



SBI Life Insurance Company Limited
Registration Number: 111 Regulated by IRDAI

**POLICY
DOCUMENT**

SBI LIFE – SMART SHIELD

UIN: 111N067V02

(A NON-PARTICIPATING TERM ASSURANCE PLAN)

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: U99999MH2000PLC129113
Toll Free: 1800 22 9090 (Between 9.00 am & 9.00 pm)

Policy Schedule



Your Policy

Welcome to your **SBI Life – Smart Shield** policy and thank you for preferring **SBI Life Insurance Company Limited** to provide you with insurance solutions. The UIN allotted by IRDAI for this product is 111N067V02.

The information you have given in your proposal form, personal statement together with any reports or other documents and declarations form part of this contract of insurance with us. Your policy document, comprising this policy schedule along with the policy booklet and any endorsements, is evidence of the contract. If you have chosen rider(s), rider document(s) would also be part of the policy document. You should read these carefully to make sure that you are satisfied with the terms and conditions of the policy. Please keep these in a safe place.

Your policy is a pure protection policy. In return for your premium(s) we will provide benefits as described in the following pages of the policy document. The benefits available under this policy are subject to the payment of renewal premiums as and when due.

The benefits will be paid to the person(s) entitled as set out in the policy document, on proof to our satisfaction, of such benefits having become payable and of the title of the persons claiming the payments.

Please communicate any change in your mailing address or any other communication details as soon as possible.

If you require further information, please contact us or the Insurance Advisor/Facilitator mentioned below.

**Insurance Advisor/Facilitator Details: <<name>> <<code>>
<< mobile number or landline number if mobile not available>>.**

Identification

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 >>	<< Male / Female >>
10. Mailing Address	<< Address for communication >>	
11. Telephone Number with STD Code		
12. Mobile Number		
13. E-Mail ID of the policyholder	<< E-Mail ID of the policyholder >>	

Nomination		
14. Name of the Nominee(s)	Relationship with the life assured	Age
15. Name of the Appointee(s)	Relationship with nominee	Age

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	<< >>
20. Date of expiry of term	<< dd/mm/yyyy >>

Basic policy information	
21. Initial Sum Assured (Rs.)	<< at inception >>
22. Benefit Structure	<< Level Term Assurance / Decreasing Term Assurance (Loan Protection) << @ x % p.a. >> / Decreasing Term Assurance (Family Income Protection) / Increasing Term Assurance >>

23. Premium frequency	<< Single Premium / Yearly / Half-Yearly / Quarterly / Monthly >>
24. Instalment Premium (including Option and Rider(s), if any)	<< >>

Option: Accelerated Critical Illness Benefit
<< Opted / Not opted >>

Rider (s) chosen	
Name of the Rider	UIN
<< Names of the selected Rider (s) / No riders applicable >>	<< UIN / Not applicable >>

Base plan, Option and Rider(s)						
Benefit	Initial Sum Assured (Rs.)	Policy Term (Years)	Premium paying term (Years)	<< Premium Frequency >> Instalment Premium (Rs.)	Due date of last premium	Cover End Date
Base Plan			<< Single / Term >>		<< dd/mm/yyyy >>	<< dd/mm/yyyy >>
Option: Accelerated Critical Illness Benefit		<<5 years>>				<< dd/mm/yyyy >>
SBI Life – Accidental Death Benefit Rider(UIN: 111B015V02)						<< dd/mm/yyyy >>
SBI Life - Accidental Total & Permanent Disability Benefit Rider(UIN: 111B016V02)						<< dd/mm/yyyy >>
Total Installment Premium, excluding Taxes						
Applicable Taxes	<< >>					



Applicable rate of Tax*	<<XX.XX%>>
Total Instalment Premium, including taxes	

*includes Service Tax, Cess, GST (currently only in case of J&K residents) and/ or any other statutory levy/ duty/ surcharge, as notified by the Central and/or State Government from time to time as per the provisions of the prevalent tax laws.
 All references to rider benefit in your policy document will only be applicable if any rider benefit has been chosen.

<< To be printed wherever applicable

Applicable clauses

<< To be printed only when staff discount is applicable

We will award the following discount to you on your premium.

Premium	
Policy Year	Discount applicable on the premium
Throughout the Policy term	<< % >>

<<

Effective Sum Assured Table

Please refer the Sum Assured Schedule attached herewith for << Decreasing Term Assurance (Loan Protection) @ << x % p.a. >> / Increasing Term Assurance >>

>>

Signed for and on behalf of **SBI Life Insurance Company Limited,**



Authorised Signatory

Name		
Designation		
Date	Place	

The stamp duty of Rs. <<....>> (Rupees.....only) paid by pay order, vide receipt no. <<.....>> dated << >>. Government notification Revenue and Forest Department No. Mudrank <<.....>> dated <<.....>>

<< Digital Signature >>

(Signature)
Proper Officer

We request you to read this policy schedule along with the policy booklet. If you find any errors, please return your policy document for effecting corrections.

***** End of Policy Schedule *****