

To

CANARA BANK RETIRED OFFICERS ASSOCIATION
1 & 70, FIRST FLOOR, P. B. NO. 1162, 9TH MAIN
III BLOCK, JAYANAGAR, BENGALURU
Bangalore, KARNATAKA - 560011, INDIA

Date : 30-11-2023

Subject : Policy Number : 4101231100000239-00

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.

Customer ID : C15598

Policy Number : 4101231100000239-00

The Postal Address of your SBI General Branch that will service you in future is :
GROUND FLOOR, PEOPLES EDUCATION SOCIETY, PRIN N M KALE MARG GOKHALE ROAD, DADAR MUMBAI 400028

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

SBI General Insurance Company Ltd., Registered Office: & Corporate
Office: SBI General Insurance Company Ltd. 9th Floor, A&B Wing, Fulcrum
Building, Sahar Road, Andheri East, Mumbai-400099.

GROUP HEALTH INSURANCE POLICY - POLICY SCHEDULE
UIN - SBIHLGP21330V022021

SCHEDULE

Policy No : 4101231100000239-00	Servicing Branch Office : GROUND FLOOR, PEOPLES EDUCATION SOCIETY, PRIN N M KALE MARG GOKHALE ROAD,DADAR MUMBAI 400028	Issue Date : 30-11-2023
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Intermediary Details :

Intermediary Name	K M Dastur Reinsurance Brokers Pvt Ltd	
Intermediary Code	0001526	
Intermediary Contact Details	Mobile No.	Landline No.

Insured Details :

Name of the Insured/Proposer	:	CANARA BANK RETIRED OFFICERS ASSOCIATION
Address	:	# 1 & 70, FIRST FLOOR, P. B. NO. 1162, 9TH MAIN III BLOCK, JAYANAGAR, BENGALURU Bangalore, KARNATAKA - 560011, INDIA
Period of Insurance	:	From 01-11-2023 (00:00:00 Hrs) to 31-10-2024 (23:59:59 Hrs)
Previous insurance policy no, if any	:	N/A
Name of the Administrator / TPA	:	MEDI ASSIST INSURANCE TPA PRIVATE LTD
No of Primary Insured Persons covered	:	1389 Employees
Total No of Insured Persons Covered	:	2587 [Commencement of Policy]
Total Sum Insured	:	526,300,000.00
Details of Insured Persons	:	As per annexure attached
Compulsory Co-pay (If Applicable)	:	As per Category Sheet (Annexure A)
Add on Covers Opted	:	As per Category Sheet (Annexure A)
GST No	:	
Coinsurance Details	:	100.00%

GROUP HEALTH INSURANCE POLICY - POLICY SCHEDULE

Attached to and forming part of Group Health Policy No 4101231100000239-00

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

* Cashless and Reimbursement Policy.

* Special Condition - This is Topup policy and claims are payable under this policy after 3 Lakhs Aggregate deductible. Deductible would be calculated basis this policy terms and conditions only

* Domiciliary Hospitalization - Domiciliary Hospitalization not covered

* Pre & Post Hospitalization - Pre/Post Hospitalisation of 30/90 days respectively

* Family Definition - No Age limit. All Retired employees and Spouse covered

Family Definition as per plan opted from below options.

Option 1 (1+1) ? Self + Spouse

Option 2 (1) ? Only Self

* Pre existing waiting period waived - Pre-Existing diseases covered from day day.

* First 30 days waiting period waived - First 30 days waiting period waived off.

* First Year Waiting period waived - First year waiting period waived off

* Maternity Benefit - Maternity Not covered

* Ambulance charges- Covered upto Rs. 2,500 per hospitalization

* Co-Payment - Nil

* AYUSH Treatment - AYUSH Treatment covered if treatment is taken in Government & Govt.

Recognized hospitals subject to minimum 24 hrs hospitalization

* Room Rent Capping - Room rent restricted to Single AC room for Normal and ICU as per actuals.

In case insured opts for a higher room category than eligibility:

1) For normal Room : Proportionate deductions will be applicable on defined nullassociate medical expenses. 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

2) For admission in ICU / ICCU - proportionate deduction will only be done on the ICU / ICCU room rent, and not on any other associated medical expenses etc

* Advance Procedures - Covered wherever Medically Indicated either as in patient or as part of day care treatment in a hospital up to 50% of Sum Insured? for below mentioned procedure

A. Uterine Artery Embolization and HIFU (High Intensity Focused Ultrasound)

B. Balloon Sinuplasty

C. Deep Brain Stimulation

D. Oral Chemotherapy

E. Immunotherapy - Monoclonal Antibody to be given as injection

F. Intra Vitreal Injections

G. Robotic Surgeries

H. Stereotactic Radio Surgeries

I. Bronchial Thermoplasty

J. Vaporisation of the Prostrate (Green Laser Treatment or Holmium Laser Treatment)

K. IONM - (Intra Operative Neuro Monitoring)

GROUP HEALTH INSURANCE POLICY - POLICY SCHEDULE

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L. Stem Cell Therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered Corporate Buffer not to be utilised for above ailments/ Procedure

- * Hospitalization arising out of Terrorism - Covered
- * Disease wise cappings - No disease wise cappings applicable
- * Coverage applicable is as per the benefit chart, annexure A attached along with.
- * All other terms and conditions as per Group Health Insurance Policy wordings.

* Beneficiary name for issue of claim cheques will be assumed as name of the corporate unless otherwise specified. Any additions for new employee, spouse/ children would be allowed within 30 days of date of joining, marriage / birth respectively.

* Additional premium for each additional member. Per person premium would be provided by Group Underwriter once the quote is finalized. The list of members submitted at the inception of the policy will be considered as final.

* Client to ensure that they maintain sufficient CD balance though out the policy period to avoid 64vb compliance issue at the time of endorsements.

* Non-disclosure of facts material to the assessment of the risk or providing misleading information will nullify the cover under the policy issued thereafter. We reserve the right to charge extra premium / cancel the policy. If there are any additions / alterations to the shared data" after the submission of this quotation, then the same will be communicated to the insurer immediately in writing to revalidate the quote.

* Retired Employees shall be covered from date of retirement subject to availability of sufficient CD balance being maintained with insurer and subject to intimation received within 60 days of window period for addition for new retirees during the policy period

* Addition/deletion shall be done on prorata basis once in a month only subject to data being provided to us by 15th of succeeding month (or predecided date) subject to sufficient CD balance being maintained

* Mis term addition of existing retired employees not allowed in current policy and also for next 2 policies.

* The policy excludes treatment/coverage of Cochlear Implant Procedure, Femtolaser, Retrograde intra renal surgery, Quantum magnetic resonance therapy, Holter monitoring unless otherwise specifically covered as per Policy Schedule.

* External Congenital diseases covered for Life threatening conditions :-

1. inguinal and abdominal Hernia
2. Casudal Regression Syndrome
3. Imperforate Anus
4. Spina Bifida
5. Congenital Cataract
6. Bicronal Cranio Synthesis

Above will be consider as life threatning and can be covered. Other conditions will be out of scope of the policy.

* No individual can be covered more than once in the policy ? specifically if an employee and spouse are working for the same organization both cannot cover each other. In case at the time of claim it is found that the member is covered more than once, a deletion endorsement (without any refund) of such member will be effected to ensure he/she is covered only once.

GROUP HEALTH INSURANCE POLICY - POLICY SCHEDULE

Attached to and forming part of Group Health Policy No 4101231100000239-00

*Mid term increase in SI is not allowed. (No change in sum insured/ no addition of any new sum insured slab allowed after commensment of policy)

*Administration/ Registration/ Service Charges & Misc. Charges are not payable

*Reasonable and Customary Charges will be applied on re-imburement claims from non network hospitals where medical treatment taken by the Insured Person during the Policy Period following an Illness or Injury that occurs during the Policy Period, subject to availability of the Sum Insured and any specific limits specified in the Schedule of Benefits and the terms, conditions and exclusions specified in the Policy document.

* In case there is per family rate chart then in final data employee vs Dependent ratio should be same as data given at the time of quotation. In case there is change in ratio then rate chart is liable to change.

* Group to Retail portability clause Continuity benefit will be provided as per retail medical underwriter.

* In case of deletion, there will be no refund for members/Families who have claimed. In case of deletion, if intimation will be provided later than the DOL and any claim has been taken by the member in that period, Recovery of the claim amount need to be made from the corporate.

* Any Doctors/ Surgeons fees charged/paid over and above the Hospital Standard Tariff/Package stand excluded from the scope of the policy. In case of Chamber cases or outside visiting consultant has conducted the surgery or is being consulted, Insurance company would be liable to pay up to the agreed tariff/ package rates with the hospital. The over & above limit will have to be borne by the customer .

GROUP HEALTH INSURANCE POLICY - POLICY SCHEDULE

Attached to and forming part of Group Health Policy No 4101231100000239-00

Premium Computation

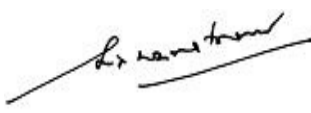
Particulars	Amount (INR)
Gross Premium	12,966,201.70
IGST : @18.00%	2,333,916.31
Final Premium	15,300,118.01

Collection Details: Receipt No. 4401231100000658

Receipt Date. 30-11-2023

Consolidated Stamp Duty paid INR 100.0/- towards Insurance Policy Stamps vide Order No. CSD/110/2023 dt 28.08.2023 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 : 30-11-2023	Signatory : 

GROUP HEALTH INSURANCE POLICY - POLICY SCHEDULE

Attached to and forming part of Group Health Policy No 4101231100000239-00

Important Note :

Please examine this Policy including its attachment Schedule/ 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 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 disease 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 Policy No 4101231100000239-00

ANNEXURE 'A' (Category Chart)

Group	SI 7 LACS SELF
Covers	LIMITS
Family Definition	Floater option SELF + SPOUSE.
Type of Cover	Family Floater
Sum Insured	700,000.00
IN-PATIENT	Maximum limit : 700,000.00
PRE-EXISTING DISEASE	Maximum limit : 700,000.00
BED LIMIT	Maximum limit : 700,000.00
INTENSIVE CARE UNIT	Maximum limit : 700,000.00
AMBULANCE ONLY	Maximum limit : 2,500.00
First year exclusion waiver	Yes
30 Days exclusion waiver	Yes
Pre Hospitalization	Yes 30.0 day(s)
Post Hospitalization	Yes 90.0 day(s)
COPAY	Network/Non-Network copay not applicable

GROUP HEALTH INSURANCE POLICY - POLICY SCHEDULE

Attached to and forming part of Group Health Policy No 4101231100000239-00

ANNEXURE 'A' (Category Chart)

Group	SI 10 LACS SELF SPOUSE
Covers	LIMITS
Family Definition	Floater option SELF + SPOUSE.
Type of Cover	Family Floater
Sum Insured	1,000,000.00
IN-PATIENT	Maximum limit : 1,000,000.00
PRE-EXISTING DISEASE	Maximum limit : 1,000,000.00
BED LIMIT	Maximum limit : 1,000,000.00
INTENSIVE CARE UNIT	Maximum limit : 1,000,000.00
AMBULANCE ONLY	Maximum limit : 2,500.00
First year exclusion waiver	Yes
30 Days exclusion waiver	Yes
Pre Hospitalization	Yes 30.0 day(s)
Post Hospitalization	Yes 90.0 day(s)
COPAY	Network/Non-Network copay not applicable

GROUP HEALTH INSURANCE POLICY - POLICY SCHEDULE

Attached to and forming part of Group Health Policy No 4101231100000239-00

ANNEXURE 'A' (Category Chart)

Group	SI 1 LACS SELF
Covers	LIMITS
Family Definition	Floater option SELF + SPOUSE.
Type of Cover	Family Floater
Sum Insured	100,000.00
IN-PATIENT	Maximum limit : 100,000.00
PRE-EXISTING DISEASE	Maximum limit : 100,000.00
BED LIMIT	Maximum limit : 100,000.00
INTENSIVE CARE UNIT	Maximum limit : 100,000.00
AMBULANCE ONLY	Maximum limit : 2,500.00
First year exclusion waiver	Yes
30 Days exclusion waiver	Yes
Pre Hospitalization	Yes 30.0 day(s)
Post Hospitalization	Yes 90.0 day(s)
COPAY	Network/Non-Network copay not applicable

GROUP HEALTH INSURANCE POLICY - POLICY SCHEDULE

Attached to and forming part of Group Health Policy No 4101231100000239-00

ANNEXURE 'A' (Category Chart)

Group	SI 6 LACS SELF SPOUSE
Covers	LIMITS
Family Definition	Floater option SELF + SPOUSE.
Type of Cover	Family Floater
Sum Insured	600,000.00
IN-PATIENT	Maximum limit : 600,000.00
PRE-EXISTING DISEASE	Maximum limit : 600,000.00
BED LIMIT	Maximum limit : 600,000.00
INTENSIVE CARE UNIT	Maximum limit : 600,000.00
AMBULANCE ONLY	Maximum limit : 2,500.00
First year exclusion waiver	Yes
30 Days exclusion waiver	Yes
Pre Hospitalization	Yes 30.0 day(s)
Post Hospitalization	Yes 90.0 day(s)
COPAY	Network/Non-Network copay not applicable

GROUP HEALTH INSURANCE POLICY - POLICY SCHEDULE

Attached to and forming part of Group Health Policy No 4101231100000239-00

ANNEXURE 'A' (Category Chart)

Group	SI 5 LACS SELF SPOUSE
Covers	LIMITS
Family Definition	Floater option SELF + SPOUSE.
Type of Cover	Family Floater
Sum Insured	500,000.00
IN-PATIENT	Maximum limit : 500,000.00
PRE-EXISTING DISEASE	Maximum limit : 500,000.00
BED LIMIT	Maximum limit : 500,000.00
INTENSIVE CARE UNIT	Maximum limit : 500,000.00
AMBULANCE ONLY	Maximum limit : 2,500.00
First year exclusion waiver	Yes
30 Days exclusion waiver	Yes
Pre Hospitalization	Yes 30.0 day(s)
Post Hospitalization	Yes 90.0 day(s)
COPAY	Network/Non-Network copay not applicable

GROUP HEALTH INSURANCE POLICY - POLICY SCHEDULE

Attached to and forming part of Group Health Policy No 4101231100000239-00

ANNEXURE 'A' (Category Chart)

Group	SI 2 LACS SELF SPOUSE
Covers	LIMITS
Family Definition	Floater option SELF + SPOUSE.
Type of Cover	Family Floater
Sum Insured	200,000.00
IN-PATIENT	Maximum limit : 200,000.00
PRE-EXISTING DISEASE	Maximum limit : 200,000.00
BED LIMIT	Maximum limit : 200,000.00
INTENSIVE CARE UNIT	Maximum limit : 200,000.00
AMBULANCE ONLY	Maximum limit : 2,500.00
First year exclusion waiver	Yes
30 Days exclusion waiver	Yes
Pre Hospitalization	Yes 30.0 day(s)
Post Hospitalization	Yes 90.0 day(s)
COPAY	Network/Non-Network copay not applicable

GROUP HEALTH INSURANCE POLICY - POLICY SCHEDULE

Attached to and forming part of Group Health Policy No 4101231100000239-00

ANNEXURE 'A' (Category Chart)

Group	SI 3 LACS SELF
Covers	LIMITS
Family Definition	Floater option SELF + SPOUSE.
Type of Cover	Family Floater
Sum Insured	300,000.00
IN-PATIENT	Maximum limit : 300,000.00
PRE-EXISTING DISEASE	Maximum limit : 300,000.00
BED LIMIT	Maximum limit : 300,000.00
INTENSIVE CARE UNIT	Maximum limit : 300,000.00
AMBULANCE ONLY	Maximum limit : 2,500.00
First year exclusion waiver	Yes
30 Days exclusion waiver	Yes
Pre Hospitalization	Yes 30.0 day(s)
Post Hospitalization	Yes 90.0 day(s)
COPAY	Network/Non-Network copay not applicable

GROUP HEALTH INSURANCE POLICY - POLICY SCHEDULE

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ANNEXURE 'A' (Category Chart)

Group	SI 5 LACS SELF
Covers	LIMITS
Family Definition	Floater option SELF + SPOUSE.
Type of Cover	Family Floater
Sum Insured	500,000.00
IN-PATIENT	Maximum limit : 500,000.00
PRE-EXISTING DISEASE	Maximum limit : 500,000.00
BED LIMIT	Maximum limit : 500,000.00
INTENSIVE CARE UNIT	Maximum limit : 500,000.00
AMBULANCE ONLY	Maximum limit : 2,500.00
First year exclusion waiver	Yes
30 Days exclusion waiver	Yes
Pre Hospitalization	Yes 30.0 day(s)
Post Hospitalization	Yes 90.0 day(s)
COPAY	Network/Non-Network copay not applicable

GROUP HEALTH INSURANCE POLICY - POLICY SCHEDULE

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ANNEXURE 'A' (Category Chart)

Group	SI 4 LACS SELF
Covers	LIMITS
Family Definition	Floater option SELF + SPOUSE.
Type of Cover	Family Floater
Sum Insured	400,000.00
IN-PATIENT	Maximum limit : 400,000.00
PRE-EXISTING DISEASE	Maximum limit : 400,000.00
BED LIMIT	Maximum limit : 400,000.00
INTENSIVE CARE UNIT	Maximum limit : 400,000.00
AMBULANCE ONLY	Maximum limit : 2,500.00
First year exclusion waiver	Yes
30 Days exclusion waiver	Yes
Pre Hospitalization	Yes 30.0 day(s)
Post Hospitalization	Yes 90.0 day(s)
COPAY	Network/Non-Network copay not applicable

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ANNEXURE 'A' (Category Chart)

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Covers	LIMITS
Family Definition	Floater option SELF + SPOUSE.
Type of Cover	Family Floater
Sum Insured	400,000.00
IN-PATIENT	Maximum limit : 400,000.00
PRE-EXISTING DISEASE	Maximum limit : 400,000.00
BED LIMIT	Maximum limit : 400,000.00
INTENSIVE CARE UNIT	Maximum limit : 400,000.00
AMBULANCE ONLY	Maximum limit : 2,500.00
First year exclusion waiver	Yes
30 Days exclusion waiver	Yes
Pre Hospitalization	Yes 30.0 day(s)
Post Hospitalization	Yes 90.0 day(s)
COPAY	Network/Non-Network copay not applicable

GROUP HEALTH INSURANCE POLICY - POLICY SCHEDULE

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ANNEXURE 'A' (Category Chart)

Group	SI 1 LACS SELF SPOUSE
Covers	LIMITS
Family Definition	Floater option SELF + SPOUSE.
Type of Cover	Family Floater
Sum Insured	100,000.00
IN-PATIENT	Maximum limit : 100,000.00
PRE-EXISTING DISEASE	Maximum limit : 100,000.00
BED LIMIT	Maximum limit : 100,000.00
INTENSIVE CARE UNIT	Maximum limit : 100,000.00
AMBULANCE ONLY	Maximum limit : 2,500.00
First year exclusion waiver	Yes
30 Days exclusion waiver	Yes
Pre Hospitalization	Yes 30.0 day(s)
Post Hospitalization	Yes 90.0 day(s)
COPAY	Network/Non-Network copay not applicable

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Covers	LIMITS
Family Definition	Floater option SELF + SPOUSE.
Type of Cover	Family Floater
Sum Insured	300,000.00
IN-PATIENT	Maximum limit : 300,000.00
PRE-EXISTING DISEASE	Maximum limit : 300,000.00
BED LIMIT	Maximum limit : 300,000.00
INTENSIVE CARE UNIT	Maximum limit : 300,000.00
AMBULANCE ONLY	Maximum limit : 2,500.00
First year exclusion waiver	Yes
30 Days exclusion waiver	Yes
Pre Hospitalization	Yes 30.0 day(s)
Post Hospitalization	Yes 90.0 day(s)
COPAY	Network/Non-Network copay not applicable

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Group	SI 6 LACS SELF
Covers	LIMITS
Family Definition	Floater option SELF + SPOUSE.
Type of Cover	Family Floater
Sum Insured	600,000.00
IN-PATIENT	Maximum limit : 600,000.00
PRE-EXISTING DISEASE	Maximum limit : 600,000.00
BED LIMIT	Maximum limit : 600,000.00
INTENSIVE CARE UNIT	Maximum limit : 600,000.00
AMBULANCE ONLY	Maximum limit : 2,500.00
First year exclusion waiver	Yes
30 Days exclusion waiver	Yes
Pre Hospitalization	Yes 30.0 day(s)
Post Hospitalization	Yes 90.0 day(s)
COPAY	Network/Non-Network copay not applicable

GROUP HEALTH INSURANCE POLICY - POLICY SCHEDULE

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ANNEXURE 'A' (Category Chart)

Group	SI 9 LACS SELF SPOUSE
Covers	LIMITS
Family Definition	Floater option SELF + SPOUSE.
Type of Cover	Family Floater
Sum Insured	900,000.00
IN-PATIENT	Maximum limit : 900,000.00
PRE-EXISTING DISEASE	Maximum limit : 900,000.00
BED LIMIT	Maximum limit : 900,000.00
INTENSIVE CARE UNIT	Maximum limit : 900,000.00
AMBULANCE ONLY	Maximum limit : 2,500.00
First year exclusion waiver	Yes
30 Days exclusion waiver	Yes
Pre Hospitalization	Yes 30.0 day(s)
Post Hospitalization	Yes 90.0 day(s)
COPAY	Network/Non-Network copay not applicable

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ANNEXURE 'A' (Category Chart)

Group	SI 7 LACS SELF SPOUSE
Covers	LIMITS
Family Definition	Floater option SELF + SPOUSE.
Type of Cover	Family Floater
Sum Insured	700,000.00
IN-PATIENT	Maximum limit : 700,000.00
PRE-EXISTING DISEASE	Maximum limit : 700,000.00
BED LIMIT	Maximum limit : 700,000.00
INTENSIVE CARE UNIT	Maximum limit : 700,000.00
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ANNEXURE 'A' (Category Chart)

Group	SI 2 LACS SELF
Covers	LIMITS
Family Definition	Floater option SELF + SPOUSE.
Type of Cover	Family Floater
Sum Insured	200,000.00
IN-PATIENT	Maximum limit : 200,000.00
PRE-EXISTING DISEASE	Maximum limit : 200,000.00
BED LIMIT	Maximum limit : 200,000.00
INTENSIVE CARE UNIT	Maximum limit : 200,000.00
AMBULANCE ONLY	Maximum limit : 2,500.00
First year exclusion waiver	Yes
30 Days exclusion waiver	Yes
Pre Hospitalization	Yes 30.0 day(s)
Post Hospitalization	Yes 90.0 day(s)
COPAY	Network/Non-Network copay not applicable

GROUP HEALTH INSURANCE POLICY - POLICY SCHEDULE

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ANNEXURE 'A' (Category Chart)

Group	SI 8 LACS SELF SPOUSE
Covers	LIMITS
Family Definition	Floater option SELF + SPOUSE.
Type of Cover	Family Floater
Sum Insured	800,000.00
IN-PATIENT	Maximum limit : 800,000.00
PRE-EXISTING DISEASE	Maximum limit : 800,000.00
BED LIMIT	Maximum limit : 800,000.00
INTENSIVE CARE UNIT	Maximum limit : 800,000.00
AMBULANCE ONLY	Maximum limit : 2,500.00
First year exclusion waiver	Yes
30 Days exclusion waiver	Yes
Pre Hospitalization	Yes 30.0 day(s)
Post Hospitalization	Yes 90.0 day(s)
COPAY	Network/Non-Network copay not applicable

GROUP HEALTH INSURANCE POLICY - POLICY SCHEDULE

Attached to and forming part of Group Health Policy No 4101231100000239-00

ANNEXURE 'A' (Category Chart)

Group	SI 10 LACS SELF
Covers	LIMITS
Family Definition	Floater option SELF + SPOUSE.
Type of Cover	Family Floater
Sum Insured	1,000,000.00
IN-PATIENT	Maximum limit : 1,000,000.00
PRE-EXISTING DISEASE	Maximum limit : 1,000,000.00
BED LIMIT	Maximum limit : 1,000,000.00
INTENSIVE CARE UNIT	Maximum limit : 1,000,000.00
AMBULANCE ONLY	Maximum limit : 2,500.00
First year exclusion waiver	Yes
30 Days exclusion waiver	Yes
Pre Hospitalization	Yes 30.0 day(s)
Post Hospitalization	Yes 90.0 day(s)
COPAY	Network/Non-Network copay not applicable

GROUP HEALTH INSURANCE POLICY - POLICY SCHEDULE

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ANNEXURE 'B'

Sr No	Name of the Insurance Company	Co-Insurance Share (%)	Base Premium (In INR)	Tax (In INR)	Final Premium (In INR)
1	SBI General Insurance Co. Ltd.-SBI	100.00	12,966,201.70	2,333,916.31	15,300,118.01
Total		100.00	12,966,201.70	2,333,916.31	15,300,118.01

GROUP HEALTH INSURANCE POLICY - POLICY SCHEDULE

Attached to and forming part of Group Health Policy No 4101231100000239-00

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)
Email - 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 Survey Report or the additional Survey Report, as the case may be, in accordance with the provisions of Protection of Policyholder's Interest Regulations 2017.