

Part A**SBI Life – eShield Next Policy Document (UIN:111N132V02)**
An Individual, Non-Linked, Non-Participating Life Insurance, Pure Risk Product**Part A****WELCOME LETTER**

Date: <<dd/mm/yyyy>>

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

Customer No.	:	<<>>
Policy No.	:	<<>>
Product Name	:	<<SBI Life-eShield Next>>
UIN	:	<<111N132V02>>

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 insurance needs.

Free Look Option

If You disagree with any of the terms and conditions of this Policy or otherwise, You have an option to cancel the Policy by sending a written request to Us, stating the reasons for Your objection within the Free Look Period of 30 days from the date of receipt of the Policy Document. Upon Your request and if no claim has been made under Policy, We will refund the Premium paid after deducting proportionate risk Premium for the period of cover, the stamp duty paid and medical expenses, if any incurred by Us, on the medical examination of the Life Assured, irrespective of the reasons mentioned. This request for cancellation of the Policy must reach Us within the Free Look Period of 30 days from the receipt of the Policy Document.

Please note that You have opted for <<Single/Regular/Limited>> Premium Payment insurance Policy. Your Premium Due Dates are: <<dd/mm of every year / <<dd of each month>> during the Premium Payment Term.

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 Intermediary/Agent is << Intermediary/Agent 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 documents:
 - 4.1 Policy Document including Customer Information Sheet
 - 4.2 First Premium Receipt
 - 4.3 Copy of proposal form signed by You
 - 4.4 Consent & Benefit Illustration
 - 4.5 Medical Reports (if applicable)

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5. In case of any clarification / discrepancy, call Us toll free on Our customer service helpline 18002679090 and helpline for NRI customers: +91-022 6928 9090 (Customer Service Timing:24X7) or email Us at info@sbilife.co.in, or You may also visit Us at www.sbilife.co.in
6. Register on Our **Customer Self Service portal**, SBI Life Smart Care, <https://smartcare.sbilife.co.in> to avail various online services available.
7. All Your servicing requests should be submitted to Your local SBI Life service branch as mentioned above or nearest SBI Life branch only.
8. Please note that the digitally signed copy of Your Policy Document 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.

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

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.

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Welcome Letter – Regional Language

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First Premium Receipt

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CUSTOMER INFORMATION SHEET / KNOW YOUR POLICY

This document provides key information about Your Policy. You are also advised to go through Your Policy Document

Sl. No.	Title	Description in Simple Words <i>(Please refer to applicable Policy Clause Number in next column)</i>	Policy Clause Number
1.	Name of the Insurance Product and Unique Identification Number (UIN)	SBI Life – eShield Next (UIN:111N132V02)	Part A, Welcome Letter
2.	Policy Number	<< as allotted by system >>	Policy Schedule, 1
3.	Type of Insurance Policy	SBI Life – eShield Next is an Individual, Non - Linked, Non-Participating, Life Insurance, Pure Risk Product	Cover Page
4.	Basic Policy Details	<ul style="list-style-type: none"> Plan Option chosen: <<as allotted by system>> Premium Payment Term: << as allotted by system >> Policy Term: << as allotted by system>> Instalment Premium: << as allotted by system >> (excluding taxes) Mode of Premium Payment: << as allotted by system Single, Yearly, Half-Yearly or Monthly >> Basic Sum Assured: << as allotted by system >> 	Policy Schedule
5.	Policy Coverage/Benefits Payable	<p><u>Maturity Benefit:</u> There is no maturity benefit payable on the Date of Expiry of Term under this Policy.</p> <p><u>Death Benefit:</u> In case of death of Life Assured during the Policy Term and provided Policy is In-Force, We will pay the Sum Assured on Death, which is higher of the following:</p> <p>A. 10 times the Annualized Premium¹ for Regular & Limited Premium payment policies or 1.25 times of the Single Premium for Single Premium[#] policies, as the case may be OR</p> <p>B. 105% of the Total Premiums Paid² up to the date of death for Regular & Limited Premium payment policies OR</p> <p>C. Absolute Amount Assured⁺ to be paid on death</p> <p>¹Annualized Premium is the Premium amount payable in a year excluding taxes, Rider premiums, Underwriting extra Premiums and loadings for modal Premiums. ² Total Premiums Paid means total of all the Premiums paid under the base product, excluding any extra Premium and taxes, if collected explicitly.</p>	<p>Part C (II)(8)</p> <p>Part C (II)(4)</p>

	<p>#Single Premium means the Premium amount payable in lump sum at policy inception under the base product excluding any extra Premium and taxes, if collected explicitly.</p> <p>+Absolute Amount Assured to be paid on death depends on the plan option opted by the Life Assured at the Policy inception, which is equal to:</p> <p>For Level Cover Benefit: Basic Sum Assured</p> <p>For Increasing Cover Benefit: Basic Sum Assured as on the Date of Death with eligible benefit increases till the date of death</p> <p>For Level Cover with Future Proofing Benefit: Basic Sum Assured plus any additional Sum Assured that may have accrued on account of exercising the Life Stage Option till the date of death</p> <p>Terminal Illness Benefit - On diagnosis of Terminal Illness during the Policy Term or before attainment of 80 years, whichever is earlier, provided the Policy is In- Force and the claim is found admissible, the Sum Assured on Death, subject to maximum of Rs.2,00,00,000, would be payable.</p> <p>Following the claim under Terminal Illness benefit, if the Sum Assured is higher than the Terminal Illness benefit paid, the balance death benefit will be paid on the death, provided the Policy is In-Force. The Policyholder is required to pay the Premium for the balance death benefit, to keep the Policy In-Force.</p> <p><u>Surrender Benefit:</u></p> <p>For Regular Premium Policies: No Surrender Value/ Unexpired Risk Premium Value is payable.</p> <p>For Single Premium Policies: The Policy can be surrendered anytime during the Policy Term. The Surrender Value/ Unexpired Risk Premium Value payable is:</p> <p>70% of Single Premium * (Unexpired Policy Term/Original Policy Term)</p> <p>For Limited Premium Payment Policies: The Policy acquires Surrender Value/ Unexpired Risk Premium Value only if at least first two (2) full consecutive Policy Years' Premiums are paid. The Surrender Value/ Unexpired Risk Premium Value payable is:</p> <p>Surrender Value factor * (Unexpired Policy Term/Original Policy Term) * Total Premiums Paid</p> <table><tr><th>Policy Year</th><th>Surrender Value Factor</th></tr><tr><td>1</td><td>0%</td></tr><tr><td>2</td><td>30%</td></tr><tr><td>3</td><td>40%</td></tr><tr><td>4 to the end of Premium Payment Term</td><td>50%</td></tr><tr><td>For the rest of the Policy Term</td><td>70%</td></tr></table> <p>Please refer Non-forfeiture benefits of the Policy Document.</p>	Policy Year	Surrender Value Factor	1	0%	2	30%	3	40%	4 to the end of Premium Payment Term	50%	For the rest of the Policy Term	70%	<p>Part C (II)(5)</p> <p>Part C (II)(12)(12.2)</p>
Policy Year	Surrender Value Factor													
1	0%													
2	30%													
3	40%													
4 to the end of Premium Payment Term	50%													
For the rest of the Policy Term	70%													

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6.	Riders opted, if any	Rider Name & UIN << as allotted by system >>	Policy Schedule, 28
7.	Exclusions (events where insurance coverage is not payable), if any.	Suicide Exclusion: In case of death of Life Assured due to suicide within 12 months from the Date of Commencement of Risk under the Policy or from the Date of Revival of the Policy, as applicable, We will not pay the Death Benefit and the Claimant shall be entitled to the higher of at least 80% of the Total Premiums Paid till the date of death or the Surrender Value/ Unexpired Risk Premium Value available as on the date of death, provided the Policy is In-Force.	Part C (II)(17)
8.	Grace Period	30 days from the due date for the payment of Premium for yearly and half-yearly mode and 15 days for monthly mode. This is applicable for Regular and Limited Premium Policies.	Part C (II)(11)
9.	Free Look Period	30 days	Part C (IV)(1)
10.	Lapse, Paid-Up and Revival of the Policy	<p>Lapse: For Single Premium policies: Lapse is not applicable. For Regular Premium policies: A Policy lapses when the due Premium is not paid within the Grace Period. For Limited Premium Payment Policies: If less than first 2 full consecutive complete Policy years' Premiums have been paid and any subsequent Premiums have not been paid, the Policy shall lapse without acquiring paid-up benefits.</p> <p>All benefits under a Policy cease upon lapse of the Policy.</p> <p>Paid-Up Value: For Regular Premium Policies: No paid- up benefit is available. For Limited Premium Payment Policies: If at least two (2) full Policy Years' Premiums have been paid and any subsequent Premium is not duly paid, then the Policy shall acquire Reduced Paid-up status.</p> <p>Revival: If Premiums are not paid within the Grace Period and the Policy is not Surrendered, the Policy may be revived with or without Rider for full benefits within five consecutive complete years from the date of the first unpaid Premium and before Date of Expiry of Term on payment of all overdue Premiums with interest.</p>	<p>Part C (II)(12) (12.1)(12.1.1)</p> <p>Part C (II)(12) (12.1)</p> <p>Part C (II)(13)</p>
11.	Policy Loan, if applicable	Policy Loan is not available under this Policy.	Part C (II)(14)
12.	Claims/Claims Procedure	<ul style="list-style-type: none"> Turn Around Time (TAT) for claims settlement and brief procedure: Download">https://www.sbilife.co.in/en/services->Download 'Turn Around Times' pdf Helpline/Call Centre Number: <ul style="list-style-type: none"> Toll free no.: 1800 267 9090 (Customer Service Timing:24X7). 	Part C (III)

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		<ul style="list-style-type: none"> ○ Helpline for NRI customers: +91-022 6928 9090 (Customer Service Timing: 24X7) • Our Contact details: 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 Telephone No. 022-6645 6000 Email : claims@sbilife.co.in • Link for downloading claim form and list of documents required including bank account details. https://www.sbilife.co.in/en/services/download-center/claim-forms <p>For details, please refer the Claims section of the Policy document.</p>	
13.	Policy Servicing	<ul style="list-style-type: none"> • Turn Around Time (TAT): Download%20Turn%20Around%20Times%20pdf">https://www.sbilife.co.in/en/services->Download 'Turn Around Times' pdf • Helpline/Call Centre Number: <ul style="list-style-type: none"> ○ Toll free no.: 1800 267 9090 (Customer Service Timing:24X7). ○ Helpline for NRI customers.: +91-022 6928 9090 (Customer Service Timing: 24X7) • Our Contact Details: For any information/ clarification, please contact: Your local SBI Life service branch: <<SBI Life branch address>> • Link for downloading applicable forms and list of documents required including bank account details. Various forms are available on SBI Life Website: https://www.sbilife.co.in/en/services/download-center/policy-servicing-forms 	Part C (II)(16)
14.	Grievances /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 Telephone No. 022-6645 6200 Email - hcr@sbilife.co.in • Link for registering the grievance with Our portal: https://www.sbilife.co.in/en/grievances • Contact details of Ombudsman: https://cioins.co.in/ombudsman 	Part C (V)

Declaration by the Policyholder

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

Place:

Date:

(Signature of the Policyholder)

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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 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**

SBI LIFE – EShield Next
UIN: 111N132V02
(AN INDIVIDUAL, NON-LINKED, NON-PARTICIPATING LIFE
INSURANCE PURE RISK 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 (Customer Service Timing: 24X7)

Helpline for NRI customers: +91-022 6928 9090 (Customer Service Timing: 24 X 7)

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Policy Preamble

SBI Life – eShield Next is an Individual, Non- Linked, Non-Participating Life Insurance, Pure Risk Product and Your Policy shall not have a share in Our profits or surplus.

The information You have given in Your proposal form, Your personal statement together with any reports or other documents and declarations given by You, shall form part of this contract of insurance with Us. Your Policy Document, is evidence of the contract of insurance entered with Us. You should read these documents carefully to make sure that You are satisfied with the terms and conditions of the Policy. Please keep these documents in a safe place.

If You require further information, please contact Us or the Intermediary / Agent mentioned below.

<<Intermediary / Agent>> Details: <<name>><<code>>
<< mobile number or landline number if mobile not available>>

Part A**SBI Life – eShield Next Policy Document (UIN:111N132V02)**
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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 Assured	<< Title / First Name / Surname of the life assured>>	
6. Name of Proposer / Policyholder	<< Title / First Name / Surname of the Policyholder>>	
7. Date of Birth	Life Assured	Policyholder
	<<dd/mm/yyyy>>	<<dd/mm/yyyy>>
8. Age at Entry	Life Assured	Policyholder
9. Gender	Life Assured	Policyholder
	<< Male / Female / Third Gender >>	<< Male / Female / Third Gender >>
10. Mailing Address	<< Address for communication >>	
11. Telephone Number with STD Code of the Policyholder		
12. Mobile Number of the Policyholder		
13. E-Mail ID of the Policyholder	<< E-Mail ID of the proposer>>	

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14. Nomination:				
Name of Nominee 1:	Relationship with the Life Assured	Gender	Age	% Share
<< >>	<< >>	<< >>	<< >>Years	<< >> %

Name of Nominee 2:	Relationship with the Life Assured	Gender	Age	% Share
<< >>	<< >>	<< >>	<< >>Years	<< >> %

15. Appointee:			
Name of Appointee:	Relationship with Nominee	Gender:	Age:
<< >>	<< >>	<< >>	<< >> Years

Important Dates	
16. Date of Commencement of Policy	<<dd/mm/yyyy>>
17. Date of Commencement of Risk	<<dd/mm/yyyy>>
18. Policy Anniversary Date	<<dd/mm>>
19. Premium Due Dates	<< dd/mm>>
20. Due Date of Last Premium	<<dd/mm/yyyy>>
21. Date of Expiry of Term/ Date of Maturity	<<dd/mm/yyyy>>

Policy Information	
22. Plan Option	<< Level Cover / Increasing Cover / Level Cover with Future Proofing Benefit >>
23. Basic Sum Assured ¹ (Rs.)	<< at inception >>
24. Policy Term (years)	<< >>
25. Premium Payment Term (years)	
26. Premium Frequency	<< Single Premium / Yearly / Half-Yearly / Monthly >>
27. Installment Premium (including Rider(s), if any)	<< >>
28. Rider(s) Chosen	<<Not Applicable / SBI Life – Accident Benefit Rider (UIN 111B041V01) Option A: Accidental Death Benefit (ADB) / SBI Life – Accident Benefit Rider (UIN 111B041V01) Option B: Accidental Partial Permanent Disability Benefit (APPD)>>
29. Risk Commencement Date of Rider	<<dd/mm/yyyy>>

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30. Customer Information Sheet Reference Number	<< >>
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¹Please refer Absolute Amount Assured to be paid on death table for complete detail

Options chosen	
Name of the Option chosen	Applicable conditions/parameters
Death Benefit Payment Mode	<<Lumpsum/ Monthly Installments/ Lumpsum + Monthly Installments>> << Monthly installments will be payable for 5 years>>
Better Half Benefit option	<<Not Applicable>> << Name of the Spouse >> << Date of Birth of Spouse>> Better Half Sum assured = << Rs. 25,00,000 >> Spouse coverage term = << Minimum (60 less Age at Entry of Spouse or Policy Term) >>

Policy						
Benefit	Basic Sum Assured (Rs.)	Policy Term (Years)	Premium Payment Term (Years)	Installment Premium (Rs.) <<This cell would give premium net of staff discount, if any>>	Due Date of last Premium	Date of Expiry of Term
Base Policy	<< >>	<< >>	<< Single / Term >>	<< >>	<<dd/mm/yyyy>>	<<dd/mm/yyyy>>
Better Half Benefit Option					<<dd/mm/yyyy>>	<<dd/mm/yyyy>>
	Rider Sum Assured (Rs.)	Rider Term (Years)	Rider Premium Payment Term (Years)	Rider Installment Premium (Rs.)	Due Date of Last Rider Premium	Date of Expiry of Rider Term
SBI Life – Accident Benefit Rider (UIN 111B041V01) Option A: Accidental Death Benefit (ADB)	<< >>	<< >>	<< >>	<< >>	<<dd/mm/yyyy>>	<<dd/mm/yyyy>>

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SBI Life – Accident Benefit Rider (UIN 111B041V01) Option B: Accidental Partial Permanent Disability Benefit (APPD)	<<>>	<<>>	<<>>	<<>>	<<dd/mm/yyyy>>	<<dd/mm/yyyy>>
Total Installment Premium (Rs.), (excluding Applicable Taxes)						
Applicable Taxes (Rs.)	<<>> in the first year					
Applicable rate of Tax*	<<18%>>					
Total Installment Premium, including Applicable Taxes (Rs.)	<<>> in the first year					

*Includes Applicable Taxes and/ or any other statutory levy/ duty/ surcharge, as notified by the Central and/or State Government/Union Territories of India from time to time as per the provisions of the prevalent tax laws.

All references to Rider benefit/optional benefit in Your Policy Document will only be applicable, if You have opted for any Rider benefit/ optional benefit.

<< To be printed wherever applicable >>

Applicable clauses

<< To be printed only when staff / online discount is applicable

We have provided the following discount to You on Your Premium

Benefits	Discount % of the tabular Premium
Base Policy	<< % >>
SBI Life – Accidental Benefit Rider (UIN: 111B041V01)	<< % >>

>>

Absolute Amount Assured to be paid on Death for Increasing Cover Benefit Option

Please refer the Sum Assured Schedule attached herewith for << Increasing Cover Benefit >>

<< For Increasing Cover Benefit>>

Policy Years	Absolute Amount Assured to be paid on Death
<<1 to 5>>	
<<6 to 10>>	
<<11 to 15>>	

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<<16 to 20>>	
<<21 to 25>>	
<<26 to 30>>	
<<31 to 35>>	
<<36 to 40>>	
<<41 to 45>>	
<<46 to 50>>	
<<51 to 53>>	

<<Note: Absolute Amount Assured will not increase further once Life Assured attains Age 71 years.>>

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>>).GRN No. <<GRN No.>>, Date : <<dd/mm/yyyy>>, State Bank of India, Deface No. <<Deface No.>> Deface Date : <<dd/mm/yyyy>>.

<< Digital Signature >>

(Signature)
Proper Officer

We request You to read this Policy Schedule along with the Policy Document. If You find any errors, please return Your Policy Document for effecting corrections.

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Part B**SBI Life – eShield Next Policy Document (UIN:111N132V02)**
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This is Your Policy Document containing the various terms and conditions governing Your Policy. This Policy Document should be read together with the Policy Schedule and other related documents of Your Policy.

1. Definitions

These definitions apply throughout Your Policy Document.

Expressions	Meanings
1. Age	is the age at last birthday; i.e., the age in completed years. This is also referred to as “Attained Age”.
2. Age at Entry	is the age at last birthday on the Date of Commencement of Your Policy.
3. Annualized Premium	is the Premium amount payable in a year excluding taxes, Rider Premium, Underwriting extra Premiums and loading for modal Premiums.
4. Appointee	is the person who is so named in the proposal form and as stated in the Policy Schedule or subsequently changed by an Endorsement, who has the right to give a valid discharge to the Policy monies in case of the death of the Life Assured during the Policy Term while the Nominee is a Minor.
5. Assignee	is the person to whom the rights and benefits are transferred by virtue of an assignment under Section 38 of the Insurance Act, 1938, as amended from time to time.
6. Base Policy / Policy	is the eShield Next Policy issued by Us
7. Basic Sum Assured	is the amount of Insurance Cover under the Policy as on the Date of Commencement of Policy and as stated in the Policy Schedule.
8. Basis Points	is a standard measure for interest rates representing one-one hundredth of one percent i.e. One basis point is equal to 1/100th of 1%, or 0.01%, or 0.0001 or it can also be said that 1% is equal to 100 basis points (bps).
9. Birthday	is the conventional Birthday. If it is on 29th February, it will be considered as falling on the last day of February.
10. Claimant	is You (if You are not the Life Assured), or the Nominee or the Assignee or their Legal Heirs or holders of a succession certificate (if You or the Nominee(s) or the Assignee(s) are not alive at the time of claim), as the case may be, as stated in the Policy Schedule or may be changed or added subsequently. In case the Claimant is not stated in the Policy Schedule or becomes invalid for any reason whatsoever, the Claimant will be the person[s] as certified by a court of competent jurisdiction.
11. Date of Commencement of Policy	is the start date of Your Policy.
12. Date of Commencement of Risk	is the date from which the Insurance Cover under the Policy commences.

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13. Date of Expiry of Term	is the date as stated in the Policy Schedule on which the Policy Term expires in case the Policy is not terminated earlier.
14. Date of Revival	is the date on which the Policy benefits are revived/restored at the conclusion of the revival process.
15. Date of Surrender	is the date on which We receive a communication from You requesting for Surrender of the Policy with all the necessary requirements. In case the requirements are not received in full, the Date of Surrender will be the date on which the last requirement for Surrender of Policy is received.
16. Death Benefit	means the benefit which is payable on death of the Life Assured during the Policy Term, as stated in the Policy Document.
17. Endorsement	is a change in any of the terms and conditions of Your Policy, agreed to or issued by Us, in writing.
18. Financial Year	is the period commencing from 1 st April to the following 31 st March or such other period as may be notified by the Government/Competent Authority.
19. Free-Look Period	is the period of 30 days from the date of Your receipt of the Policy Document during which You have the option to cancel the Policy, if You are not satisfied with the Policy terms and conditions or otherwise in accordance with the Policy.
20. Grace Period	means the time granted by Us from the Premium Due Date, without any penalty or late fee, during which time the Policy is considered to be In-Force with the risk cover without any interruption, as per the terms & conditions of the Policy. The Grace Period for payment of the Premium for all types of life insurance policies shall be 15 days, where the Policyholder pays the Premium on a monthly basis and 30 days in all other cases. This is applicable for Regular and Limited Premium Policies.
21. In-Force	is the status of the Policy when all the due Premiums have been paid upto date.
22. Installment Premium/Premium	is the contractual amount as stated in the Policy Schedule and payable by You on each Premium Due Date in order to keep the Insurance Cover In Force under the provisions of Your Policy.
23. Insurance Cover	means coverage for insured event. On occurrence of the insured event, the contingent benefits, are payable to the Claimant and the Insurance Cover will cease thereafter.
24. Lapse	is the status of the Policy wherein the due Premium is not paid on the due date or before the expiry of Grace Period, as required under the Policy, thereby rendering the Policy unenforceable.
25. Legal Heir	means the person(s) legally eligible to receive the insurance benefits under the provisions of the Policy.
26. Life Assured	is the person named in the Policy Schedule on whose life, insurance and other benefits are granted under the Policy.
27. Limited Premium	is the Installment Premium payable over the Premium Payment Term at the chosen Premium Frequency.
28. Medical Practitioner	A Medical practitioner is a person who holds a valid registration from the medical council of any state of India or any other such body

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	or council for Indian Medicine or for homeopathy set up by the Government of India or by a State Government and is thereby entitled to practice medicine within its jurisdiction and is acting within the scope and jurisdiction of his license, provided such Medical Practitioner is not the Life Insured covered under this Policy or the Policyholder or is not a spouse, lineal relative of the Life Insured and/or the Policyholder or a Medical Practitioner employed by the Policyholder/Life Insured.
29. Minor	is a person who has not completed 18 years of Age
30. Nominee	is the person who is named as the nominee in the proposal form and stated in the Policy Schedule or subsequently changed by an Endorsement, in accordance with Section 39 of the Insurance Act, 1938, as amended from time to time.
31. Non-Participating	means that Your Policy does not have a share in Our profits.
32. Our, Us, We, Company	Is SBI Life Insurance Company Limited or its successors and/or assigns. We are regulated by the Insurance Regulatory and Development Authority of India (IRDAI). The registration number allotted by the IRDAI is 111.
33. 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 29th of February, the Policy Anniversary will be the last date of February.
34. Policy Document	is the contract of insurance entered into between You and Us and includes the proposal form and all accompanying information and documentation submitted by You to Us, the Policy Schedule, any Endorsements, the Customer Information Sheet and Rider documents (if any) issued by Us.
35. Policyholder	is the owner of the Policy as specified in the Policy Schedule and is referred to as the proposer in the proposal form.
36. Policy Schedule	is the schedule attached to this Policy that sets out the details of Your Policy.
37. Policy Term	is the period commencing with the Date of Commencement of the Policy and terminating with the Date of expiry of Term.
38. Policy Year	is the period between two consecutive Policy Anniversaries; by convention, this period includes the first day and excludes the next Policy Anniversary date.
39. Premium Due Date	is the date specified in the Policy Schedule on which the Installment Premiums become due. If the said corresponding date is not available in a calendar month, then the last day of the calendar month will be considered for this purpose.
40. Premium Frequency	is the period between two consecutive Premium Due Dates as stated in the Policy Schedule. The Premium frequencies allowed are Single, Yearly, Half-yearly or Monthly
41. Premium Payment Term (PPT)	is the period, in years, specified in the Policy Schedule during which Premiums are payable.

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42. Reduced Paid-Up	is the status of the Limited Premium payment Policy if Premiums have been paid for at least first 2 full consecutive Policy years and thereafter Premiums are not paid within the Grace Period.
43. Revival	means restoration of the Policy, which was discontinued due to the non-payment of Premium, with all the benefits mentioned in the Policy Document with or without Rider Benefit(s), upon the receipt of all the Premiums due and other charges or late fee if any, during the Revival Period, as per the terms and conditions of the Policy, upon the Company being satisfied as to the continued insurability of the Life Assured on the basis of the information, documents and reports furnished by the Policyholder, in accordance with Board approved Underwriting Policy.
44. Revival Period	is a period of 5 consecutive complete years from the due date of first unpaid Premium .
45. Rider	means the optional insurance cover(s) added to and attached to this Policy for additional Premium or charge.
46. Surrender	is the complete withdrawal or voluntary termination of the entire Policy
47. Surrender Value/ Unexpired Risk Premium Value	is an amount, if any, that becomes payable in case of Surrender of the Policy, in accordance with the terms and conditions of the Policy.
48. Terminal Illness	is defined as an advanced or rapidly progressing incurable disease where, in the opinion of two (2) appropriate independent Medical Practitioners, life expectancy of the Life Assured is not more 180 days from the date of notification of claim. The Life assured must not be receiving any form of treatment other than palliative medication for symptomatic relief. The Terminal Illness must be diagnosed and confirmed by two independent Medical Practitioners. The Medical Practitioner should be a specialist from the field of medicine for which the Terminal Illness is been claimed. The Company reserves the right for an independent assessment by a different Medical Practitioner other than the two Medical Practitioners whose diagnosis has been provided.
49. Total Premiums Paid	means total of all the Premiums paid under the Base product, excluding any extra Premium and taxes, if collected explicitly.
50. Underwriting	<ul style="list-style-type: none">- is the process of classification of lives into appropriate homogeneous groups based on the risks covered.- Based on Underwriting, a decision is taken on whether a risk cover can be granted and if so at what rates of Premium and under what terms.
51. You, Your	is the person named as the Policyholder in the Policy Schedule.

The above definitions are provided only for the purpose of proper comprehension of the terms and phrases used in the Policy Document. The actual benefits under the Policy are payable strictly as per the terms and conditions of the Policy only.

Part B**SBI Life – eShield Next Policy Document (UIN:111N132V02)**
An Individual, Non-Linked, Non-Participating Life Insurance Pure Risk Product**2. Abbreviations**

Abbreviation	Stands for
IRDAI	Insurance Regulatory and Development Authority of India
KYC	Know Your Customer
Rs.	Indian Rupees
UIN	Unique Identification Number (allotted by IRDAI for this product)

These abbreviations bear the meanings assigned to them elsewhere in the Policy Document.

Part C

I. CONDITIONS PRECEDENT TO CONTRACT**1. Premium**

- 1.1. You have to pay the Premiums for this Policy and any Riders (if opted) attached to the Policy in full on or before the Premium due dates or within the Grace Period.
- 1.2. In addition to the Premium, You are liable to pay the Applicable Taxes and/or any other statutory levy/duty/ surcharge on the Premiums paid, at the rate notified by the Central Government / State Government / Union Territories of India from time to time, as per the applicable tax laws on basic Premium, Premium towards optional benefits(if any), rider Premiums (if any) and any other charge as per the product features.
- 1.3. The Premium should always be paid in advance. You have to pay Premium for the optional benefits and/or Rider(s), if opted, along with the Premium.
- 1.4. The Premium Frequency can be changed only on a Policy anniversary by sending a written request at least one month in advance. Change in Premium frequency is subject to:
 - 1.4.1. Minimum Premium requirement for the requested Premium Frequency
 - 1.4.2. Availability of the requested Premium Frequency on the day of change in Premium Frequency
 - 1.4.3. Premium rates/ tables applicable for the changed Premium Frequency will be the same as the Premium rates/ tables applicable on the Date of Commencement of Policy
- 1.5. If We receive any amount in excess of the required Premium, We will refund the excess. We will not pay any interest on this excess amount.
- 1.6. If We receive any amount less than the required Premium, We will not adjust the said amount towards Premium till You pay the balance of Premium. We will not pay any interest on the amount received earlier.
- 1.7. If We pay Your claim under any of Your riders, You have to continue to pay the Premiums for Your remaining benefits, if any. We shall inform You the Premium for Your remaining benefits.
- 1.8. If Your Policy is In Force and it results in to death claim, the balance of Premiums, if any, till the next Policy anniversary, as on the date of death shall be deducted from the benefits payable under the Policy, in case the claim is found admissible and payable.

2. Non-Disclosure

- 2.1. We have issued Your Policy based on Your statements in Your proposal form, personal statement, medical reports and any other documents that are submitted to Us.
- 2.2. If We find that any of this information is inaccurate or false or You have withheld any material information, or in case of fraud, We will have a right to cancel Your Policy as per the provisions of 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 – III for reference.]

3. Misstatement of Age

- 3.1. If We find that the correct Age of the Life Assured is different from that mentioned in the proposal form, We will check the Life Assured's eligibility for the life cover as on the Date of Commencement of Policy.
- 3.2. If eligible,
 - 3.2.1. If the correct Age is found to be different, We will revise the benefits / Premium (as applicable).
 - 3.2.2. We will terminate Your Policy by paying Surrender Value/ Unexpired Risk Premium Value, if any, if You disagree with the revised benefits / Premium.

- 3.3. If not eligible,
- 3.3.1. We will terminate Your Policy as per the provisions of Section 45 of the Insurance Act 1938, as amended from time to time .
- 3.3.2. We will pay You the Total Premiums Paid without interest and after deducting all expenses like Medical expenses, stamp duty, proportionate risk Premium along with Applicable Taxes, cesses and levies, etc., incurred by Us under the Policy.
- 3.4. Misstatement of Age is subject to the provisions of Section 45 of the Insurance Act, 1938, as amended from time to time.

4. Nomination:

- 4.1. If You are the Policyholder and the life insurance cover is on Your own life, You may, when effecting the Policy or at any time before the Policy matures for payment, nominate person or persons to whom the money secured by the Policy shall be paid in the event of the death of the Life Assured.
- 4.2. If the Nominee is a Minor, You may appoint a person, competent to contract, as an Appointee in the manner laid down by Us, to receive the money secured by the Policy in the event of death of the Life Assured during the minority of the Nominee.
- 4.3. You may cancel or change the existing nomination. If You wish to change any Nominee specified in the Policy Schedule, You must send Us a written request and give Us complete details in relation to the new Nominee proposed.
- 4.4. An assignment or transfer of Your Policy under Section 38 of the Insurance Act, 1938, as amended from time to time, shall cancel the nomination except under certain circumstances. Please refer to clause 9 under Section 39 – Nomination by Policyholder – Annexure II.
- 4.5. Your nomination should be registered in Our records so as to make it binding on Us.
- 4.6. For complete details about the nomination, please refer to Section 39 of the Insurance Act, 1938, as amended from time to time.
[A Leaflet containing the simplified version of the provisions of Section 38 & Section 39 is enclosed as Annexure – (I & II, respectively) for reference]

II. CONDITIONS APPLICABLE DURING THE POLICY TERM**PLAN OPTIONS**

“Absolute Amount Assured” under the Policy depends on the option chosen by You.

We define ‘**Absolute Amount Assured**’ to be paid on death under various Plan Options as follows:

1. Level Cover

- 1.1. The Absolute Amount Assured to be paid on death is equal to the Basic Sum Assured chosen at inception and would remain same throughout the Policy Term, provided the Policy is In-Force.

2. Increasing Cover Benefit

- 2.1. Absolute Amount Assured to be paid on death will be the Basic Sum Assured increased by 10% at the end of every 5th Policy Year, provided the Policy is In-Force and subject to a maximum increase of up to 100% of the Basic Sum Assured. The total increase in cover shall never exceed the Basic Sum Assured. The 10% increase shall be only on the Basic Sum Assured.
- 2.2. There will be no further increase in the Basic Sum Assured once the Life Assured attains the Age of 71 years.

3. Level Cover with Future Proofing Benefits

- 3.1. Under this option, You have the choice to increase the Absolute Amount Assured on death on attaining certain life stages during the Policy Term, without further medical underwriting.
- 3.2. The increase in the Absolute Amount Assured to be paid on death will be applicable from the next Policy Anniversary following the acceptance of the request for the increase.
- 3.3. The life stages and corresponding increase in the Absolute Amount Assured on death are as follows:
 - 3.3.1. On first marriage, the Absolute Amount Assured on death would be increased by 50% of the Basic Sum Assured, subject to maximum increase of Rs.50 Lac
 - 3.3.2. On live birth or on adoption of first child, the Absolute Amount Assured on death would be increased by 25% of the Basic Sum Assured, subject to maximum increase of Rs.25 Lac
 - 3.3.3. On live birth or on adoption of second child, the Absolute Amount Assured on death would be increased by 25% of the Basic Sum Assured, subject to maximum increase of Rs.25 Lac
 - 3.3.4. On purchase of house after the risk commencement date (only once during the Policy Term), the Absolute Amount Assured on death would be increased by 50% of the Basic Sum Assured, subject to maximum increase equal to the home loan amount or of Rs.50 Lac whichever is lower.
- 3.4. It is Your discretion whether to exercise any of the above Sum Assured increments available under this option on happening of respective events or not. None of these options is automatic. You will have to apply to Us in writing exercising the desired option. The increase in the Absolute Amount Assured shall be effective only on Our acceptance of the same and only after communicating the same in writing to You, provided You pay the requisite Premium for the same and continue to pay the enhanced Premiums for the remaining term of the Policy. This option is not available to Single Premium Policies and Limited Premium Payment policies.
- 3.5. In case, You do decide to exercise this option, You will have to apply to Us in writing exercising the desired option. Then:
 - 3.5.1. The corresponding increase in Premium on account of increase in Sum Assured will be applicable from the time of increase in the Sum Assured.
 - 3.5.2. The Premium rate applicable for increased Sum Assured would depend on the Attained Age and outstanding Policy Term at the time of exercising the option.
 - 3.5.3. You will not be subjected to any underwriting except for the requirement to submit valid documents to support the fulfillment of the conditions required for exercising the option.

3.6. The conditions applicable are:

- 3.6.1. The increment in Sum Assured basis attaining any of the Life Stage can be exercised from 1st Policy Anniversary onwards.
- 3.6.2. This option is available only for the Regular Premium policies.
- 3.6.3. The Policy needs to be In Force at the time of exercising the option, i.e. at the time of requesting for increase in Sum Assured when attaining certain life stage.
- 3.6.4. The increments in Sum Assured will not be allowed if a claim on any inbuilt benefit or rider benefit has already been made.
- 3.6.5. At the time of exercising the option, Outstanding Policy Term at the time of exercising the option should be equal to or higher than minimum Policy Term allowed under the product.
- 3.6.6. The life Insured's Attained Age should be 45 years or below at the time of exercising the option.
- 3.6.7. The Life Insured needs to submit a written request within a period of six (6) months from the date of occurrence of any of the above mentioned four (4) life stage events as mentioned under Clause II (3)(3.3).
- 3.6.8. Both increase in Premium and increase in Sum Assured will apply prospectively from the Policy Anniversary date immediately falling on or after the date of acceptance of the request.
- 3.6.9. In case of the birth of twin children or triplets etc, only two increases shall be allowed and the options for increase on birth of first child and on birth of second child can be exercised at the same time on submission of necessary proof.
- 3.6.10. This option is made available if Your Policy is accepted at standard rates at Policy inception as per Board approved Underwriting Policy of the Company and also, the further increase in Sum Assured would not be allowed after the date of Revival, if the Insurance Cover is accepted at substandard rates or at extra Premiums at the time of Revival, as per the Board approved Underwriting Policy of the Company.
- 3.6.11. The Increase in Sum Assured is not automatic and the increase in Sum Assured shall be effective prospectively only if the Company agrees to the same in writing.
- 3.6.12. Valid documents for different life stages shall be as under. Certified or self-attested copies of these documents will have to be submitted along with the request for increase in Sum Assured

Life Stage Event	Documents required to be submitted along with request
Marriage	a) Marriage Certificate; or b) Marriage Invitation Card with marriage photograph
Birth of a Child	a) Certificate/s of Live Birth issued by the hospital; OR b) Birth Certificate issued by the registrar of births of the concerned state government
Adoption of a Child	Adoption Certificate issued by a competent authority
Purchase of House	Loan disbursement Letter issued by the loan sanctioning entity and documented proof of disbursement of the loan amount

POLICY BENEFITS

4. Death Benefit

- 4.1. Upon the death of the Life Assured during the Policy Term and provided the Policy is in-force on the date of death and if the claim is found admissible and payable, We will pay the Sum Assured on Death depending on the Plan option chosen.
- 4.1.1 The “**Sum Assured on Death**”, is highest of the following:
- 10 times the Annualized Premium for Regular/Limited Premium policies or 1.25 times of the Single Premium for Single Premium policies, as the case may be OR
 - 105% of the Total Premiums Paid up to the date of death for Regular/Limited Premium policies OR
 - Absolute Amount Assured to be paid on death as mentioned in Clause II(1), II(2) and II(3) above depending on the plan option chosen.
- 4.1.2 For **Level Cover Benefit**: The Absolute Amount Assured for level cover will be as mentioned in Clause II(1).
- 4.1.3 For **Increasing Cover Benefit**: The Absolute Amount Assured for Increasing cover will be as mentioned in Clause II(2).
- 4.1.4 For **Level Cover with Future Proofing Benefit**: The Absolute Amount Assured for level cover with future proofing will be as mentioned in Clause II(3).
- 4.1.5 For the Benefits payable under **Optional Benefits**, please refer to the relevant section.
- 4.1.6 The death benefit shall be payable as per the option exercised by the Policyholder at the inception of the Policy among the death benefit payment options available under the plan. The details of the death benefit payment mode/options are mentioned under optional benefits.

5. Terminal Illness Benefit

- 5.1. This benefit is available under the product in all 3 plan options provided the claim is found admissible and payable.
- 5.2. On diagnosis of Terminal Illness during the Policy Term or before attainment of 80 years, whichever is earlier, provided the Policy is In- Force, the Sum Assured on Death, subject to maximum of Rs.2,00,00,000 would be payable. The Sum Assured on Death would be the amount applicable, as per the option chosen, as on date of diagnosis of the Terminal Illness.
- 5.3. Following the claim under Terminal Illness Benefit, if the Sum Assured is higher than the Terminal Illness Benefit paid, the balance death benefit will be paid on death provided the Policy is In-Force. The Policyholder is required to pay the reduced Premium as applicable for the balance death benefit, and shall keep the Policy inforce.
- 5.3.1. After payment of Terminal illness Benefit, the further increase of Sum Assured will not be allowed under the plan options being; Increasing Cover and Level Cover with Future Proofing Benefit.
- 5.3.2. On Surrender of the Policy, after payment of the Terminal Illness Benefit, the Terminal Illness Benefit would be deducted from the Surrender Value/ Unexpired Risk Premium Value and balance Surrender Value/ Unexpired Risk Premium Value, if any, shall be payable.
- 5.4. We will pay the Terminal Illness Benefit subject to all of the following:
- 5.4.1. Your Policy is in-force as on the date of diagnosis of terminal illness.
- 5.4.2. The Life Assured should be diagnosed with an advanced or rapidly progressing incurable disease where, in the opinion of two (2) appropriate independent Medical Practitioners, life expectancy of the Life Assured is not more than 180 days from the date of notification of claim.
- 5.4.3. The Life Assured must not be receiving any form of treatment other than palliative medication for symptomatic relief. The Terminal Illness must be diagnosed and confirmed by two

independent Medical Practitioners. The Medical Practitioner should be a specialist from the field of Medicine for which Terminal Illness is been claimed.

- 5.4.4. The opinions of the Medical Practitioner should be to the satisfaction of the Company and should be supported by valid clinical / documentary evidence. The Company may deny the claim if valid grounds exist. The Company reserves the right for an independent assessment by a different Medical Practitioner other than the two Medical Practitioners whose diagnosis has been provided.

6. Rider Benefit

- 6.1. You are eligible to attach certain Riders to Your Policy. Eligible Riders can be availed at the Policy inception or at any subsequent Policy Anniversary during the Premium Payment Term by giving Us a written request. Riders can be availed only if the Policy is In-Force and the Rider is available for attachment to this Policy.
- 6.2. If any Rider is attached to this Policy, then please refer to the 'Rider Document' for details on Rider benefits, and other terms, conditions and exclusions.

7. Survival Benefit

- 7.1. There is no Survival Benefit under Your Policy.

8. Maturity Benefit

- 8.1. There is no Maturity Benefit under Your Policy.

OPTIONAL BENEFITS

- You can avail the Optional Benefits subject to the corresponding terms and conditions and by paying appropriate additional Premium as applicable for Better Half Benefit.
- You will have to select the optional benefits ONLY at inception of Policy and not at any other time during the Policy Term. Once the option is selected, the optional benefit cannot be discontinued.
- There are two optional benefits available under this product and they are as stated under Clause II (9) and II (10).

9. Death Benefit Payment Mode

- 9.1. You have an option to choose the mode of payment of the death benefit or Terminal illness benefit as per Your choice at the inception of the Policy. The death benefit would be payable in one of the Payment mode options chosen by You, as stated below:

9.1.1. **Lumpsum:** Death Benefit will be payable in lumpsum OR

9.1.2. **Monthly Installments:** A specific percentage of Death Benefit will be payable every month for a period of 5 years.

9.1.2.1. The payment of the monthly installment will start from the first working day of the following Policy month post the date of claim acceptance of the Life Assured.

OR

9.1.3. **Lumpsum + Monthly Installments:** 50% of the death benefit will be payable as lumpsum and 50% of the death benefit will be payable as monthly installments.

9.1.3.1. The monthly installment is a specific percentage of 50% of the death benefit and will be payable every month for a period of 5 years.

9.1.3.2. The payment of the monthly installment will start from the first working day of the following Policy month post the date of claim acceptance of the Life assured.

- 9.2. The 1st Monthly Installment is payable on the first working day of the following Policy month post the date of claim acceptance and subsequent payments will be made on monthly basis thereafter.

- 9.3. The Specific percentage is: 1.81%

- 9.4. The Death Benefit payment mode, once chosen, cannot be changed during the Policy Term.
- 9.5. The Life assured (in case of Terminal illness) and Nominee (after the death of the life assured) can opt for discounted value of future monthly installments due to be paid anytime during the monthly installment payment period when these installments are payable.
- 9.5.1. The applicable interest rate for calculating the discounted value shall be 3.40% p.a.

10. Better Half Benefit

- 10.1. This Optional Benefit is available with all the 3 plan options offered under this product. It can be selected only at the Policy inception, provided the Life Assured is married and the Age difference between Life Assured and spouse is less than or equal to 10 years and the Policy is issued at standard rates at Policy issuance.
- 10.2. In case of death of the Life Assured before expiry of the Policy while the Policy is In-Force and if his/her spouse is alive, the following benefits, which will be in addition to payment of death benefit on the death of Life assured will be applicable:
- 10.2.1. A life cover will commence on the Life of the spouse and will continue for the remaining Policy Term. On death of the spouse or on diagnosis of Terminal Illness, before the Maturity Date, We will pay the Better Half Benefit Sum Assured of Rs. 25,00,000.
- 10.2.2. This benefit will be paid in lumpsum, irrespective of the death benefit payment mode opted by the Life Assured under the plan.
- 10.3. In case of paid-up policies, the benefit payable shall be proportionately reduced as defined in the Non-Forfeiture Benefits section
- 10.4. The Better Half Sum Assured would be a level cover in all cases, irrespective of the plan option opted by the Life Assured.
- 10.5. No future Premiums are payable under the Policy, after the death of the Life Assured.
- 10.6. You do not have the option to opt out of this benefit. If the spouse dies before the death of the Life Assured, this benefit is not payable.
- 10.7. This benefit will be subject to exclusions specified at Clause II(18).
- 10.8. The cover on the life of spouse will commence only on the date of death of the Life Assured.
- 10.9. The spouse named in the Policy at inception cannot be changed for the purpose of Better Half Benefit during the term of the Policy even if You have separated from Your spouse or in case of remarriage.
- 10.10. The rider cover for spouse is not available.
- 10.11. Better Half Benefit is not payable if the spouse predeceases the Life Assured.

POLICY TERMS AND CONDITIONS**11. Grace Period**

- 11.1. You can pay Your due Premiums within a Grace Period of 30 days from the due date, for yearly and half-yearly modes.
- 11.2. For monthly mode, You have a Grace Period of 15 days from the due date.
- 11.3. The above Grace Period applies to Riders, Optional benefits and base Policy.
- 11.4. Your Policy will be treated as In-Force during the Grace Period. However, in case of death or Terminal Illness of the Life Assured during the Grace Period and if the claim is found admissible, the outstanding Premium shall be recovered from the claim amount.
- 11.5. If You do not pay Your due Premiums before the end of Grace Period, Your Policy lapses.
- 11.6. If Your Policy lapses, then the riders and optional benefits of Your Policy will also lapse automatically.
- 11.7. You may revive Your Policy during the Revival Period.

12. Non-Forfeiture Benefits**12.1. Reduced Paid-Up Value**

- 12.1.1. **For Regular policies:** There is no Reduced Paid – up benefit available under the product. If the Premiums are not paid before the expiry of Grace Period, the Policy and all Rider(s) shall lapse and will not acquire Reduced Paid-up status. No benefit will be payable under the lapsed Policy.
- 12.1.2. **For Limited Premium payment policies:** If at least 2 full Policy year's Premiums have been paid and any subsequent Premium is not duly paid, then the Policy shall acquire Reduced Paid-up status.
- 12.1.2.1. On Death of the Life Assured during the term of the Policy under a Reduced Paid-up Policy, if the claim is found admissible and payable, Paid-up Sum Assured on Death is payable as per the death benefit payment mode to the Claimant and the Policy shall terminate.
- 12.1.2.2. On diagnosis of Terminal Illness during the Policy Term or before attainment of 80 years, whichever is earlier, under a Reduced paid-up Policy, Paid-up Sum Assured on Death, subject to maximum of Rs.2,00,00,000, would be payable as per the death benefit payment mode.
- 12.1.2.3. Following the claim under Terminal Illness benefit, if the Paid up Sum Assured is higher than the Terminal Illness benefit paid, the balance death benefit will be paid on death.
- 12.1.2.4. The Paid-up Sum Assured on Death shall be equal to:

$$\{\text{Sum Assured on Death} * (\text{Total Period for which Premiums have already been paid} / \text{Maximum Period for which Premiums were originally payable})\}$$
 Death Benefit under a Reduced Paid-up policy shall be subject to a minimum of 105% of Total Premiums Paid up to the date of death.
- 12.1.2.5. After payment of Terminal illness benefit, the Paid-up Sum Assured would be constant and no further increase of Sum Assured will be allowed under the plan option: Increasing Cover
- 12.1.2.6. If Better Half Benefit is opted, then on death of the Life Assured during the Policy Term, provided the Policy is in Reduced Paid-up status, the spouse would be covered for the Better Half Paid up Sum Assured during the spouse coverage term, where Better Half Paid-up Sum Assured = Better Half Sum Assured * (Total Period for which Premiums have already been paid / Maximum Period for which Premiums were originally payable)
- 12.1.2.7. All exclusions for Better Half cover, as per Clause II(18) would be applicable.

12.2.Surrender Value

- 12.2.1. **For Regular Premium Policies:** Regular Premium policies shall not acquire any Surrender Value/ Unexpired Risk Premium Value and hence there is no Surrender Value/ Unexpired Risk Premium Value for Regular Premium policies
- 12.2.2. **For Single Premium Policies:** the Policy can be surrendered anytime during the Policy term. The Surrender Value / Unexpired Risk Premium Value payable is:

$$70\% \text{ of Single Premium} * (\text{Unexpired Policy Term} / \text{Original Policy Term})$$
- 12.2.3. **For Limited Premium Payment Policies:** the Policy acquires Surrender Value / Unexpired Risk Premium Value only if at least first 2 full consecutive Policy Year's Premiums have been paid.
- 12.2.3.1. The Policyholder may terminate the Policy during the Policy Term by surrendering the Policy for a Surrender Value / Unexpired Risk Premium Value. The Surrender Value / Unexpired Risk Premium Value payable is:

$$\text{Surrender Value factor} * (\text{Unexpired Policy Term} / \text{Original Policy Term}) * \text{Total Premiums paid}$$

Surrender Value Factors:

Policy Year	Surrender Value Factor
1	0%
2	30%

3	40%
4 to the end of Premium Payment Term	50%
For the rest of the Policy Term	70%

12.2.4. Your request for Surrender of Your base Policy will also be treated as request for Surrender of riders/options.

12.2.5. We will not pay any death benefit or Better Half Benefit after the payment of Surrender Value/ Unexpired Risk Premium Value, if any.

13. Revival

13.1.If Premiums are not paid within the Grace Period, Your Policy will lapse or become Reduced Paid-up, as the case may be, depending on the type of Premium Payment option chosen. No benefits will then be payable under Your Policy, if Your Policy has not acquired Reduced Paid-up value.

13.2.If Your base Policy lapses, then the Better Half Benefit (if opted) and the rider(s) attached (if any) will also lapse automatically.

13.3.You can revive Your Policy for full benefits with or without riders during its Revival Period of 5 consecutive complete years from the date of the First Unpaid Premium and before the Date of Expiry of Term.

13.4.You should write to Us during the Revival Period requesting Revival of Your Policy.

13.5.You have to submit good health declaration or answer the required health related questions or undergo medicals to prove the continued insurability of the Life Assured and satisfy other underwriting requirements, if any. If found required, We may charge extra Premium based on Company's Board approved Underwriting Policy.

13.6.We may accept or reject Your Revival request or may allow the revival without the Riders/Optional Benefits, if any. We will inform You about the same.

13.7.Revival will be subject to Our Board approved underwriting Policy.

13.8.Your Riders/Optional Benefits, if revived, will recommence only from the date of Revival of the Policy and along with the Revival of the Base Policy, and not in isolation. You cannot Revive the Riders/Optional benefits only without reviving Your base Policy.

13.9.The Revival will be considered on receipt of written application from the Policyholder along with the proof of continued insurability of Life Assured and on payment of all overdue Premiums with interest.

13.10.You have to pay all due Premiums, not paid during the Revival Period, along with interest. The due Premiums would include Installment Premium, Premium for Riders, if any, additional options opted if any and any extra Premiums intimated to You at the inception of Your Policy and the applicable taxes. We may enhance the Premium [that is, charge an extra Premium], at the time of Revival based on Our Board approved underwriting Policy at the time of Revival.

13.11.The interest rate will be charged at a rate declared by Us from time to time. The company policy currently is based on the nominal interest rate per annum and is 250 basis points greater than the benchmark yield of Repo Rate as on 1st April of each of the Financial Year and it will be compounding on a half-yearly basis. The repo rate as on 1st April 2025 is 6.25%. Any change in the basis for determining interest rate for Revival would follow IRDAI Master Circular on IRDAI (Insurance Products) Regulations, 2024 (Ref: No. IRDAI/ACTL/MSTCIR/ MISC/89/6/2024) dated 12th June, 2024 and any subsequent circulars issued by IRDAI in this regard.

13.12.You cannot Revive Your Policy after the expiry of the Revival Period or the Date of Expiry of Term whichever is earlier.

13.13.Revival shall not be effective unless We accept the Revival and intimate You the same in writing.

14. Policy Loan

14.1. Your Policy is not eligible for any loans.

15. Issuance of physical copy of Your Policy

- 15.1.If You wish to obtain a physical copy of Your Policy, then You can send an application for the physical copy of Policy.
- 15.2.If You wish to obtain a duplicate physical copy of Your Policy, then You can send an application for the duplicate physical copy along with the payment of printing charges of ₹100 Plus stamp duty Plus GST.

16. Policy Servicing

- 16.1.We endeavour to ensure that You receive the best possible service in relation to Your Policy. If You wish to avail any services from Us or require any support or assistance in relation to the Policy, You may send a written request to Us at info@sbilife.co.in
- 16.2.Turn Around Time (TAT) for various services can be downloaded from: <https://www.sbilife.co.in/en/services>.
- 16.3.Various forms and list of documents required including bank account details are available on SBI Life Website: <https://www.sbilife.co.in/en/services/download-center/policy-servicing-forms>.
- 16.4.You can also give feedback on the services provided by Us at info@sbilife.co.in

EXCLUSIONS**17. Suicide Claim Provision**

- 17.1.In case of death due to suicide, within 12 months from the Date of Commencement of Risk under the Policy or from the Date of Revival of the Policy, as applicable, the Claimant shall be entitled to at least 80% of the total Premiums paid till the date of death or the Surrender Value/ Unexpired Risk Premium Value, available as on the date of death, whichever is higher, provided the Policy is In-Force.
- 17.2.Under all the plan options, there is no exclusion other than the suicide exclusion.

18. Exclusions for Better Half Benefit:

Better Half Benefit shall not be payable under the following situations:

- 18.1.In the event of the occurrence of simultaneous death of the Life Assured and spouse or death of the spouse arising directly or indirectly due to the same event which caused the death of the Life Assured.
- 18.2.This cover shall automatically cease once the spouse attains the Age of 60 years
- 18.3.After the death of the Life Assured, in case of death of spouse due to suicide within 12 months from the risk commencement date of the Policy or the date of Revival of the Policy, whichever is later, Better Half Benefit will not be paid and the Policy will terminate.

III. CONDITIONS WHEN A CLAIM ARISES**1. Death Claim**

- 1.1. The Claimant, should intimate Us about the death of the Life Assured in writing, stating at least the Policy number, cause of death and date of death.
- 1.2. We will require the following documents to process the claim:
- 1.2.1. Policy Document
 - 1.2.2. Valid death certificate from municipal / local authorities
 - 1.2.3. KYC documents of the Claimant
 - 1.2.4. Valid bank account proof of the Claimant
 - 1.2.5. Claimant's statement and claim forms in prescribed formats
 - 1.2.6. Hospital records including discharge summary etc. wherever applicable
 - 1.2.7. Any other documents including post-mortem report, First Information Report where applicable
 - 1.2.8. Any other document which We may call, if found necessary in support of the claim

- 1.3. Claim under the Policy should be filed with Us at the earliest possible time following the claim event. While We may condone any delays in intimation or submission of documents, excessive delays may impact the claim settlement process. However, We reserve the right to request additional information or documentation to verify the validity of the claim and ensure a fair and efficient settlement process.
- 1.4. We will pay the claim, if found admissible
 - 1.4.1. To the Assignee, if the Policy is assigned.
 - 1.4.2. If the Policy is not assigned, and
 - 1.4.2.1. You are not the Life Assured, We will pay You or Your Legal Heir
 - 1.4.2.2. You are the Life Assured, We will pay
 - 1.4.2.2.1. the Nominee, if the Nominee is not a Minor
 - 1.4.2.2.2. the Appointee, if the Nominee is a Minor
 - 1.4.2.2.3. Your Legal Heir as certified by a court of competent jurisdiction, if there is no nomination or if nomination is not valid or challenged.
- 1.5. If there is any dispute about the title under the Policy, the benefits shall be paid only to the person[s] as certified by a court of competent jurisdiction
- 1.6. For any claim related assistance, call Us at Our Claims Helpline on Toll free Number – 18002679090 (Customer Service Timing: 24X7) and helpline for NRI customers: +91-022 6928 9090 (Customer Service Timing: 24X7).

2. Terminal Illness Claim

- 2.1. We will pay the claim to You, assignee, nominee, appointee or legal heir, as the case may be.
- 2.2. You can claim the Terminal Illness Benefit only once.
- 2.3. The diagnosis must be done and confirmed by the two independent qualified Medical Practitioners. The Medical Practitioners should be specialists from the field of medicine for which Terminal Illness is been claimed.
- 2.4. We will require hospital records including the admission report, discharge summary and reports of various medical tests.
- 2.5. We may ask You to submit additional information related to the claim.
- 2.6. We may also obtain independent medical opinion by a different Medical Practitioner other than the two Medical Practitioners whose diagnosis has been provided, at Our own discretion, if need be to examine the admissibility or otherwise of the claim.

3. Survival Claim

- 3.1. There is no survival benefit under Your Policy.

4. Maturity Claim

- 4.1. There is no maturity benefit under Your Policy.

5. Surrender Claim

- 5.1. If the Policy is assigned, We will pay the assignee, the Surrender Value / Unexpired Risk Premium Value to the assignee.
- 5.2. If the Policy is not assigned, We will pay the Surrender Value/ Unexpired Risk Premium Value to
 - 5.2.1. You or
 - 5.2.2. Your Legal Heir, in case of Your death subsequent to the date of submission of request for Surrender of the Policy but before payment of Surrender Value/ Unexpired Risk Premium Value.
- 5.3. We will require the following documents to process the claim:
 - 5.3.1. Policy Document,
 - 5.3.2. KYC documents (Photo ID and Address Proof)
 - 5.3.3. Bank account details (bank statement/cancelled cheque)

- 5.3.4. Discharge Form.
- 5.4. The above mentioned documents in case of an assigned Policy will be required from Assignee.
- 5.5. You may submit the documents by visiting any of Your nearest SBI Life offices.

IV. CONDITIONS FOR CANCELLATION OF THE POLICY

1. Free Look Period

- 1.1. You have a Free Look Period of 30 days beginning from the date of the receipt of the Policy Document, whether received electronically or otherwise, to review the Policy terms and conditions.
- 1.2. If You disagree with any Policy terms and conditions, or otherwise and if no claim has been made under the Policy, You have an option to cancel the Policy within the Free Look Period by sending a written request to Us stating the reasons for the same.
- 1.3. Upon Your request and if no claim has been made under the Policy, You shall be entitled to a refund of the Premium paid subject only to a deduction of proportionate risk Premium for the period of cover, the expenses, if any, incurred on the medical examination of the Life Assured and the stamp duty charges, irrespective of the reasons mentioned.
- 1.4. You cannot revive or restore Your Policy once You have cancelled Your Policy under the Free Look option.

2. Surrender

- 2.1. You may Surrender Your In-Force or Reduced Paid-Up Policy anytime during the Policy Term for a Surrender Value / Unexpired Risk Premium Value.
- 2.2. If You Surrender Your Policy during the Policy Term, then We will pay the Surrender Value / Unexpired Risk Premium Value in accordance with Clause II(12)(12.2) of the Policy.

3. Termination of Your Policy

Your Policy will terminate at the earliest of the following:

- 3.1. on death of the Life Assured where Better Half Benefit is not opted; OR
- 3.2. on death of the Life Assured where Better Half Benefit is opted and the spouse dies before the death of the Life Assured; OR
- 3.3. on death of spouse (under Better half benefit), where Better Half Benefit is opted and the spouse died or diagnosed with Terminal Illness after the death of the Life Assured; OR
- 3.4. on diagnosis of Terminal Illness of Life Assured if Terminal illness benefit equals the death benefit; OR
- 3.5. on the date of expiry of Your Policy Term; OR
- 3.6. on payment of Surrender Value / Unexpired Risk Premium Value, if any; OR
- 3.7. on the payment of Free-Look cancellation amount; OR
- 3.8. on expiry of the Revival Period for a Lapsed Policy. However, death cover will terminate automatically if You fail to pay any Premium before the expiry of the Grace Period, provided the Policy hasn't acquired Paid- Up value.

V. CONDITIONS FOR GRIEVANCE REDRESSAL

1. If You have any query, complaint or grievance, You may approach any of Our offices.
2. You can also call Us on Our toll-free number: 1800 267 9090 or NRI customers helpline number: +91-022 6928 9090 (Customer Service Timing: 24X7 and these timings are subject to change)
3. You can also send an email to Us on info@sbilife.co.in
4. If You are not satisfied with Our decision or have not received any response within 15 days, You may write to Us at:

Head – Client Relationship,

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, Dist. Thane,
Navi Mumbai- 400 706.
Telephone No.: +91 - 22 – 6645 6785
E-mail Id: hcr@sbilife.co.in

5. In case You are not satisfied with Our decision or have not received a response within 1 month from the date of filing Your complaints with Us and the issue pertains to Rule 13 and 14(3) of Insurance Ombudsman Rules, 2017, You may approach the Insurance Ombudsman. You can make the complaint to the Ombudsman as per provision 13 and 14(3) of the said rules. The relevant provisions have been mentioned in the Clause VI “Other Terms and Provisions”.
6. The address of the Insurance Ombudsman and the Insurance Ombudsman Rules, 2017, are, available on the website of IRDAI, <http://www.irdai.gov.in> and in Our website <http://www.sbilife.co.in>. The address of the Ombudsman at Mumbai is:
Office of the Insurance Ombudsman
3rd Floor, Jeevan Seva Annexe,
S.V. Road, Santa Cruz (W),
Mumbai – 400 054.
Telephone No.: +91 – 22 – 69038800/27/29/31/32/33
E-mail: bimalokpal.mumbai@ciains.co.in
7. We have also enclosed a list of addresses of Insurance Ombudsman in Annexure IV for reference.
8. If You are not satisfied with the response or do not receive a response from Us within 15 days of lodging the complaint through Our Grievance Redressal Mechanism; You may escalate the complaint to IRDAI through the Bima Bharosa Portal (IRDAI): <https://bimabharosa.irdai.gov.in/> or contact IRDAI Grievance Call Centre on toll-free number : 155255 / 1800 4254 732 or alternatively You may send an email on complaints@irdai.gov.in
9. The postal address of IRDAI for communication for complaints by paper is as follows: Policyholders’ Protection Grievance Redressal Department, Insurance Regulatory and Development Authority of India, SY No 115/1, Financial district, Nanakramguda, Gachibowli, Hyderabad – 500032.

VI. OTHER TERMS AND PROVISIONS

1. Communications

- 1.1. We will communicate to You in writing and deliver the communication by hand, or by post, or by facsimile, or by e-mail or any other available mode.
- 1.2. We will send correspondence to the mailing address, email ID or mobile You have provided in the proposal form or to the address subsequently changed and registered by You with Us.
- 1.3. You should also communicate in writing and deliver the correspondence by hand, post, facsimile, e-mail or any other approved mode.
- 1.4. Your correspondence can be addressed to any of SBI Life branch offices or to its Central Processing Centre at the address below:

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, Dist. Thane,
Navi Mumbai-400 706
Telephone No. : + 91 - 22 - 6645 6785
E-mail : info@sbilife.co.in

1.5. It is important that You keep Us informed of Your change in address and any other communication details.

2. Taxation

- 2.1. You are liable to pay the applicable taxes and/or any other statutory levy/duty/ surcharge, at the rate notified by the State Government or Central Government of India from time to time, as per the applicable tax laws on basic Premium, Premium towards Optional benefits (if any), Rider Premium (if any) and/or other charges (if any) as per the product features.
- 2.2. 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 are advised to consult Your tax advisor on applicable tax benefits under the Policy.
- 2.3. We shall deduct income tax at source (TDS) on payments made under the Policy as per the applicable income tax laws in India

3. Assignment

- 3.1. You may assign the Policy subject to the provisions of Section 38 of the Insurance Act, 1938, as amended from time to time
- 3.2. We may decline to act upon any endorsement or deed of assignment if We have sufficient reasons and We will let You know in writing the reasons for such refusal.
- 3.3. You may prefer a claim to the Insurance Regulatory and Development Authority of India within 30 days of receipt of Our communication intimating You about Our declining to act upon the transfer or assignment of Your Policy.
- 3.4. You may assign Your Policy wholly or in part.
- 3.5. You may assign Your Policy either absolutely or conditionally, and at any point of time there can be only one assignment under Your Policy.
- 3.6. The assignment or reassignment of Your Policy should be registered with Us so as to make it binding on Us.
- 3.7. For complete details about the assignment or transfer of the Policy, please refer to Section 38 of the Insurance Act, 1938, as amended from time to time.
[A Leaflet containing the simplified version of the provisions of Section 38 is enclosed in Annexure – (I) for reference]

4. Governing Laws and Jurisdiction

- 4.1. 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 Indian Courts.

5. 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 – (III) for reference]

6. Rule 13 of Ombudsman Rules, 2017

- (1) The Ombudsman may receive and consider complaints or disputes relating to:
 - a) delay in settlement of claims, beyond the time specified in the regulations, framed under the Insurance Regulatory and Development Authority of India Act, 1999;
 - b) any partial or total repudiation of claims by the life insurer, General insurer or the health insurer;
 - c) disputes over premium paid or payable in terms of insurance Policy;
 - d) misrepresentation of Policy terms and conditions at any time in the Policy Document or Policy contract;
 - e) legal construction of insurance policies in so far as the dispute relates to claim;
 - f) Policy servicing related grievances against insurers and their agents and intermediaries;

- g) issuance of life insurance Policy, general insurance Policy including health insurance Policy which is not in conformity with the proposal form submitted by the proposer;
 - h) non-issuance of insurance Policy after receipt of premium in life insurance and general insurance including health insurance; and
 - i) any other matter resulting from the violation of provisions of the Insurance Act, 1938, as amended from time to time, or the regulations, circulars, guidelines or instructions issued by the IRDAI from time to time or the terms and conditions of the Policy contract, in so far as they relate to issues mentioned at clauses (a) to (f) .
- (2) The Ombudsman shall act as counsellor and mediator relating to matters specified in sub-rule (1) provided there is written consent of the parties to the dispute.
- (3) The Ombudsman shall be precluded from handling any matter if he is an interested party or having conflict of interest.
- (4) The Central Government or as the case may be, the IRDAI may, at any time refer any complaint or dispute relating to insurance matters specified in sub-rule (1), to the Insurance Ombudsman and such complaint or dispute shall be entertained by the Insurance Ombudsman and be dealt with as if it is a complaint made under Rule 14.

7. Rule 14 of Ombudsman Rules, 2017

- (1) Any person who has a grievance against an insurer, may himself or through his legal heirs, nominee or assignee, make a complaint in writing to the Insurance Ombudsman within whose territorial jurisdiction the branch or office of the insurer complained against or the residential address or place of residence of the complainant is located.
- (2) The complaint shall be in writing, duly signed by the complainant or through his legal heirs, nominee or assignee and shall state clearly the name and address of the complainant, the name of the branch or office of the insurer against whom the complaint is made, the facts giving rise to complaint, supported by documents, the nature and extent of the loss caused to the complainant and the relief sought from the Insurance Ombudsman.
- (3) No complaint to the Ombudsman shall lie unless –
 - a) The complainant makes a written representation to the insurer named in the complaint and
 - a. Either the insurer had rejected the complaint; or
 - b. the complainant had not received any reply within a period of one month after the insurer received his representation; or
 - c. the complainant is not satisfied with the reply given to him by the insurer
 - b) the complaint is made within one year
 - a. after the order of the insurer rejecting the representation is received; or
 - b. after receipt of decision of the insurer which is not to the satisfaction of the complainant;
 - c. after expiry of a period of one month from the date of sending the written representation to the insurer if the insurer named fails to furnish reply to the complainant
- (4) The Ombudsman shall be empowered to condone the delay in such cases as he may consider necessary, after calling for objections of the insurer against the proposed condonation and after recording reasons for condoning the delay and in case the delay is condoned, the date of condonation of delay shall be deemed to be the date of filing of the complaint, for further proceedings under these rules.
- (5) No complaint before the Insurance Ombudsman shall be maintainable on the same subject matter on which proceedings are pending before or disposed of by any court or consumer forum or arbitrator

8. Protection of Policyholders' Interest

Part C

SBI Life – eShield Next Policy Document (UIN:111N132V02)
An Individual, Non-Linked, Non-Participating Life Insurance Pure Risk Product

The IRDAI (Protection of Policyholders Interests, Operations and Allied Matters of Insurers) Regulation, 2024 provide for protection of the interests of the policyholders. The provisions of these regulations will be applicable and subject to the prevailing law, as amended from time to time.

SAMPLE

Annexure-I

A. Section 38 - Assignment and Transfer of Insurance Policies

Assignment or transfer of a Policy should be in accordance with Section 38 of the Insurance Act, 1938 as amended from time to time and as amended by Insurance Laws (Amendment) Act, 2015. The extant provisions in this regard are as follows:

01. This Policy may be transferred/assigned, wholly or in part, with or without consideration.
02. An Assignment may be effected in a Policy by an endorsement upon the Policy itself or by a separate instrument under notice to the Insurer.
03. The instrument of assignment should indicate the fact of transfer or assignment and the reasons for the assignment or transfer, antecedents of the assignee and terms on which assignment is made.
04. The assignment must be signed by the transferor or assignor or duly authorized agent and attested by at least one witness.
05. The transfer of assignment shall not be operative as against an insurer until a notice in writing of the transfer or assignment and either the said endorsement or instrument itself or copy thereof certified to be correct by both transferor and transferee or their duly authorised agents have been delivered to the insurer.
06. Fee to be paid for assignment or transfer can be specified by the Authority through Regulations.
07. On receipt of notice with fee, the insurer should Grant a written acknowledgement of receipt of notice. Such notice shall be conclusive evidence against the insurer of duly receiving the notice.
08. If the insurer maintains one or more places of business, such notices shall be delivered only at the place where the Policy is being serviced.
09. The insurer may accept or decline to act upon any transfer or assignment or endorsement, if it has sufficient reasons to believe that it is
 - a. not bonafide or
 - b. not in the interest of the policyholder or
 - c. not in public interest or
 - d. is for the purpose of trading of the insurance Policy.
10. Before refusing to act upon endorsement, the Insurer should record the reasons in writing and communicate the same in writing to Policyholder within 30 days from the date of policyholder giving a notice of transfer or assignment.
11. In case of refusal to act upon the endorsement by the Insurer, any person aggrieved by the refusal may prefer a claim to IRDAI within 30 days of receipt of the refusal letter from the Insurer.
11. The priority of claims of persons interested in an insurance Policy would depend on the date on which the notices of assignment or transfer is delivered to the insurer; where there are more than one instruments of transfer or assignment,

the priority will depend on dates of delivery of such notices. Any dispute in this regard as to priority should be referred to Authority.

13. Every assignment or transfer shall be deemed to be absolute assignment or transfer and the assignee or transferee shall be deemed to be absolute assignee or transferee, except
- a. where assignment or transfer is subject to terms and conditions of transfer or assignment OR
 - b. where the transfer or assignment is made upon condition that
 - i. the proceeds under the Policy shall become payable to policyholder or nominee(s) in the event of assignee or transferee dying before the insured OR
 - ii. the insured surviving the term of the Policy

Such conditional assignee will not be entitled to obtain a loan on Policy or surrender the Policy. This provision will prevail notwithstanding any law or custom having force of law which is contrary to the above position.

14. In other cases, the insurer shall, subject to terms and conditions of assignment, recognize the transferee or assignee named in the notice as the absolute transferee or assignee and such person
- a. shall be subject to all liabilities and equities to which the transferor or assignor was subject to at the date of transfer or assignment and
 - b. may institute any proceedings in relation to the Policy
 - c. obtain loan under the Policy or surrender the Policy without obtaining the consent of the transferor or assignor or making him a party to the proceedings

15. Any rights and remedies of an assignee or transferee of a life insurance Policy under an assignment or transfer effected before commencement of the Insurance Laws (Amendment) Act, 2015 shall not be affected by this section.

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

Annexure-II

B. Section 39 - Nomination by policyholder

Nomination of a life insurance Policy is as below in accordance with Section 39 of the Insurance Act, 1938 as amended from time to time and as amended by Insurance Laws (Amendment) Act, 2015. The extant provisions in this regard are as follows:

01. The policyholder of a life insurance on his own life may nominate a person or persons to whom money secured by the Policy shall be paid in the event of his death.
02. Where the nominee is a minor, the policyholder may appoint any person to receive the money secured by the Policy in the event of policyholder's death during the minority of the nominee. The manner of appointment to be laid down by the insurer.
03. Nomination can be made at any time before the maturity of the Policy.
04. Nomination may be incorporated in the text of the Policy itself or may be endorsed on the Policy communicated to the insurer and can be registered by the insurer in the records relating to the Policy.
05. Nomination can be cancelled or changed at any time before Policy matures, by an endorsement or a further endorsement or a will as the case may be.
06. A notice in writing of Change or Cancellation of nomination must be delivered to the insurer for the insurer to be liable to such nominee. Otherwise, insurer will not be liable if a bonafide payment is made to the person named in the text of the Policy or in the registered records of the insurer.
07. Fee to be paid to the insurer for registering change or cancellation of a nomination can be specified by the Authority through Regulations.
08. On receipt of notice with fee, the insurer should grant a written acknowledgement to the policyholder of having registered a nomination or cancellation or change thereof.
09. A transfer or assignment made in accordance with Section 38 shall automatically cancel the nomination except in case of assignment to the insurer or other transferee or assignee for purpose of loan or against security or its reassignment after repayment. In such case, the nomination will not get cancelled to the extent of insurer's or transferee's or assignee's interest in the Policy. The nomination will get revived on repayment of the loan.
10. The right of any creditor to be paid out of the proceeds of any Policy of life insurance shall not be affected by the nomination.
11. In case of nomination by policyholder whose life is insured, if the nominees die before the policyholder, the proceeds are payable to policyholder or his heirs or legal representatives or holder of succession certificate.
12. In case nominee(s) survive the person whose life is insured, the amount secured by the Policy shall be paid to such survivor(s).

13. Where the policyholder whose life is insured nominates his

- a. parents or
- b. spouse or
- c. children or
- d. spouse and children
- e. or any of them

the nominees are beneficially entitled to the amount payable by the insurer to the policyholder unless it is proved that policyholder could not have conferred such beneficial title on the nominee having regard to the nature of his title.

14. If nominee(s) die after the policyholder but before his share of the amount secured under the Policy is paid, the share of the expired nominee(s) shall be payable to the heirs or legal representative of the nominee or holder of succession certificate of such nominee(s).

15. The provisions of sub-section 7 and 8 (13 and 14 above) shall apply to all life insurance policies maturing for payment after the commencement of Insurance Laws (Amendment) Act, 2015.

16. If policyholder dies after maturity but the proceeds and benefit of the Policy has not been paid to him because of his death, his nominee(s) shall be entitled to the proceeds and benefit of the Policy.

17. The provisions of Section 39 are not applicable to any life insurance Policy to which Section 6 of Married Women's Property Act, 1874 applies or has at any time applied except where before or after Insurance Laws (Amendment) Act, 2015, a nomination is made in favour of spouse or children or spouse and children whether or not on the face of the Policy it is mentioned that it is made under Section 39. Where nomination is intended to be made to spouse or children or spouse and children under Section 6 of MWP Act, it should be specifically mentioned on the Policy. In such a case only, the provisions of Section 39 will not apply.

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

Annexure-III

C. 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 from time to time and as amended by Insurance Laws (Amendment) Act, 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. Policyholders are advised to refer to Original Gazette Notification for complete and accurate details]

Annexure-IV

List of Ombudsman Centers with Address

AHMEDABAD	Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad - 380 001. Tel.: 079 - 25501201/02 Email: bimalokpal.ahmedabad@cioins.co.in	Gujarat and Dadra & Nagar Haveli, Daman and Diu.
BENGALURU	Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19. Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in	Karnataka
BHOPAL	Office of the Insurance Ombudsman, 1st floor, “Jeevan Shikha”, 60-B, Hoshangabad Road, Opp. Gayatri Mandir, Arera Hills Bhopal – 462 011. Tel.: 0755 - 2769201 / 2769202 / 2769203 Email: bimalokpal.bhopal@cioins.co.in	Madhya Pradesh, Chhattisgarh.
BHUBANESWAR	Office of the Insurance Ombudsman, 62, Forest Park, Bhubaneswar – 751 009. Tel.: 0674 - 2596461 /2596455/2596429/2596003 Email: bimalokpal.bhubaneswar@cioins.co.in	Odisha.
CHANDIGARH	Office of the Insurance Ombudsman, Jeevan Deep Building SCO 20-27, Ground Floor Sector- 17 A, Chandigarh – 160 017. Tel.: 0172-2706468 Email: bimalokpal.chandigarh@cioins.co.in	Punjab, Haryana (excluding Gurugram, Faridabad, Sonapat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh.
CHENNAI	Office of the Insurance Ombudsman Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24333678 Email: bimalokpal.chennai@cioins.co.in	Tamil Nadu, Puducherry Town and Karaikal (which are part of Puducherry).
DELHI	Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 46013992/23213504/23232481 Email: bimalokpal.delhi@cioins.co.in	Delhi & following districts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh.
GUWAHATI	Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Near Pan Bazar, S.S. Road, Guwahati – 781001(ASSAM).	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.

	Tel.: 0361 - 2632204 / 2602205 / 2631307 Email: bimalokpal.guwahati@cioins.co.in	
HYDERABAD	Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Hyundai Showroom , A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 / 23376991 / 23376599 / 23328709 / 23325325 Email: bimalokpal.hyderabad@cioins.co.in	Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.
JAIPUR	Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141- 2740363 Email: bimalokpal.jaipur@cioins.co.in	Rajasthan.
KOCHI	Office of the Insurance Ombudsman, 10th Floor, Jeevan Prakash, LIC Building, Opp to Maharaja's College Ground, M.G. Road, Kochi - 682 011. Tel.: 0484 - 2358759 Email: bimalokpal.ernakulam@cioins.co.in	Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.
KOLKATA	Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 7th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124341 Email: bimalokpal.kolkata@cioins.co.in	West Bengal, Sikkim, Andaman & Nicobar Islands
LUCKNOW	Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 4002082 / 3500613 Email: bimalokpal.lucknow@cioins.co.in	Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
MUMBAI	Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 69038800/27/29/31/32/33 Email: bimalokpal.mumbai@cioins.co.in	List of wards under Mumbai Metropolitan Region excluding wards in Mumbai – i.e M/E, M/W, N , S and T covered under Office of Insurance Ombudsman Thane and areas of Navi Mumbai

NOIDA	Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in	State of Uttarakhand and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kannauj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam Buddh nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur
PATNA	Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in	Bihar, Jharkhand
PUNE	Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune - 411 030. Tel.: 020-24471175 Email: bimalokpal.pune@cioins.co.in	State of Goa and State of Maharashtra excluding areas of Navi Mumbai, Thane district, Palghar District, Raigad District and Mumbai Metropolitan Region
THANE	Office of the Insurance Ombudsman, 2 nd Floor, Jeevan Chintamani Building, Vasantnao Naik Mahamarg, Thane (West) Thane – 400604 Email: bimalokpal.thane@cioins.co.in	Area of Navi Mumbai, Thane District, Raigad District, Palghar District and wards of Mumbai, M/East, M/West, N, S and T.