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Call Toll Free 1800 22 9090



SBI Life Insurance Co. Ltd. is a joint venture between State Bank of India and BNP Paribas Cardif.  
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SBI Life Insurance Co. Ltd.  
Registered and Corporate Office: Natraj, M.V. Road & Western Express Highway Junction,  
Andheri (E), Mumbai - 400 069.

IRDA Regn. No. 111

Insurance is the subject matter of solicitation.

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# Get well soon.

Hassle-free fixed daily cash allowance irrespective of your hospital bills.



SBI Life -  
**HOSPITAL CASH**  
UIN: 111N065V01



*Good* health is a precious blessing that we all cherish. But in the unfortunate event of an ailment we should be well equipped to deal with the circumstances. SBI Life - Hospital Cash\* offers you & your family, financial assistance through a fixed daily cash allowance, in case of Hospitalization.

\*SBI Life-Hospital Cash will be referred to as Hospital Cash hereafter.

#### Grievance Redressal cell:

All grievances can be addressed to the company's helpdesk mentioned below and you can call our 24/7 call centre for any enquiries/complaints

Head - Client Relationship

SBI Life Insurance Co. Ltd., Central Processing Centre, Kapas Bhavan, Plot 3A, Sector -10, CBD Belapur, Navi Mumbai – 400614

Tel: 022-66456241, Email: info@sbilife.co.in

Visit us at [www.sbilife.co.in](http://www.sbilife.co.in), Toll free number: 1800 22 9090

#### Prohibition of Rebates: Section 41 of Insurance Act 1938:

(1) No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the Policy, nor shall any person taking out or renewing or continuing a Policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer:

Provided that acceptance by an insurance agent of commission in connection with a Policy of Life Insurance taken out by himself on his own life shall not be deemed to be acceptance of a rebate of premium within the meaning of this sub-section if at the time of such acceptance the insurance agent satisfies the prescribed conditions establishing that he is a bona fide insurance agent employed by the insurer.

(2) Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to five hundred rupees.

#### Non-Disclosure: Section 45 of Insurance Act, 1938:

No Policy of life insurance effected before the commencement of this Act shall after the expiry of two years from the date of commencement of this Act and no Policy of life insurance effected after the coming into force of this Act shall, after the expiry of two years from the date on which it was effected, be called in question by an insurer on the ground that a statement made in the proposal for insurance or in any report of a medical officer, or referee, or friend of the insured, or in any other document leading to the issue of the Policy, was inaccurate or false, unless the insurer shows that such statement was on a material matter or suppressed facts which it was material to disclose and that it was fraudulently made by the policyholder and that the policyholder knew at the time of making it that the statement was false or that it suppressed facts which it was material to disclose.

Provided that nothing in this section shall prevent the insurer from calling for proof of age at any time if he is entitled to do so, and no Policy shall be deemed to be called in question merely because the terms of the Policy are adjusted on subsequent proof that the age of the life insured was incorrectly stated in the proposal.



13. Hospitalization arising out of nuclear disaster, radioactive contamination or chemical radiation and/or release of nuclear or atomic energy; and diseases/injuries arising out of or in connection with the same
14. Hospitalization due to any medical condition or injury resulting from, military para-military, naval, air force or police personnel, in a state of war (declared or undeclared) or in armed conflict including peace time duties, while discharging their official duties
15. Sex change or treatment, related to, sex change which results from, or is in any way / any complications arising from sex change procedures
16. Any hospitalization/complication of any surgery, therapy or treatment administered on the Insured person which is not prescribed or required by a Registered Medical Practitioner who is licensed to do so . Any hospitalization arising out of experimental or unproven treatment
17. Admission to a hospital outside India
18. War, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection military or usurped power of civil commotion or loot or pillage in connection herewith

#### Definition of Hospital:

"Hospital is an institution in India established for indoor care, offering allopathic treatment only for sickness and injuries and which is registered as a hospital or nursing home with the appropriate authorities and is under the supervision of a registered and qualified physician, and provides all the following facilities:

- at least 10 inpatient beds
- a fully equipped operation theatre of its own where surgical operations are carried out, and
- fully qualified nursing staff under its employment 24 hours per day, and
- fully qualified physicians in supervision 24 hours per day, and
- maintains a daily medical record for each of its patients.

For the purpose of this policy, the term hospital shall not include any institution which is primarily a rest home or convalescent facility, a place for custodial care, a facility for the aged or alcoholic or drug addicts or for the treatment of psychiatric or mental disorders; even if the institution has been registered as a hospital or nursing home with the appropriate authorities."

#### Claims Process:

To provide efficient claims servicing to you we have appointed a Third Party Administrator duly licensed by IRDA. The TPA will be happy to provide you with services in a hassle free manner within the terms and conditions of Hospital Cash Policy. The TPA will process and settle claims in a time bound manner and provide you a 24 hours Toll Free helpline number. As soon as a claim occurs, please intimate to the TPA Toll Free Help line number, details of which would be mentioned on your Policy Document. The following documents are required for claim settlement:

- Copy of Policy Document
- Claim Form
- Valid age proof
- Treating doctor's certificate
- Discharge card and copy of all medical documents related to hospitalizations
- Any other document as the TPA/ company may require depending on type/cause of claim

Any claim should be intimated within 30 days from the date of discharge.

It is said that "Happiness is more a state of health than of wealth." Health is important for numerous reasons, for one simple thing, we all want to live a long and tension free life and one sure way to achieve this is by keeping good health. Good health should be regarded as the most valuable asset that we must have and enjoy. Nowadays with increasing levels of stress, negligible physical activity and changing lifestyle our vulnerability to diseases has increased at an alarming rate.

The cost of healthcare is rising everyday but do you know that more than the cost of treatment / surgery or a medical procedure, indirect costs like - post discharge expenses, family expenses, nursing expenses, hospital room rent, recuperating expenses, ambulatory charges etc. account for a major part of the overall cost of treatment. Lack of sufficient savings or a suitable health Policy may force you to compromise on the quality of medical treatment. We feel you certainly deserve better.

#### Hospital Cash is a plan which offers complete freedom from worries...

Today, with rising health care costs, Hospital Cash Policy helps to protect your savings by paying you a fixed daily allowance benefit for per day of hospitalization irrespective of your hospital bill. This amount helps you pay for any kind of expenses which you may incur before, during or post discharge. You will get what you deserve the most during a critical situation... mental peace! You will have the financial security of payment of fixed benefits arising out of daily hospitalization and ICU admission and family care expenses right from Day 1 of hospitalization. Our plan has very clear and transparent coverage and renewal norms and an even simpler and hassle free claims process. In short after buying Hospital Cash you will have an advantage of financing your treatment better.

#### What is Hospital Cash?

The plan offers you a fixed daily hospitalization cash benefit and an ICU benefit – which is twice that of daily hospitalization cash benefit! We also understand how concerned you are when it comes to your loved one's health. You can cover your family under this plan and even avail a family rebate. More importantly leave the worrying about hospitalization expenses to us and just focus on their recovery.

#### Key Benefits:

- ☺ 100% payout of daily allowance from Day 1 of hospitalization without any deductions
- ☺ Pre-existing diseases are covered!! We give you the special benefit of coverage for pre-existing diseases after 2 years of continuous coverage of the Policy with us
- ☺ Long term Coverage up to 75 years of age
- ☺ Premium remains unchanged for 3 years
- ☺ Get enhanced Sum Assured on each Policy Anniversary in case no claim is filed thus increasing your per day payout and Total Sum Assured
- ☺ Tax benefit on premium paid (for self / spouse/ dependent children / parents) under sec 80 D of IT Act, 1961<sup>#</sup>

<sup>#</sup>Subject to changes in the tax laws. Please consult your tax advisor for details.

### Scale of Benefits:

BENEFITS				
Sum Assured per annum (₹) <sup>1,2,3</sup>	2 Lakhs	3 Lakhs	4 Lakhs	5 Lakhs
Daily Hospitalization Cash Benefit (₹/day)	₹ 2000	₹ 3000	₹ 4000	₹ 5000
Daily ICU Benefit (₹/day)	₹ 4000	₹ 6000	₹ 8000	₹ 10,000
Family Care Benefit (₹) <sup>4</sup>	₹ 10,000 : Lump Sum / Policy Year			

<sup>1</sup> Sum Assured will be reset at each Policy Anniversary

<sup>2</sup> Same Sum Assured has to be selected for each family member covered

<sup>3</sup> For all benefits excluding Family Care benefit

<sup>4</sup> Available only if 2 or more members are covered under the same Policy

### Benefits and Coverage under Hospital Cash:

#### Daily Hospitalization Cash Benefit (DHCB)

In case of hospitalization of the Insured for a medically necessary treatment (other than in an ICU) due to any illness or accidental injury for a continuous period of more than 24 hours, a daily hospital cash benefit as per the scale of benefits applicable will be payable for every completed day of hospitalization without any deductible, subject to the maximum of balance Yearly Sum Assured. Maximum no. of days of hospitalization: 100 days in a year.

#### Intensive Care Unit (ICU) Benefit

In case the Insured is required to be admitted into an ICU for a medically necessary treatment of any illness or accidental injury for a continuous period of more than 24 hours, a daily ICU Benefit which is two times the DHCB will be payable for every completed day in ICU as per the scale of benefits applicable without any deductible, subject to the maximum of balance Yearly Sum Assured. Maximum no. of days of hospitalization in ICU: 50 days in a year.

DHCB and ICU benefits are exclusive of each other. The maximum aggregate benefit payable in a year arising out of both regular and ICU hospitalization will not exceed the Sum Assured applicable to the plan chosen by you.

#### Family Care Benefit

To take special care of your loved ones we have a special Family Care Benefit wherein if in case 2 or more family members

- f. Stones in biliary or urinary systems
- g. Hydrocele or benign prostatic hypertrophy
- h. Fistula in anus and anal fissure/hemorrhoids, piles
- i. Fibroids/hysterectomy for menorrhagia, Dilatation and curettage, Dysfunctional uterine bleeding
- j. Arthritis/gout/rheumatism/spinal disease and joint replacement surgery

#### **D) Claims arising out of hospitalization due to any of the following shall be permanently excluded:**

1. Hospitalization under treatments other than allopathic system of medicine
2. Hospitalization primarily for investigatory / diagnostic purpose, x-ray examination, routine medical examination, vaccinations, diagnosis, screening and investigation, preventive medical check-up, / medicines, treatments / examinations specifically for weight reduction or gain/ Hospitalization for rest-cure and rehabilitation, removal of any material that was implanted in a former surgery before Date of Commencement of Cover
3. Hospitalization due to congenital diseases including physical defects present from birth / defects / anomalies
4. Hospitalization for cosmetic surgery. However this shall not include reconstruction surgery as a result of accidental injury/burns
5. Hospitalization in case of maternity / pregnancy / childbirth / infertility / sterility / erectile dysfunction / impotency/ miscarriage / abortion / contraception / circumcision and any complications of these events
6. Hospitalization for dental treatment/ surgery. However this shall not include dental surgery required due to accidental injury
7. Hospitalization for refractive surgery on eye (laser surgery for correction of sight) / LASIK (laser-assisted in situ keratomileusis)
8. Hospitalization for STDs including venereal diseases / HIV/AIDS or illnesses/diseases associated with it
9. Hospitalization arising from any psycho-geriatric or psychiatric condition, insanity, mental or nervous breakdown, Study and treatment of sleep apnoea, Speech therapy, nutritional counseling, treatments for smoking cessation programs and the treatment of nicotine addiction. Hospitalization due to any condition where no active management of the condition is involved or rest cures
10. Hospitalization directly or indirectly arising from alcoholism or abuse of drugs/intoxicants/tobacco
11. Hospitalization where Life Assured is admitted as a donor for organ transplant
12. Hospitalization for treatment of self inflicted injuries including attempted suicide or any medical condition or injury sustained whilst Insured is involved in any criminal or unlawful act; Life Insured engaging in or taking part in professional sport(s) or any hazardous pursuits, including but not limited to, diving or riding or any kind of race; underwater activities involving the use of breathing apparatus or not; martial arts; hunting; mountaineering; parachuting; bungee-jumping

### Key Terms and Conditions:

1. Acceptance of proposal is subject to receipt of Good Health Declaration, medical reports wherever required & underwriting by the company
2. For claims to be admissible under the Policy - Minimum hospitalization for 24 hours is required

### What is not covered under Hospital Cash?

#### A) 30 Day Exclusion

Hospitalization due to any illness within the first 30 days from the date of Cover commencement. Except for those arising out of an accident which occurs within the Policy period.

Accidental Hospitalization is defined as hospitalization due to bodily injury caused solely by external, violent, unforeseeable and visible means (but does not include any illness) and occurring independently of any other causes, proved to the satisfaction of the company.

#### B) Two Year Exclusion for Pre-Existing Conditions

Hospitalization for pre-existing injuries or diseases and their complications are not covered unless declared by the applicant and explicitly accepted by the Company. If declared by the applicant and accepted by the Company, pre-existing injuries or diseases are not covered for the first two years of Cover under the Policy. They shall be covered provided the Life Assured is continuously covered under the Policy for 2 years.

Pre-existing injury or diseases means: any medical condition, disease or injury or related condition(s) (e.g. illnesses, symptoms, treatments, pains and surgery), arising or subsisting within 48 months prior to his/her first Hospital Cash Policy with this company which the Insured or Insured dependent know, knew or could reasonably have been assumed to have known, irrespective of the fact whether any medical treatment or advice was sought, will be deemed to be pre-existing.

#### C) Two Year Exclusion for Specific Ailments

The following ailments, irrespective of their declaration at the time of commencement of the Policy (when Policy was issued for the first time for a Life Assured or when Life Assured joined a family Policy for the first time), will not be covered under the Policy for the first 2 Policy Years:

- a. All types of skin and internal tumors/nodules/polyps
- b. Sinusitis/tonsillitis/Adenoid related disorders and deviated nasal septum
- c. Cataract and Glaucoma
- d. All types of Hernia
- e. Gastric and Duodenal ulcers

covered under the Policy are hospitalized simultaneously due to the same ailment or accident for more than 5 consecutive days, then an additional fixed lump sum benefit of ₹ 10,000 (independent of Basic Sum Assured) will be payable to take care of incidental expenses. This benefit will be payable only once to a family in a Policy Year.

### Bonus/ Malus

At every Policy Anniversary, each of the Insured's Basic Sum Assured would be enhanced by a simple 5 % up to a maximum of 40% provided there has been no claim in the previous Policy Year. The premium would however remain the same. In the event of any claim the enhanced Sum Assured shall decrease by 10% on the next anniversary. However the Sum Assured for the Insured shall never go below the Basic Sum Assured. DHCB and ICU benefits will be increased/decreased as per the change in Basic Sum Assured. The Family Care Benefit will however remain at the same level.

The bonus/malus if any, will be carried forward on renewal. The premium applicable on renewal will be based on the age and premium rates applicable at the time of renewal.

### Eligibility Criteria:

a) Minimum Age at Entry for the Proposer on last birthday	18 years
b) Minimum/Maximum Age at Entry for Insured as on last birthday	1 year- 65 years
c) Max Age at Maturity (age last birthday)	75 years
d) Fixed Policy Term	3 years
e) Relationships covered (Maximum 4 lives can be covered under one Policy)	Self/Spouse/Parents/Parents In-Law and Dependent Children
f) Premium Frequency	Yearly/ Half-yearly/ Quarterly
g) For children between age of 1 year-17 years to be covered at least one of the parents has to be Insured under the same Policy	
h) The maximum entry age of a dependent child can be 24 years and renewable up to 27 years. Thereafter if required they shall be covered under a separate Policy with all continuity benefits without any fresh underwriting subject to a separate proposal form being received by the company at least 15 days before the expiry of the Cover.	

### Benefit Illustration Scenario:

e.g. A healthy life of 32 years opting for Annual Sum Assured of ₹ 3 Lakhs and paying Annual Premium of ₹ 3240 (excluding service tax). This premium is guaranteed for the Policy Cover Term of 3 years.

With SBI Life - Hospital Cash		If an Insured with our Policy falls sick due to a covered illness	Yearly Sum Assured limit (₹)	Benefit Applicable	Total Benefit Paid out to Insured (₹) (No deductible)	Balance Sum Assured for the Policy Year (₹)
First Policy Year	First Hospitalization	Spends 4 days in hospital	3,00,000	₹ 3,000 Daily Hospital Cash Benefit × 4 days in hospital	12,000	2,88,000
	Second Hospitalization	Spends 3 days in ICU due to emergency and + 4 days in hospital thereafter	2,88,000	₹ 6,000 Daily ICU Benefit × 3 days + ₹ 3,000 daily Hospital Cash Benefit × 4 days in hospital	30,000	2,58,000
Second Policy Year onwards	Reset of yearly Sum Assured limit		3,00,000			

### Family Rebate:

No. of members covered under a Policy	Rebate (expressed as a % of total tabular premium for all lives covered under a Policy)
2	5%
3	7.5%
4	10%

### Renewal Discount:

On renewal of a Policy, a discount of 2.5% will be given on the premium applicable at the time of renewal.

### How to buy Hospital Cash?

To buy the Policy get in touch with your nearest SBI Life branch office or call our toll free number which will direct you to our agent or visit our website to get more details on ways to buy the plan.

### Waiting Period:

Hospitalization due to any illness within the first 30 days from the date of commencement of the cover or date of joining for a new member in the family Policy is not covered, except for those arising out of accident(s) which occur during the Policy Period.

### Free Look Period:

The policyholder has a period of 15 days from the date of receipt of the Policy Document to review the terms and conditions of the Policy and where the policyholder disagrees to any of the terms and conditions, policyholder has an option to return the Policy stating the reasons for objection, in which case the policyholder shall be entitled to a refund of the amount as follows: Premium Excluding Service Tax minus Stamp Duty minus Cost of medical expenses if any.

### Grace Period:

Grace period for this Policy is 30 days, Claims shall be payable for any hospitalization occurring during this period subject to standard Terms & Conditions.

### Revival Period:

Post grace period an additional time of 60 days would be given to the customer for reviving the Policy, subject to the following:

- No claim shall be admissible for any hospitalization occurring during this period
- On revival a fresh 15 days waiting period shall be applicable
- Good Health Declaration from all Lives Assured will be required
- On payment of all due but unpaid premium(s) along with interest as applicable

### Renewal of Cover Term:

- The cover can be renewed at the end of Cover Term which is 3 years for a further term not exceeding 3 years subject to the maximum Maturity Age
- Premium rates applicable at the time of renewal will be based on the age of the insured(s) on the date of the renewal and the prevailing rates will be reviewed based on the portfolio experience. These rates will be guaranteed further for a new cover term
- Cover is guaranteed to be renewed up to age 72 for all lives with no medical underwriting at the time of renewal
- A discount of 2.5% will be given on the premium applicable on renewal of the Policy