

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

Policy Document

for Employer-Employee Groups

SBI Life – Sampoon
Suraksha

Group Life Insurance Plan

Registered & Corporate Office: SBI Life Insurance Co. Ltd, Natraj, M.V. Road & Western Express Highway Junction, Andheri (East), Mumbai - 400 069.

Website: www.sbilife.co.in

V7_PM_EE ,21st Sept 2012

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Your Policy

Welcome to your group life insurance policy, **SBI Life – Sampoon Suraksha** and thank you for choosing **SBI Life Insurance Company Limited**. The UIN allotted by IRDA for this product is 111N040V02. This product is categorized as a 'Non-par' product and hence does not participate in the profits of the Company.

SBI Life Insurance Company Limited (includes its assigns and successors, hereinafter called 'the **Company**') has received an **application** (proposal) from the employer / the group administrator (hereinafter called the '**Master Policyholder**') along with the **pricing terms (quotation)** accepted and duly signed by the authorized signatory of the master policyholder, statement and particulars of the employees / members to be covered (census data), evidence of insurability of the employees / members wherever required, the requisite premium amount along with taxes as levied by the various statutory authorities. Such application, statements and information furnished and to be furnished by the employees / members and by the master policyholder, giving all variations in the particulars of the employees in so far as such variations have any bearing on the benefits to be provided under the policy have been agreed to by the policyholder and the company and the company hereby declares to be the basis of this Policy. All schedules, annexures and addendums to this policy as well as all **endorsements** placed / that would be placed on this policy and the pricing terms accepted shall be deemed to be a part of this policy. The commencement and continuation of this policy is conditional upon the payment by the policyholder of the premiums computed and payable as provided hereinafter at the office of the company.

The company hereby agrees to pay the benefits hereinafter specified, subject to all the provisions and conditions hereinafter set forth, which are hereby made a part of this Policy. The Company will pay the appropriate benefits as herein stated to **the beneficiary**, on submission of proof to the complete satisfaction of the company for the benefit having become payable, and provided that the schedules, **terms and conditions** contained in this document are complied with.

This policy may be renewed at the end of the term for one year at a time, subject to the acceptance of such renewal by the Master Policyholder, at such premium rates, terms and conditions prescribed by the company as may be quoted by the company at that time. SBI Life reserves the right to review all the terms and conditions at the time of renewal.

The premiums and benefits prescribed under this policy will be subject to taxes and other statutory levies as may be applicable from time to time, and such taxes, levies etc. will be recovered, directly and completely from the master policyholder.

Any amendment to the terms and conditions of this policy shall be given effect to by an endorsement on the policy subsequent to the requisite changes being made in the rules of the scheme signed by an authorized official of the master policyholder & accepted by the company.

This policy has been effected into in accordance with the provisions of the rules of the scheme as in force on the **policy commencement date** and in the event of any amendment of the rules, in so far as any such amendment has an effect on the operation of the Policy, it shall be operative only if the amendment is specifically approved by the Company in writing and not otherwise.

| |
|-----------------------------|
| Policy Schedule |
| Part A: Base Product |

| AI The Master Policy Holder | |
|------------------------------------|---|
| 1. Proposal Form Number | << as per the signed proposal form >> |
| 2. Proposal Form dated | << dd/mm/yyyy >> |
| 3. Client ID | << allotted by systems>> |
| 4. Pricing Terms ID | << allotted by Actuarial and available in the signed pricing terms issued by Actuarial >> |
| 5. Type of Group | << Employer-Employee group >> |
| 6. Master Policy Number | << allotted by Operations >> |
| 7. Name of the Master Policyholder | << Name of the master policyholder, in full >> |
| 8. Address | << full mailing address of the master policyholder >> |

| AII The Intermediary Details | |
|-------------------------------------|---|
| 1. Type of Intermediary | << Direct/ Bancassurance/ Broker/ Agent/ Corporate Agent >> |
| 2. Name | << from the proposal form >> |
| 3. Code / Branch code | << xxx/xxxx >> |
| 4. Contact Phone no. | << STD Code – Contact No. / Mobile No.>> |

| AIII The Policy Information | |
|---|--|
| 1. Date of commencement of policy | << dd/mm/yyyy >> |
| 2. Annual Renewal Date (ARD) | < dd/mm/yyyy >> |
| 3. Death Benefit | << complete formula of death benefit; for example: Flat cover of INR 20,00,000 Or Grade A: INR 10,00,000; Grade B: INR 15,00,000; Grade C: INR 20,00,000 Or 2 times the annual CTC subject to a minimum of INR 5,00,000 and a maximum of INR 40,00,000 Or Future / Total service benefit cover calculated as per the formula ... >> |
| 4. Profit-sharing formula (if applicable) | << formula or 'Not applicable' >> |

| AIV The Workforce / The Group, as on date of commencement | |
|---|--|
| 1. Number of employees / members | |
| 2. Entry age range | |
| 3. Cover ceasing age | |
| 4. Total sum assured (INR) | |
| 5. Free Cover Limit (FCL) (INR) | |
| 6. Number of employees above FCL | |
| 7. Actively at work (AAW) clause for employees | |

| AV Premium for Death Benefit | | | | | | | |
|------------------------------|--|----------------------------------|----------------------------------|-------------|--|-----------|--|
| 1. Mode of payment | << Annual, Half-Yearly, Quarterly, Monthly >> | | | | | | |
| 2. Due dates of premium | << dd/mm/yyyy >> | | | | | | |
| 3. Type of premium rate | << Unit rate, Separate unit rates for males and females, Age-wise rates, Separate age-wise rates for males and females, Age-band rates, Separate age-band rates for males and females >> | | | | | | |
| 4. Premium Rates | <table border="1"> <thead> <tr> <th>Age Category</th> <th>Unit Rates/ INR 1000 Sum Assured</th> </tr> </thead> <tbody> <tr> <td><<Females>></td> <td></td> </tr> <tr> <td><<Males>></td> <td></td> </tr> </tbody> </table> | Age Category | Unit Rates/ INR 1000 Sum Assured | <<Females>> | | <<Males>> | |
| | Age Category | Unit Rates/ INR 1000 Sum Assured | | | | | |
| | <<Females>> | | | | | | |
| <<Males>> | | | | | | | |
| | | | | | | | |
| | | | | | | | |

These premium rates are exclusive of service tax and cess, which are payable in addition to the premiums.

| AVI Exclusions & Clauses Applicable | |
|-------------------------------------|-------|
| 1. Suicide Exclusion Clause | << >> |
| 2. Additional Clauses | << >> |
| | << >> |
| | << >> |

Part B: Options and Riders

BI Options, Riders Benefit Structure and Rider Details

| 1. Name | Riders | | | | Options | | |
|---|--|-------------|-------------|-------------|--|--|------------------------|
| | <<Rider 1>> | <<Rider 2>> | <<Rider 3>> | <<Rider 4>> | Terminal Illness Benefit | Spouse Cover Benefit | Convertibility |
| 2. UIN | | | | | | | |
| 3. Applicable/ Not Applicable | | | | | | | |
| 4. No of Employees/ Members | | | | | | | |
| 5. Entry Age Range (years, as on last birthday) | | | | | <<18yrs to 64yrs LBD>> | <<18yrs to 64yrs LBD>> | <<Max :50 yrs LBD>> |
| 6. Cover Ceasing Age (years, as on last birthday) | | | | | | | |
| 7. Benefit Structure | << complete formula of benefit: for example Or Grade based cover Or Multiple of CTC subject to a minimum of INR x and a maximum of INR y or as per the rider rules>> | "do" | "do" | "do" | <<PS..Compulsory scheme Max: INR 50,00,000 Voluntary Schemes Max INR 25,00,000>> | <<Compulsory Schemes Max INR 15,00,000" Voluntary Scheme Max : INR | <<Max: INR 10,00,000>> |

| | | | | | | | |
|-----------------------------------|---|------|------|------|---|-----------------|------|
| | | | | | | 10,00,000> > | |
| 8. Total Sum Assured (INR) | | | | | | | |
| 9. Free Cover Limit (FCL) | | | | | | | |
| 10. Number of Employees above FCL | | | | | | | |
| 11. Type of premium | << Unit rate >> << Age Wise : Unit Rates>> <<Males: Unit Rate ___ >> << Females: Unit Rate ___>> << Age- Band: Unit Rates >> << Age- Band for Males: Unit Rates>> << Age- Band for Females: Unit Rates >> | "do" | "do" | "do" | << Unit rate >> << Age Wise : Unit Rates>> <<Males: Unit Rate ___ >> << Females: Unit Rate ___>> << Age- Band: Unit Rates >> >> << Age- Band for Males: Unit Rates>> << Age- Band for Females: Unit Rates >> | "do" | "do" |
| 12. Premium Rate per 1000 SA | <<Males: Unit Rate ___ >> << Females: Unit Rate ___>> | "do" | "do" | "do" | <<Males: Unit Rate ___ >> << Females: Unit Rate ___>> | "do" | "do" |

| BII Riders Premium Payment Summary (All amounts in INR) | |
|--|----------------------------------|
| 1. Premium for Rider 1 Benefit | << INR _____ / Not Applicable >> |
| 2. Premium for Rider 2 Benefit | << INR _____ / Not Applicable >> |
| 3. Premium for Rider 3 Benefit | << INR _____ / Not Applicable >> |
| 4. Premium for Rider 4 Benefit | << INR _____ / Not Applicable >> |
| 5. Service Tax & Education cess | << INR _____ / Not Applicable >> |
| 6. Total Rider premium | << INR _____ / Not Applicable >> |

| BIII Options Premium Payment Summary (All amounts in INR) | |
|--|----------------------------------|
| 7. Premium for Terminal Illness Benefit Option | << INR _____ / Not Applicable >> |
| 8. Premium for Spouse Cover Benefit Option | << INR _____ / Not Applicable >> |
| 9. Premium For Convertibility Option | << INR _____ / Not Applicable >> |
| 10. Service Tax & Education cess | << INR _____ / Not Applicable >> |
| 11. Total Option premium | << INR _____ / Not Applicable >> |

| BIV Rider Exclusions & Clauses Applicable | |
|--|------|
| 1. Additional Clauses | <<>> |
| | <<>> |

| CI Total Payment Summary (All amounts in INR) | |
|--|--|
| 1. Premium for death benefit (exclusive of service tax and cess) | |
| 2. Total Premium for Options | |
| 3. Total Rider Premium | |
| 4. Service tax (as applicable) | |

| | |
|-------------------------------------|--|
| 5. Total of Premium and Service Tax | |
|-------------------------------------|--|

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

| Authorised Signatory | | | |
|-----------------------------|--|-------|--|
| Name | | | |
| Designation | | | |
| Date | | Place | |

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

<< Digital Signature >>

(Signature)
Proper Officer

Policyholder shall read the Policy Schedule in conjunction with the Policy Booklet. Policy Schedule shall reflect the features as opted for. If any errors or mistakes are found, the policy should be returned to the company for effecting corrections.

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

I. Definitions

For the purpose of this Master Policy where consistent with the contents, the singular shall include the plural and the plural the singular; words importing the masculine gender shall include the feminine gender; and each of the following words and expressions shall have the following meanings:

| | |
|--|---|
| 1. Actively at Work | <p>Only full-time and permanent employees who are actively-at-work will be considered for eligible membership of the Scheme.</p> <p>An Eligible Member is 'actively at work' at the Date of commencement of policy or Annual Renewal Date if he is performing in the usual way, regular duties of his work and is not working contrary to medical advice received. Absentees from work for reasons other than sickness, injury, disability or any medical / maternity leave will be considered as 'actively at work'.</p> <p>If an Eligible Member is absent from work because of ill-health, sickness or disability or medical / maternity leave and thus is not actively at work as at the Date of commencement of policy or subsequent proposed Date of Entry, the date on which such Eligible Member shall become an Insured Member shall be on the eligible member fulfilling certain conditions mentioned in Sec VIII (participation) This will then be the Date of Entry for the Insured Member.</p> |
| 2. Age | means age as on last birthday. |
| 3. Annual Renewal Date | shall mean the anniversary of the Date of commencement of policy. (abbreviated as ARD) |
| 4. Beneficiary | means the person or entity named to receive the proceeds upon the insured's death or any other event leading to the payment of the benefits. |
| 5. Coverage | shall mean the group life insurance offered in respect of the eligible member of the Master Policyholder under this master policy. |
| 6. Date of commencement of policy | shall mean the date from which the Coverage under this Master Policy becomes effective. |
| 7. Date of Entry | shall mean the date on which an Eligible Member becomes an Insured Member. |
| 8. Eligible Members | shall mean employees / members who, having met all the requirements mentioned in the chapter 'Eligibility Conditions' are entitled to participate in the insurance plan under this policy. |
| 9. Employee | means a person in the employment of the Master Policyholder and shall deem to include a person who is |

| | |
|-----------------------------|---|
| | on probation for a permanent post but shall not include a trainee / apprentice or a personnel or domestic servant or an employee continuing in service beyond the Retirement Date or has crossed the maximum Insurable age as stipulated by the Insurer or a person whose services are deputed / seconded / lent to the master policyholder shall also be included in the definition of an employee for the purpose of granting the benefit under the scheme. |
| 10. Employer | means any company, firm or body corporate incorporated under any relevant law in force in India and has its registered office and other offices located in India. |
| 11. Endorsement | means change(s) to the terms of the policy shown in the policy schedule. |
| 12. Free Cover Limit | means the amount of the sum assured granted on the life of the employee / member without undergoing medical underwriting. |
| 13. Group | means a group / association of people accepted by the Company as constituting a Group for the purposes of this policy. Such Group shall have clearly evident relationship, and shall have been formed for a lawful purpose other than availing insurance. |
| 14. Insured Member | shall mean Eligible Member who, having met all the requirements set out in the chapter 'Participation' of this Policy, is participating in the insurance plan under this policy. |
| 15. Member | means a person of the constituent group which is undertaking similar activity or has been formed for commonality of purpose and is eligible for grant of benefits under the policy. |
| 16. Policy | shall mean this agreement, all schedules and any addendums or endorsements therein, any amendments thereto signed by the company and the master policyholder, the application attached hereto of the master policyholder, and the individual enrolment forms, which together constitute the entire contract between the parties. |
| 17. Policy Year | shall mean a period starting from the Date of commencement of policy / latest annual renewal date and ending with a day prior to next Annual Renewal Date. |
| 18. Sum Assured | shall mean the amount of insurance as per the death benefit description. |
| 19. Underwriting | refers to the process of initial selection undertaken by the Company so as to ensure suitability of the Eligible Member for insurance with regard to his mortality and / or morbidity / other risks so as to charge appropriate premiums for the risks posed. |

II. Policy Benefits

1. Death benefit as accepted by SBI Life for which the premium has been paid shall be payable on the death of the employee provided the policy is in full force.
2. Maturity benefit, surrender benefit and lapse benefit are not available under this policy.
3. Option benefits, if opted for, are payable as mentioned in the respective option details.
4. Rider benefits, if opted for, are payable as mentioned in the respective rider policy documents.

III. Eligibility Conditions

1. Employee who has attained the age of 18 years and is not more than 69 years are eligible for membership of the scheme.
2. Only full-time and permanent employees who are Actively at Work will be considered for eligible membership of the scheme.
3. Employee should not have remained on medical leave / leave of absence on health grounds for a continuous period of 15 days or more in the last 6 months.
4. The third condition would not apply for schemes transferred from another insurance company.
5. Temporary Absence: Cover may be extended to employees who are temporarily absent from their employment, if agreed by the Company, in writing. This can mean that the employee is still regarded as a scheme member although he may no longer be paid by the company. However, the employee in question should remain on the master policyholder's payroll and the employment contract not be terminated by either party. Premiums relating to such an employee should continue to be paid.

IV. Participation

1. Employees / Members already eligible as of the Date of commencement of policy shall be eligible for participation on the Date of commencement of policy.
2. Employees / Members not eligible as of the Date of commencement of policy and new Employees / Members shall become eligible for participation hereunder on the day following the fulfilment of eligibility condition as per the chapter 'Eligibility Conditions'.
3. Employees / Members whose participation has been terminated and who re-apply for participation shall be considered as new Employees / Members.
4. Any Employee who is not Actively at Work as herein defined on the date of entry, if he would otherwise become eligible for participation hereunder, shall not be entitled to become an

Insured Member until he has returned to work and (i) has worked continuously for a period of 4 weeks and (ii) has provided suitable evidence of insurability satisfactory to the Company and is considered insurable by the Company based on Underwriting results.

5. An Employee to be eligible to join the Scheme should not have remained absent or have availed leave of absence on grounds of health (illness, sickness or disability) for a continuous period of 15 days or more in the last 6 months preceding the Date of commencement of policy. In the event an employee does not satisfy this condition, he shall join the Scheme after the Company is satisfied on the basis of the Underwriting results that the employee is insurable.

6. Any Employee / Member who does not elect to participate in the insurance plan within 30 days from the date, he becomes eligible / shall be able to commence participation only after he shall have furnished evidence of his insurability satisfactory to the Company or is considered insurable by the Company based on underwriting results.

7. Each Employee / Member shall be insured hereunder on the first day on which he becomes eligible provided that all the conditions set forth in this Section have been satisfied, and that the duly completed Enrolment Form and the appropriate evidence of insurability required by the Company, if any, have been received and the Coverage confirmed by the Company.

8. Any possible evidence of insurability required by the Company shall be at the expense of the Company.

9. Schedules of premiums and benefits in respect of the Insured Members who become entitled to the benefits under this Policy shall be issued to the Policyholder from time to time and such Schedules shall be deemed to form part of the Policy. Variations of benefits assured hereunder shall be effective as on the Annual Renewal Date and shall be given effect to by Endorsements under the signature of a duly authorized signatory of the Company.

V.Termination

The insurance Coverage hereunder of any Insured Member shall automatically cease on the earliest of the following dates:

1. The date on which the Master Policy is terminated.
2. The date of the expiration of the period for which the last premium payment is made on account of the Insured Member's insurance.
3. The end of the Policy Year during which the Insured Member attains the cover ceasing age or such other age as may be agreed by the Company and the Master Policyholder in writing.
4. The date on which a member is no longer an Eligible Member or cessation of employment of the Insured Member is deemed to constitute the termination of his membership, except that while an Insured Member is temporarily absent on account of sickness, injury or leave of absence, membership shall be deemed to continue until premium payments for such Insured Member's insurance are continued.
5. Date of receipt of death claim.

The Policy may be terminated as at any Annual Renewal Date by either the Master Policyholder or the Company by mailing written notice of termination to the other party, not less than thirty days before the Annual Renewal Date on which such termination shall be effective. Termination shall be without prejudice to any claim originating prior to the effective date of termination.

VI. Options & their benefits

1. Terminal Illness Benefit

- 1.1. Eligibility details are as mentioned in the policy schedule of base Sampoon Suraksha policy document.
- 1.2. This benefit is an accelerated benefit. A portion of the death benefit as prescribed in the policy schedule would be paid on acceptance of the claim under terminal illness. Once the benefit due to terminal illness is paid, the sum assured under the base policy shall reduce accordingly. If the terminal illness sum assured paid and base sum assured are equal, then coverage for the member would cease.
- 1.3. Terminal Illness is defined as the conclusive diagnosis of an illness that is expected to result in the death of the life assured within 180 days from the date of diagnosis.
- 1.4. 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 consider the claim for acceptance.
- 1.5. Death Benefit sum assured and opted accelerated Terminal Illness benefit amount shall be as provided under the policy schedule.
- 1.6. Terminal Illness in the presence of HIV infection is excluded

2. Spouse Cover Benefit

- 2.1. Eligibility details are as mentioned in the policy schedule of base Sampoon Suraksha policy document.
- 2.2. Death benefit cover is available to spouse of the members as mentioned in the policy schedule.
- 2.3. Spouse cover Benefit amount shall be as provided under the policy schedule.

3. Death Benefit Settlement

- 3.1. If this option is availed then member's nominee will receive death benefit sum assured in equal monthly / quarterly / half-yearly / yearly installments as per the scheme rules.
- 3.2. Such installments can be paid upto maximum period of 20 years from start of the first installment paid.

3.3. Rate of interest for the instalments will be as agreed between the Master Policyholder and the company.

4. **Convertibility Option**

4.1. If this option is availed, employee can opt for any individual plan offered by SBI Life Insurance Company limited, without any further proof of insurability.

4.2. This option would be offered at scheme level only to standard lives.

4.3. There would be restrictions with respect to maximum age at entry; maximum sum assured applicable and minimum membership requirements to avail this option.

4.4. The various Life conditions that would apply for availing this option are mentioned below

4.4.1. Option of converting base benefit to an individual policy offered at scheme level under this scheme.

4.4.2. No additional charges would be levied for availing this option

4.4.3. This option is available only if the employee leaves the company due to any reason other than illness, ill-health retirement, fraud or misconduct.

4.4.4. This option should be exercised within 30 days after an employee leaves the company.

4.4.5. Employee/member should not have claimed under any of the living benefits riders while in the group policy

4.4.6. The group scheme should have minimum one year past membership with SBI Life Insurance company limited.

4.4.7. Option of Conversion to select product would depend on the products available during the date to conversion.

4.4.8. The member should otherwise be eligible for the converted individual product based on the eligibility conditions applicable for that product at the time of conversion.

VII. General Provisions as to Benefits

1. **Amount of Insurance**

While the Policy is in force, upon the happening of death of an Insured Member during the Policy year, upon the proof of death of an Insured Member, the Amount of Insurance determined in accordance with the Policy Schedule shall be payable by the Company in the manner herein provided and subject to the conditions set out hereinafter.

2. **Free Cover Limit**

Amounts of Insurance in excess of the Free Cover Limit may be accepted subject to evidence of insurability satisfactory to the Company. In the absence of written acceptance by the Company, the Amount of Insurance shall be limited to the Free Cover Limit and the premium charged shall be based on such amount.

Eligible members whose Amount of Insurance is greater than the Free Cover Limit, their Amount of Insurance shall be restricted to Free Cover Limit, till the Company completes the required Underwriting process based on the statements and information including medical tests, provided by the Insured Member and the Master Policyholder as per internal guidelines of the Company. The Insured Member shall be covered for full Amount of Insurance for which they are eligible once the Underwriting process is completed, the full premium is paid and risk is accepted by the Company in writing. In case the Insured Member does not complete the requirements necessary for the Underwriting process within prescribed timelines set by the Company, the Amount of Insurance will be restricted to the Free Cover Limit. The Insured Member may also be declined this additional Coverage, in which case the insurance cover will be restricted to the Free Cover Limit. In certain cases based on the Underwriting results, extra premium above the standard premium quoted earlier may be required to be paid for the balance amount of insurance. The cost of Underwriting will be borne by the Company if all the medical examinations are carried out in India.

3. **Payment of Benefits**

- a) Payment of any benefits under this Master Policy shall be made to the Master Policyholder as receiving agent for the Insured Member's legal representative(s) or to the beneficiary of the member.
- b) The receipt of the Master Policyholder in respect of any payment made by the Company under this Policy shall be a full discharge to the Company in respect of that payment.

4. **Claim intimation and claim documents:**

SBI Life Insurance Company Limited
Claims Department
1st Floor, Kapas Bhavan
Plot No. 3A, Sector 10, CBD Belapur,
Navi Mumbai - 400 614.

Telephone: +91 – 22 – 6645 6000
Facsimile: +91 – 22 – 6645 6654
E-mail: GroupOps@SBILife.co.in

Master Policyholder shall inform the Company of any claim within 180 days of the claim event. However, without prejudice, in case of delay in intimation or submission of claim documents beyond the stipulated period in the policy document or in the Statutes, We, at our sole discretion, may condone such delay and examine the admissibility or otherwise of the claim, if such delay is proved to be for reasons beyond the control of the nominee/claimant.

Primary claim documents required for settlement of claim are:

| Type of Claim | Requirement |
|---|---|
| Death | Claim Forms Part I: Application Form for Death Claim (Claimant's Statement) Part II: Physician's Statement, relevant Hospital records and report from the concerned medical specialist giving nature of disability and illness. |
| | Death Certificate issued by a local government body like Municipal Corporation / Village Panchayat |
| | Medical Cause of Death Certificate issued by attending physician / hospital |
| | Attested True Copies of Indoor case Papers of the hospital(s) |
| | The Beneficiary's: - Photo ID with DOB with relationship to the insured - Proof of legal title to the claim proceeds (e.g. legal succession papers, assignment deed etc.) |
| | Employer's Certificate |
| | Leave Records for the past 3 years |
| If Death due to Accident (submit in addition to the above) | Post-mortem Report (Autopsy Report) & Chemical Viscera Report – if performed |
| | All Police Reports / First Information & Final Investigation Report |
| | Proof of Accident – Panchnama / Inquest Report |
| | Newspaper cutting / Photographs of the accident – if available |

The Company however, reserves the right to ask for additional proofs and documents in support of the claim.

5. Maximum Liability

The maximum amount payable in respect of an insured member would not exceed the applicable sum assured.

If the sum assured is lower than FCL, the applicable sum assured is the sum assured.

If the sum assured is higher than FCL, the applicable sum assured is the FCL, till the insured member is not underwritten. After underwriting acceptance and payment of the requisite premiums with taxes, the applicable sum assured would be the sum assured.

6. Assignment

No benefit under this policy may be assigned.

7. Increase in the Amount of Insurance

Members are eligible for change in the amount of insurance arising out of a change in grade or salary. The master policy holder will have to intimate the company about any such change during the policy year.

Eligible members whose Amount of Insurance consequent to the increase is greater than free cover limit, would be subjected to an underwriting process and would be covered subject to payment of an extra premium, if any, and taxes. Cover beyond FCL may be declined or be accepted subject to payment of additional premiums commensurate with our assessment of risk. The premium for the cover including the extra premiums would be charged pr-rata for the period of cover.

8. Suicide Exclusion

Suicide within 12 months of the commencement of the policy / date of acceptance of risk, whichever is later would be excluded from claims if applicable.

9. Participation in Profits

This policy does not participate in the profits of the company.

10. Tax Benefits

Premiums paid by employees are eligible for tax rebates (section 80C and 80D (for critical illness riders) of the Income Tax Act, 1961). The tax benefits mentioned herein are applicable as per current tax regulations and are based on our interpretation of such regulations. These may change in future.

VIII. General Provisions applicable for Premiums

1. Premium Payment

Premiums are payable by the Master Policyholder to the Company in advance and according to the Premium Payment Mode. The first premium instalment shall be payable prior to the Date of commencement of policy and subsequent premium instalments shall be due and payable on the Due dates of premium.

In the event of the Insured Member ceasing to be an Insured Member other than by death, the Company will refund to the Master Policyholder any excess Premium paid in appropriate proportion.

2. Grace Period, Lapse, Revival and Renewal of Policy

a) Grace Period: A grace period of fifteen days following each relevant Due Date of premium for monthly mode and thirty days following each relevant Due Date of premium for other premium modes shall be allowed to the Master Policyholder for the payment of any premium instalment after the first. If any premium is not paid before the expiration of the grace period, this Policy shall automatically terminate at the expiration of the grace period. The Master Policyholder shall be liable to the Company for the premium for the time the Policy was in force during the grace period. In the event of any claim by death of an Insured Member during the Grace Period, such claim will be admissible only where the outstanding premium has been paid prior to the expiry of the Grace Period.

b) Lapse: Policies where premiums are not paid within the grace period would lapse.

c) Revival: A lapsed policy can be revived subject to payment of all outstanding premiums with interest. The Company will however not be liable to cover the claims occurring during the period the policy was lapsed. In certain circumstances, the Company may also change certain terms of the policy including the pricing,

d) Renewal: This Policy is issued for the term as specified in the schedule and thereafter shall be automatically renewed provided that the Company issues an official receipt for the payment of the premium due on the following Annual Renewal Date, to be paid by the Master Policyholder on that date or within the grace period.

i) If a scheme is not renewed within 150 days from the end of grace period following the ARD, the renewal would be subject to:

1) Payment of premium(s) due effective from the ARD along with interest for the delayed period. Such renewal would be subject to the client writing to us that they would not be filing for claims occurred during the lapsed period. There would be no change in the ARD. The premium that

would be payable would be as per the quotation that we would issue based on the latest census data.

2) Payment of proportionate premium from the date of renewal to the next due date of premium or ARD as applicable. There would be no change in the ARD. The premium that would be payable would be as per the quotation that we would issue based on the latest census data.

3) Alternatively, the client could be offered an option to shift the ARD. Such revivals would be subject to a letter from the trustees / master policyholder. The premium that would be payable would be as per the quotation that we would be issued based on the latest census data.

ii) If a lapsed scheme is renewed after 150 days from the end of grace period (30 days), then the scheme can be revived subject to shifting of ARD. The ARD would have to be shifted to a new date as and when the scheme would be revived and would be subject to a letter from the trustees / master policyholder. The premium that would be payable would be as per the fresh quotation that we would issue based on the latest census data that would have to be provided to us.

e) The interest payable on delayed payment of premium would be based on rates declared by the Company from time to time.

3. Premium Rates

a) Premiums payable under this Policy shall be calculated in accordance with the Premium Rate(s) agreed between Master Policyholder and the Company.

The Premiums payable for the Insurance in respect of an Insured Member on the Date of commencement of policy or on the Annual Renewal Date shall be ascertained from the Premium Rates and the Amount of Insurance in respect of the Insured Member. If in respect of the Insured Member, the Date of Entry is different (later) to the Date of commencement of policy, proportionate Premiums shall be payable immediately and thereafter the insurance Coverage shall be effective.

b) The Company shall have the right to change the rate(s) at which the Premiums shall be calculated on any Annual Renewal Date, provided that the Company notifies the Master Policyholder at least thirty days in advance of the Annual Renewal Date on which the new rate(s) would take effect. In case of failure of agreement between the Company and the Policyholder in respect of a change in rate(s), notice of termination of the contract of insurance shall be given by the dissenting party before the Annual Renewal Date on which such termination shall be effective.

c) Notwithstanding what is stated above, without prejudice to any other provision in this Policy document, the Company shall have the right to change the premium rate(s) at which the premiums are payable, any time during the Policy Year for changes materially affecting the risk assumed under the following group scheme rules:

- when the group policy is amended or endorsed
- when a class of eligible members is added or deleted from this group scheme due to any reason including corporate re-structuring, acquisition, change in group definitions or similar situations

- when there is a significant change in demographical or geographical distributions of members
- when the applicable law changes
- when there are charges materially affecting the risk assumed under this group policy

The new premium rate(s) shall apply only to the premiums due on or after the date of changing the rate(s). These new premium rate(s) will be applicable only for the new members.

d) In addition to the premiums, Service Tax and other related Taxes will be charged separately at the time of payment of premium at the prevailing tax rates.

IX. Other General Provisions

1. The Contract

a) The terms of this Policy may be varied at any time by written agreement between the Company and the Master Policyholder and endorsed on the Policy.

b) The rights of the Master Policyholder or of any Insured Member or of any beneficiary under this Policy shall not be affected by any provision other than those contained in this Policy or in any Addendum, annexures, schedules and endorsements to this Policy.

c) The Policy, and all rights, obligations and liabilities arising hereunder, shall be construed and determined in accordance with the laws of the country (India) in force and the Master Policyholder and the Company hereby recognizes the exclusive competence of the Courts of India in this respect.

4. Provision of Information

a) The Master Policyholder shall furnish to the Company all particulars and information the Company may require in respect of Eligible Members necessary to give effect to the provisions of this Policy.

b) Neither clerical errors in keeping any records pertaining to the insurance under this Policy, nor delays in making entries thereon, shall invalidate insurance otherwise validly in force or continue insurance otherwise validly terminated, but upon discovery of such error or delay an equitable adjustment of premiums shall be made.

c) The Master Policyholder shall furnish to the Company Individual Enrolment Forms and where necessary, evidence of insurability for each Eligible Member in the form prescribed by the Company.

5. Free look provision

On receipt of Policy document, the Master Policyholder may review the Terms and Conditions of the Policy. In case Master Policyholder is not satisfied with Terms and Conditions as stated in the

Policy, he has an option to return the Policy to the Company within 15 days of its receipt, with a request for cancellation, stating reasons for the same.

On such cancellation of the Policy, the Company will refund the premium after deducting a proportionate cost of insurance for the period, expenses incurred towards medical examinations carried out and stamp duty.

6. Misstatement

a) If the age or date of birth relating to an Insured Member shall be found to have been misstated and if such misstatement affects the Amount of Insurance in the sense that a higher premium should have been charged for this Amount of Insurance, the benefits payable shall be based on the Amount of Insurance that would have been purchased at the correct age of the Insured Member. If the age of the Insured Member has been misstated and a lower premium should have been charged, the Company will refund any excess premiums paid without interest. The true age and facts shall however be used in determining whether insurance is in force under the terms of this Policy and the Amount of Insurance if any, payable there under; and an equitable adjustment of premiums and / or the Insurance Amount shall be made. Where however, the Insured Member was ineligible for Coverage, his membership of the Policy shall stand terminated from inception of the Policy and the premium paid in respect of his Coverage shall be refunded without interest to the Master Policyholder.

b) Where a misstatement of any material relevant facts have caused an Insured Member to be insured hereunder when he would otherwise be ineligible for insurance, or where such statement has caused an Insured Member to remain insured when he would otherwise be disqualified in accordance with the terms and conditions of this Policy, the Coverage in respect of such Insured Member shall be void and the Company shall reimburse to the Master Policyholder the premiums paid in respect of such Insured Member, subject however to the provisions of Sec 45 of the Insurance Act 1938.

7. Date formats

Unless otherwise stated, all dates described and used in the policy schedule are in dd/mm/yyyy formats.

8. Notices

We will communicate to you in writing and deliver the correspondence by hand, post, facsimile, e-mail or any other approved mode.

We will send correspondence to the address you have provided in the proposal form or to the changed address.

You should also communicate in writing and deliver the correspondence by hand, post, facsimile, e-mail or any other approved mode.

All your correspondence should be addressed to:

SBI Life Insurance Company Limited,
Group Operations Department
Central Processing Centre,
Kapas Bhawan, Sector – 10,
CBD Belapur,
Navi Mumbai – 400 614.

Telephone: +91 – 22 – 6645 6000
Facsimile: +91 – 22 – 6645 6654
Email: GroupOps@SBILife.co.in

Any such notice, information and instruction shall be deemed to have been served 7 days after the posting, or immediately upon receipt by the Company in the case of recorded hand delivery or courier, facsimile or e-mail.

The Company may change the address stated above and intimate the Master Policyholder of such change by suitable means.

X. Complaints

Grievance redressal procedure

- a) In case the Policyholder has any query or complaint/grievance, he/she may approach the Company's Servicing Branch, as stated in the First Premium Receipt issued to the Policyholder or the nearest SBI Life Office.
- b) In case the Policyholder is not satisfied with the decision of the above office, or has not received any response within 10 days, he/she may contact the following official for resolution:

Head Client Relationship
SBI Life Insurance Company Limited,
Central Processing Centre,
Kapas Bhawan, Sector – 10,
CBD Belapur,
Navi Mumbai – 400614.
Telephone No: 022-6645 6241
Fax: 022 – 6645 665
Email Id: info@sbilife.co.in

- c) In case the Policyholder is not satisfied with the decision/resolution of the Company, he/she may approach the Insurance Ombudsman if such grievance pertains to:
 - i. Insurance claim that has been rejected or dispute of a claim on legal construction of the Policy
 - ii. Delay in settlement of claim
 - iii. Dispute with regard to premium
 - iv. Non-receipt of insurance document

- d) The Central Government has established an office of the Insurance Ombudsman for redressal of grievance or complaint with respect to Life Insurance Policies. The addresses of the Insurance Ombudsman and the Redressal of Public Grievances Rules, 1998, are, available on the website of IRDA, <http://www.IRDAIndia.org> and in our website <http://www.SBILife.co.in>. The address of the ombudsman at Mumbai is:

Office of the Insurance Ombudsman (Maharashtra and Goa)
3rd Floor, Jeevan Seva Annexe,
S.V. Road, Santa Cruz (W),
Mumbai – 400 054.
Telephone No.: +91 – 22 – 2610 6928
Fax No. : +91 – 22 – 2610 6052
E-mail: ombudsmanmumbai@gmail.com

- e) The complaint to the Ombudsman should be made in writing, duly signed by the complainant or by his legal heirs, with full details of the complaint and the contact information of complainant.
- f) As per provision 13(3) of the Redressal of Public Grievances Rules 1998, the complaint to the Ombudsman can be made only if:-
- i. The grievance has been rejected by the Grievance Redressal Machinery of the Company
 - ii. The complaint was made within a period of one year from the date of rejection by the Company
 - iii. If the complaint is not simultaneously under any litigation.
- g) The list of addresses of insurance ombudsman has been enclosed along with this document.

XI. Relevant Statutes

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 Courts of Mumbai.

Section 41 of the Insurance Act 1938

1. No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer: Provided that acceptance by an insurance agent of commission in connection with a policy of life insurance taken out by himself on his own life shall not be deemed to be acceptance of a rebate of premium within the meaning of this sub-section if at the time of such acceptance the insurance agent satisfies the prescribed conditions establishing that he is a bona fide insurance agent employed by the insurer.

2. Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to five hundred rupees

Section 45 of the Insurance Act 1938

“ No policy of life insurance effected before the commencement of this Act shall after the expiry of two years from the date of commencement of this Act and no policy of life insurance effected after the coming into force of this Act shall, after the expiry of two years from the date on which it was effected, be called in question by an insurer on the ground that a statement made in the proposal for insurance or in any report of a medical officer , or referee , or friend of the insured, or in any other document leading to the issue of the policy, was inaccurate or false, unless the insurer shows that such statements was on a material matter or suppressed facts which it was material to disclose and that it was fraudulently made by the policyholder and that the policyholder knew at the time of making it that the statement was false or that it suppressed facts which it was material to disclose; Provided that 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.”

Provision 12 (1) of Redressal of Public Grievances Rules, 1998

The Ombudsman may receive and consider

- (a) Complaints under Rule 13
- (b) Any partial or total repudiation of claims by an insurer
- (c) Any dispute in regard to premium paid or payable in terms of the policy
- (d) Any dispute on the legal construction of the policy, insofar as such disputes relate to claims
- (e) Delay in settlement of claims
- (f) Non-issue of any insurance document to customers after receipt of premium

Provision 13 of Redressal of Public Grievances Rules, 1998

(1) any person who has a grievance against an insurer, may himself or through his legal heirs make a complaint in writing to the Ombudsman within whose jurisdiction the branch or office of the insurer complained against is located.

(2) the complaint shall be in writing duly signed by the complainant or through his legal heirs and shall state clearly the name and address of the complainant, the name of the branch or office of the insurer against which the complaint is made, the fact giving rise to complaint supported by documents, if any, relied on by the complainant, the nature and extent of the loss caused to the complainant and the relief sought from the Ombudsman.

(3) No complaint to the Ombudsman shall lie unless –

(a) the complainants had before making a complaint to the Ombudsman made a written representation to the insurer named in the complaint and either insurer had rejected the complaint or the complainant had not received any reply within a period of one month after the insurer

concerned received his representation or the complainant is not satisfied with the reply given to him by the insurer.

(b) the complaint is made not later than one year after the insurer had rejected the representation or sent his final reply on the representation of the complainant, and

(c) the complaint is not on the same subject matter, for which any proceedings before any Court, or Consumer Forum or Arbitrator is pending or were so earlier.



SAMPLE

XII. Index

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