

SBI Life Insurance Company Limited

SBI Life – Group Rider – Additional Core Critical Illness (UIN:111B012V02)

This document lists the benefits, conditions and exclusions applicable to the rider that can be attached to the product SBI Life – Sampoon Suraksha (UIN: 111N040V04). Please read the same in conjunction with the base product sales brochure.

SBI Life - Group Rider – Additional Core Critical Illness (UIN:111B012V02)

Eligibility Criteria

- Entry Age*: Minimum - 18 years; Maximum - 65 years.
- Maximum Maturity/ Cover Age*: Max 66 years.
*Age as on last birthday
- Rider term: 1 year
- Minimum Rider Sum Assured: Rs 1,000
- Maximum Rider Sum Assured:
 - On a single life, the Minimum of
 - Base policy Death Benefit Sum Assured and
 - Rs. 25,00,000
- Premium Payment Option: The premiums can be paid in annual, half-yearly, quarterly or monthly modes however, it would be same as policy premium payment option of the base policy. The premiums for various modes as percentage of annual premium are given below:

Premium Payment Mode	% of Annual Premium
Half Yearly	52.0 %
Quarterly	26.5 %
Monthly	8.9 %

Benefit

- **Event:** Diagnosis of one or more of specified illnesses. The benefit is payable in lump sum.
- **Benefit Payable:** SBI Life - Group Rider - Additional Core Critical Illness Sum Assured.

Definition

- **Major Cancer**

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

The following are excluded:

- Tumours showing the malignant changes of carcinoma in situ & tumours which are histologically described as premalignant or non invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -2 & CIN-3.
- Any skin cancer other than invasive malignant melanoma
- All tumours of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0.....
- Papillary micro - carcinoma of the thyroid less than 1 cm in diameter
- Chronic lymphocytic leukaemia less than RAI stage 3

- Microcarcinoma of the bladder
- All tumours in the presence of HIV infection.

- **Coronary Artery Bypass Surgery**

The actual undergoing of open chest surgery for the correction of one or more coronary arteries, which is/are narrowed or blocked, by coronary artery bypass graft (CABG). The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a specialist medical practitioner. The following are excluded:

- Angioplasty and/or any other intra-arterial procedures
- any key-hole or laser surgery.

- **Heart Attack**

The first occurrence of myocardial infarction which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for this will be evidenced by all of the following criteria:

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

- **Kidney Failure**

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

- **Stroke**

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

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

- **Major Organ Transplant**

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

- Other stem-cell transplants Where only islets of langerhans are transplanted

Terms and Conditions

- The employee should be actively at work meaning that he is performing in the usual way, the regular duties of his work and is not working contrary to medical advice received. However, absentees from work for reasons other than sickness, injury, disability, medical / maternity leave will be considered 'actively at work'.
- Employee should not have remained on medical leave / leave of absence on health grounds for a continuous period of 15 days or more in the last 6 months. This condition would apply for new schemes and schemes transferred from another insurance Company.
- The above conditions (i) and (ii) are not applicable for renewal schemes and may be waived at the

discretion of SBI Life for schemes transferred from other insurance company. Such a waiver will be based on risk assessment carried out at the time of renewal.

- iv. Temporary Absence: Cover may be extended to scheme members who are temporarily absent from their employment provided the member is on the company's payroll and the employment contract is not terminated by either party. It would be allowed where:

- Period of temporary absence is limited to less than 180 days

Temporary absence cover should apply to all scheme members

Waiting Period: For each life assured, a 90-day waiting period applies from the date of commencement of the scheme or the member's entry to the scheme whichever is later; if critical illness is diagnosed during the period, no benefit is payable.

Survival Period: If the policy provides Additional Critical Illness benefits, no benefit will be payable if death occurs within 30 days of meeting the definition of a Critical Illness

Exclusions

No benefits will be payable under the policy if a claim or event suffered by the Life Insured is directly or indirectly caused or exacerbated as a result of any of the following:

- Unreasonable failure to seek or follow medical advice.
- Living abroad (living outside the territory for more than 13 consecutive weeks in any 12 months). This exclusion does not apply if the life insured is medically examined and / or has undergone tests in India after the occurrence of the event, and is available for medical examination or other reasonable tests in India to confirm the occurrence of an insured event. SBI Life may waive this condition on a case-by-case basis.
- War or hostilities (whether war be declared or not).
- Civil war, rebellion, revolution, civil unrest or riot.
- Participation in any armed force or peace keeping activities.
- An act of any person acting on their own or on behalf of or in connection with any group or organization to influence by force any group, corporation or government by terrorism, kidnapping or attempted kidnapping, attack, assault, or any other violent means.
- An intentional or self-inflicted act.
- Should any of the covered conditions ever be deemed to be generally curable on the basis of genetic manipulation, substitution, deletion, vaccination or any other treatment medical or otherwise, such condition will no longer be valid.
- Drug-taking other than under the direction of a qualified medical practitioner, abuse of alcohol or the taking of poison.
- HIV/AIDS.
- Nuclear fusion, nuclear fission, nuclear waste or any radioactive or ionising radiation.
- Deliberate participation of the Life assured in an illegal or criminal act.
- Injuries or diseases arising from professional sports, racing of any kind, scuba-diving, aerial flights (including bungee-jumping, hang-gliding, ballooning, parachuting and sky-diving) other than as a crew member or as a fare-paying passenger on a licensed carrying commercial aircraft operating in a regular scheduled route or any hazardous activities or sports unless agreed by special endorsement.
- Suicide Claim provisions: NA

Revival

If premium is not paid within the grace period, the policy will lapse and can be revived within two years from the date of lapse of Master Policy. The rider cover can be revived in conjunction with the base cover only.

Prohibition of Rebates:

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

- (1) No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer:

Provided that acceptance by an insurance agent of commission in connection with a policy of life insurance taken out by himself on his own life shall not be deemed to be acceptance of a rebate of premium within the meaning of this sub-section if at the time of such acceptance the insurance agent satisfies the prescribed conditions establishing that he is a bona fide insurance agent employed by the insurer.

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

Non-Disclosure:

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

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

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

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

Nothing in this section shall prevent the insurer from calling for proof of age at any time if he is entitled to do so, and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof that the age of the life insured was incorrectly stated in the proposal.

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

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