, revolution, insurrection, military or usurped power, riot or civil commotion, strikes.  |
| 14. Participation in winter sports, skydiving/parachuting, hang gliding, bungee jumping, scuba diving, mountain climbing (where ropes or guides are customarily used), riding or driving in races or rallies using a motorized vehicle or bicycle, caving or pot-holing, hunting or equestrian activities, skin diving or other underwater activity, rafting or canoeing involving white water rapids, yachting or boating outside coastal waters (2 miles), participation in any Professional Sports, any bodily contact sport or any other hazardous or potentially dangerous sport for which Insured is untrained |
| 15. Infections (except pyogenic infections which shall occur through an Accidental cut or wound) or any other kind of Disease.   |
| 16. Failure to seek or follow medical advice following the diagnosis of any illness/ disease/ injury   |
| 17. Serving in any branch of the Military or Armed Forces of any country, whether in peace or War  |
| 18. Participation in a criminal or unlawful act with a criminal intent.  |
| 19. Nuclear contamination, the radioactive, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature.   |
| 20. Genetic disorders and stem cell implantation / surgery/storage.  |





**GROUP HEALTH INSURANCE POLICY – POLICY SCHEDULE**

Attached to and forming part of Group Health

**Premium Computation**

Particulars	Amount (Rs)
Gross Premium	Rs. 2,00,54,944.00
CGST: 9%	Rs. 18,04,944.96
SGST: 9%	Rs. 18,04,944.96
Final Premium	Rs. 2,36,64,833.92

Consolidated Stamp Duty paid Rs. 25.00/- towards Insurance Policy Stamps vide Order No. CSD/293/2019&CSD/295/2019/176 Dated 21-01-2019 of General Stamps Office Mumbai.

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

Signed at : Mumbai HO	For SBI General Insurance Company Limited
Date : 16-01-2021	Signatory : 

**Important Note:**

Please examine this Policy including its attached Schedules/ Annexure if any. In the event of any discrepancy, contact the office of the Company 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 irrespective of whether a separate communication is sent or not.

Any claim arising or related to consequences of the pre-existing diseases is excluded from the scope of policy cover unless the same is covered on payment of premium and coverage terms mentioned in the schedule.

This is a Contract between the Company and the Insured Person(s). The Insured Person(s) shall not transfer, assign, alienate or in any way pass the benefits and /or liabilities to any other person, institution, hospital, company or body corporate without specific approval in writing by a duly authorised officer of the company. However, if the Insured Person(s) is permanently incapacitated or deceased, the legal heirs of the insured may represent him in respect of claim under the policy.

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



**GROUP HEALTH INSURANCE POLICY – POLICY SCHEDULE**

**Attached to and forming part of Group Health**

**INTIMATING A CLAIM**

For Intimating a Claim with us please contact us through the following channels:

Phone: 1800-102-1111/1800-22-1111(Toll Free 8:00 am to 8:00 pm from Monday to Saturday)

E mail - [customer.care@sbigeneral.in](mailto:customer.care@sbigeneral.in)

Facsimile - 1800-102-7244/1800-22-7244(Toll Free)

**CLAIM SETTLEMENT**

The Company will settle the claim under this policy within 30 days from the date of receipt of necessary documents required for assessing the claim. In the event that the Company decides to reject a claim made under this policy, the Company shall do so within a period of thirty days of the Investigation Report or the additional Investigation Report, as the case may be, in accordance with the provisions of Protection of Policyholders' Interest Regulations 2017

