

SBI Life – Group Accidental Total Permanent Disability Rider (UIN:111B044V01)
Group, Non-linked, Non-participating, Health Insurance, Pure Risk Rider

CUSTOMER INFORMATION SHEET / KNOW YOUR POLICY
SBI Life – Group Accidental Total Permanent Disability Rider

This document provides key information about your Rider. You are advised to go through Your Certificate of Insurance and Terms and Conditions to SBI Life – Group Accidental Total Permanent Disability Rider.

| Sr. No. | Title | Description (Please refer to applicable Policy Clause Number of T&C of Rider in next column) | Rider Policy Document Clause |
|----------------|--|---|-------------------------------------|
| 1 | Name of the Insurance Rider/Policy | SBI Life – Group Accidental Total Permanent Disability Rider (UIN: <<as allotted by system>>) | COI - schedule of benefits |
| 2 | Certificate of Insurance | COI number << as allotted by system >> | COI - schedule of benefits |
| 3 | Type of Insurance/Rider | Group, Non-linked, Non-participating, Health Insurance, Pure Risk Rider | COI - schedule of benefits |
| 4 | Rider Sum Assured | Rs. <<as allotted by system>> | COI - schedule of benefits |
| 5 | Rider Coverage (What the rider covers) | Provides Sum Assured on Accidental Total Permanent Disability of the insured member as per terms and conditions of the rider | Part C (II)(1) |
| 6 | Exclusions (What the Rider does not cover) | <p>The Accidental Total and Permanent Disability cover benefit rider shall not be payable in case of disability arising from or due to the consequences of or occurring during the events as specified below.</p> <ol style="list-style-type: none"> 1. Infection: Disability caused or contributed to by any infection, except infection caused by an external visible wound accidentally sustained. 2. Drug Abuse: Life assured under the influence of Alcohol or solvent abuse or use of drugs except under the direction of a registered Medical Practitioner. 3. Self-inflicted Injury: Intentional self- Inflicted Injury including the injuries arising out of attempted suicide. 4. Criminal acts: Life assured involvement in Criminal and/or unlawful acts with criminal or unlawful intent. 5. War and Civil Commotion: War, invasion, hostilities, (whether war is declared or not), civil war, rebellion, revolution, act of foreign enemy, armed or unarmed truce, mutiny, rebellion, strikes or taking part in a riot or civil commotion. | Part C (II)(12) |

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| | | <p>6. Services: Taking part in any naval, military or air force operation during peace time or during service in any police, paramilitary or any similar organisation;</p> <p>7. Nuclear Contamination: The radioactive, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or Accident arising from such nature.</p> <p>8. Aviation: Life assured participation in any flying activity, other than as a passenger in a commercially licensed aircraft.</p> <p>9. Hazardous sports and pastimes: 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.</p> | |
| 7 | <p>Waiting period</p> <ul style="list-style-type: none"> • Time period during which specified diseases/treatments are not covered. • It is counted from the beginning of the policy coverage | No waiting period applicable for this Rider. | |
| 8 | <p>Financial limits of coverage</p> <p>i. Sub-limit (It is a pre-defined limit and the insurance company will not pay any amount in excess of this limit)</p> <p>ii. Co-payment (It is a specified amount /percentage of the admissible claim amount to be paid by policyholder/insured)</p> | No sub-limit, co-payment or deductible applicable. | |

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| | <p>iii. Deductible (It is a specified: - up to which an insurance company will not pay any claim, and - which will be deducted from total claim amount (if claim amount is more than the specified amount)</p> <p>iv. Any other limit (as applicable)</p> | | |
| 9 | Claims / Claims Procedure | <ul style="list-style-type: none"> • on the occurrence of an event giving rise to a claim under this Rider, the Claimant shall give Us a written notification of the claim at earliest possible time. This written notification shall specify at least the policy number, and provide details in relation to the cause and date of death/disability. • For details, please refer the Claims section of the Rider document. • Based on the information and documentation provided to Us in respect of the claim, We may call for any other documents or information, if found necessary by Us in support of the claim. | Part C (III) |
| 10 | Policy Servicing | <p>Turn Around Time (TAT): Download%20Turn%20Around%20Times.pdf">https://www.sbilife.co.in/en/services->Download 'Turn Around Times' pdf</p> <p>Helpline/Call Centre Number: Toll free no.: 1800 267 9090 (Customer Service Timing:24X7).</p> <p>Our Contact Details: For any information / clarification, please contact: Your nearest local SBI Life service branch.</p> <p>Link for downloading applicable forms and list of documents required including bank account details.</p> <p>Various forms are available on SBI Life Website: https://www.sbilife.co.in/en/services/download-center/policy-servicing-forms</p> | Part C (II) (10) |
| 11 | Grievance/Complaints | <ul style="list-style-type: none"> • Contact details of Grievance Redressal Officer: SBI Life Insurance Company Limited Central Processing Centre, 7th Level (D Wing) & 8th Level, Seawoods Grand Central, Tower 2, Plot No R-1, Sector - 40, Seawoods, Nerul Node, Navi Mumbai - 400706 <p>Telephone No. 022-6645 6200 Email: wecare@sbilife.co.in</p> | Part C (V) |

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| | | <ul style="list-style-type: none"> • Link for registering the grievance with the insurer’s portal: https://www.sbilife.co.in/en/grievances • Contact details of Ombudsman: https://cioins.co.in/ombudsman | |
| 12 | Things to remember | <p>Grace Period: As per the Base Policy</p> <p>Free Look Cancellation: 30 days</p> | <p>Part C (II)(5)</p> <p>Part C(IV)(1)</p> |
| 13 | Your Obligations | <p>Please provide correct, complete and accurate information in the proposal form for this Rider and disclose fully all pre-existing disease/s or condition/s of the Insured Member before buying this Rider.</p> <p>Note: Non-disclosure or misrepresentation may affect the claim settlement.</p> | |

Declaration by the Policyholder:

I have received the above and I have read & confirm having noted the details.

Place:

Date:

(Signature of the Policyholder)

Note:

- i. Product related documents including the customer information sheet are available on Our website www.sbilife.co.in
- ii. In case of any conflict, the terms & conditions mentioned in the Base Policy Document/Rider Document shall prevail.

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