

SBI Life – Sampoon Suraksha (UIN: 111N040V04)  
Group Non-Linked Non-Participating Pure Risk One-Year Renewable Group Term Life insurance product  
**CUSTOMER INFORMATION SHEET / KNOW YOUR POLICY**

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

Sl. No.	Title	Description in Simple Words (Please refer to applicable COI Clause Number in next column)	COI Clause Number
1.	Name of the Insurance Product and Unique Identification Number (UIN)	<b>SBI Life – Sampoon Suraksha (UIN: 111N040V04)</b>	COI Schedule I
2.	Certificate of Insurance	COI number << as allotted by system >>	COI Schedule I
3.	Type of Insurance Policy	SBI Life – Sampoon Suraksha, is a group non-linked non-participating pure risk one-year renewable group term life insurance product	COI Schedule I
4.	Basic Policy Details	<ul style="list-style-type: none"> <li>• Instalment Premium: &lt;&lt; as allotted by system (excluding taxes)&gt;&gt;</li> <li>• Premium Payment Mode: &lt;&lt; as allotted by system Yearly/Half-Yearly/Quarterly/Monthly &gt;&gt;</li> <li>• Basic Sum Assured: &lt;&lt; as allotted by system &gt;&gt;</li> <li>• Sum Assured on Maturity: Nil</li> <li>• Policy Term &lt;&lt; One Year Renewable Group Term Assurance (OYRGTA) &gt;&gt;</li> <li>• Premium Payment Term: &lt;&lt; as allotted by system &gt;&gt;</li> <li>• Option Chosen: &lt;&lt; &gt;&gt;</li> </ul>	COI Schedule I
5.	Policy Coverage/Benefits Payable	<p><b>Death Benefit:</b> In the event of death of the Member during the term, We will pay the Death Benefits equal to the Sum Assured in a lumpsum or otherwise in installments if the Death Benefit Settlement Option is opted by the Claimant.</p> <p><b>Surrender Benefit:</b> No Surrender Benefit is available</p> <p><b>Maturity Benefit:</b> No Maturity Benefit is available.</p> <p>All options and riders under this product have been chosen by the Master Policyholder in his capacity as group administrator. Only options and riders chosen by the Master Policy holder are available to you, based on eligibility. You can choose from the options/riders made available to you by Master Policyholder.</p>	COI Clause 3

		<p>Options to the policyholders for availing benefits, if any, covered under the Policy: The Master Policy offers four optional benefits:</p> <ol style="list-style-type: none"> <li>1) Death Benefit Settlement: The Claimant may avail this option at time of intimation of death claims to receive the Death Benefit in installments.</li> <li>2) Spouse Cover Benefit: This benefit is applicable only in employer employee scheme and if opted by the Master Policyholder and specified in the Policy Schedule and provides Coverage to the spouse of the Insured Member.</li> <li>3) Terminal Illness Benefit: This benefit is applicable only in employer employee scheme and if opted by the Master Policyholder and specified in the Policy Schedule and is an accelerator benefit to the Death Benefit.</li> <li>4) Convertibility Option: This benefit is applicable only in employer employee scheme and if opted by the Master Policyholder and specified in the Policy Schedule and allows Insured Member to opt for individual policy offered by Us without any further proof of insurability.</li> </ol> <p>For more details, please see the Master Policy terms and condition.</p>	
6.	Riders opted, if any	<p>&lt;&lt;If Rider Opted: below content to be printed basis riders selected</p> <p>&lt;&lt;SBI Life – Group Rider – Accelerated Core Critical Illness (UIN: 111B011V02) provides Rider Sum Assured on member being diagnosed with one or more of specified illnesses as per terms and conditions of the rider. After payment of the benefit due to critical illness, the sum assured under the base policy would stand reduced by the amount paid&gt;&gt;</p> <p>&lt;&lt;SBI Life – Group Rider – Accelerated Extended Critical Illness (UIN: 111B008V02) provides Rider Sum Assured on member being diagnosed with one or more of specified illnesses as per terms and conditions of the rider. After payment of the benefit due to critical illness, the sum assured under the base policy would stand reduced by the amount paid&gt;&gt;</p> <p>&lt;&lt; SBI Life – Group Rider – Accident Death Benefit (UIN:111B007V02) provides Rider Sum Assured on Accidental Death of the member as per terms and conditions of the rider &gt;&gt;</p> <p>&lt;&lt; SBI Life – Group Rider – Accidental Partial Permanent Disability (UIN:111B006V02) provides Rider Sum Assured on Accidental Partial Permanent Disability of the member as per terms and conditions of the rider &gt;&gt;</p>	

		<p>&lt;&lt; SBI Life – Group Rider – Accidental Total Permanent Disability (UIN:111B009V02) provides Rider Sum Assured on Accidental Total Permanent Disability of the member as per terms and conditions of the rider &gt;&gt;</p> <p>&lt;&lt;SBI Life – Group Rider – Additional Core Critical Illness (UIN:111B012V02) provides Rider Sum Assured on member being diagnosed with one or more of specified illnesses as per terms and conditions of the rider.&gt;&gt;</p> <p>&lt;&lt; SBI Life – Group Rider – Additional Extended Critical Illness (UIN: 111B010V02) provides Rider Sum Assured on member being diagnosed with one or more of specified illnesses as per terms and conditions of the rider.&gt;&gt;</p>	
7.	Exclusions (events where insurance coverage is not payable), if any.	For other schemes, in case of death of the Insured Member due to suicide, within 12 months from the Date of Commencement of risk 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 Coverage under the Master Policy is in-force. After paying the benefit as applicable, the Insured Member's cover under the Master Policy will be terminated. The Total Premiums Paid is total of all the premiums paid for that Insured Member, excluding any extra premium and taxes, if collected explicitly.	COI Clause 10
8.	Grace Period	A grace period of 15 days from premium due date for monthly premium mode and 30 days from the premium due date for other half yearly and quarterly premium modes will be allowed for payment of premiums. The grace period will also apply to the rider premiums. Grace period will not be applicable for policies with yearly premium payment mode.	COI Clause 2
9.	Free Look Period	In case, Insured Member does not agree with any terms and conditions of the Master Policy/Certificate of Insurance or otherwise, Insured Member has the option to cancel the 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 Certificate of Insurance whether received electronically or otherwise. Upon the Insured Member's request and if no claim has been made under the Certificate of Insurance, We shall refund the Premium paid by Insured Member for the Certificate of Insurance subject only to deduction of the proportionate risk Premium for the period of the cover,	COI Clause 9

		<p>stamp duty charges and medical expenses (if any), irrespective of the reasons mentioned.</p> <p>Insured Members' request for cancellation of this Certificate of Insurance must reach Your nearest SBI Life Office within a period of 30 days from the date of receipt of the Certificate of Insurance.</p>	
10.	Lapse, Paid-Up and Revival of the Policy	<p><b>Lapse</b> If any premium remains unpaid at the end of the grace period, the Coverage shall lapse, and no benefits shall be payable.</p> <p><b>Paid-Up Value</b> Not Applicable</p> <p><b>Revival</b> Yearly Premium Payment Mode: Not Applicable Half- Yearly/ Quarterly/ Monthly Payment Mode: If premiums are not paid within the period of grace, the Certificate of Insurance shall lapse. The Certificate of Insurance could then be revived within 5 years from the date of first unpaid premium. Revival Period and the cover will recommence from the date of reinstatement and the premium will be collected accordingly.</p>	<p>COI Clause 2</p> <p>COI Clause 4</p>
11.	Policy Loan	<b>Not applicable</b>	
12.	Claims / Claims Procedure	<ul style="list-style-type: none"> <li>• Turn Around Time (TAT) for claims settlement and brief procedure: <a href="https://www.sbilife.co.in/en/services-&gt;Download%20Turn%20Around%20Times.pdf">https://www.sbilife.co.in/en/services-&gt;Download 'Turn Around Times' pdf</a></li> <li>• Toll free no.: 1800 267 9090 (Customer Service Timing:24X7).</li> <li>• Contact details of the insurer: SBI Life Insurance Company Limited Central Processing Centre 7th Level (D Wing) &amp; 8th Level, Seawoods Grand Central, Tower 2, Plot No R-1, Sector - 40, Seawoods, Nerul Node, Navi Mumbai - 400706 Telephone No. 022-6645 6000 <b>Email:</b> <a href="mailto:claims@sbilife.co.in">claims@sbilife.co.in</a></li> <li>• Link for downloading claim form and list of documents required including bank account details. <a href="https://www.sbilife.co.in/en/services/download-center/claim-forms">https://www.sbilife.co.in/en/services/download-center/claim-forms</a></li> </ul> <p>List of documents required-</p> <ul style="list-style-type: none"> <li>• Valid Death Certificate from municipal / local authorities in case of death claim;</li> <li>• KYC documents of the Claimant;</li> <li>• Valid bank account proof of the Claimant;</li> <li>• Claimant's statement and claim application forms in prescribed formats;</li> </ul>	COI Clause 7

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		<ul style="list-style-type: none"> <li>Any other documents if asked by us.</li> </ul>	
13.	Policy Servicing	<ul style="list-style-type: none"> <li>Turn Around Time (TAT): <a href="https://www.sbilife.co.in/en/services-&gt;Download%20Turn%20Around%20Times.pdf">https://www.sbilife.co.in/en/services-&gt;Download 'Turn Around Times' pdf</a></li> <li>Toll free no.: 1800 267 9090 (Customer Service Timing:24X7).</li> <li>For any information / clarification, please contact: Your nearest local SBI Life service branch.</li> <li>Link for downloading applicable forms and list of documents required including bank account details. Various forms are available on SBI Life Website: <a href="https://www.sbilife.co.in/en/services/download-center/policy-servicing-forms">https://www.sbilife.co.in/en/services/download-center/policy-servicing-forms</a></li> </ul>	COI Clause 17
14.	Grievances / Complaints	<ul style="list-style-type: none"> <li>Contact details of Grievance Redressal Officer: SBI Life Insurance Company Limited Central Processing Centre, 7th Level (D Wing) &amp; 8th Level, Seawoods Grand Central, Tower 2, Plot No R-1, Sector - 40, Seawoods, Nerul Node, Navi Mumbai - 400706 Telephone No. 022-6645 6100 <b>Email:</b> <a href="mailto:hcr@sbilife.co.in">hcr@sbilife.co.in</a></li> <li>Link for registering the grievance with the insurer's portal: <a href="https://www.sbilife.co.in/en/grievances">https://www.sbilife.co.in/en/grievances</a></li> <li>Contact details of Ombudsman: <a href="https://cioins.co.in/ombudsman">https://cioins.co.in/ombudsman</a></li> </ul>	COI Clause 18

Declaration by the Insured Member

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

(Signature of the Insured Member)

Place:

Date:

**Note:**

- i. Product related documents including the Customer Information sheet are available on Our website [www.sbilife.co.in](http://www.sbilife.co.in)
- ii. In case of any conflict, the terms and conditions mentioned in the Certificate of Insurance shall prevail.

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**SBI Life – Sampoon Suraksha (UIN: 111N040V04) (COI No :< XXXXX>)**  
Group Non-Linked Non-Participating Pure Risk One-Year Renewable Group Term Life insurance product  
**CERTIFICATE OF INSURANCE**  
**SCHEDULE I OF BENEFITS**

I. Master Policy Holder Details			
Master Policy Holder Name		Master Policy Number	
Date of Commencement of Policy		<<Branch Code: >>	
Next-Annual Renewal Date (ARD)	<<DD/MM/YYYY>	<<Bank Code: >>	
<<Fixed Deposit Number/Unique id/Bank Account No / Any other identification number>>			
II. Member Details		Group Member	
Group Member Name	<< Title /First name/Surname>>		
Address			
City	Pin code:		
State			
Age	<< years>		
Group Member Id	<< >>		
Date of Joining the Group	<<DD/MM/YYYY / Not Available >	Date of Joining the Insurance Scheme <<DD/MM/YYYY>	
III. A. Nominee Details			
Group Member Nominee	<<<< Title/First name/Surname>>/ NA>>		
Age		Relationship	
B. Appointee Details			
Group Member Appointee	<<<< Title/First name/Surname>>/ NA>>		
Age		Relationship	
IV. Life Cover Details			
Date of Commencement of cover	DD/MM/YYYY	Cover End Date: DD/MM/YYYY	
Basic Premium		Basic Sum Assured:	
<<SBI Life – Group Rider – Accidental Death Rider >>	<<Premium: >>	<<Sum Assured: >>	
Total applicable taxes			

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Premium Amount Paid**	<<Premium inclusive of applicable taxes>>		
Suicide Clause Applicable	<<Yes/No>>	Active At Work clause applicable	<<Yes/No>>
Waiting Period	<<Applicable for xx days/ Not Applicable>>		
Premium Paid By	<< Insured Member / Master Policyholder>>		
Premium Due Date(s)	<<DD/MM/YYYY >>	Premium Frequency	:Yearly/Quarterly/Half yearly/Monthly
V. Additional Clauses :	<< >> <<Not Applicable>>		

NA: Not Applicable

\*\* Premium Amount is the total amount paid towards Basic Sum Assured and this amount is inclusive of taxes. Taxes include all forms of applicable taxes 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.

SBI Life Insurance Company Limited (the Company) is pleased to acknowledge that the Group Member designated above has joined SBI Life – Sampoon Suraksha under which the Insured Members are provided term insurance cover for the Sum Assured, subject to the terms and conditions contained in the Master Policy.

A summary of the key features of the Master Policy are given below. Please note that this is merely a summary of the key features of the Master Policy and that the conclusive document evidencing the insurance arrangement is the Master Policy Document hereinabove referred to.

The terms and conditions of the Master Policy are binding on the Insured members and their legal representatives.

**Free Look Option:**

In case, Insured Member does not agree with any terms and conditions of the Master Policy/Certificate of Insurance or otherwise, Insured Member has the option to cancel the 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 Certificate of Insurance whether received electronically or otherwise.

Upon Insured Member's request and if no claims has been made under the Certificate of Insurance, We shall refund the Premium paid under the 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.

Insured Members' request for cancellation of this Certificate of Insurance must reach Your nearest SBI Life Office within a period of 30 days from the date of receipt of the Certificate of Insurance.

We request You to read this Certificate of Insurance (COI) carefully. If You find any errors, please return your Certificate of Insurance (COI) for effecting corrections.

**Dated: << Date of generation>>**

**Authorized Signatory**

### Key Features of Your Master Policy

#### 1. Premium

- i. Premium shall be payable as per the frequency opted and as per schedule. SBI Life is not responsible either for any delay in remittance of premium. The Insurance Cover automatically lapses in case of non-remittance of premium within the grace period.
- ii. The Premium as stated above is valid for one year from the Date of Commencement of Policy or ARD of the Master Policy. It is valid up to the Next ARD of the Master Policy as mentioned in the schedule.
- iii. If the premium is not paid on or before the expiry of the grace period, the life cover for the Insured Member will automatically lapse.

#### 2. Grace Period

A grace period of 15 days from premium due date for monthly premium mode and 30 days from the premium due date for half yearly and quarterly premium modes will be allowed for payment of premiums. The insurance cover, in respect of the Insured Member, will continue as in-force during the grace period. If the premium due to be paid remains unpaid at the end of the grace period, the policy shall lapse. In case of death during the grace period, the death claim benefit will be payable subject to the deduction of outstanding premiums with interest, if any. Grace period will not be applicable for policies with yearly premium payment mode.

#### 3. Benefits

- i. **Maturity Benefit for members:** There is no maturity benefit.
- ii. **Death Benefit:** On the death of the Insured Member provided the Coverage of the Insured Member and the Master Policy are in force and the claim is found admissible and payable, We will pay the Death Benefit equal to the Sum Assured in a lumpsum or otherwise in installments if the Death Benefit Settlement Option is opted by the Claimant. If the Spouse Cover Benefit is applicable under this Master Policy as stated in the Policy Schedule and opted by the Insured Member, then on the death of the spouse, We will pay the Death Benefit equal to the Sum Assured in a lumpsum or otherwise in installments if the Death Benefit Settlement Option is opted by the Claimant. We will make payment of Death Benefit/claim amount in accordance with the terms and conditions of the Master Policy and the conditions set out below
  - a) Payment will be made by Us in the name of the Insured Member, Nominee(s) or the Assignee(s) or the Insured Member's legal heirs, (as applicable) directly through electronic transfer to the Nominee's/Assignee's/legal heir's/Beneficiary's/Claimant's bank account except for the cases set out in Clause below.
  - b) We shall pay the Death Benefit/claim amount to the extent applicable to the Master Policyholder if the following conditions are met:
    1. The Master Policyholder is a financial institution.
    2. The Insured Member has made a valid assignment [in the form specified by Us] to assign the proceeds payable for his/her cover under the Master Policy in the favour of the Master Policyholder and there is a valid assignment in the name of the Master Policyholder as on the date of the death of the Insured Member.
    3. The assignment made in favour of the Master Policyholder will be considered for the Death Benefit/claim payment only to the extent of the outstanding loan amount as on the date of the death of the Insured Member/claim payment becoming due, as per the amortization schedule in the Certificate of Insurance and the remainder of the Death Benefit/claim amount shall be paid to the Claimant(s) in accordance with Clause a.
    4. The Claimant is well informed of the existence of the assignment in advance.



5. We have received confirmation from the Claimant on the outstanding loan amount as on the date of the death of the Insured Member and obtained the consent of the Claimant for the payment of such outstanding loan amount to the Master Policyholder.
  - c. Additional Clauses (if any) as mentioned in section V of schedule I will be applicable.
  - d. Death Claim shall not be considered if the insurance cover is in lapsed condition as on the date of death of the Member.
  - e. On payment of the Death Benefit as above, all insurance cover provided under the Master Policy would automatically terminate and all liability of the Company in respect of that Member (including rider benefits, if any) would automatically cease.
  - iii. Rider Benefits are payable if Opted. Please refer 'Annexure I' for Rider benefit details.
- 4. Revival**  
 Not applicable for Yearly Premium Payment Mode.  
 For Half- Yearly/ Quarterly/ Monthly Payment Mode: If premiums are not paid within the grace period, the Certificate of Insurance shall lapse. The Certificate of Insurance can then be revived within the policy year. The cover will recommence from the date of reinstatement and the premium will be collected accordingly.
- 5. Termination of Cover:**  
 Risk Cover for the Member shall automatically cease on occurrence any one of the following events
- i. Expiry of the policy term, or
  - ii. The end of the Policy Year during which the Member attains cover ceasing age, or such other Age as may be agreed between the Company and the Master Policyholder in writing, or
  - iii. On the Death of the Insured Member, or
  - iv. The date the Member ceases to be a Member of the group as defined in master policy, or
  - v. On expiry of the grace period, or
  - vi. On termination of the master policy contract; or
  - vii. On the Annual Renewal Date if not renewed by the Master Policyholder; or
  - viii. On the expiry of the revival period, if the due Premium is not paid; or
  - ix. On the date of payment of amount on cancellation during Free Look Period.
- 6. Surrender Benefits:** There is no Surrender Benefit.
- 7. Claim Intimation & Claim Documents**
- i. All claim intimations should be sent to the the following address:  
 SBI Life Insurance Company Limited  
 Claims Department  
 7th Level (D Wing) & 8th Level, Seawoods Grand Central,  
 Tower 2, Plot No. R-1, Sector 40, Seawoods,  
 Nerul Node, Navi Mumbai - 400 706  
 Dist. Thane, Maharashtra  
 Telephone: +91 – 22 – 6645 6000  
 Facsimile: +91 – 22 – 6645 6655  
 E-mail: [claims@sbilife.co.in](mailto:claims@sbilife.co.in)
  - ii. Claim under the Master Policy should be filed with Us to the nearest SBI Life Office or SBI Life Insurance Co. Ltd, Claims Department, 7th Level (D Wing) & 8th Level, Seawoods Grand Central, Tower 2, Plot No. R-1, Sector 40, Seawoods, Nerul Node, Navi Mumbai - 400 706, Dist. Thane,

Maharashtra, at the earliest possible time through the Master Policyholder in writing 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.

- iii. Death Benefit Settlement: This option can be availed by Member's nominee/legal heir at time of claim request. Under this option beneficiary will receive death benefit Sum Assured in equal monthly / quarterly / half-yearly / yearly installments for a period of 5 years
- iv. Primary claim documents required for settlement of claim are:
  - a. Document required are
    - 1. Application Form for Death Claim (Claimant's Statement)
    - 2. Physician's Statement, relevant Hospital records and report from the concerned medical specialist giving nature of disability and illness.
    - 3. Valid Death Certificate issued by a local government body like Municipal Corporation / Village Panchayat
    - 4. Medical Cause of Death Certificate issued by attending physician / hospital
    - 5. Attested True Copies of Indoor case Papers of the hospital(s)
  - b. The Beneficiary's
    - 1. Photo ID with DOB with relationship to the Insured Member
    - 2. Proof of legal title to the claim proceeds (e.g. legal succession papers, assignment deed etc.)
    - 3. Employer's Certificate
    - 4. Credit Account Statement as prescribed by SBI Life
    - 5. Leave Records for the past 3 years
  - c. If Death due to Accident (submit in addition to the above)
    - 1. Post-mortem Report (Autopsy Report) & Chemical Viscera Report – if performed
    - 2. All Police Reports / First Information & Final Investigation Report
    - 3. Proof of Accident – Panchnama / Inquest Report
    - 4. Newspaper cutting / Photographs of the accident – if available
- v. The Company however, reserves the right to call for additional proofs and documents in support of the claim
- vi. For any claim related assistance, call us at our Claims Helpline on Toll free Number – 18002679090 (Customer Servicing Timing: 24X7.)

#### 8. Other conditions:

- i. The Company shall not be liable for any action taken in good faith upon any statements and particulars furnished by the Master Policyholder, which shall be, or shall be proved to have been erroneous.
- ii. The Master Policy is subject to prevailing Indian Laws. Any dispute that may arise in connection with this Certificate of Insurance or the Master Policy shall be subject to the jurisdiction of the Courts of Mumbai.
- iii. For all the members, Premium rates are subject to change at annual renewal date.
- iv. If in respect of the Insured Member, the Date of Entry is later than the Date of commencement of the Master Policy or the Annual Renewal Date, proportionate Premiums shall be payable immediately and thereafter the insurance Coverage shall be effective.
- v. In the event the Insured Member ceases to be an Insured Member during the policy year for any reason other than due to death, the Company will refund any premium paid in excess of the proportionate period for which the risk is covered.

**9. Free Look Provision**

In case, Insured Member does not agree with any terms and conditions of the Master Policy/Certificate of Insurance or otherwise, Insured Member has the option to cancel the 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 Certificate of Insurance whether received electronically or otherwise. Upon the Insured Member's request and if no claim has been made under the Certificate of Insurance, We shall refund the Premium paid by Insured Member for the 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.

Insured Members' request for cancellation of this Certificate of Insurance must reach Your nearest SBI Life Office within a period of 30 days from the date of receipt of the Certificate of Insurance.

**10. Suicide Clause:**

For compulsory employer-employees scheme, the suicide exclusion is not applicable.

For other schemes, in case of death of the Insured Member due to suicide, within 12 months from the Date of Commencement of risk 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 Coverage under the Master Policy is in-force. After paying the benefit as applicable, the Insured Member's cover under the Master Policy will be terminated. The Total Premiums Paid is total of all the premiums paid for that Insured Member, excluding any extra premium and taxes, if collected explicitly.

**11. Mis-statement:**

If We find that the Insured Member's correct age is different from that mentioned in the membership form/Member data, We will check the Member's eligibility for the insurance cover as on the cover start date. If the age stated is incorrect and if the Member is:

## i. Eligible,

- a. If the correct age is found to be higher, You and/ or the Member will have to pay the difference in premiums along with interest based on company's prevalent norms, which may change from time to time.
- b. If the difference in premium and the applicable interest is not paid, We will terminate the Member's insurance cover and pay amount as per provisions of Section 45 of the Insurance Act, 1938; as amended from time to time.
- c. If the correct age is found to be lower, We will refund the difference in premiums, without interest.

## ii. If the revised correct age of the Insured Member is such that he/she is not eligible for the insurance cover,

- a. We will terminate the Member's insurance cover.
- b. We will pay amounts as per provisions of Section 45 of the Insurance Act, 1938; as amended from time to time.

**12. Non-Disclosure:**

- i. We have issued the COI (if applicable) based on Member's statements in membership form, personal statement, medical reports and any other relevant documents. If We find that any of this information is inaccurate or false or the Member has withheld any material information, or in case of fraud, We shall declare the Member's insurance cover null and void but subject to section 45 of the Insurance Act, 1938; as amended from time to time.

**13. Nomination**

- i. The Insured Member may, when effecting the insurance cover or at any time before the cover term ends, nominate a person or persons, as per provisions of Section 39 of the Insurance Act, 1938; to whom the money secured by the insurance cover shall be paid in the event of the death of the life assured.
- ii. If the nominee is a minor, the Insured Member may appoint a person competent to contract, as an appointee in the manner laid down by Us, to receive the money secured by the insurance cover in the event of death of the life assured during the minority of the nominee.
- iii. The Insured Member may cancel or change the existing nomination.
- iv. The nomination should be registered in our records to make it binding on Us.

[A leaflet containing the simplified version of the provisions of Section 39 is enclosed as Annexure – III for reference.]

**14. Assignment****Assignment as per section 38 of Insurance Act, 1938 as amended from time to time**

[A leaflet containing the simplified version of the provisions of Section 38 is enclosed as Annexure – II]

**15. Communications:**

- i. We will communicate to the Insured Member, in writing and deliver the correspondence by hand, post, facsimile, e-mail or any other approved mode.
- ii. We will send correspondence to the mailing address the Insured Member has provided in the Membership Form or to the changed address.
- iii. The Insured Member should also communicate in writing and deliver the correspondence by hand, post, facsimile, e-mail or any other approved mode.
- iv. All your correspondence should be addressed to any SBI Life branch office or its Central Processing Centre at the address below:

SBI Life Insurance Company Limited  
 7th Level (D Wing) & 8th Level, Seawoods Grand Central,  
 Tower 2, Plot No. R-1, Sector 40, Seawoods,  
 Nerul Node, Navi Mumbai - 400 706  
 Dist. Thane, Maharashtra  
 Phone: 022 - 6645 6241  
 Fax: 022 - 6645 6655  
 E-mail: info@sbilife.co.in

- v. It is important that the Insured Member keeps Us informed of the Insured Member's changed address.

**16. Issuance of Duplicate Policy**

- i. If the Insured Member wishes to obtain a physical copy of Your Certificate of Insurance, then You can send an application for the physical copy of Certificate of Insurance.
- ii. If You wish to obtain a second/duplicate physical copy of Your Certificate of Insurance, then You can send an application for the second/duplicate physical copy along with the payment of printing charges of ₹100 Plus stamp duty Plus GST.

**17. Policy Servicing**

- i. We endeavor to ensure that the Insured Member receives the best possible service in relation to the Insured Member's Certificate of Insurance. If Insured Member wishes to avail any services from Us or require any support or assistance in relation to the Certificate of Insurance, You may send a written request to Us at info@sbilife.co.in

- ii. Turn Around Time (TAT) for various services can be downloaded from:  
<https://www.sbilife.co.in/en/services>
- iii. 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>.
- iv. The Insured Member can also give feedback on the services provided by Us at [info@sbilife.co.in](mailto:info@sbilife.co.in)

## 18. Grievance Redressal Procedure

- i. In case the Insured Member has any query or complaint/grievance, he/she may approach the Company's Address, as stated in the Certificate issued or the nearest SBI Life Office or call Us on toll-free number 1800 267 9090 (Customer Service timing: 24X7 and these timings are subject to change).
- ii. Insured Member can also send an email to Us on [info@sbilife.co.in](mailto:info@sbilife.co.in)
- iii. In case the Insured Member is not satisfied with Our decision or has not received any response within 15 days, he/she may contact the following official for resolution:  
Head Client Relationship  
SBI Life Insurance Company Limited,  
7th Level (D Wing) & 8th Level, Seawoods Grand Central,  
Tower 2, Plot No. R-1, Sector 40, Seawoods,  
Nerul Node, Navi Mumbai - 400 706  
Dist. Thane, Maharashtra  
Telephone No: 022-6645 6785  
Email Id: [hcr@sbilife.co.in](mailto:hcr@sbilife.co.in)
- iv. In case the Insured Member is not satisfied with the decision or have not received a response within 1 month from the date of filing the complaints with Us and the issue pertains to Rule 13 and 14(3) of Insurance Ombudsman Rules, 2017, he/she may approach the Insurance Ombudsman. He/she can lodge the complaint with the Ombudsman as per provision 13 & 14(3) of the said rules. The relevant provisions have been mentioned in the section 'Relevant Statutes'.
- v. The addresses 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@cioins.co.in](mailto:bimalokpal.mumbai@cioins.co.in)  
**We have also enclosed a list of addresses of Insurance Ombudsmen in Annexure V.**
- vi. If Insured Member is 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 send an email on [complaints@irda.gov.in](mailto:complaints@irda.gov.in)
- vii. 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

**19. Governing laws and jurisdiction**

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.

**20. Non – Disclosures: Extract of Section 45 of Insurance Act, 1938, as amended from time to time:**

No policy of life insurance shall be called in question on any ground whatsoever after the expiry of three years from the date of the policy. A policy of life insurance may be called in question at any time within three years from the date of the 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 the 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 a 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.

[A leaflet containing the simplified version of the provisions of Section 45 is enclosed as Annexure IV for reference.]

**21. 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 Master 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 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.

## **22. 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.

## **23. Protection of Policyholders' Interest**

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

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**<< Annexure I >>**  
**<<SBI Life – Group Rider – Accidental Death (UIN: 111B007V02)**

**1. Definition of Accidental Death**

- 1.1. The terms and conditions specified in this rider document are applicable only if Your schedule I shows that We have offered this rider to You. The UIN allotted by IRDAI for this rider is 111B007V02.
- 1.2. The cover would be applicable to those members who have been specifically granted this rider by Us provided the Benefit is covered under the policy schedule. For mid-joiners, the cover would take effect from the day on which We add them as eligible members for the rider and intimate the Master Policyholder about their inclusion.
- 1.3. SBI Life – Group Rider – Accidental Death benefit is paid on death of the Insured Member due to an accident.
- 1.4. An accident is a sudden, unforeseen and involuntary event, caused by outward, violent and visible means.

**2. Accidental Death Benefits**

- 2.1. Accidental Death Benefit is payable in addition to the base benefit under the master policy.
- 2.2. In an event of death of the Insured Member due to accident, rider Sum Assured is payable to the nominee/legal heir as the case may be, as per and subject to all of the following:
  - 2.2.1. Both the Base cover and rider for the Insured Member are in-force at the time of accident
  - 2.2.2. Such accidental death should be proved to the satisfaction of the company.
- 2.3. There is no maturity benefit under this rider cover.
- 2.4. There is no surrender benefit under this rider cover.
- 2.5. There would be no benefits payable under a lapsed rider cover

**3. Exclusions**

The benefit under accidental death rider shall not be payable in case of accident arising from or due to the consequences of or occurring during the events as specified below.

- 3.1. Infection : Death or Disability caused or contributed to by any infection, except infection caused by an external visible wound accidentally sustained
- 3.2. Drug Abuse: Member under the influence of Alcohol or solvent abuse or use of drugs except under the direction of a registered medical practitioner
- 3.3. Self-inflicted Injury: Intentional self- Inflicted injury or injury arising while attempting to commit suicide.
- 3.4. Criminal acts: Member's involvement in any Criminal or unlawful acts.
- 3.5. War and Civil Commotion: War, invasion, hostilities, (whether war is declared or not), civil war, rebellion, revolution or taking part in a riot or civil commotion.
- 3.6. Nuclear Contamination: The radioactive, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature.
- 3.7. Aviation: Member's participation in any flying activity, other than as a passenger in a commercially licensed aircraft.
- 3.8. Hazardous sports and pastimes: Taking part or practicing in any hazardous hobby, pursuit or any race not previously declared and accepted by the Company.
- 3.9. Physical Infirmary: Body or mental infirmity or any disease.>>



**<<SBI Life – Group Rider – Accidental Total Permanent Disability (UIN: 111B009V02)**

**1. Definition of Accidental Total Permanent Disability**

- 1.1. The terms and conditions specified in this rider document are applicable only if Your schedule I shows that We have offered this rider to You. The UIN allotted by IRDAI for this rider is 111B009V02.
- 1.2. The cover would be applicable to those members who have been specifically granted this rider by Us provided the Benefit is covered under the policy schedule. For mid-joiners, the cover would take effect from the day on which We add them as eligible members for the rider and intimate the Master Policyholder about their inclusion.
- 1.3. SBI Life – Group Rider – Accidental Total Permanent Disability benefit is paid if the Insured Member is totally and permanently disabled from a cause, which is a result of accidental bodily injury
- 1.4. The Insured Member would be regarded as “Totally and permanently disabled” only if the disability is caused as a result of accidental bodily injury, and the Member becomes incapacitated to earn an income from any work, occupation or profession for the rest of his/her life.

Or

The Insured Member has suffered loss) of both hands, and both feet, or both eyes, and a combination of any two. In effect, the accident should result in the permanent loss of at least two limbs and should result in loss of any earning of whatsoever nature.

- 1.5. The above disability should last without interruption, for at least 180 consecutive days and must be deemed permanent by an appropriate medical practitioner appointed by the Company.
- 1.6. An accident is a sudden, unforeseen and involuntary event, caused by outward, violent and visible means

**2. Accidental Total Permanent Disability Benefits**

- 2.1. Accidental Total permanent disability benefit is an additional benefit under the policy
- 2.2. In case of accidental total permanent disability of Insured Member, the rider Sum Assured is payable to the Insured Member as per the and subject to all of the following:
  - 2.2.1. Both Base cover and rider cover for accidental total permanent disability for the Insured Member are in-force at the time of accident
  - 2.2.2. Such disability shall be intimated to the satisfaction of the company within 90 days of occurrence of the event.
  - 2.2.3. The Insured Member shall be totally and irreversibly disabled and such disability shall last without interruption, for at least 180 consecutive days from the date of accident.
  - 2.2.4. Company appointed medical practitioner shall examine the Insured Member in connection with the disability. Based on the evidence provided and medical examination carried out, the medical practitioner shall certify the exact nature of the disability suffered so as to enable the Company to examine whether the rider benefit is admissible. Company's decision in this regard shall be final and binding.
  - 2.2.5. Member can claim only once under this rider during the entire term of the policy.
  - 2.2.6. Once the benefit under this rider is claimed, the coverage of the Member under this rider shall cease.
  - 2.2.7. No further increase in Sum Assured will be allowed in respect of such Member under any circumstances on any of the coverage.
  - 2.2.8. There is no death benefit under this rider cover.
  - 2.2.9. There is no maturity benefit under this rider cover. There is no surrender benefit under this rider cover.
  - 2.2.10. There shall be no benefits payable under a lapsed rider cover.
  - 2.2.11. The disability should be proved to the satisfaction of the Company

**3. Exclusions**

The Accidental Total and Permanent Disability cover benefit rider shall not be payable in case of accident arising from or due to the consequences of or occurring during the events as specified below.

- 3.10. Infection: Death or Disability caused or contributed to by any infection, except where the infection is caused by an external and visible wound accidentally sustained
- 3.11. Drug Abuse: The Member is under the influence of Alcohol or solvent abuse or use of drugs except under the direction of a registered medical practitioner
- 3.12. Self-inflicted Injury: Intentional self- Inflicted injury or injury arising while attempting to commit suicide.
- 3.13. Criminal acts: Member's involvement in any Criminal or unlawful acts.
- 3.14. War and Civil Commotion: War, invasion, hostilities, (whether war is declared or not), civil war, rebellion, revolution or taking part in a riot or civil commotion.
- 3.15. Nuclear Contamination: The radioactive, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature. Aviation: Member's participation in any flying activity, other than as a passenger in a commercially licensed aircraft.
- 3.16. Hazardous sports and pastimes: Taking part or practicing in any hazardous hobby, pursuit or any race not previously declared and accepted by the Company.
- 3.17. Physical Infirmary: Body or mental infirmity or any disease>>

**<<SBI Life – Group Rider Accidental Partial Permanent Disability (UIN: 111B006V02)**

**1. Definition of Accidental Partial Permanent Disability**

- 1.1. The terms and conditions specified in this rider document are applicable only if Your schedule I shows that We have offered this rider to You. The UIN allotted by IRDAI for this rider is 111B006V02.
- 1.2. The cover would be applicable to those members who have been specifically granted this rider by Us provided the Benefit is covered under the policy schedule. For mid-joiners, the cover would take effect from the day on which We add them as eligible members for the rider and intimate the Master Policyholder about their inclusion.
- 1.3. SBI Life – Group Rider - Accidental Partial Permanent Disability benefit is paid if the Insured Member is partially and permanently disabled from a cause, which is a result of accidental bodily injury.
- 1.4. An accident here shall mean a sudden, unforeseen and involuntary event, caused by outward, violent and visible means.
- 1.5. The permanence of the disability will only be established after 180 days following the date of the event causing the disability except in the case of complete severance of the hand at or above the wrist or complete severance of foot at or above the ankle joint.

**2. Accidental Partial Permanent Disability Benefits**

- 2.1. Accidental partial permanent disability benefit is an additional benefit under the master policy.
- 2.2. In case of accidental partial permanent disability of Insured Member due to an accident, a percentage of accidental partial permanent disability Sum Assured shall be payable to the Insured Member as per and subject to all of the following:
  - 2.2.1. Both Base cover and rider cover for Accidental Partial permanent disability benefit for the Insured Member are in-force at the time of accident.
  - 2.2.2. Such disability should last without interruption, for at least 180 consecutive days from the date of accident except in the cases where the accident has resulted in a complete severance of a hand at or above the wrist or complete severance of a foot at or above the ankle joint.
  - 2.2.3. Company appointed medical practitioner shall examine the Insured Member in connection with the disability. Based on the evidence provided and medical examination carried out, the medical practitioner shall certify the exact nature of the disability suffered so as to enable the Company to examine whether the rider benefit is admissible. . Company's decision in this regard shall be final and binding.
- 2.3. Amount of benefit payable shall be a percentage of accidental partial permanent disability Sum Assured. Such percentage shall be decided as per the following schedule:

Description	Percentage of accidental partial permanent disability Sum Assured
Loss or loss of use of both hands from the wrist joint	100%
Loss or loss of use of both feet from the ankle joint	100%
Loss of sight in both eyes	100%
Loss or loss of use of one hand from the wrist joint and of one foot from the ankle joint	100%
Loss or loss of use of one hand from the wrist joint and loss of sight in one eye	100%
Loss or loss of use of one foot from the ankle joint and loss	100%
Loss of speech and of hearing in both ears	100%

Loss or loss of use of one hand from the wrist joint	50%
Loss or loss of use of one foot from the ankle joint	50%
Loss of sight in one eye	50%
Loss of speech	50%
Loss of hearing in both ears	50%
Loss or loss of use of 4 fingers and thumb on same hand	40%
Loss or loss of use of 4 fingers on same hand	35%
Loss or loss of use of thumb – both phalanges	25%
Loss of hearing in one ear	25%

- 2.4. In case of single accident giving rise to more than one of the above listed injuries, the amount of benefit payable shall be for the injury which has highest percentage benefit. The total amount of benefit payable under this rider shall never exceed the accidental partial permanent disability Sum Assured irrespective of the number and nature of disability or disabilities suffered.
- 2.5. Once the benefit under this rider is claimed, the coverage of the Member under this rider shall cease to the extent of percentage of benefit claimed.
- 2.6. No further increase in Sum Assured will be allowed in respect of such Member under any circumstances on any of the coverage.
- 2.7. There is no death benefit under this rider cover.
- 2.8. There is no maturity benefit under this rider cover.
- 2.9. There is no surrender benefit under this rider cover.
- 2.10. There would be no benefits payable under a lapsed rider cover.
- 2.11. The total amount of benefits to be granted under this cover shall never exceed the accidental partial permanent disability Sum Assured, as mentioned in the policy schedule, under this Master Policy. Once the Member receives 100% of the rider benefit either in a single accident or in a series of accidents, he/she shall no longer be eligible for any further benefits under this rider.
- 2.12. The disability should be proved to the satisfaction of the Company.

### 3. Exclusions

The benefit under accidental partial permanent disability rider shall not be payable In case of disability arising from or due to the consequences of or occurring during the events as specified below:

- 3.1. Infection: Death or Disability is caused or contributed to by any infection, except infection caused by an external visible wound accidentally sustained
- 3.2. Drug Abuse: The Member is under the influence of Alcohol or solvent abuse or use of drugs except under the direction of a registered medical practitioner
- 3.3. Self-inflicted Injury: Intentional self- Inflicted injury or injury arising while attempting to commit suicide.
- 3.4. Criminal acts: The Member's involvement in any Criminal or unlawful acts.
- 3.5. War and Civil Commotion: War, invasion, hostilities, (whether war is declared or not), civil war, rebellion, revolution or taking part in a riot or civil commotion.
- 3.6. Nuclear Contamination: The radioactive, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature.
- 3.7. Aviation: Member's participation in any flying activity, other than as a passenger in a commercially licensed aircraft.
- 3.8. Hazardous sports and pastimes: Taking part or practicing in any hazardous hobby, pursuit or any race not previously declared and accepted by the Company.
- 3.9. Physical Infirmary: Body or mental infirmity or any disease>>

**<<SBI Life – Group Rider – Accelerated Core Critical Illness (UIN: 111B011V02)**

**1. Definition of Accelerated Core Critical Illness.**

- 1.1. The terms and conditions specified in this rider document are applicable only if Your schedule I shows that We have offered this rider to You. The UIN allotted by IRDAI for this rider is 111B011V02.
- 1.2. The cover would be applicable to those members in respect of whom the cover has been accepted by Us and mentioned in the policy schedule. For mid-joiners, the cover would take effect from the day on which We add them as eligible members for the rider.
- 1.3. SBI Life – Group – Accelerated – Core Critical Illness Rider benefit is paid if the Insured Member is diagnosed with one of following critical illness mentioned below:
  - 1.3.1. Major Cancer,
  - 1.3.2. Coronary Artery Bypass Surgery,
  - 1.3.3. Heart Attack,
  - 1.3.4. Kidney Failure,
  - 1.3.5. Stroke,
  - 1.3.6. Major Organ Transplant

The definitions of the conditions are as follows:

**1.4. Major Cancer,**

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

- 1.4.1. 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.
- 1.4.2. Any skin cancer other than invasive malignant melanoma
- 1.4.3. 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.....
- 1.4.4. Papillary micro - carcinoma of the thyroid less than 1 cm in diameter
- 1.4.5. Chronic lymphocytic leukaemia less than RAI stage 3
- 1.4.6. Microcarcinoma of the bladder
- 1.4.7. All tumours in the presence of HIV infection.

**1.5. Coronary Artery Bypass Surgery**

- 1.5.1. 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:

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

**1.6. 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:

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

The following are excluded:

- 1.6.4. Non-ST-segment elevation myocardial infarction (NSTEMI) with elevation of Troponin I or T
- 1.6.5. Other acute Coronary Syndromes
- 1.6.6. Any type of angina pectoris.

**1.7. Kidney Failure**

- 1.7.1. 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 peritonealdialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.

**1.8. Stroke**

- 1.8.1. 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:
- 1.8.2. Transient ischemic attacks (TIA)
- 1.8.3. Traumatic injury of the brain
- 1.8.4. Vascular disease affecting only the eye or optic nerve or vestibular function

**1.9. Major Organ Transplant**

The actual undergoing of a transplant of:

- 1.9.1. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
- 1.9.2. 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:

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

**2. Accelerated Core Critical Illness Benefit**

- 2.1. If an Insured Member is diagnosed with any of the core critical illness as mentioned above the rider Sum Assured shall be payable to the Insured Member in lump sum as per and subject to all of the following:

- 2.1.1. Base cover and rider for the Insured Member are in-force force at the time of occurrence of events mentioned above.
- 2.1.2. Once the benefit due to core critical illness is paid, the Sum Assured under the base policy shall reduce to the extent of the benefit amount paid. If the rider Sum Assured paid and base Sum Assured are equal, then the total coverage for the Member would cease for that policy.
- 2.1.3. Base premium payable after claim during a policy year for the Member would decrease in proportion with reduced Sum Assured as applicable in case of non-annual frequency.

Group Non-Linked Non-Participating Pure Risk One-Year Renewable Group Term Life insurance product

- 2.1.4. Renewals for the Member would be done on basic Sum Assured as accepted by SBI Life.
- 2.1.5. Company's Authorised medical practitioner shall examine the Insured Member in connection with the core critical illness. Based on the evidence provided and medical examination carried out, the medical practitioner shall consider the claim either for acceptance or for rejection. The decision of the Company shall be final and binding.
- 2.2. Once the benefit under this rider is claimed, the coverage of the Member under this rider shall cease.
- 2.3. There is no death benefit under this rider cover.
- 2.4. There is no maturity benefit under this rider cover.
- 2.5. There would be no benefits payable under a lapsed rider cover.
- 2.6. To avail core critical illness benefits, there is a waiting period of 90 days from the Date of Commencement of policy or the Member's entry to the scheme whichever is later. If Member is diagnosed with core critical illness during the waiting period, no benefits are payable.

### 3. Exclusions

- 3.1. The benefit under Accelerated Core Critical Illness rider shall not be payable in case of disease arising from or due to the consequences of or occurring during the events as specified below
  - 3.1.1. Unreasonable failure to seek or follow medical advice.
  - 3.1.2. 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.
  - 3.1.3. War or hostilities (whether war be declared or not).
  - 3.1.4. War and civil commotion: Civil war, rebellion, revolution, civil unrest or riot.
  - 3.1.5. Participation in any armed force or peace keeping activities.
  - 3.1.6. Violence: 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.
  - 3.1.7. Self- Inflicted injury: An intentional or self-inflicted act.
  - 3.1.8. 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.
  - 3.1.9. Drug-taking other than under the direction of a qualified medical practitioner, abuse of alcohol or the taking of Criminal Acts
  - 3.1.10. Nuclear Contamination: Nuclear fusion, nuclear fission, nuclear waste or any radioactive or ionizing radiation
  - 3.1.11. Deliberate participation of the Life assured in an illegal or criminal act.
  - 3.1.12. 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.>>

**<<SBI Life – Group Rider – Accelerated Extended Critical Illness (UIN: 111B008V02)**

**1. Definition of Accelerated Extended Critical Illness.**

- 1.1. The terms and conditions specified in this rider document are applicable only if Your schedule I shows that We have offered this rider to You. The UIN allotted by IRDAI for this rider is 111B008V02.
- 1.2. The cover would be applicable only to those members who have been offered this cover by Us and mentioned in the policy schedule. For mid-joiners, the cover would take effect from the day on which We add them as eligible members for the rider.
- 1.3. SBI Life – Group – Accelerated Extended Critical Illness Rider benefit is paid if the Insured Member is diagnosed with one of following Critical illness mentioned below.
  - 1.3.1. Major Cancer,
  - 1.3.2. Coronary Artery Bypass Surgery,
  - 1.3.3. Heart Attack,
  - 1.3.4. Kidney Failure,
  - 1.3.5. Stroke,
  - 1.3.6. Major Organ Transplant
  - 1.3.7. Aorta Surgery
  - 1.3.8. Major Burns
  - 1.3.9. Paralysis
  - 1.3.10. Heart Valve Surgery

The definitions of the conditions are as follows:

**1.4. Major Cancer,**

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

- 1.4.1. 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.
- 1.4.2. Any skin cancer other than invasive malignant melanoma
- 1.4.3. 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.....
- 1.4.4. Papillary micro - carcinoma of the thyroid less than 1 cm in diameter
- 1.4.5. Chronic lymphocytic leukaemia less than RAI stage 3
- 1.4.6. Microcarcinoma of the bladder
- 1.4.7. All tumours in the presence of HIV infection.

**1.5. Coronary Artery Bypass Surgery**

- 1.5.1. 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:

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



**1.6. 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:

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

The following are excluded:

- 1.6.4. Non-ST-segment elevation myocardial infarction (NSTEMI) with elevation of Troponin I or T
- 1.6.5. Other acute Coronary Syndromes
- 1.6.6. Any type of angina pectoris.

**1.7. Kidney Failure**

- 1.7.1. 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 peritonealdialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.

**1.8. Stroke**

- 1.8.1. 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:

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

**1.9. Major Organ Transplant**

The actual undergoing of a transplant of:

- 1.9.1. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
- 1.9.2. 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:

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

**1.10. Aorta Surgery**

- 1.10.1. Means the actual undergoing of surgery via thoracotomy or laparotomy to repair or correct an aortic aneurysm, an obstruction of the aorta, a coarctation of the aorta or a traumatic rupture of the aorta. For the purpose of this definition aorta shall mean the thoracic and abdominal aorta but not its branches.
- 1.10.2. There must have been excision and replacement of a portion of diseased aorta with a graft.

**1.11. Major Burns**

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- 1.11.1. Third degree (full thickness of the skin) burns covering at least 20% of the body surface area as measured by "The Rule of 9" of the Lund and Browder Body Surface Chart."

**1.12.Paralysis**

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

**1.13.Heart Valve Surgery**

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

**2. Accelerated Extended Critical Illness Benefit**

- 2.1. If Insured Member diagnosed with any of the critical illness as mentioned above, Sum Assured shall be payable to the Insured Member in lump sum as per and subject to all of the following:
  - 2.1.1. Base cover and rider for the Insured Member are in-force force at the time of occurrence of events mentioned above.
  - 2.1.2. Once the benefit due to accelerated extended critical illness is paid, the Sum Assured under the base policy shall reduce to the extent of the benefit amount paid. If the rider Sum Assured paid and base Sum Assured are equal, then the total coverage for the Member would cease for the policy. Base premium for the Member would decrease in proportion with reduced Sum Assured as applicable.
  - 2.1.3. Renewals for the Member would be done on basic Sum Assured as accepted by SBI Life.
  - 2.1.4. Company's authorised medical practitioner shall examine the Insured Member in connection with the extended critical illness. Based on the evidence provided and medical examination carried out, the medical practitioner shall consider the claim either for acceptance or for rejection. The Company's decision shall be final and binding.
- 2.2. Once the benefit under this rider is claimed, the coverage of the Member under this rider shall cease, for ever.
- 2.3. There is no death benefit under this rider cover.
- 2.4. There is no maturity benefit under this rider cover
- 2.5. There would be no benefits payable under a lapsed rider cover
- 2.6. To avail extended critical illness benefits, there is waiting period of 90 days from the Date of Commencement of policy or the Member's entry to the scheme whichever is later. If Member is diagnosed with extended critical illness during the waiting period, no benefits are payable.

**3. Exclusions**

- 3.1. The Insured Member will not be entitled to any benefits under this rider, if a covered extended critical illness results directly or indirectly from any one of the following:
  - 3.1.1. Unreasonable failure to seek or follow medical advice.
  - 3.1.2. 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.
  - 3.1.3. War or hostilities (whether war be declared or not).

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- 3.1.4. Civil war, rebellion, revolution, civil unrest or riot.
- 3.1.5. Participation in any armed force or peace keeping activities.
- 3.1.6. 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.
- 3.1.7. An intentional or self-inflicted act.
- 3.1.8. 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.
- 3.1.9. Drug-taking other than under the direction of a qualified medical practitioner, abuse of alcohol or the taking of poison.
- 3.1.10. Nuclear fusion, nuclear fission, nuclear waste or any radioactive or ionizing radiation.
- 3.1.11. Deliberate participation of the Life assured in an illegal or criminal act.
- 3.1.12. 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.>>

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

**1. Definition of Additional Core Critical Illness.**

- 1.1. The terms and conditions specified in this rider document are applicable only if Your schedule I shows that We have offered this rider to You. The UIN allotted by IRDAI for this rider is 111B012V02.
- 1.2. The cover would be applicable to those members mentioned agreed by Us and mentioned in the policy schedule. For mid-joiners, the cover would take effect from the day on which We add them as eligible members for the rider.
- 1.3. SBI Life – Group Rider – Additional Core Critical Illness benefit is paid if the Insured Member is diagnosed with one of following illness mentioned below.
  - 1.3.1. Major Cancer,
  - 1.3.2. Coronary Artery Bypass Surgery,
  - 1.3.3. Heart Attack,
  - 1.3.4. Kidney Failure,
  - 1.3.5. Stroke,
  - 1.3.6. Major Organ Transplant

The definitions of the conditions are as follows:

**1.4. Major Cancer**

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

- 1.4.1. 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.
- 1.4.2. Any skin cancer other than invasive malignant melanoma
- 1.4.3. 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
- 1.4.4. Papillary micro - carcinoma of the thyroid less than 1 cm in diameter
- 1.4.5. Chronic lymphocytic leukaemia less than RAI stage 3
- 1.4.6. Microcarcinoma of the bladder
- 1.4.7. All tumours in the presence of HIV infection.

**1.5. Coronary Artery Bypass Surgery**

- 1.5.1. 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:

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

**1.6. 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:

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

The following are excluded:

- 1.6.4. Non-ST-segment elevation myocardial infarction (NSTEMI) with elevation of Troponin I or T
- 1.6.5. Other acute Coronary Syndromes
- 1.6.6. Any type of angina pectoris.

**1.7. Kidney Failure**

- 1.7.1. 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 peritonealdialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.

**1.8. Stroke**

- 1.8.1. 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:

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

**1.9. Major Organ Transplant**

The actual undergoing of a transplant of:

- 1.9.1. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
- 1.9.2. 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:

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

**2. Additional Core Critical Illness Benefits**

- 2.1. Additional Core Critical Illness Benefits are payable in addition to the base benefit under the master policy.
- 2.2. If Insured Member diagnosed with any of the core critical illness as mentioned above, Sum Assured shall be payable to Insured Member in lump sum as per and subject to all of the following:
  - 2.2.1. Base cover and rider for the Insured Member are in-force force at the time of occurrence of events mentioned above.

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- 2.2.2. Company's authorised medical practitioner shall examine the Insured Member in connection with the disability. Based on the evidence provided and medical examination carried out, the medical practitioner shall consider the claim either for acceptance or for rejection. The decision of the Company in this regard shall be final and binding.
- 2.3. Once the benefit under this rider is claimed, the coverage of the Member under this rider shall cease.
- 2.4. There is no death benefit under this rider cover.
- 2.5. There is no maturity benefit under this rider cover
- 2.6. There would be no benefits payable under a lapsed rider cover
- 2.7. To avail additional core critical illness benefits, there is waiting period of 90 days from the Date of Commencement of policy or the Member's entry to the scheme whichever is later. If Member is diagnosed with a core critical illness during the waiting period, no benefits are payable
- 2.8. If a Member is diagnosed with core critical illness as defined above and death of a Member occurs within 30 days from the diagnosis, then additional core critical illness benefit shall not be payable.

**3. Exclusions**

- 3.1. The Insured Member shall not be entitled to any benefits under this rider, if a covered core critical illness results directly or indirectly from any one of the following:
  - 3.1.1. Unreasonable failure to seek or follow medical advice.
  - 3.1.2. 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.
  - 3.1.3. War or hostilities (whether war be declared or not).
  - 3.1.4. Civil war, rebellion, revolution, civil unrest or riot.
  - 3.1.5. Participation in any armed force or peace keeping activities.
  - 3.1.6. 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.
  - 3.1.7. An intentional or self-inflicted act.
  - 3.1.8. Shall 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, either medically or otherwise, such condition shall not be covered
  - 3.1.9. Drug-taking other than under the direction of a qualified medical practitioner, abuse of alcohol or the taking of poison.
  - 3.1.10. Nuclear fusion, nuclear fission, nuclear waste or any radioactive or ionizing radiation.
  - 3.1.11. Deliberate participation of the Life assured in an illegal or criminal act.
  - 3.1.12. 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.>>

**<<SBI Life – Group Rider – Additional Extended Critical Illness (UIN: 111B010V02)**

**1. Definition of Additional Extended Critical Illness.**

- 1.1. The terms and conditions specified in this rider document are applicable only if Your schedule I shows that We have offered this rider to You. The UIN allotted by IRDAI for this rider is 111B010V02.
- 1.2. The cover would be applicable to those members whose cover has been accepted by Us and mentioned in the policy schedule. For mid-joiners, the cover would take effect from the day on which We add them as eligible members for the rider
- 1.3. SBI Life – Group – Additional Extended Critical Illness Rider benefit is paid if the Insured Member is diagnosed with one of following Critical illness mentioned below.
  - 1.3.1. Major Cancer,
  - 1.3.2. Coronary Artery Bypass Surgery,
  - 1.3.3. Heart Attack,
  - 1.3.4. Kidney Failure,
  - 1.3.5. Stroke,
  - 1.3.6. Major Organ Transplant
  - 1.3.7. Aorta Surgery
  - 1.3.8. Major Burns
  - 1.3.9. Paralysis
  - 1.3.10. Heart Valve Surgery

The definitions of the conditions are as follows:

**1.4. Major Cancer,**

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

- 1.4.1. 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.
- 1.4.2. Any skin cancer other than invasive malignant melanoma
- 1.4.3. 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
- 1.4.4. Papillary micro - carcinoma of the thyroid less than 1 cm in diameter
- 1.4.5. Chronic lymphocytic leukaemia less than RAI stage 3
- 1.4.6. Microcarcinoma of the bladder
- 1.4.7. All tumours in the presence of HIV infection.

**1.5. Coronary Artery Bypass Surgery**

- 1.5.1. 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:

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

**1.6. 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:

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

The following are excluded:

- 1.6.4. Non-ST-segment elevation myocardial infarction (NSTEMI) with elevation of Troponin I or T
- 1.6.5. Other acute Coronary Syndromes
- 1.6.6. Any type of angina pectoris.

**1.7. Kidney Failure**

- 1.7.1. 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 peritonealdialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.

**1.8. Stroke**

- 1.8.1. 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:

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

**1.9. Major Organ Transplant**

The actual undergoing of a transplant of:

- 1.9.1. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
- 1.9.2. 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:

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

**1.10. Aorta Surgery**

- 1.10.1. Means the actual undergoing of surgery via thoracotomy or laparotomy to repair or correct an aortic aneurysm, an obstruction of the aorta, a coarctation of the aorta or a traumatic rupture of the aorta. For the purpose of this definition aorta shall mean the thoracic and abdominal aorta but not its branches.
- 1.10.2. There must have been excision and replacement of a portion of diseased aorta with a graft.



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**1.11. Major Burns**

- 1.11.1. Third degree (full thickness of the skin) burns covering at least 20% of the body surface area as measured by "The Rule of 9" of the Lund and Browder Body Surface Chart."

**1.12. Paralysis**

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

**1.13. Heart Valve Surgery**

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

**2. Additional Extended Critical Illness.**

- 2.1. Additional Extended Critical Illness Benefits are payable in addition to the base benefit under the master policy.
- 2.2. If an Insured Member is diagnosed with any of the extended critical illness as mentioned above, Sum Assured shall be payable to the Insured Member in lump sum as per and subject to all of the following:
- 2.2.1. Base cover and rider for the Insured Member are in-force force at the time of occurrence of events mentioned above.
- 2.3. Once the benefit under this rider is claimed and admitted, the coverage of the Member under this rider shall cease. There is no death benefit under this rider cover.
- 2.4. There is no maturity benefit under this rider cover.
- 2.5. There would be no benefits payable under a lapsed rider cover.
- 2.6. To avail extended critical illness benefits, there is waiting period of 90 days from the Date of Commencement of policy or the Member's entry to the scheme whichever is later. If Member is diagnosed with extended critical illness during the waiting period, no benefits are payable.
- If a Member is diagnosed with critical illness as defined above and death of a Insured Member occurs within 30 days, then extended critical illness benefits are not be payable

**3. Exclusions:** The Insured Member will not be entitled to any benefits under this rider, if a covered extended critical illness results directly or indirectly from any one of the following:

- 3.1. Unreasonable failure to seek or follow medical advice.
- 3.2. 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.
- 3.3. War or hostilities (whether war be declared or not).
- 3.4. Civil war, rebellion, revolution, civil unrest or riot.
- 3.5. Participation in any armed force or peace keeping activities.
- 3.6. 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.
- 3.7. An intentional or self-inflicted act.

- 3.8. Shall 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.
- 3.9. Drug-taking other than under the direction of a qualified medical practitioner, abuse of alcohol or the taking of poison.
- 3.10. Nuclear fusion, nuclear fission, nuclear waste or any radioactive or ionizing radiation.
- 3.11. Deliberate participation of the Life assured in an illegal or criminal act.
- 3.12. 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.>>

## Annexure-II

### 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 there of 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.
12. 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. Policy Holders are advised to refer to Original Gazette Notification for complete and accurate details.]***

### **Annexure-III**

#### **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 (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 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. Policy Holders are advised to refer to Original Gazette Notification for complete and accurate details.]***

Annexure IV

**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 dated 23.03.2015 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. Policy Holders are advised to refer to Original Gazette Notification for complete and accurate details.]**



**List of Ombudsman Centers with Address**

<b>Office of the Ombudsman</b>	<b>Contact Details</b>	<b>Jurisdiction of Office (Union Territory, District)</b>
<b>AHMEDABAD</b>	Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02  Email: <a href="mailto:bimalokpal.ahmedabad@cioins.co.in">bimalokpal.ahmedabad@cioins.co.in</a>	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
<b>BENGALURU</b>	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: <a href="mailto:bimalokpal.bengaluru@cioins.co.in">bimalokpal.bengaluru@cioins.co.in</a>	Karnataka.
<b>BHOPAL</b>	Office of the Insurance Ombudsman, 1 <sup>st</sup> Floor, Jeevan Shikha, 60-B, Hoshangabad Road, Opp. Gayatri Mandir, Bhopal – 462 011. Tel.: 0755 - 2769201 / 2769202 Email: <a href="mailto:bimalokpal.bhopal@cioins.co.in">bimalokpal.bhopal@cioins.co.in</a>	Madhya Pradesh Chhattisgarh.
<b>BHUBANESWAR</b>	Office of the Insurance Ombudsman, 62, Forest park, Bhubaneswar – 751 009. Tel.: 0674 - 2596461 / 2596455 Email: <a href="mailto:bimalokpal.bhubaneswar@cioins.co.in">bimalokpal.bhubaneswar@cioins.co.in</a>	Odisha.
<b>CHANDIGARH</b>	Office of The Insurance Ombudsman, Jeevan Deep Building SCO 20-27, Ground Floor Sector- 17 A, Chandigarh – 160 017.	Punjab, Haryana(excluding Gurugram, Faridabad, Sonapat and Bahadurgarh) Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh.

	<p>Tel.: 0172 - 2706468</p> <p>Email: bimalokpal.chandigarh@cioins.co.in</p>	
<b>CHENNAI</b>	<p>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</p>	<p>Tamil Nadu,  Puducherry Town and Karaikal (which are part of Puducherry).</p>
<b>DELHI</b>	<p>Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23237539 Email: bimalokpal.delhi@cioins.co.in</p>	<p>Delhi &amp; following Districts of Haryana - Gurugram, Faridabad, Sonapat &amp; Bahadurgarh.</p>
<b>GUWAHATI</b>	<p>Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@cioins.co.in</p>	<p>Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.</p>
<b>HYDERABAD</b>	<p>Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 Email: bimalokpal.hyderabad@cioins.co.in</p>	<p>Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.</p>
<b>JAIPUR</b>	<p>Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 – 2740363 / 2740798 Email: bimalokpal.jaipur@cioinsco.in</p>	<p>Rajasthan.</p>
<b>KOCHI</b>	<p>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</p>	<p>Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.</p>

<b>KOLKATA</b>	Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 7 <sup>th</sup> Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124341 Email: bimalokpal.kolkata@cioins.co.in	West Bengal, Sikkim, Andaman & Nicobar Islands.
<b>LUCKNOW</b>	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.
<b>MUMBAI</b>	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	Goa, Mumbai Metropolitan Region (excluding Navi Mumbai & Thane).
<b>NOIDA</b>	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, Bulandshahr, 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.

<b>PATNA</b>	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.
<b>PUNE</b>	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	Maharashtra, Area of Navi Mumbai and Thane (excluding Mumbai Metropolitan Region).