

## Policy Booklet

### Table Of Contents

1	Your Policy Booklet.....	3
2	Definitions.....	3
3	Abbreviations .....	6
4	Policy Benefits .....	6
4.1	Daily Hospital Cash Benefit (DHCB):.....	6
4.2	Intensive Care Unit (ICU) Benefit: .....	7
4.3	Family Care Benefit.....	7
4.4	Surrender Benefits .....	7
4.5	Death Benefit: .....	7
4.6	Maturity Benefit .....	8
5	Addition of a new life assured to a Family Policy .....	8
6	Waiting Period and Exclusions .....	8
6.1	30 days waiting Period .....	8
6.2	Permanent exclusions.....	8
6.3	Two Year Exclusion .....	9
7	Misstatement of Age .....	10
8	Premiums.....	10
9	No claim Bonus/ Malus.....	11
10	Claims .....	11
11	General Terms.....	12
11.1	Free-look period .....	12
11.2	Grace period.....	12
11.3	Policy loan .....	12
11.4	Assignment .....	12
11.5	Participation in profits.....	12

11.6	Taxation.....	12
11.7	Date formats.....	12
11.8	Electronic transactions .....	13
11.9	Revival .....	13
11.10	Nomination.....	13
11.11	Non-Disclosure.....	13
12	Termination .....	13
13	Notices .....	14
14	Complaints.....	14
14.1	Grievance Redressal procedure .....	14
15	Relevant Statutes .....	15
15.1	Governing laws and jurisdiction.....	15
15.2	Section 41 of the Insurance Act 1938 .....	15
15.3	Section 45 of the Insurance Act 1938 .....	15
15.4	Provision 12 (1) of Redressal of Public Grievances Rules, 1998 .....	15
15.5	Provision 13 of Redressal of Public Grievances Rules, 1998.....	15
16	Index .....	17

## 1 Your Policy Booklet

This is your policy booklet containing the various terms and conditions governing your policy. This policy booklet should be read in conjunction with the policy schedule.

## 2 Definitions

These definitions apply throughout your policy document.

The definitions are listed alphabetically. Items marked with \* alongside are mentioned in your policy schedule.

Expressions	Meanings
1. Accidental Hospitalization	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.
2. Age at entry *	is the age last birthday on the date of commencement.
3. Age*	is the age last birthday i.e. the age is in completed years.
4. Annualised premium	is the total amount of premium payable in a policy year.
5. Basic Sum Assured *	is the maximum amount payable in a year under the plan upon the happening of insured events. This is applicable to Daily Hospital Cash Benefit (DHCB) and Intensive Care Unit (ICU) benefits only.
6. Beneficiary	Beneficiary means the person who is a life assured under this policy and in whose respect the claim is lodged and admitted by the company. In the event that the beneficiary is a minor the claim shall be payable to the Policyholder whose discharge shall be treated as full and final for all liabilities under this policy.
7. Birthday	is the conventional birthday. If it is on 29 <sup>th</sup> February, it will be considered as falling on the last day of February.
8. Company*	Company means SBI Life Insurance Company Limited.
9. Date of commencement of policy*	is the date on or after which we have accepted the proposal and the realized premium along with underwriting clearance, at the inception of the policy. This is the start date of the policy.
10. Date of commencement of risk	is the date, for each life assured covered under the policy, from which the benefits arising out of the contingencies start.
11. Date of maturity	is the date on which the benefits terminate on expiry of the policy term.
12. Day	In the context of this policy and for the calculation of the DHCB and ICU benefits, a "Day" in hospital and/or in ICU means a period of confinement of full and complete 24 hours. The first cycle of 24 hours, ie, one day, shall commence at the time of admission to the hospital/ICU and each subsequent day of 24 hours shall be reckoned from the time of completion of the previous cycle of 24 hours. In the event that at the time of discharge of the life assured from hospital/ICU, the life assured spends more than 12 hours, but less than 24 hours from the time of

	reckoning, then the day of discharge shall also be regarded as a day. A stay of 12 hours or less shall not be counted as a Day.
13. Diagnosis	shall mean a process of determining by examination the causes of illness. It is an investigative analysis made by a physician based upon but not limited to radiological, clinical, and histological or laboratory tests acceptable to the Company
14. Endorsement	a change in any of the terms of the policy, agreed to or issued by us, in writing.
15. Family Policy*	where the Family Cover is selected the policy can cover the following relationships: <ul style="list-style-type: none"> <li>o Self</li> <li>o Spouse</li> <li>o Father</li> <li>o Mother</li> <li>o Father In-Law</li> <li>o Mother In-Law</li> <li>o Dependant Son</li> <li>o Dependant Daughter</li> </ul>
16. First year premium	is the total of premiums due and payable in first policy year.
17. Free-look period	is the period during which the policyholder has the option to return the policy and cancel the contract.
18. Grace period	is the period beyond the premium due date when full cover apply and benefits are payable.
19. 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: <ul style="list-style-type: none"> <li>- at least 10 inpatient beds</li> <li>- a fully equipped operation theatre of its own where surgical operations are carried out, and</li> <li>- fully qualified nursing staff under its employment 24 hours per day, and</li> <li>- fully qualified physicians in supervision 24 hours per day, and</li> <li>- maintains a daily medical record for each of its patients.</li> </ul> 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.
20. Hospitalization	Hospitalization shall mean admission in any hospital in India upon the written advice of a Medical Practitioner for the purpose of necessary medical treatment of an illness/ailment/disease or injury.
21. In-force	is the status of the policy when all the due premiums have been paid
22. Installment premium *	is the same as 'Premium'.
23. Instrument	cheque, demand draft, pay order etc.
24. Intensive Care Unit (ICU)	Intensive Care Unit (ICU) is a designated section or ward of a Hospital

	which is under constant supervision of a specialist and which is specially equipped for the treatment of patients in critical condition who may require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in other wards of the hospital.
25. Life Assured*	is the person in relation to whom the covers is/ are granted.
26. Minor	is a person who is yet to reach 18 <sup>th</sup> birthday.
27. Nominee *	the person who is named as the nominee in the proposal form or subsequently changed by endorsement, as per section 39 of the Insurance Act, 1938, who has the right to give a valid discharge to the policy monies in case of the death of the policy holder/ life assured before the maturity of the policy.
28. Non-participating	does not have a share in our profits.
29. Our, Us, We*	SBI Life Insurance Company Limited or its successors. We are regulated by the Insurance Regulatory and Development Authority (IRDA). The registration number allotted by the IRDA is 111.
30. Physician/ Medical Practitioner	Physician/ Medical Practitioner shall mean a qualified allopathic medical practitioner holding a valid and subsisting license, granted by the appropriate licensing authority, registered with the Medical Council of India or state medical council, acting within his scope of license and who is not the Life Assured himself and who is not related to the Life(s) Assured by blood or marriage.
31. Policy anniversary*	Policy Anniversary is the same date each year during the policy term as the date of commencement of policy. If the date of commencement is on 29 <sup>th</sup> of February, the policy anniversary will be taken as the last date of February.
32. Policy document*	This policy, a legal contract between the Policyholder and SBI Life Insurance Company Ltd (the Company), which has been issued on the basis of the Proposal form wherever applicable and the documents evidencing the insurability of the Life(s) Assured. The Policy contract comprises of the proposal form, statements, declarations, reports of medical check-ups (if any), endorsements if and any other documents called for by the company or submitted by the Policyholder for processing the proposal, Policy Schedule(s), and the Terms and Conditions (this booklet). The Company agrees to provide the benefits set out in the Policy in consideration of the premiums paid by the Policyholder, and subject to the payment of renewal premiums as and when due and the benefits are always subject to the terms and conditions mentioned herein.
33. Policy term *	is the period, in years, during which the contractual benefits are payable.
34. Policy Year	is the period between two consecutive policy anniversaries.
35. Pre-existing condition	Pre-existing condition means any medical condition, illness/ailment/ disease or injury or related condition(s)(e.g. illnesses, symptoms, treatments, pains and surgery), arising or subsisting within 48 months prior to life assureds first hospital cash policy and in subsequent renewal(s) with this company which the life(s) assured or Policyholder 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.
36. Premium *	is the contractual amount payable by the policyholder to secure the benefits under the contract.
37. Premium frequency *	Yearly, Half-yearly or Quarterly
38. Policyholder *	is the owner of the policy and is referred to as the proposer in the proposal form. The policyholder need not necessarily be the same person as the life assured.
39. Premium paying term	is the period, in years, over which premiums are payable.
40. Primary life assured	is one of the adult lives assured covered under the policy.
41. Qualified Nurse	is a person who holds a certificate of a recognized nursing council and who is employed on recommendations of the attending medical practitioner.
42. Revival	is the process of restoring the benefits under the policy which are otherwise not available due to non-payment of premiums regularly and in time, resulting in the lapsation of the policy.
43. Revival period	a 90 days period from the first unpaid due premium.
44. Surrender	is the voluntary termination of the contract by the policyholder.
45. Underwriting	is the process of assessment of risk and determining the terms of acceptance. Based on underwriting, a decision on acceptance of cover as well as suitable premium is taken.
46. You *	The person named as the policyholder.

### 3 Abbreviations

Abbreviation	Stands for
DHCB	Daily Hospitalization Cash Benefit
ICU	Intensive Care Unit
ECS	Electronic Clearance system
IRDA	Insurance Regulatory and Development Authority
Rs.	Indian Rupees
UIN	Unique Identification Number (allotted by IRDA for this product)
TPA	Third Party Administrator

These abbreviations bear the meanings assigned to them elsewhere in the policy booklet.

### 4 Policy Benefits

Base policy benefits contain the following:

#### 4.1 Daily Hospital Cash Benefit (DHCB):

- 4.1.1 We will pay this benefit in the event of any of the life assured being hospitalized for a Medical Treatment for any illness/ ailment/ disease or injury for a continuous period of a day or more (other than in ICU).
- 4.1.2 a daily hospital cash benefit (DHCB), as referred in the Policy Schedule of this policy document, will be payable for each completed day of Hospitalization.
- 4.1.3 The maximum number of days of regular hospitalization covered in a policy year will not exceed 100 days.
- 4.1.4 For each Life Assured, the total benefit payment in a year, will be limited to the basic Sum Assured applicable to this life assured.
- 4.1.5 The total payout in a year in aggregate under both DHCB + ICU shall not exceed the basic Sum Assured.
- 4.1.6 The unclaimed balance of the basic Sum Assured, if any, cannot be carried forward to the next year

#### 4.2 Intensive Care Unit (ICU) Benefit:

- 4.2.1 We will pay this benefit in the event of any of the life assured being hospitalized for a Medical Treatment for any illness/ ailment/ disease or injury in an Intensive Care Unit for a continuous period of a day or more.
- 4.2.2 a daily ICU benefit, as referred in the Policy Schedule of this policy document, will be payable for each completed day in ICU.
- 4.2.3 The maximum number of days of hospitalisation in ICU covered in a policy year will not exceed 50 days.
- 4.2.4 For each Life Assured, the total benefit payment in a year, will be limited to the basic Sum Assured applicable to this life assured..
- 4.2.5 If during the period of hospitalization the life assured is kept partly in ICU and partly outside the ICU but within the Hospital, then, the ICU benefit will be payable for the completed days the life assured is kept in the ICU and Daily Cash Benefit will be paid for the remaining completed days.
- 4.2.6 For any particular day in hospitalization, such day will either be considered as a day spent in normal room or a day spent in ICU but not both and you will be paid either the DHCB benefit or the ICU benefit and not both.
- 4.2.7 The total payout in a year in aggregate under both DHCB + ICU shall not exceed the basic Sum Assured.
- 4.2.8 The unclaimed balance of the basic Sum Assured, if any, cannot be carried forward to the next year.

#### 4.3 Family Care Benefit

- 4.3.1 We will pay this benefit when 2 or more family members covered under the policy are hospitalized simultaneously for 5 days or more due to the same illness/ailment/disease or due to same event of Accident during a policy year.
- 4.3.2 Then in addition to the above two benefits, we will pay an additional fixed lump sum benefit of Rs 10,000 (independent of Basic Sum Assured) to the Policyholder to take care of incidental expenses.
- 4.3.3 This benefit is applicable for a family as a unit.
- 4.3.4 The birth of a child or children will not trigger this benefit.
- 4.3.5 Family care benefit will not change in case more than 2 family members are hospitalized at the same time.
- 4.3.6 The Family Care Benefit i.e. Rs 10,000 is over and above the basic Sum Assured and payment of this benefit is restricted to once in a year.
- 4.3.7 The unclaimed Family Care Benefit, if any, cannot be carried forward to the next year.

#### 4.4 Surrender Benefits

There is no surrender benefit payable under this policy.

#### 4.5 Death Benefit:

There is no death benefit payable under this policy.

#### **4.6 Maturity Benefit**

There is no maturity benefit payable under this policy.

### **5 Addition of a new life assured to a Family Policy**

- 5.1** You may add a life(s) assured to a family policy during the policy term only in the event of marriage or birth or legal adoption of a child.
- 5.2** You may opt for this at the next policy anniversary. Proof of the event (marriage, birth or adoption) should be submitted to us along with application and other underwriting requirements.
- 5.3** In case of addition of a life(s) assured to the family policy during the policy term, the premium rate for the new life(s) assured will be as per the existing table applicable at the time of commencement of the family policy or last renewal date of the family policy, whichever is later and will be guaranteed till the expiry of the term of the family policy.
- 5.4** The addition of life(s) assured to a family policy at the expiry of the policy term will be available without the previous condition of marriage or birth or legal adoption of a child.
- 5.5** In case of addition of a life(s) assured to the family policy after the expiry of the policy term, the premium rate for the new life(s) assured as well as existing life or lives assured will be as per the premium table applicable at that time.
- 5.6** In case a life assured is exiting or joining the family policy before the end of the 3 years policy term, the premium for the family policy will be recalculated at the policy anniversary in order to allow for the revised rebate applicable according to the rebate structure in place. This new rebate will apply on the individual tabular premium (independent of the change in age of existing family member(s)) prevailing at the time of last renewal or entry

### **6 Waiting Period and Exclusions**

#### **6.1 30 days waiting Period**

We shall not pay for any claims arising due to Hospitalization for any illness/ ailments / diseases within the first 30 days from the date of commencement of risk or date of joining for a new member in the family policy except for those arising out of accident(s).

#### **6.2 Permanent exclusions**

Claims arising out of hospitalization due to any of the following shall be permanently excluded:

- 6.2.1** Hospitalization under treatments other than allopathic system of medicine;
- 6.2.2** 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;
- 6.2.3** Hospitalization due to congenital diseases including physical defects present from birth / defects / anomalies;
- 6.2.4** Hospitalization for cosmetic surgery. However this shall not include reconstruction surgery as a result of accidental injury/burns;
- 6.2.5** Hospitalization in case of maternity / pregnancy / childbirth / infertility / sterility / erectile dysfunction / impotency/ miscarriage / abortion / contraception / circumcision and any complications of these events;

- 6.2.6 Hospitalization for dental treatment/ surgery. However this shall not include dental surgery required due to accidental injury;
- 6.2.7 Hospitalization for refractive surgery on eye(laser surgery for correction of sight) /LASIK (laser-assisted in situ keratomileusis);
- 6.2.8 Hospitalization for STDs including venereal diseases/ HIV/AIDS or illnesses/diseases associated with it;
- 6.2.9 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;
- 6.2.10 Hospitalization directly or indirectly arising from alcoholism or abuse of drugs/intoxicants/tobacco;
- 6.2.11 Hospitalization where life assured is admitted as a donor for organ transplant;
- 6.2.12 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 assured 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;
- 6.2.13 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;
- 6.2.14 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;
- 6.2.15 Sex change or treatment, related to, sex change which results from, or is in any way / any complications arising from sex change procedures;
- 6.2.16 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;
- 6.2.17 Admission to a hospital outside India;
- 6.2.18 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.

### 6.3 Two Year Exclusion

The following exclusions will apply to each life(s) assured for 2 years, from the latest of the following dates:

- date of commencement of risk.
- date of joining the policy as an additional life assured,

#### 6.3.1 For Pre-existing conditions

- 6.3.1.1 Hospitalization of the life assured for pre-existing injuries or diseases and their complications are not covered unless declared by the applicant and explicitly accepted by the Company.
- 6.3.1.2 If declared by the life assured and accepted by us, pre-existing injuries or diseases are not covered for the first two years.
- 6.3.1.3 They shall be covered after 2 years from the date of commencement of risk, provided the life assured is continuously covered under the policy for 2 years.

#### 6.3.2 For Specific Ailments

The following specific ailments will not be covered irrespective of their declaration :

- 6.3.2.1 All types of skin and internal tumors/nodules/polyps

- 6.3.2.2 Sinusitis/tonsillitis/Adenoid related disorders and deviated nasal septum
- 6.3.2.3 Cataract and Glaucoma
- 6.3.2.4 All types of Hernia
- 6.3.2.5 Gastric and Duodenal ulcers
- 6.3.2.6 Stones in biliary or urinary systems
- 6.3.2.7 Hydrocele or benign prostatic hypertrophy
- 6.3.2.8 Fistula in anus and anal fissure/hemorrhoids, piles
- 6.3.2.9 Fibroids/hysterectomy for menorrhagia , Dilatation and curettage, Dysfunctional uterine bleeding
- 6.3.2.10 Arthritis/gout/rheumatism/spinal disease and joint replacement surgery

## 7 Misstatement of Age

**7.1** If we find that the correct age of any of the life assured(s) is different from that mentioned in the proposal form, we will check the eligibility for the cover, as on the date of commencement.

**If eligible,**

**7.2** If the correct age is higher;

**7.2.1** We will call for the difference in premium along with interest at the then prevailing rate.

**7.2.2** In case of non-payment of difference premium within the stipulated time, this Policy shall stand cancelled ab initio. You will also forfeit the premium paid. We shall not be liable for any claim under this policy.

**7.2.3** The applicable rate of interest will be declared by the company from time to time.

**7.3** If the correct age is lower,

**7.3.1** We will adjust the surplus difference premium in subsequent premium payable. However, in such case, we will not pay any interest on the adjusted amount.

**7.4** If not eligible,

**7.4.1** We will terminate your policy.

**7.4.2** You will forfeit the premium paid.

**7.4.3** We shall not be liable for any claim under this policy.

## 8 Premiums

**8.1** You have to pay the premiums on the premium due dates or during the grace period.

**8.2** Premium is guaranteed for 3 years (policy term) as per age band at the time of entry.

**8.3** Renewability of the cover is guaranteed at the end of the third policy year with no underwriting at the time of renewal.

**8.4** Change in plan opted by the policyholder in order to increase the size of the benefits will, however, be subject to underwriting.

**8.5** On renewal after 3 years; premium would be payable as per the age band applicable on renewal date for each life assured and at prevailing rates at the time of renewal.

**8.6** In the case of addition of new life(s) assured to a family policy during the policy term (at policy anniversary date), the premium collected for the newly added life(s) assured will however only be guaranteed up to the end of the remaining family policy term.

**8.7** If we receive any premium in advance, it will be adjusted only on the premium due date. We will not pay any interest.

**8.8** You have to pay the premiums even if you do not receive renewal premium notice.

**8.9** You will be liable to pay all applicable taxes and cesses as levied by the Government and other statutory authorities from time to time.

**8.10** If we receive any amount in excess of the required premium, we will refund the excess without any interest.

- 8.11** If we receive any amount less than the required premium, we will not adjust the premium till you pay the deficit. We will not pay any interest on this amount. The amount so held in suspense shall not be adjusted towards the premium till the balance premium is received with interest, if applicable. In such a situation, there shall not be any cover under the policy and all the benefits under the policy automatically lapse till the policy is revived.

## **9 No claim Bonus/ Malus**

- 9.1** For each life assured under the policy if there is no claim during the policy year the Basic Sum Assured would be enhanced by a simple 5% up to a maximum of 40% of the initial Basic Sum Assured. The premium would however remain the same for this life assured, till renewal of this policy. However, after renewal, premium will be charged at the then prevailing rates but on the initial Basic Sum Assured.
- 9.2** For each life assured, in the event of any claim during the policy year, the enhanced sum assured shall decrease by 10% on the next anniversary.
- 9.3** The basic sum assured for the insured shall never be reduced below the initial basic sum assured.
- 9.4** DHCB and ICU benefits will be increased/decreased as per the change in basic sum assured. The Family Care Benefit will however remain the same at Rs.10000/-
- 9.5** The increase in basic sum assured will be on a life assured basis and not on the policy basis and will be based on each life assured's claim history.
- 9.6** At the time of the renewal, the no claim bonus will be granted for the original plan being continued.
- 9.7** If the policyholder decides to opt for a new plan for additional cover, a new policy will be issued subject to underwriting and the No Claim Bonus will not be granted.
- 9.8** If the cover for a life assured is not renewed, the no claim bonus for this life assured will not be available at the time of taking another policy or joining back the policy.

## **10 Claims**

- 10.1** The policyholder/nominee/legal heir or any of the life(s) assured should intimate the claim in writing stating at least the policy number and the nature of the illness/claim.
- 10.2** We will require the following documents :
- 10.2.1** Copy of policy document
  - 10.2.2** Claim form
  - 10.2.3** Treating doctor's certificate
  - 10.2.4** Discharge card and copy of all medical documents related to hospitalizations
  - 10.2.5** Any other document as the TPA/ company may require depending on type/cause of claim
  - 10.2.6** Identity Proof of the Policy Holder
  - 10.2.7** Age Proof of the Life Assured
  - 10.2.8** PAN card copy of the Policy Holder (for online policies)
  - 10.2.9** Direct Credit Mandate of the Policyholder
- 10.3** We will pay the claims (DHCB and/or ICU Benefit and Family Care Benefit) to the Policy Holder.
- 10.4** If the Policy Holder dies, we will pay any outstanding benefit
- 10.4.1** To the nominee
  - 10.4.2** To the legal heir, if nomination is not valid
- 10.5** If the Policy Holder otherwise is not in a position to receive the benefit, we will pay the benefit to nominee/legal heir.

**10.6** Any hospitalization should be intimated to us before the hospitalization in case of pre-planned hospitalization or within 24 hours in case of emergency.

## 11 General Terms

### 11.1 Free-look period

- 11.1.1** If you have purchased the policy through distance marketing channel, you have 30 days from the date of the receipt of this policy document to review its terms and conditions. If you are not satisfied, you can return the policy stating the reasons for objection.
- 11.1.2** If you have purchased the policy through a channel other than distance marketing, you have 15 days from the date of the receipt of this policy document to review its terms and conditions. If you are not satisfied, you can return the policy stating the reasons for objection.
- 11.1.3** You shall be entitled to a refund of the amount in accordance with the guidelines issued by the IRDA from time to time or by any relevant statute.
- 11.1.4** The premiums paid, exclusive of service tax, shall be refunded after deducting stamp duty charges and the cost of medical examination, if any.

### 11.2 Grace period

- 11.2.1** You can pay your premiums within a grace period of 30 days from the due dates for premium frequencies of yearly, half-yearly and quarterly.
- 11.2.2** In the event of any hospitalization occurring during the grace period, the company shall admit the claim provided
  - 11.2.2.1** The unpaid premium is recovered fully from the claim amount
  - 11.2.2.2** Where the claim amount is insufficient to pay for the unpaid premium, you shall pay the outstanding premium before the expiry of the grace period otherwise the claim will not be paid.

### 11.3 Policy loan

Your policy will not be eligible for any loans.

### 11.4 Assignment

We do not permit assignment under this policy.

### 11.5 Participation in profits

Your policy does not participate in our profits.

### 11.6 Taxation

- 11.6.1** You are liable to pay the service tax and cess etc. as per the applicable rates along with the premium.
- 11.6.2** Taxes may change subject to future changes in taxation laws.

### 11.7 Date formats

Unless otherwise stated, all dates described and used in the policy schedule are in dd/mm/yyyy formats.

## **11.8 Electronic transactions**

We shall accept premiums and pay benefits through any approved modes including electronic transfers.

## **11.9 Revival**

You can revive your policy during its revival period, 90 days from the date of the earliest premium not paid. Such revivals will be subject to the following:

- 11.9.1** No claim shall be admissible for any hospitalization occurring during the revival period
- 11.9.2** On revival a fresh 15 days waiting period shall be applicable
- 11.9.3** You have to submit Good Health Declaration and satisfy other underwriting requirements, if any
- 11.9.4** We may accept or reject your revival request. We will inform you the same.
- 11.9.5** You have to pay all the outstanding premiums at the time of revival, along with interest at a rate prevailing at the time of revival.
- 11.9.6** If the policy is not revived during the revival period, the policy and all the benefits under the policy will cease.
- 11.9.7** You cannot revive after the revival period.

## **11.10 Nomination**

- 11.10.1** You have to make a nomination as per provisions of section 39 of the Insurance Act, 1938.
- 11.10.2** You can change the existing nominee during the term of the policy.
- 11.10.3** Nomination is for the entire policy and not for a part of the policy.
- 11.10.4** We do not express any opinion on the validity or accept any responsibility in respect of any nomination you make.
- 11.10.5** The information regarding nomination or change of nomination is to be sent in writing to us.

## **11.11 Non-Disclosure**

- 11.11.1** We have issued your policy based on your statement in your proposal form, personal statement, medical reports and any other documents.
- 11.11.2** If we find that any of this information is inaccurate or false or you have withheld any material information, we shall declare your policy null and void but subject to Section 45 of the Insurance Act 1938.
- 11.11.3** In such event, we will not pay any benefit and we will also not return the amount you have paid.

<b>12 Termination</b>
-----------------------

## **12.1 Termination of cover**

The cover will end on the earliest of the following:

- 12.1.1** The end of the grace period, if you have not paid the premiums due,
- 12.1.2** The date on which your policy terminates

## **12.2 Termination of your policy**

Your policy will terminate:

- 12.2.1** On the death of all the life(s) assured.
- 12.2.2** On the date of maturity if the policy is not renewed.
- 12.2.3** At the end of the revival period, if you have not revived.

## 13 Notices

- 13.1** We will communicate to you in writing and deliver the correspondence by hand, post, facsimile, e-mail or any other approved mode.
- 13.2** We will send correspondence to the mailing address you have provided in the proposal form or to the changed address.
- 13.3** You should also communicate in writing and deliver the correspondence by hand, post, facsimile, e-mail or any other approved mode.
- 13.4** All your correspondence should be addressed to:  
SBI Life Insurance Company Limited,  
Central Processing Centre,  
Kapas Bhawan, Sector – 10,  
CBD Belapur,  
Navi Mumbai – 400 614.  
Fax / Phone: 022 – 6645 6241  
E-mail: [Info@SBILife.co.in](mailto:Info@SBILife.co.in)
- 13.5** It is important that you keep us informed of your changed address.

## 14 Complaints

### 14.1 Grievance Redressal procedure

- 14.1.1** If you have any query, complaint or grievance, you may approach any of our offices.
- 14.1.2** You can also call us on our toll-free number.
- 14.1.3** If you are not satisfied with our decision or have not received any response within 10 working days, you may write to us at:  
Head – Client Relationship,  
SBI Life Insurance Company Limited  
Central Processing Centre,  
Kapas Bhawan, Sector – 10,  
CBD Belapur,  
Navi Mumbai – 400 614.  
Telephone: 022 – 6645 6241  
Fax: 022 – 6645 6655  
Email Id: [Info@SBILife.co.in](mailto:Info@SBILife.co.in)
- 14.1.4** In case you are not satisfied with our decision and the issue pertains to provision 12 (1) of the Redressal of Public Grievances Rules, 1998, you may approach the Insurance Ombudsman. You can make the complaint to the Ombudsman as per provision 13 of the said rules. The relevant provisions have been mentioned in the section 'Relevant Statutes'.
- 14.1.5** The address of the Insurance Ombudsman and the Redressal of Public Grievances Rules, 1998, are, available on the website of IRDA, <http://www.IRDAIndia.org> and in our website <http://www.SBILife.co.in>. The address of the ombudsman at Mumbai is:  
Office of the Insurance Ombudsman (Maharashtra and Goa)  
3rd Floor, Jeevan Seva Annexe,  
S.V. Road, Santa Cruz (W),  
Mumbai – 400 054.

Telephone No.: +91 – 22 – 2610 6928  
Fax No. : +91 – 22 – 2610 6052  
E-mail: ombudsman@vsnl.net

**14.1.6** We have also enclosed a list of addresses of insurance ombudsmen.

## **15 Relevant Statutes**

### **15.1 Governing laws and jurisdiction**

This is subject to prevailing Indian Laws. Any dispute that may arise in connection with this shall be subject to the jurisdiction of the competent Courts of Mumbai.

### **15.2 Section 41 of the Insurance Act 1938**

No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out 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 prospectus or tables of the insurer.

### **15.3 Section 45 of the 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 a statement was on a material matter or suppressed facts which it was material to disclose and that it was fraudulently made by the policy-holder and that the policy holder 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 assured was incorrectly stated in the proposal.

### **15.4 Provision 12 (1) of Redressal of Public Grievances Rules, 1998**

The Ombudsman may receive and consider

- (a) Complaints under Rule 13
- (b) Any partial or total repudiation of claims by an insurer
- (c) Any dispute in regard to premium paid or payable in terms of the policy
- (d) Any dispute on the legal construction of the policy, insofar as such disputes relate to claims
- (e) Delay in settlement of claims
- (f) Non-issue of any insurance document to customers after receipt of premium

### **15.5 Provision 13 of Redressal of Public Grievances Rules, 1998**

- (1) any person who has a grievance against an insurer, may himself or through his legal heirs make a complaint in writing to the Ombudsman within whose jurisdiction the branch or office of the insurer complained against is located.
- (2) the complaint shall be in writing duly signed by the complainant or through his legal heirs and shall state clearly the name and address of the complainant, the name of the branch or office of the insurer against which the complaint is made, the fact giving rise to complaint supported by documents, if any, relied on by the complainant, the nature and extent of the loss caused to the complainant and the relief sought from the Ombudsman.
- (3) no complaint to the Ombudsman shall lie unless –
  - (a) the complainants had before making a complaint to the Ombudsman made a written representation to the insurer named in the complaint and either insurer had rejected the complaint or the complainant had not received any reply within a period of one month after the insurer concerned received his representation or the complainant is not satisfied with the reply given to him by the insurer.
  - (b) the complaint is made not later than one year after the insurer had rejected the representation or sent his final reply on the representation of the complainant, and
  - (c) the complaint is not on the same subject matter, for which any proceedings before any Court, or Consumer Forum or Arbitrator is pending or were so earlier.

.....

We request you to read this policy booklet along with the policy schedule. If you find any errors, please return the policy for effecting corrections.

\*\*\*\*\*End of Policy Booklet \*\*\*\*\*

<b>A</b>		<b>N</b>	
Age .....	3, 8, 10	Nominee .....	11, 13
<b>B</b>		Non-participating .....	5
Basic Sum Assured .....	3, 7, 11	<b>O</b>	
Beneficiary .....	3	Our .....	5, 12, 14
<b>C</b>		<b>P</b>	
Company .....	3, 4, 5, 9, 11, 12, 14	Physician .....	4, 5
<b>D</b>		Policy anniversary .....	5, 8, 10
Date of commencement .....	3, 5, 8, 9	Policy document .....	3, 5, 7, 11, 12
Day .....	3, 4, 7	Policy term .....	3, 5, 8, 10
DHCB .....	3, 6, 7, 11	Policy year .....	5, 7, 10, 11
Diagnosis .....	4, 8	Policyholder .....	3, 4, 5, 6, 7, 10, 11, 12
<b>E</b>		Pre-existing condition .....	5, 9
Endorsement .....	4, 5	Premium .....	3, 4, 6, 8, 10, 11, 12, 13, 15
<b>F</b>		Primary life assured .....	6
Family Policy .....	4, 8, 10	<b>R</b>	
Free-look period .....	4, 12	Revival .....	13
<b>G</b>		Revival Period .....	13
Grace period .....	12	<b>S</b>	
<b>H</b>		Surrender .....	7
Hospital .....	3, 4, 5, 7, 9	<b>T</b>	
Hospitalization .....	3, 4, 6, 7, 8, 9, 12, 13	TPA .....	6, 11
<b>I</b>		<b>U</b>	
ICU .....	3, 4, 6, 7, 11	UIN .....	6
Installment premium .....	4	Underwriting .....	3, 8, 10, 11
IRDA .....	12, 14	Us .....	4, 8, 12, 13
<b>L</b>		<b>W</b>	
Life Assured .....	3, 5, 7, 8, 9, 10, 11	We .....	3, 8, 10, 11, 12, 15
<b>M</b>		<b>Y</b>	
Minor .....	3	You .....	7, 12