

SBI Life -
Group Accelerated
Critical Illness Rider
UIN: 111B047V01



25
YEARS
Protecting
Lives,
Securing
Future



SBI Life
Apne liye. Apno ke liye.

A Group, Non-linked, Non-Participating, Health Insurance, Pure Risk Rider

This document lists the benefits, conditions and exclusions applicable to the rider that can be attached to the SBI Life's One-year renewable group term life products. Please read the same in conjunction with the base product's sales brochure.

Eligibility Criteria

Entry Age*	Minimum - 18 years	Maximum - 65 years
Maturity Age*	Minimum - 19 years	Maximum - 66 years
Sum Assured	Minimum: ₹10,000 per member Maximum: ₹1,00,00,000 per member The Maximum Rider Sum Assured shall not exceed the Sum Assured of insured member under the base policy to which it is attached	
Policy Term & Premium Payment Term	1 year The Rider term should be equal to the outstanding policy term of the base policy to which it is attached	
Premium Payment Option	The premiums can be paid in annual, half-yearly, quarterly or monthly modes however, it would be same as premium payment option of the base policy	

*Age as on last birthday

Benefits

- On Diagnosis of any of the of specified Critical illnesses to the insured member, during the rider term, Critical Illness Sum Assured is payable as lumpsum, provided all due premiums are paid till date of diagnosis of critical illness.Critical Illness Sum Assured is payable as lumpsum.
- After payment of the critical illness benefit, the sum assured under the base product would stand reduced by the claim amount paid.

Terms & Conditions

SBI Life – Group Accelerated Critical Illness Rider benefit is paid if the Insured Member is diagnosed with one of the following:

- **Cancer of Specified Severity**

A malignant tumour characterised by the uncontrolled growth & spread of malignant cells with invasion & destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukemia, lymphoma and sarcoma.

The following are excluded –

All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN - 2 and CIN-3. ;

- Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
- Malignant melanoma that has not caused invasion beyond the epidermis;

- All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0;
- All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
- Chronic lymphocytic leukaemia less than RAI stage 3;
- Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification;
- All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;

- **First Heart Attack – of Specified Severity**

The first occurrence of myocardial infarction which means the first occurrence of heart attack or myocardial infarction, which means the of a death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria

- i) a history of typical clinical symptoms consistent with the diagnosis of Acute Myocardial Infarction (for e.g. typical chest pain);
- ii) new characteristic electrocardiogram changes;
- iii) elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

The following are excluded:

- a) Other acute Coronary Syndromes
- b) Any type of angina pectoris
- c) A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic

heart disease OR following an intra-arterial cardiac procedure.

- **Open Chest Cabg**

The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breast bone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist.

The following are excluded:

Angioplasty and/or any other intra-arterial procedures

- **Kidney Failure Requiring Regular Dialysis**

End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (hemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.

- **Stroke Resulting In Permanent Symptoms**

Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extra-cranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.

The following are excluded:

- i) Transient ischemic attacks (TIA);
- ii) Traumatic injury of the brain;
- iii) Vascular disease affecting only the eye or optic nerve or vestibular functions.

- **Major Organ /bone Marrow Transplant**

The actual undergoing of a transplant of:

- i) One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
- ii) Human bone marrow using haematopoietic stem cells The undergoing of a transplant has to be confirmed by a specialist medical practitioner.

The following are excluded:

- i) Other stem-cell transplants;
- ii) Where only islets of langerhans are transplanted.

- **Permanent Paralysis of Limbs**

Total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist medical practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months.

- **Aortic Surgery**

The undergoing of surgery to treat narrowing, obstruction, aneurysm or dissection of the aorta. Minimally invasive procedures like endovascular repair are covered under this definition. The surgery must be determined to be medically necessary by a Consultant Surgeon and supported by imaging findings.

For the above definition, the following are not covered:

- Surgery to any branches of the thoracic or abdominal aorta (including aortofemoral or aortoiliac bypass grafts)
- Surgery of the aorta related to hereditary connective tissue disorders (e.g., Marfan syndrome, Ehlers–Danlos syndrome)
- Surgery following traumatic injury to the aorta.

- **Major Burn**

There must be third-degree burns with scarring that cover at least 20% of the body's surface area. The diagnosis must confirm the total area involved using standardized, clinically accepted, body surface area charts covering 20% of the body surface area.

- **Heart Valve Surgery**

The actual undergoing of open-heart valve surgery is to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease affected cardiac valve(s). The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of surgery has to be confirmed by a specialist medical practitioner. Catheter based techniques including but not limited to, balloon valvotomy/valvuloplasty are excluded.

Waiting Period

A waiting period of 90 days from policy inception is applicable for this benefit, for claims arising out of defined critical illnesses. The waiting period is defined as the period starting from policy inception or reinstatement, as applicable, during which no rider benefits are payable.

Survival Period

A survival period of 30 days is applicable for this benefit, for claims arising out of defined critical illnesses. The survival period is defined as the period of time after the date of first diagnosis of a critical illness that the policyholder has to survive to be eligible for a rider benefit payment.

Exclusions

No critical illness benefit shall be paid on diagnosis of critical illness due to attempted suicide within one year from the date of commencement of Membership.

The critical illness benefit shall not be paid on any of the lives covered in case of the following conditions:

- Any critical illness which occurred within 90 days of the Entry Date or the date of Revival.
- The Member committing or attempting to commit a criminal act whether alone or with others;
- The Member's intentional self-inflicted injury, attempted suicide.
- War, invasion, civil war, rebellion or riot;
- Alcohol or Solvent abuse or taking of Drugs, narcotics or psychotropic substances unless taken in accordance with the lawful directions and prescription of a registered medical practitioner;
- War, invasion, act of foreign enemy, hostilities (whether war be declared or not), armed or unarmed truce, civil war, mutiny, rebellion, revolution, insurrection, military or usurped power, riot or civil commotion, strikes
- Taking part in any naval, military or air force operation during peace time
- Engaging in or taking part in hazardous activities, including but not limited to, diving or riding or any kind of race; martial arts; hunting; mountaineering; parachuting; bungee-jumping; underwater activities involving the use of breathing apparatus or not;
- Hazardous Activities mean any sport or pursuit or hobby, which is potentially dangerous to the Insured Member whether he is trained or not
- Participation by the insured person in any flying activity, except as a bona fide, fare-paying passenger of a recognized airline on regular routes and on a scheduled timetable.

- Any Pre-existing medical condition. “Pre-existing medical condition” definition will be as per health regulation.
- For any medical condition or any medical procedure arising from 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;
- Any External Congenital Anomaly which is not as a consequence of Genetic disorder
- Unreasonable failure to seek or follow medical advice or treatment or the Life Insured has delayed medical treatment in order to circumvent the waiting period or other conditions and restriction applying to this policy.

Maturity Benefit

No Maturity benefit is payable under this rider.

Other Features

- **Lapse**
For Yearly Premium Frequency, Lapse is Not Applicable
 - Other than Yearly Premium Frequency, member’s cover will lapse if the rider premium is not paid within the Grace period. All the benefits under the member cover shall cease and no benefit shall be payable.
- A lapsed rider can be revived within revival period from the date of first unpaid premium.

- **Paid-up Value:** Not Applicable
- **Surrender**

On surrender by master policyholder / member Unexpired Risk Premium will be payable.

If the rider premium is paid by the Master Policyholder, Unexpired Risk Premium will be paid to the Master Policyholder.

If the rider premium is paid by the member, Unexpired Risk Premium will be paid to the member.

Unexpired Risk Premium = (80% x Premium*) x [Unexpired covered days^{##} / Total covered days[#]]

Where,

[#]Total covered days is the period of coverage in days as per the premium frequency chosen i.e. total number of days considering 1 month, 3 month, 6 month & 12 month for monthly, quarterly, half-yearly and yearly mode respectively.

*Premium is the premium paid for Total covered days under the rider excluding any extra premium and taxes, if any, as per the premium frequency chosen.

^{##}Unexpired covered days is total covered days less 'expired number of days out of Total covered days depending on premium frequency chosen', as on date of surrender.

However, the master policyholder/ member, as applicable, can terminate the rider and keep the base policy in-force.

In case of surrender of the rider by the Master Policy Holder, the Members shall have the option to continue their rider cover till the end of their respective insurance cover. The members who do not want to continue with the rider cover, the Unexpired Risk Premium shall be payable to master policy holder or member, as the case maybe, and the cover will terminate

- **Revival/Grace Period**

The Revival/Grace Period would be same as the base product to which, this rider is being attached.

- **Loan** : Not applicable.

General Terms

- **Free look Period**

Free look period would be same as the base product to which, this rider is being attached

- **Suicide Claim provisions**: Not applicable.

- **Tax Benefit**

You may be eligible for Income Tax benefits/exemptions as per the applicable income tax laws in India, which are subject to change from time to time. You may visit our website for further details. Please consult your tax advisor for details.

- **Cancellation**: On cancellation of base Policy, the Rider will also get cancelled.

Section 45 for the Rider shall be applicable from the date of attachment of Rider to the base Policy or from the date of revival of the Rider, as applicable.

Grievance Redressal

- To deliver excellence in customer service, we have put in place a prompt, accessible and responsive mechanism for addressing your grievances and suggestions. You can approach us through below touch points.
- Toll-free number: 1800 267 9090 (Customer Service Timing: 24X7).
- By sending email on wecare@sbilife.co.in.
- Submit your grievance through digital form available on website / Customer Service App (Smart Care).

Prohibition of Rebates:

Section 41 of Insurance Act 1938, states as amended from time to time, states:

- 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:
- 2) Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

Non-Disclosure:

Extract of Section 45 of Insurance Act, 1938, as amended from time to time:

No policy of life insurance shall be called into question on any ground whatsoever after the expiry of three years from the date of policy. A policy of life insurance may be called into question at anytime within three years from the date of policy, on the ground of fraud or on the ground that any statement of or suppression of a fact material to the expectancy of the life of the insured was incorrectly made in the proposal or other document on the basis of which the policy was issued or revived or rider issued. The insurer shall have to communicate in writing to the insured or legal representatives or nominees or assignees of the insured, the grounds and materials on which such decision is based.

No insurer shall repudiate a life insurance policy on the ground of fraud if the insured can prove that the mis-statement or suppression of material fact was true to the best of his knowledge and belief or that there was no deliberate intention to suppress the fact or that such mis-statement or suppression are within the knowledge of the insurer. In case of fraud, the onus of disproving lies upon the beneficiaries, in case the policyholder is not alive.

In case of repudiation of the policy on the ground of misstatement or suppression of a material fact and not on the grounds of fraud, the premiums collected on the policy till the date of repudiation shall be paid.

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.

For complete details of the section and the definition of 'date of policy', please refer Section 45 of the Insurance Act, 1938.

Note: This document does not purport to contain all conditions governing this product. The contract will be governed by the terms expressed in the rider policy document. Please refer to the sample rider policy document available on our website for further details.



Toll free No.: 1800 267 9090
(Customer Service Timing: 24X7)

NRI Helpline No. : +91 22 6928 9090
(Customer Service Timing: 24X7)

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