

Corona Rakshak Policy, SBI Life Insurance Company Limited Policy Document (UIN:111N111V01)
Individual, Non-linked, Non-participating Health Insurance Pure Risk Premium Product

WELCOME LETTER

Date: <<dd/mm/yyyy>>

To,
<< >>
<< >>
<< >>
<< >>
<< >>
Contact Details: << >>

Customer No. : << >>

Policy No. : << >>

Product Name : <Corona Rakshak Policy, SBI Life Insurance Company Limited >
UIN : <<111N111V01>>

Dear << >>

We welcome you to the SBI Life family and thank you for your trust in our products.

Joining SBI Life family will give you access to the best customer service and a wide range of products which cater to most of your life and health insurance needs.

Please note that you have opted for a <<Single>> premium payment insurance policy.

1. For any information/ clarification, please contact: Your local SBI Life service branch: <<SBI Life branch address>>
2. Your Sourcing Bank/Branch is <<Sourcing Bank / Branch>> and Facilitator <<Facilitator Name / Code / Contact Details>>
3. In case you have any complaint/grievance you may contact the following official for resolution:
<<Regional Director's address >>
4. We enclose the following as a part of the Policy booklet:
 - 4.1 Policy Document.
 - 4.2 Premium Receipt
 - 4.2 Copy of proposal form signed by you.
 - 4.3 Copy of KYC and other documents as follows:

Particulars	Documents Received
Age Proof	
Identity Proof	
Address Proof	
Consent & Revised Benefit Illustration	
Medical Reports	

5. In case of any clarification/discrepancy, Call us toll free on our customer service helpline 18002679090 or email us at info@sbilife.co.in, also you may visit us at www.sbilife.co.in
6. Register on our **Customer Self Service website** <http://mypolicy.sbilife.co.in> to avail various online services available.
7. All your servicing requests should be submitted only to your local SBI Life service branch as mentioned above or your nearest SBI Life branch.
8. Please note that the digitally signed copy of your policy bond is available on our website www.sbilife.co.in. This can be viewed in a secure manner through one time password. Please visit our website for details.

Please check all details. Please make sure that the policy document is kept safely.

Free Look Option

You can review the terms and conditions of the policy, within 15 days, from the date of receipt of the policy document, for policies other than electronic policies and policies sourced through any channel other than Distance Marketing and within 30 days, from the date of receipt of the policy document, for electronic policies and policies sourced through Distance Marketing and if you disagree with any of those terms and conditions, you have the option to return the policy seeking cancellation of the policy, stating the reasons for your objection. Your request for cancellation of the policy under the free look option must reach our SBI Life Office within a period of 15 days or 30 days, as the case may be, as mentioned above. Premiums paid by you will be refunded after deducting proportionate risk premium for the covered period and stamp duty charges.

We always look forward to be your preferred Life Insurance Company for all your Life Insurance needs.

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Yours truly,

<signature>

<<(Name of Signatory)>>

<<(Designation of Signatory)>>

Note: The translated version of this letter in the regional language is printed overleaf for your convenience. However, should there be any ambiguity or conflict between these two versions, the English version shall prevail.

Welcome Letter – Regional Language

SAMPLE

Premium Receipt

SAMPLE

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CUSTOMER INFORMATION SHEET for “Corona Rakshak Policy, SBI Life Insurance Company Limited”

Sr. No.	Title	Description	Policy clause No.								
1	Product Name	Corona Rakshak Policy, SBI Life Insurance Company Limited									
2	What am I covered for	COVID Cover: Lump sum benefit equal to 100% of the Sum Insured shall be payable on positive diagnosis of COVID, requiring hospitalization for a minimum continuous period of 72 hours. The positive diagnosis of COVID shall be from a government authorized diagnostic centre.	4								
3	What are the major exclusions in the policy	a) Following is a partial list of the policy exclusions. Please refer to the policy document for the complete list of exclusions Admission primarily for investigation & evaluation b) Any diagnosis which is not related and not incidental to COVID is not covered in this Policy c) Testing done at a Diagnostic center which is not authorized by the Government shall not be recognized under this Policy	6								
4	Waiting period	The Company shall not be liable for any claim arising under the policy within 15 days from the first policy commencement date with Us.	5								
5	Payment Basis	Lumpsum Benefit Basis <table border="1"><tr><td>On Hospitalization</td><td>Lump sum benefit equal to 100% of the Sum Insured shall be payable on positive diagnosis of COVID, requiring hospitalization for a minimum continuous period of 72 hours. The positive diagnosis of COVID shall be from a government authorized diagnostic centre.</td></tr><tr><td>Death</td><td>No benefit is payable</td></tr><tr><td>Maturity</td><td>No benefit is payable</td></tr><tr><td>Surrender</td><td>No benefit is payable</td></tr></table>	On Hospitalization	Lump sum benefit equal to 100% of the Sum Insured shall be payable on positive diagnosis of COVID, requiring hospitalization for a minimum continuous period of 72 hours. The positive diagnosis of COVID shall be from a government authorized diagnostic centre.	Death	No benefit is payable	Maturity	No benefit is payable	Surrender	No benefit is payable	4
On Hospitalization	Lump sum benefit equal to 100% of the Sum Insured shall be payable on positive diagnosis of COVID, requiring hospitalization for a minimum continuous period of 72 hours. The positive diagnosis of COVID shall be from a government authorized diagnostic centre.										
Death	No benefit is payable										
Maturity	No benefit is payable										
Surrender	No benefit is payable										
6	Claims	The insured person may submit the necessary documents to the Company within the prescribed time limit as specified hereunder. <table border="1"><tr><th>S.No.</th><th>Type of Claim</th><th>Prescribed Time Limit</th></tr><tr><td>1</td><td>COVID cover</td><td>Within 30 days of date of discharge from hospital following positive diagnosis for COVID</td></tr></table>	S.No.	Type of Claim	Prescribed Time Limit	1	COVID cover	Within 30 days of date of discharge from hospital following positive diagnosis for COVID	7		
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7	Policy Servicing/ Grievances/Com plaints	<p>Your local SBI Life service branch: <<SBI Life branch address>></p> <p>Toll free customer service helpline 18002679090 (Timings: 9:00 a.m. to 9:00 p.m.) E-mail us at info@sbilife.co.in, or visit us at www.sbilife.co.in. E-mail id (health insurance related claims for senior citizens): <helpsc@sbilife.co.in></p> <p>If you are not satisfied with our decision or have not received any response within 10 business days, you may write to us at: Head – Client Relationship, SBI Life Insurance Company Limited 7th Level (D Wing) & 8th Level, Seawoods Grand Central, Tower 2, Plot No. R-1, Sector 40, Seawoods, Nerul Node, Navi Mumbai - 400 706 Dist. Thane, Maharashtra Telephone No.: +91 - 22 – 6645 6785</p> <p>E-mail Id: info@sbilife.co.in E-mail id : helpsc@sbilife.co.in</p> <p>Insurance Ombudsman address is available on the website of IRDAI, http://www.irdai.gov.in and in our website http://www.sbilife.co.in.</p> <p>In case the complaint is not fully attended by us within 15 days of lodging the complaint through our Grievance Redressal Mechanism; you may escalate the complaint to IRDAI through the Integrated Grievance Management System (IGMS) website: http://www.igms.irda.gov.in or contact IRDAI Grievance Call Centre on toll-free number : 155255 / 1800 4254 732</p>	<p>Welcome letter & clause/8/ 9/ 11</p>
8	Insured's Obligations	<p>Please provide correct information in the proposal form and disclose all pre-existing disease/s or condition/s before buying a policy.</p> <p>Non-disclosure may result in claim not being paid.</p>	8

Legal Disclaimer Note : The information must be read in conjunction with the product brochure and policy document. In case of any conflict between the CIS and the policy document, the terms and conditions mentioned in the policy document shall prevail.

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SBI Life Insurance Company Limited

Registration Number: 111

Regulated by IRDAI

POLICY DOCUMENT

CORONA RAKSHAK POLICY, SBI LIFE INSURANCE COMPANY LIMITED

UIN:<<111N111V01>>

**(AN Individual, Non-linked, Non-participating, Health
Insurance Pure Risk Premium Product)**

Registered & Corporate Office: SBI Life Insurance Co. Ltd, "Natraj", M.V. Road & Western Express Highway Junction, Andheri (East), Mumbai - 400 069.

Website: www.sbilife.co.in | Email: info@sbilife.co.in | CIN: L99999MH2000PLC129113

Toll Free: 1800 267 9090 (Between 9.00 am & 9.00 pm)

Policy Preamble

This Policy is a contract of insurance issued by **SBI Life Insurance Company Limited** (herein after called the 'Company ') to the proposer mentioned in the schedule (herein after called the 'Insured') to cover the person named in the schedule (herein after called the 'Insured Person'). The policy is based on the statements and declaration provided in the proposal Form by the proposer and is subject to receipt of the requisite premium.

If you require further information, please contact us or the Agent/ facilitator mentioned below

<<Insurance Advisor/Facilitator>> Details: <<name>><<code>>
<< mobile number or landline number if mobile not available>>

Corona Rakshak Policy, SBI Life Insurance Company Limited Policy Document (UIN:111N111V01)
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Policy Schedule

Identification

1. Policy Number	<< as allotted by system >>
2. Proposal No.	<< from the proposal form >>
3. Proposal Date	<< dd/mm/yyyy >>
4. Customer ID	<<as allotted by system >>

Personal information

5. Name of the Life insured	<< Title / First Name / Surname of the life insured>>
6. Name of Proposer / Policyholder	<< Title / First Name / Surname of the policyholder>>
7. Date of Birth	Life Insured
	<< dd/mm/yyyy >>
8. Age at entry	Life Insured
9. Gender	Life Insured
	<< Male / Female / Third Gender>>
10. Mailing Address	<< Address for communication >>
11. Mobile Number	
12. E-Mail ID of the policyholder	<< E-Mail ID of the policyholder>>

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Nomination				
13. Name of the Nominee(s)	Relationship with the life insured	Date of Birth	Gender	% Share
14. Name of the Appointee(s)	Relationship with nominee	Date of Birth	Gender	

Important dates	
15. Date of commencement of policy	<< dd/mm/yyyy >>
16. Date of commencement of risk	<< dd/mm/yyyy >>
17. Cover End Date	<< dd/mm/yyyy >>

Basic policy information	
18. Sum Insured (Rs.)	<<>>
19. Policy Term	
20. Single Premium, excluding applicable Taxes	
21. Applicable Taxes*	
22. Applicable rate of Tax*	
23. Single Premium, including applicable taxes	

*includes applicable taxes and/ or any other statutory levy/ duty/ surcharge, as notified by the Central and/or State Government from time to time as per the provisions of the prevalent tax laws.

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Signed for and on behalf of **SBI Life Insurance Company Limited,**

Authorised Signatory			
Name			
Designation			
Date		Place	

Stamp Duty of Rs. << amount >> is paid as provided under Article 47(D) of Indian Stamp Act, 1899 and included in Consolidated Stamp Duty Paid to the Government of Maharashtra Treasury vide Order of Addl. Controller Of Stamps, Mumbai at General Stamp Office, Fort, Mumbai - 400001., vide this Order No.(<<Receipt No>> Validity Period Dt. <<dd/mm/yyyy>> To Dt.<<dd/mm/yyyy>> (O/w. No.<<Order No>>.) /Date : <<dd/mm/yyyy>>).

<< Digital Signature >>

(Signature)
Proper Officer

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

***** End of Policy Schedule *****

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Policy Booklet

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1. Policy Preamble

This Policy is a contract of insurance issued by SBI Life Insurance Company Limited (herein after called the 'Company ') to the proposer mentioned in the schedule (herein after called the 'Insured') to cover the person named in the schedule (herein after called the 'Insured Person'). The policy is based on the statements and declaration provided in the proposal Form by the proposer and is subject to receipt of the requisite premium.

2. Operative Clause

If during the policy period the Insured Person is diagnosed with COVID and hospitalized for more than seventy-two hours following Medical Advice of a duly qualified Medical Practitioner as per the norms specified by Ministry of Health and Family Welfare, Government of India, the Company shall pay the agreed sum insured towards the Coverage mentioned in the policy schedule.

Provided further that, any amount payable under the policy shall be subject to the terms of coverage exclusions, conditions and definitions contained herein . Maximum liability of the Company under all such Claims during the Policy period shall be the Sum Insured) opted and specified in the Schedule

3. Definitions

The terms defined below and at other junctures in the Policy have the meanings ascribed to them wherever they appear in this Policy and, where, the context so requires, references to the singular include references to the plural; references to the male includes the female and references to any statutory enactment includes subsequent changes to the same.

Expressions	Meanings
1. Age	means age of the Insured person on last birthday as on date of commencement of the Policy.
2. Condition Precedent	means a Policy term or condition upon which the Company's liability under the Policy is conditional upon.
3. COVID	For the purpose of this Policy, Corona virus Disease means COVID-19 as defined by the World Health Organization (WHO) and caused by the virus SARS-CoV2.
4. Diagnosis	means diagnosis by a registered medical practitioner, supported by clinical, radiological, histological, histo-pathological and laboratory evidence and also surgical evidence wherever applicable.
5. Disclosure to information norm	The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non-disclosure of any material fact by the policyholder.
6. Hospital	means any institution established for in-patient care and day care treatment of disease/ injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act , 2010 or under the enactment s specified under Schedule of Section 56(1) of the said Act , OR complies with all minimum criteria as under: <ol style="list-style-type: none">1) has qualified nursing staff under its employment round the clock;2) has at least ten inpatient beds, in those towns having a population of less than ten lakhs and fifteen inpatient beds in all other places ;3) has qualified medical practitioner (s) in charge round the clock;4) has a fully equipped operation theatre of its own where surgical procedures are carried out5) maintains daily records of patients and shall make these accessible to the Company 's authorized personnel6) For the purpose of this policy any other set-up designated by the government as hospital

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	for the treatment of Covid-19 shall also be considered as hospital.
7. Hospitalisation	means admission in a hospital designated for COVID-19 treatment by Government, for a minimum period of seventy-two (72) consecutive 'In-patient care' hours .
8. In-Patient Care	means treatment for which the insured person has to stay in a hospital continuously for more than 72 hours for treatment of COVID .
9. Insured Person	means person(s) named in the schedule of the Policy.
10. Medical Advice	means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription
11. Medical Practitioner	means a person who holds a valid registration from the Medical Council of any state or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of the licence .
12. Network Provider	means hospitals enlisted by insurer, TPA or jointly by an insurer and TPA to provide medical services to an insured by a cashless facility.
13. Non- Network Provider	means any hospital that is not part of the network
14. Notification of Claim	Notification of claim means the process of intimating a claim to Us through any of the recognized modes of communication.
15. Policy	means these Policy wordings , the Policy Schedule and any applicable endorsements or extensions attaching to or forming part thereof. The Policy contains details of the extent of cover available to the Insured person, what is excluded from the cover and the terms & conditions on which the Policy is issued to the Insured person.
16. Policy Period	Policy period means period of three and half months (3 ½ months), six and half months (6 ½ months) and nine and half months (9 ½ months) i.e, 105 days, 195 days and 285 days respectively as specified in the policy schedule.
17. Policy Schedule	Policy Schedule attached to and forming part of Policy.
18. Sum Insured	means the pre-defined limit specified in the Policy Schedule. Sum Insured represents the maximum liability for any and all claims made under the Policy, in respect of that Insured Person during the Policy period.
19. Third Party Administrator (TPA)	means a Company registered with the Authority, and engaged by an insurer, for a fee or by whatever name called and as may be mentioned in the health services agreement, for providing health services.
20. Waiting Period	Waiting Period means a period from the inception of this Policy during which specified disease is not covered. On completion of the period, specified disease shall be covered provided the Policy has been continuously renewed without any break.

4. Coverage

The cover listed below is in-built Policy benefit and shall be available to all Insured Persons in accordance with the procedures set out in this Policy.

4.1 Covid Cover

Lump sum benefit equal to 100% of the Sum Insured shall be payable on positive diagnosis of COVID, requiring hospitalization for a minimum continuous period of 72 hours. The positive diagnosis of COVID shall be from a government authorized diagnostic centre.

Note:

- Payment will be made only on Hospitalisation for a minimum continuous period of 72 hours following positive diagnosis for COVID .
- This is onetime benefit applicable for the entire tenure of the Policy and shall terminate upon payment of this benefit.

5. Waiting Period

The Company shall not be liable for any claim arising for COVID within 15 days from the first policy commencement date

6. Exclusions

The Company shall not be liable to make any payment under the policy, in respect of any expenses incurred in connection with or in respect of :

6.1 Investigation & Evaluation

- i. Expenses related to any admission primarily for diagnostics and evaluation purposes.
- ii. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment.

6.2 Any diagnosis which is not related and not incidental to COVID is not covered in this Policy

6.3 Testing done at a Diagnostic centre which is not authorized by the Government shall not be recognized under this Policy

6.4 Any claim with respect to COVID manifested prior to commencement date of this policy or during the waiting period.

6.5 Cover under this Policy shall cease if the Insured Person travels to any country placed under travel restriction by the Government of India.

7. Claims

7.1 Notification of Claims

Upon the happening of the covered event, which may give rise to a claim under this policy, you shall send a notice with full particulars to the Company within 15 days from the date of occurrence of the event/ diagnosis of COVID.

7.2 **Procedure** : You may submit the necessary documents to Company within the prescribed time limit as specified hereunder.

S.No.	Type of claim	Prescribed Time Limit
1	COVID cover	Within thirty days of date of discharge from hospital following positive diagnosis for COVID.

7.3 Documents to be submitted

Your claim is to be supported with the following documents and submitted within the prescribed time limit.

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Benefits	Claims Documents Required
1. Covid-19 Cover	<p>i. Duly filled and signed Claim Form</p> <p>ii. Copy of Insured Person's passport, if available (All pages)</p> <p>iii. Photo Identity proof of the patient (if insured person does not own a passport) Medical practitioner's prescription advising admission</p> <p>IV. Medical practitioner's prescription advising admission</p> <p>v. Discharge summary including complete medical history of the patient along with In-Patient Discharge and other details.</p> <p>vi. Investigation reports including Insured Person's Test Reports from Authorized diagnostic centre for COVID.</p> <p>vii. NEFT Details (to enable direct credit of claim amount in bank account) and cancelled cheque.</p> <p>viii. KYC (Identity proof with Address) of the proposer, where claim liability is above Rs 1 Lakh as per AML Guidelines</p> <p>ix. Legal heir/succession certificate, wherever applicable</p> <p>X. Any other relevant document required by Company for assessment of the claim .</p>

Note:

1. The company shall only accept bills/invoices/medical treatment related documents only in the Insured Person's name for whom the claim is submitted
2. In the event of a claim lodged under the Policy and the original document shaving been submitted to any other insurer, the Company shall accept the copy of the documents and claim settlement advice, duly certified by the other insurer subject to satisfaction of the Company
3. Any delay in notification or submission may be condoned on merit where delay is proved to be for reasons beyond the control of the insured Person

7.4 Claim Settlement (provision for Penal Interest)

- i. The Company shall settle or reject a claim, as the case may be, within 30 days from the date of receipt last necessary document.
- ii. In the case of delay in the payment of a claim, the Company shall be liable to pay interest from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate .
- iii. However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest in any case not later than 30 days from the date of receipt of last necessary document. In such cases, the Company shall settle the claim within 45 days from the date of receipt of last necessary document.
- iv. In case of delay beyond stipulated 45 days the company shall be liable to pay interest at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

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7.5 Payment of Claim

All claims under the policy shall be payable in Indian currency only. On payment of 100% of sum insured the policy will be terminated.

8. General Terms & Conditions
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8.1 Free Look Period

- 8.1.1 If you have purchased electronic policy and a policy through distance marketing, you have 30 days from the date of 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.
- 8.1.2 For policies purchased through a channel or mode other than that mentioned in 8.1.1 above, you have 15 days from the date of 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.
- 8.1.3 We will then refund the premium paid after deducting proportionate risk premium for the period of cover and stamp duty charges.
- 8.1.4 You cannot revive, reinstate or restore your policy once you have returned your policy.

8.2 Policy Loan

You are not entitled to any loan under this policy

8.3 Disclosure of Information

The Policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non-disclosure of any material fact by the policyholder.

8.4 Condition Precedent to Admission of Liability

The terms and conditions of the policy must be fulfilled by the insured person for the Company to make any payment for claim(s) arising under the policy.

8.5 Material Change

The Insured shall notify the Company in writing of any material change in the risk in relation to the declaration made in the proposal form or medical examination report and the Company may, adjust the scope of cover and /or premium, if necessary, accordingly.

8.6 Misstatement of Age

- 8.6.1 If we find that the actual age of the life insured is different from that mentioned in the proposal form, we will check his/her eligibility for the insurance cover as on the date of commencement.
- 8.6.2 If eligible,
 - 8.6.2.1 If the actual age is found to be higher, you may have to pay the difference in premiums along with interest depending on the age band that you fall under.
 - 8.6.2.2 We will terminate your policy if you do not pay the difference in premiums and applicable interest.
 - 8.6.2.3 If the correct age is found to be lower and if you fall under a lower age band, we will refund the difference in premiums without any interest.
- 8.6.3 If the life insured is not eligible for the policy as per his/her actual age,
 - 8.6.3.1 We will terminate your policy
 - 8.6.3.2 We will refund the Premiums paid without interest after deducting the Stamp duty and Proportionate Risk premium along with applicable taxes, cesses and levies, etc. for the period of cover.

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8.7 Records to be Maintained

The Insured Person shall keep an accurate record containing all relevant medical records and shall allow the Company or its representatives to inspect such records. The Policyholder or Insured Person shall furnish such information as the Company may require for settlement of any claim under the Policy, within reasonable time limit and within the time limit specified in the Policy

8.8 Complete Discharge

Any payment to the policyholder, insured person or his/ her nominees or his/ her legal representative or assignee or to the Hospital, as the case may be, for any benefit under the policy shall be a valid discharge towards payment of claim by the Company to the extent of that amount for the particular claim.

8.9 Notice & Communication

8.9.1 Any notice, direction, instruction or any other communication related to the Policy should be made in writing.

8.9.2 Such communication shall be sent to the address of the Company or through any other electronic modes specified in the Policy Schedule.

8.9.3 The Company shall communicate to the Insured at the address or through any other electronic mode mentioned in the schedule.

8.10 Territorial Limit

The company's liability to make any payment under the policy will be within India only.

8.11 Fraud

If any claim made by the insured person, is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the insured person or anyone acting on his/her behalf to obtain any benefit under this policy, all benefits under this policy shall be forfeited.

Any amount already paid against claims made under the policy which are found fraudulent later under this policy shall be repaid by all recipient(s) /policyholder(s), who has made that particular claim, who shall be jointly and severally liable for such repayment.

For the purpose of this clause, the expression "fraud" means any of the following acts committed by the Insured Person or by his agent or the hospital/doctor/any other party, with intent to deceive the insurer or to induce the insurer to issue an insurance Policy:

8.11.1 the suggestion, as a fact of that which is not true and which the Insured Person does not believe to be true;

8.11.2 the active concealment of a fact by the Insured Person having knowledge or belief of the fact;

8.11.3 any other act fitted to deceive; and

8.11.4 any such act or omission as the law specially declares to be fraudulent.

The company shall not repudiate the policy on the ground of fraud, if the insured person/beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such mis-statement or suppression of material fact are within the knowledge of the insurer.

8.12 Cancellation: The Company may cancel the Policy at any time on grounds of misrepresentation, non-disclosure of material facts, fraud by the Insured Person, by giving 7 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.

8.13 Automatic termination:

This policy shall terminate for the Insured immediately on the earlier of the following events irrespective of the expiry date mentioned in the policy schedule

• Upon the demise of the covered person.

• Upon payment of an admissible claim and settlement of 100% of Sum Insured specified in the Policy Schedule.

8.14 Territorial Jurisdiction

All disputes or differences under or in relation to the interpretation of the terms, conditions, validity, construct, limitations and/or exclusions contained in the Policy shall be determined by the Indian court and according to Indian law.

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8.15 Arbitration

- 8.15.1 If any dispute or difference shall arise as to the quantum to be paid by the Policy, (liability being otherwise admitted) such difference shall independently of all other questions, be referred to the decision of a sole arbitrator to be appointed in writing by the parties here to or if they cannot agree upon a single arbitrator within thirty days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators and arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act 1996, as amended by Arbitration and Conciliation (Amendment) Act, 2015 (No.3 of 2016).
- 8.15.2 It is clearly agreed and understood that no difference or dispute shall be preferable to arbitration as herein before provided, if the Company has disputed or not accepted liability under or in respect of the policy.
- 8.15.3 It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon the policy that award by such arbitrator/arbitrators of the amount of expenses shall be first obtained.

8.16 Endorsements (Changes in Policy)

This policy constitutes the complete contract of insurance. This Policy cannot be modified by anyone (including an insurance agent or broker) except the company. Any change made by the company shall be evidenced by a written endorsement signed and stamped.

8.17 Terms and conditions of the Policy

The terms and conditions contained herein and in the Policy Schedule shall be deemed to form part of the Policy and shall be read together as one document.

8.18 Nomination

The policyholder is required at the inception of the policy to make a nomination for the purpose of payment of claims under the policy in the event of death of the policyholder. Any change of nomination shall be communicated to the company in writing and such change shall be effective only when an endorsement on the policy is made. In the event of death of the policyholder, the Company will pay the nominee {as named in the Policy Schedule/Policy Certificate/Endorsement (if any)} and in case there is no subsisting nominee, to the legal heirs or legal representatives of the Policyholder whose discharge shall be treated as full and final discharge of its liability under the Policy.

8.19 Non – disclosure

- 8.19.1. We have issued your policy based on the statements in your proposal form, personal statement and declaration.
- 8.19.2. The Policy shall be void and all premium paid thereon shall be forfeited to Us in the event of misrepresentation, mis-description or non-disclosure of any material fact.
- 8.19.3. We may cancel the Policy at any time on grounds of misrepresentation, non-disclosure of material facts, fraud by the Insured Person, by giving 7 days' written notice. There would be no refund of premium on cancellation on grounds of mis-representation, non-disclosure of material facts or fraud
- 8.19.4. 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, as amended from time to time.
- 8.19.5. We will pay the amount payable as per section 45 of the Insurance Act, 1938, as amended from time to time, if any, as on the date of repudiation of your claim.

[A Leaflet containing the simplified version of the provisions of Section 45 is enclosed in Annexure – (I) for reference]

**Corona Rakshak Policy, SBI Life Insurance Company Limited Policy Document (UIN:111N111V01)
Individual, Non-linked, Non-participating Health Insurance Pure Risk Premium Product**

9. Redressal of Grievance

In case of any grievance the insured person may contact the company through

Website: www.sbilife.co.in

Toll free: 1800 267 9090 (9 am to 9 pm).

E-mail: info@sbilife.co.in

Insured person may also approach the grievance cell at any of the company's branches with the details of grievance

If Insured person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the grievance officer at

Head – Client Relationship,

SBI Life Insurance Company Limited

7th Level (D Wing) & 8th Level, Seawoods Grand Central,

Tower 2, Plot No. R-1, Sector 40, Seawoods,

Nerul Node, Navi Mumbai - 400 706

Dist. Thane, Maharashtra

Telephone No.: +91 - 22 - 6645 6785

E-mail Id: info@sbilife.co.in

E-mail id (health insurance related claims for senior citizens): [<helpsc@sbilife.co.in>](mailto:helpsc@sbilife.co.in)

For updated details of grievance officer, kindly refer the link www.sbilife.co.in

Grievance may also be lodged at IRDAI Integrated Grievance Management System - <https://igms.irda.gov.in/>

Insurance Ombudsman –If the insured person is not satisfied with the redressal of grievance through above methods, the insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance. The contact details of the Insurance Ombudsman offices have been provided.



List of
Ombudsman_02.04.1

Corona Rakshak Policy, SBI Life Insurance Company Limited Policy Document (UIN:111N111V01)
Individual, Non-linked, Non-participating Health Insurance Pure Risk Premium Product

10. Table of Benefits

Name	Corona Rakshak Policy, SBI Life Insurance Company Ltd.
Product Type	Individual
Category of Cover	Benefit based
Sum Insured	Rs 50,000/-(Fifty Thousand) to 2,50,000 (Two and half Lakh) (in the multiples of fifty thousand)
Policy Period	Three and half months (31/2months),six and half months(61 / 2 months)and nine and half months (91/2months) i.e, 105days, 195 days and 285 days respectively
Eligibility	Policy can be availed by persons between the age of 18 years to 65 years. Proposer with higher age can obtain policy for adult members of the family, without coverings elf.
Coverage	<p>COVID Cover</p> <p>Lump sum benefit equal to 100% of the Sum Insured shall be payable on positive diagnosis of COVID, requiring hospitalization for a minimum continuous period of 72 hours. The positive diagnosis of COVID shall be from a government authorized diagnostic centre.</p>

11. Relevant Statutes

11.1 Section 41 of the Insurance Act 1938, as amended from time to time

- (1) 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:

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 liable for penalty which may extend to ten lakh rupees.

11.2 Section 45 of the Insurance Act 1938, as amended from time to time

[A Leaflet containing the simplified version of the provisions of Section 45 is enclosed in Annexure – (I) for reference]

**Corona Rakshak Policy, SBI Life Insurance Company Limited Policy Document (UIN:111N111V01)
Individual, Non-linked, Non-participating Health Insurance Pure Risk Premium Product**

11.3 Protection of Policyholders' Interest

The IRDAI (Protection of Policyholders' Interest) Regulations, 2017 provide for protection of the interest of the policyholders. The provisions of this regulation will be applicable and subject to the prevailing law, as amended from time to time.

Annexure-I

Section 45 – Policy shall not be called in question on the ground of mis-statement after three years

Provisions regarding policy not being called into question in terms of Section 45 of the Insurance Act, 1938, as amended by Insurance Laws (Amendment) Act, 2015 dated 23.03.2015 are as follows:

01. No Policy of Life Insurance shall be called in question **on any ground whatsoever** after expiry of 3 yrs from

- a. the date of issuance of policy or
- b. the date of commencement of risk or
- c. the date of revival of policy or
- d. the date of rider to the policy

whichever is later.

02. On the ground of fraud, a policy of Life Insurance may be called in question within 3 years from

- a. the date of issuance of policy or
- b. the date of commencement of risk or
- c. the date of revival of policy or
- d. the date of rider to the policy

whichever is later.

For this, the insurer should communicate in writing to the insured or legal representative or nominee or assignees of insured, as applicable, mentioning the ground and materials on which such decision is based.

03. Fraud means any of the following acts committed by insured or by his agent, with the intent to deceive the insurer or to induce the insurer to issue a life insurance policy:

- a. The suggestion, as a fact of that which is not true and which the insured does not believe to be true;
- b. The active concealment of a fact by the insured having knowledge or belief of the fact;
- c. Any other act fitted to deceive; and
- d. Any such act or omission as the law specifically declares to be fraudulent.

04. Mere silence is not fraud unless, depending on circumstances of the case, it is the duty of the insured or his agent keeping silence to speak or silence is in itself equivalent to speak.

05. No Insurer shall repudiate a life insurance Policy on the ground of Fraud, if the Insured / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of material fact are within the knowledge of the insurer. Onus of disproving is upon the policyholder, if alive, or beneficiaries.

06. Life insurance Policy can be called in question within 3 years on the ground that any statement of or suppression of a fact material to expectancy of life of the insured was incorrectly made in the proposal or other document basis which policy was issued or revived or rider issued. For this, the insurer should communicate in writing to the insured or legal representative or nominee or assignees of insured, as applicable, mentioning the ground and materials on which decision to repudiate the policy of life insurance is based.

07. In case repudiation is on ground of mis-statement and not on fraud, the premium collected on policy till the date of repudiation shall be paid to the insured or legal representative or nominee or assignees of insured, within a period of 90 days from the date of repudiation.

08. Fact shall not be considered material unless it has a direct bearing on the risk undertaken by the insurer. The onus is on insurer to show that if the insurer had been aware of the said fact, no life insurance policy would have been issued to the insured.

09. The insurer can call 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 of age of life insured. So, this Section will not be applicable for questioning age or adjustment based on proof of age submitted subsequently.

[Disclaimer: This is not a comprehensive list of amendments of Insurance Laws (Amendment) Act, 2015 and only a simplified version prepared for general information. Policy Holders are advised to refer to Original Gazette Notification for complete and accurate details]