



Anand Rathi Insurance Brokers Limited

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SBI GMC POLICY FAQ

FAQ for SBI GMC Policy 2024-25



Sl.	Question	Answer
1	Who can take the Insurance Policy?	SBI Retirees, Future Retirees , Family pensioners, Retirees of e-ABS) who are not having IBA policy as on 31.Dec.2023, their spouses and financially dependent and specially abled child/children (if any , as per the disability certified by the Bank as per its guidelines.
2	Whether any Retiree who was not the member of any of the Policies earlier can join the Policy B now irrespective of age?	Yes, there is no age restriction, and they can opt for any Sum Insured either under Base Policy or under Additional Super Top. Super Top of Rs. 6 lacs. would be given by the Bank for any of the Sum Insured chosen.
3	If there is only one member, whether there is any rebate in premium?	No, it is a Family Floater Policy, and the Premium is per family irrespective of no. of members in the family.
4	In case a Primary Member has expired during the expiring Policy, who would apply on the HRMS Portal	The name of the Primary Member should be deleted from HRMS records and Spouse would become Family Pensioner. Spouse would apply on the HRMS Portal.

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FAQ for SBI GMC Policy 2024-25



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Sl.	Question	Answer
5	Whether one can change the Sum Insured either under Base Policy or the Additional Super Top Up at the time of renewal?	Yes. One can go from top to bottom or from bottom to top. However, for those who opt for higher Sum Insured, there would be waiting period of 30 days for the additional sum insured.
6	Whether a Policy A member who is having sufficient residual balance in his REMBS account can join the Policy B ?	Yes.
7	Whether a Policy A member can join Policy B anytime during the currency of Policy?	No, they can join Policy B only at the commencement of cover i.e., 16 th Jan'2024.
8	Who can join the Critical Illness Plan?	Those whose completed age is below 65 years as on 15.01.2024 can join the Plan. Those who have completed 65 yrs. but below 66 yrs. cannot join the scheme.

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FAQ for SBI GMC Policy 2024-25



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Sl.	Question	Answer
9	Who is covered under Critical Illness Plan- Primary Member only or the Family Members also?	The cover is on floater basis for Rs. 5 lacs and all family members are covered under the Plan. If any of the family member contracts any of the 14 listed diseases under Critical Illness Plan, they get a lump sum payment of Rs. 5 lacs provided the other Policy T & C are complied with. Once the amount is paid, the Sum Insured for the year is exhausted and no further claim during the year would be admissible.
10	If one avails a claim under Critical Illness Plan during the year, whether one can have Critical Illness Plan for the next year renewal?	Yes. However, the ailment for which he has been paid claim would be excluded from the scope of the cover as that ailment becomes pre-existing and there is one time payment of the said ailment only.
11	Whether one has to submit bills / Cash memos for claiming under Critical Illness Plan?	No, on contraction of any of the 14 listed ailments and after waiting period of 90 days (waiting period is not applicable for those who were members of Critical Illness Plan in the expiring Policy) and survival period of 30 days after the first detection of disease, a lump sum payment of Rs. 5 lacs is made. Payment under the Critical Illness Plan has nothing to do with the expenses whilst undergoing treatment of the ailment. All the expenses whilst undergoing treatment would be taken care of under Base Policy or the Super Top Up or Additional Super Top as the case may be.

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FAQ for SBI GMC Policy 2024-25



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SI	Question	Answer
12	If one is the member of Critical Illness Plan in the expiring Policy and during this period his/her age crosses 65 yrs., will he/she get the coverage?	Yes, provided the renewal is done in time on or before 15 th January'2024 and there is no break in Insurance.
13	If the primary member is below 65 yrs., but the Spouse is over 65 yrs., whether the Critical Illness Plan would be available to all?	Yes. Only the Primary Member has to be below 65 yrs. as on the date of renewal i.e., 15 th January'2024.
14	If one does not claim under Critical Illness Plan, whether the Sum Insured would be carried forward to the next year?	No, it is annual premium, and the risk is also for one year. Every year fresh premium has to be paid as per the premium structure for the said year. In all General Insurance Policies any unutilized Sum Insured of the expiring policy is forfeited on the risk end date.
15	Whether the ailments covered under Critical Illness Plan are covered under Base Policy / Super Top Up / Additional Super Top Up?	All the ailments which are covered under Critical Illness Plan are very much covered under Base Policy / Super Top Up / Additional Super Top Up.

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FAQ for SBI GMC Policy 2024-25



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SI	Question	Answer
16	What is the difference between Waiting Period of 90 days & Survival Period of 30 days under Critical Illness Plan?	Those who are opting for the Critical Illness Plan for the first time, no claim would be admissible for first 90 days after the commencement of cover. This is called Waiting Period. Once the Member contracts any of the 14 listed diseases after waiting period of 90 days, he must survive for 30 days after the first detection of the disease. This is called Survival Period.
17	Whether one can have Critical Illness Plan on Standalone basis without having Base Cover?	No.
18	If a member is living abroad or away from Pension Branch/ AO or not in a position to move from home, how can one get oneself enrolled under Policy B?	The Member has to get enrolled through HRMS Portal. The OTP for validating the records would be received both at the registered Mobile No. & E Mail.
19	Whether there is any provision for making any online payment of premium?	There is no requirement of making any online payment of premium. One has to simply complete the enrolment process through the HRMS Portal. The amount of premium would be automatically debited from the Pension Account.
20	Whether the premium paid is eligible for Income Tax Rebate under Sec 80D?	Yes.

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FAQ for SBI GMC Policy 2024-25



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SI	Question	Answer
21	What is the difference between TOP UP & SUPER TOP UP and whether SBI GMC Policy covers TOP UP or SUPER TOP UP?	<p>SBI GMC Policy covers SUPER TOP UP & NOT SIMPLE TOP UP. TOP UP & SUPER TOP UP are two distinct covers and should not be mixed up. For the sake of understanding, please find below how TOP UP & SUPER TOP UP operates in case of any claim.</p> <p>TOP UP Policy: Scenario 1: One has got Base Policy of Rs. 3 lacs and TOP UP of Rs. 6 lacs. He is having claim of Rs.4 lacs. He would be paid Rs. 3 lacs from Base Policy & balance Rs. 1 lakh from Top Up Policy. Scenario 2: He is having another claim of Rs. 4 lacs during the same year. Under the TOP UP Policy, he will not get any amount as his base sum insured is exhausted and threshold limit of Rs. 3 lacs cannot be met, though he is having Rs. 5 lacs left under TOP UP. SUPER TOP UP Policy: Scenario 1: One has got Base Policy of Rs. 3 lacs and SUPER TOP UP of Rs. 6 lacs. He is having claim of Rs.4 lacs. He would be paid Rs. 3 lacs from Base Policy & balance Rs. 1 lakh from Super Top Up Policy. Scenario 2: He is having another claim of Rs. 4 lacs during the same year. He will get full Rs. 4 lacs from SUPER TOP UP. Scenario 3: He is having 3rd claim during the same year for 3 lacs. He would get Rs. 1 lakh from Super Top Up as his 5 lacs under Super Top Up has already been consumed in the previous 2 claims. So SUPER TOP UP is always beneficial and SBI GMC Policy covers SUPER TOP UP or ADDITIONAL SUPER TOP only and let us forget discussing TOP UP which is not applicable under SBI GMC Policy.</p>

FAQ for SBI GMC Policy 2024-25



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SI	Question	Answer
22	Once the Base Sum Insured is exhausted, whether the balance amount of the claim can be paid under Super Top Up or Additional Super Top?	Yes. However, for the 8 capped ailments, if the maximum amount has reached under Base Policy, the balance amount would not be admissible under Super Top Up or Additional Super Top. Super Top Up or Additional Super Top would trigger for the uncapped ailments only.
23	Whether the claim under Super Top Up or Additional Super Top would trigger only after the Base Sum Insured is exhausted under Policy B and also after the Sum Insured under Policy A (if one is having) is exhausted?	Super Top Up or Additional Super Top Up is part of Policy B and has nothing to do with Policy A. The sequencing is Base Policy, then Super Top Up and then Additional Super Top.
24	Whether one can have Additional Super Top Up on Standalone basis without having Base Cover?	No.
25	What is the Sum Insured options for Additional Super Top Up?	Base Plan: 3 lacs, Option of Rs. 11 lacs , Rs. 16 lacs or Rs.21 lacs Base Plan: 5 lacs, Option Rs. 14 lacs , Rs. 19 lacs, Rs. 29 lacs and Rs. 39 lacs
26	Whether member having Base Plan of Rs. 3 lacs can opt for Additional Super Top Up of Rs. 14 lacs or Rs. 19 lacs? Similarly, whether a member having Base Plan of Rs. 5 lacs can opt for	No. Base Plan: 3 lacs, only Option of Rs. 11 lacs , Rs. 16 lacs or Rs.21 lacs is available Base Plan: 5 lacs, only Option Rs. 14 lacs , Rs. 19 lacs, Rs. 29 lacs and Rs. 39 lacs is available

FAQ for SBI GMC Policy 2024-25



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SI	Question	Answer
27	Whether any member who had not joined Additional Super Top Up last year can join the scheme this time?	Yes, those who opt for any of the Additional Super Top-up Cover in the Policy Year 2023-24 can renew their policy with any options of Additional Super Top-up Cover against the Base Plan opted in Policy Year 2024-25. Members who do not renew their Additional Super Top-up Cover in Policy Year 2024-25, will not be eligible to opt for Additional Super Top-up Cover in Policy year 2025-26. Further, Members who do not apply for Additional Super Top-up Cover in the Policy Year 2024-25, will not be eligible to opt for Additional Super Top-up Cover in Policy Year 2025-26.
28	Whether there is any age bar for joining Additional Super Top?	No, there is no age bar.
29	What is the use of Additional Super Top Up & why it has not been merged with Super Top Up?	The higher the sum insured, the lesser is the exposure to the risk. The premium rate for the higher sum insured bracket wise is always less as compared to lower sum insured bracket. The Sum Insured has, therefore, been divided into 3 segments so that the premium goes on decreasing for each segment as we go upward. Secondly the premium for middle segment of Rs. 6 lacs is borne by the Bank. During the COVID time, the cost of treatment went spiralling high and many Pensioners had nothing to fall back upon once the Base Sum Insured & Super Top was completely exhausted and the renewal date was far away. There is no provision in the Medclaim Policy for reinstatement of Sum Insured for the balance period of the Policy once the Sum Insured is exhausted. Keeping in view the above facts Additional Super Top Up was introduced for having the option of high Sum Insured at a very low & affordable premium in case of unforeseen

FAQ for SBI GMC Policy 2024-25



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SI	Question	Answer
30	If one is having both Policy B & A, and if the Sum Insured of Policy B is exhausted, whether the balance amount of claim can be claimed from Policy A?	Yes, as per the terms & conditions of Policy A. However, non-payable items as per IRDA would not be payable.
31	Whether the balance amount under Capped ailments under Policy B can be claimed from Policy A?	Yes, up to the same limit provided under Policy A.
32	If under Policy A the Base Sum Insured is exhausted under IPD claim, will he get the domiciliary claim from the Super Top Up?	Yes, up to the limit available for OPD during the year.
33	What is the period & limit for Pre-Post Hospitalization Claim?	The period is 30 days for pre-hospitalization & 90 days for post-hospitalization. Further the limit of Pre & Post Hospitalization expenses is 10% of Basic Sum Insured for each Hospitalization.

FAQ for SBI GMC Policy 2023-24



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SI	Question	Answer
34	What is the impact of availing Room higher than the eligibility?	<p>If one goes for room rent higher than the eligibility, the Pensioner does not have to pay only the differential amount of Room Rent, but also there is proportionate deduction on other charges except for 1. Cost of Implant (if there is any), 2. Cost of Medicines & 3. Cost of Investigation. As for example one is having the eligibility of Rs. 5000 per day, but he stays in a room of Rs. 10000 per day. He incurs a cost of Rs. 50000 on OT charges or Doctor's Fee. He will not get Rs. 50000, but he will get only Rs. 25000 ($5000 / 10000 * 50000$). This proportionate deduction will not be applied on above 3 listed expenses.</p> <p>However, this proportionate deduction will not be applicable if the ICU charges are more than the eligibility. Here only the differential amount of ICU charges would be deducted. Proportionate deductions are not applied in respect of the hospitals which do not follow differential billing or for those expenses in respect of which differential billing is not adopted. Further if the Hospital is having defined rate structure for different expenses depending upon the Room Rent, the Pensioner will get the entire expenses as per the Hospital tariff corresponding to his eligible room rent.</p> <p>There will not be any Proportionate Deduction on Associated Medical Expenses due to availing room rent higher than the eligibility in case of DEATH of any of the insured member before being discharged from Hospital.</p>

FAQ for SBI GMC Policy 2024-25



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SI	Question	Answers
35	What is the subsidy available to the Family Pensioner or a Pensioner of age 70 yrs. & above?	The subsidy is equivalent to 50% of Premium for 3 lacs Sum Insured Plan.
36	Whether a Family Pensioner or a Pensioner of age 70 years & above can avail Sum Insured of Rs. 5 lacs and any of the two corresponding slabs of Additional Super Top Up?	Yes. However, the subsidy would be limited to 50% of Premium for 3 lacs Sum Insured Plan.
37	Whether a Family Pensioner or Pensioner of age 70 yrs. and above would pay the full Premium or after adjusting the subsidy available?	The Premium must be paid in full in the beginning. Subsequently the subsidy would be credited in the Pension Account.

FAQ for SBI GMC Policy 2024-25



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SI	Question	Answer
39	What is to be done if there is a mistake in the Card?	It has to be communicated to Anand Rathi with concerned CM HR in the loop along with the supporting evidence like Aadhar Card / PAN / Passport. ARIBL would take it up with the Insurer for correction through endorsement and then fresh Card would be issued.
40	If the Primary Member dies during the currency of the Policy, then the claim would be settled in favour of whom?	The claim would be settled in the favour of the Nominee as confirmed by concerned CM HR as per the official records of the Bank. If there is no Nominee as per the official records of the Bank, then legal heir certificate from the competent authority is required. If there are more than one legal heir, then No Objection has to be taken in favour of one legal heir and the claim would be settled in favour of said lone legal heir. So it is strongly suggested to get the Name of the Nominee registered in records of the Bank to avoid the hassle of Legal Heir Certificate which is a long drawn procedure.
41	If the Primary member dies during the currency of the Policy, whether the Spouse would continue to be covered under the Policy?	Yes.

FAQ for SBI GMC Policy 2024-25



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S I. No.nan d	Question	Answer
42	If one gets hospitalized immediately after the commencement of Policy on 16.01.2024, how to avail the cash less?	The patient should submit the old card to the Hospital and send the cash less request to the TPA Help Desk. The TPA would get in touch with Anand Rathi to verify the premium payment details. If the premium payment details is available with Anand Rathi, ARIBL would write to the Insurance Co. for grant of cash less and Insurance Co. in turn would instruct the TPA for extending the cash less facility. If the premium payment particulars is not available with ARIBL, ARIBL would write to the concerned CM HR for confirming the payment particulars . Once the confirmation is received from the CM HR, ARIBL would take it up with the Insurer for onward instruction to the TPA.
43	Whether there would any refund of premium in case of Death of Primary Member or Spouse?	There will be no refund of premium irrespective of a claim having been preferred or not. But the cover will be extended to the other family members of the deceased covered in the policy till the end of the policy period so long as the sum insured is not exhausted in Base policy plus

FAQ For SBI GMC Policy 2024-25- Claims Related



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SI	Question	Answer
44.	What are the documents to be given at Insurance Desk of Hospital for availing Cash less ?	<p>For Planned Admission</p> <ol style="list-style-type: none"> 1. Advice for Admission 2. Copy of Mediclaim Card 3. Copy of PAN Card and Aadhar Card. 4. Estimate from the Hospital along with the form duly filled up by the Hospital. <p>For Emergency Hospitalisation: All of the above documents except Advice for Admission.</p>
45	What are the documents required to be submitted for reimbursement claims	<p>In case of IPD Claims:</p> <ol style="list-style-type: none"> 1. Advice for admission in case of planned Hospitalization. 2. Original of Discharge summary with complete details. 3. Original of all Payment Receipts including Advance Payment Receipts. All invoices or the Bills have to be supported with separate proper serial numbered receipt. Further there has to be proper break up of all the expenses. In case Hospital is charging the package rate, break up of major expenses like Room Rent, Dr.'s Fee, Medicines, OT Charges, Nursing expenses etc. have to be provided. 4. All Investigation Reports in original. 5. Claim Form duly filled up. Part A has to be filled up by the Insured and Part B has to be filled by the Hospital. 6. Duly attested copy of PAN & Aadhar Card. 7. Cancelled Cheque of Pension Account only in case of first claim for the Policy year. 8. In case of pre & post hospitalization claim, all bills / cash memos should be supported with Dr.'s prescription & Investigation Reports. <p>In case of OPD Claims:</p> <ol style="list-style-type: none"> 1. Original of Dr.'s Prescription with clear diagnosis on the Prescription. 2. Originals of all Bills /Cash Memos supported with Dr.'s prescription & Investigation Reports. 3. Claim Form duly filled up – Part A only. 4. Duly attested copy of PAN & Aadhar Card. 5. Cancelled Cheque of Pension Account only in case of first claim for the Policy year.

FAQ For SBI GMC Policy 2024-25- Claims Related



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SI. No.	Question	Answer
46.	What is the time period for intimation of claim?	The communication regarding Hospitalization must be given within 7 days from the time of hospitalization or before discharge whichever is earlier.
47.	What is the time period for submission of documents?	<ol style="list-style-type: none"> 1. Claim documents must be submitted within 30 days of discharge. 2. Post hospitalization claim has to be submitted within 30 days of the completion of treatment or within 30 days after the post hospitalization period of 90 days , whichever is earlier. 3. Claim Documents for Domiciliary claims must be submitted within 30 days of completion of treatment. 4. In no case the time period for submission of documents should exceed 3 months from the date of discharge or completion of treatment or completion of 90 days of post hospitalization period whichever is applicable.

FAQ For SBI GMC Policy 2024-25- Claims Related, Contd...ed



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SI	Question	Answer
48.	What are the additional documents required for specific ailments like Cataract, RCT , Physiotherapy, Nursing Charges	<ol style="list-style-type: none"> 1. Cataract: 1. Biometric Report 2. IOL Sticker, 3. Tax Invoice Bill of Sticker 2. RCT: 1. X-Ray Report before & after RCT 2. Proper Serial Numbered Payment Receipt. 3. Physiotherapy: Daily Chart with procedure names 4. Implant: Tax Invoice Bill and Sticker 5. Nursing Charges : Proper Serial Numbered Receipt of a qualified Nurse from a registered institution.
49.	What are the documents required for AYUSH (Ayurveda, Unani, Siddha, Homeopathy)	The same as for IPD or OPD claims for Allopathy treatment except for additional document of Certificate of Registration from State or Central Govt. ONLY.
50	What are the documents required to claim for deducted amount from other Policy?	<ol style="list-style-type: none"> 1. Settlement advice from the first TPA / Insurer. 2. Policy conditions & the reasons under which the amount was not paid in full. 3. Copies of all the documents duly attested by the first TPA / Insurer.
51	Where are the claim documents to be submitted?	Pension Paying Branch / Concerned ZO / TPA Help Desk at Zonal office in person or by Speed Post . While submitting the documents, complete set of scanned copy of the documents must be retained. While submitting the documents in person, a proper acknowledgement of all seral numbered documents must be taken.
52	Whether the claim can be preferred On line?	Yes, the scanned copy of the documents can be sent to the TPA's e mail ID or can be uploaded on the link provided by the TPA. However, a declaration has to be furnished that originals have been retained and would be submitted in

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