

To

Date : 31-07-2020

M/S. VIGNAN'S INSTITUTE OF INFORMATION TECHNOLOGY (A UNIT OF LAVU
EDUCATION SOCIETY)

D.NO. 8-1-13, OPP A U REGISTRAR OFFICE, SIRIPURAM,
ANDHRA PRADESH,
Vishakapatnam, ANDHRA PRADESH - 530003, INDIA

Subject : Policy Number : 4101190700000080-01

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.

Customer ID : C03974

Policy Number : 4101190700000080-01

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

SBI GENERAL INSURANCE CO LTD - VIZAG, SBI General Insurance Co LTD, Door No : 47-14- 6 ,
Dwarakamai, 2nd floor , Above SBI Dwarka Nagar Branch, Vizag- 530016, Andhra Pradesh, ANDHRA
PRADESH, INDIA-0, INDIA.

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 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
UIN - IRDA/NL-HLT/SBIGI/P-H/V.1/39/13-14

SCHEDULE

Policy No : 4101190700000080-01	Servicing Branch Office : SBI GENERAL INSURANCE CO LTD - VIZAG, SBI General Insurance Co LTD, Door No : 47-14- 6 , Dwarakamai, 2nd floor ,Above SBI Dwarka Nagar Branch, Vizag- 530016, Andhra Pradesh, ,ANDHRA PRADESH, INDIA-0, INDIA.	Issue Date : 31-07-2020
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Intermediary Details :

Intermediary Name	SME Direct 2	
Intermediary Code	109372	
Intermediary Contact Details	Mobile No.	Landline No.

Insured Details :

Name of the Insured/Proposer	:	M/S. VIGNAN'S INSTITUTE OF INFORMATION TECHNOLOGY (A UNIT OF LAVU EDUCATION SOCIETY)
Address	:	D.NO. 8-1-13, OPP A U REGISTRAR OFFICE, SIRIPURAM, ANDHRA PRADESH, Vishakapatnam, ANDHRA PRADESH - 530003, INDIA
Period of Insurance	:	From 26-07-2020 (00:00:00 Hrs) to 25-07-2021 (23:59:59 Hrs)
Previous insurance policy no, if any	:	4101190700000080-00
Name of the Administrator / TPA	:	MEDI ASSIST INSURANCE TPA PRIVATE LTD
No of Primary Insured Persons covered	:	368 Employees
Total No of Insured Persons Covered	:	556 [Commencement of Policy]
Total Sum Insured	:	92,000,000.00
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 4101190700000080-01

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

- * Pre/Post Hospitalisation of 30/60 days respectively.
- * Cashless and Reimbursement Policy.
- * Pre-Existing Diseases exclusion waiver waived for all members, First 30 Days Exclusion waiver waived for all members. 1st Year exclusion waiver waived for all members.
- * Employees shall be covered from DOJ subject to availability of sufficient CD balance being maintained with insurer.
- * 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.
- * Mid term increase in SI is not allowed.
- * Mid term inclusion of Spouse shall only be allowed only in case of marriage. The same is to be intimated to us within 30 days from date of marriage.
- * No individual can be covered more than once in the policy. 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..
- * The policy excludes treatment with or coverage of Inj. Bevacizumab (e.g Avastin) , Inj. Ranibizumab (e.g Lucentis), Injection Remicade, Oral Chemotherapy, Cyber Knife treatment, Stem cell therapy, Cochlear Implant Procedure, Femtolaser, Robotic surgery, Retrograde intra renal surgery, Lasik treatment for refractive error, Quantum magnetic resonance therapy, Toric Lens, KT Laser Prostate, Holter monitoring unless otherwise specifically covered as per Policy Schedule.
- * For all admissible claims where treatment is taken at hospitals/nursing homes which are not in the list of network hospitals empanelled by the Company/Administrator, insured person shall bear 10% of the eligible admissible claim.
- * Administration/ Registration/ Service Charges & Misc. Charges are not payable

- * Minimum and Maximum age at entry for Employee are 18 years and 65 years respectively. Exception: Self and spouses aging >65 can be covered subject being part of Expiring policy.
- * Maternity Benefit cover for employee and spouse only. Upto 2 living births only. Normal delivery limit: Rs. 20,000/- and caesarean section limit: Rs. 30,000/-. Pre and post Natal expenses are covered upto 5000/- within Maternity Limit on IPD basis.
- * 9 months waiting period waived for all
- * Domiciliary Hospitalization covered upto 20% of SI to a maximum of Rs. 20000
- * Congenital internal disease cover Covered for within floater SI
- * Ambulance charges Ambulance charges payable upto 1% of Sum Insured subject to maximum. upto Rs. 2,000 per claim for insured's transportation to nearest hospital on physician's advice
- * Room Rent Capping covered upto 1% of SI or RS 3000/- whichever is lower per day for hospital stay in non ICU room and 2% of SI or Rs 6000/- per day whichever is lower for hospital stay in ICU. In an event of hospitalization into ICU or Non ICU room at rates exceeding the aforesaid limits, the reimbursement/payment of all other expenses incurred at the Hospital, with the exception of cost of medicines and implants, shall be made in the same proportion as the admissible room rate per day bears to the actual room rate per day (including but not limited to boarding and nursing expenses).
- * Coverage applicable is as per the benefit chart, annexure A attached along with.

GROUP HEALTH INSURANCE POLICY - POLICY SCHEDULE

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* All other terms and conditions as per Group Health Insurance Policy wordings as attached.

GROUP HEALTH INSURANCE POLICY - POLICY SCHEDULE

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Premium Computation


Particulars	Amount (INR)
Gross Premium	749,730.10
CGST : @9.00%	67,475.71
SGST : @9.00%	67,475.71
Final Premium	884,999.52

Collection Details: Receipt No. 4401190800000001

Receipt Date. 01-08-2019

Consolidated Stamp Duty paid INR 12.5/- towards Insurance Policy Stamps vide Order No. CSD/360/2019/917/19 Dated 13-03-2019 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 : 31-07-2019	Signatory : 

GROUP HEALTH INSURANCE POLICY - POLICY SCHEDULE

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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

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ANNEXURE 'A' (Category Chart)

Group	SI 2.5 LACS R1
Covers	LIMITS
Family Definition	Floater option SELF + SPOUSE.
Type of Cover	Family Floater
Sum Insured	250,000.00
IN-PATIENT	Maximum limit : 250,000.00
CONGENITAL DISEASE	Maximum limit : 250,000.00
PRE-EXISTING DISEASE	Maximum limit : 250,000.00
DOMICILIARY	Maximum limit : 20,000.00
MATERNITY	Maximum limit : 20,000.00
PRE-NATAL AND POST-NATAL COMBINED	Maximum limit : 20,000.00
MATERNITY (CAESAREAN)	Maximum limit : 30,000.00
PRE-NATAL AND POST-NATAL COMBINED	Maximum limit : 30,000.00
BED LIMIT	Maximum limit : 2,500.00
INTENSIVE CARE UNIT	Maximum limit : 5,000.00
AMBULANCE ONLY	Maximum limit : 2,000.00
First year exclusion waiver	Yes
30 Days exclusion waiver	Yes
COPAY	Yes, Network/Non-Network copay not applicable

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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			
Total		100.00			

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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.