

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

3.2

		<p>Maturity Benefit: No benefit is payable on the Cover End Date.</p> <p>Surrender Benefit: Not applicable</p> <p>Other benefit/options payable, specific to the policy, if any: Spouse Cover Benefit is available under the Master Policy to the Insured Members if opted by the Master Policyholder and specified in the Policy Schedule.</p>	6.1
6.	Exclusions (events where insurance coverage is not payable), if any.	<p>Suicide Claim Provision</p> <ul style="list-style-type: none"> a) For employer-employee groups, the suicide exclusion is not applicable. b) For compulsory groups, the suicide exclusion is not applicable. c) For other schemes: In case of death of the Insured Member due to suicide, within 12 months from the Cover Start Date of the Insured Member, We will not pay the Death Benefit and the Claimant shall be entitled to 80% of the total Premiums paid till the date of death, provided the Insured Member's cover under the Master Policy is In-Force. d) The total Premiums paid is total of all the Premiums paid for that Insured Member, excluding any extra Premium and taxes, if collected explicitly. 	10.3
7.	Grace period	<p>Grace Period is available only during the Policy Term. A Grace Period of 30 days from the due date for payment of Premium will be provided for half yearly / quarterly Premium Payment Modes and Grace Period of 15 days from the due date for payment of Premium will be provided for monthly Premium Payment Mode to the Insured Members. The Insured Member's coverage will remain In-Force during the Grace Period.</p> <p>Grace Period will not be applicable for policies with Yearly Premium Payment Mode.</p>	5
8.	Free Look Period	<p>In case, You/Insured Member do/does not agree with any terms and conditions of the Master Policy/Certificate of Insurance or otherwise, You/Insured Member have/has the option to cancel the Master Policy/Certificate of Insurance by sending a written request to the Company stating the reasons for objection within the Free Look Period of 30 days from the receipt of the Master Policy Document/Certificate of Insurance.</p> <p>Upon Your/Insured Member's request and if no claim(s) has been made under the Master Policy/Certificate of Insurance, We shall refund the Premium paid by You/Insured Member for the Master Policy/Certificate of Insurance subject only to deduction of the proportionate risk Premium for the period of the cover, stamp duty charges and medical expenses (if any), irrespective of the reasons mentioned.</p> <p>Your/ Insured Members' request for cancellation of this Master Policy/ Certificate of Insurance must reach Your nearest SBI Life</p>	10.2

Part A

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Part A

		<ul style="list-style-type: none"> Hospital records including discharge summary, etc, wherever applicable Any other documents including post-mortem report, first information report where applicable Any other document which SBI Life may call, if found necessary in support of the claim 	
11.	Policy Servicing	<ul style="list-style-type: none"> Turn Around Time (TAT): https://www.sbilife.co.in/en/services->Download 'Turn Around Times' pdf Our Contact Details: Toll free no.: 1800 267 9090 (Customer Service Timing:24X7). 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 	12.12
12.	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 6100 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 	13

Declaration by the Master Policyholder

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

Place:

(Signature of the Policyholder)

Date:

Note:

- Product related documents including the Customer Information sheet are available on Our website www.sbilife.co.in
- In case of any conflict, the terms and conditions mentioned in the Master Policy Document shall prevail

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