

**Policy Booklet**

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## Base Policy

This is your policy booklet containing the various terms and conditions governing your policy. This policy booklet should be read in conjunction with the policy schedule and other related documents of your policy.

If you find any errors, please return the policy immediately for effecting corrections.

## 1 Definitions

These definitions apply throughout your policy document.

The definitions are listed alphabetically. Items marked with † alongside are provided in your policy schedule.

Expressions	Meanings
1. Advantage Plan	is the plan which provides policy benefits in the event of death or critical illness or total permanent disability due to accident or sickness of the life assured whichever occurs earliest.
2. Age	is the age last birthday; i.e.. the age in completed years.
3. Age at entry †	is the age last birthday on the date of commencement of your policy.
4. Appointee †	is the person who is so named in the proposal form or subsequently changed by endorsement, who has the right to give a valid discharge to the policy monies in case of the death of the policy holder before the end of policy term while the nominee is a minor.
5. Assignee	is the person to whom the rights and benefits are transferred by virtue of assignment under section 38 of the Insurance Act, 1938.
6. Beneficiary †	the persons nominated by the policy owner to receive the insurance benefits under the provisions of your policy. The Beneficiary is specified in the Application Form, the policy schedule and other written agreements of your policy, if any.
7. Basic Plan	is the plan which provides policy benefits in the event of death of the life assured.
8. Base policy	is that part of your policy referring to the basic benefit.
9. Balance of Policy term	is the period in number of months , from date of occurrence of insured event till the end of policy term
10. Benefit Option I:	is an option to receive monthly income for fixed period of 5 years i.e 60 months , in case a claim arises during the policy term.
11. Benefit Option II:	is an option to receive monthly income for fixed period of 10 years i.e 120 months , in case a claim arises during the policy term
12. Benefit Option III:	is an option to receive monthly income for balance of the policy term in case a claim arises during the policy term
13. Cover End Date †	is the date on which the benefit terminates on expiry of the benefit term.
14. Date of commencement of policy †	is the start date of your policy.
15. Date of commencement of risk †	is the date from which the insurance liability arises.
16. Death benefit	is the benefit payable on death.
17. Endorsement	a change in any of the terms and conditions of your policy, agreed to or issued by us, in writing.
18. Free-look period	is the period during which the policyholder has the option to return the policy and cancel the contract.
19. Grace period	is the period beyond the premium due date when the policy is treated as in-force and option and rider covers apply.
20. In-force	is the status of the policy when all the due premiums have been paid.



Expressions	Meanings
21. Installment premium †	is the amount of money payable by you on each Premium Due Date in order to keep the insurance cover in force under the provisions of your policy.
22. Lapse	is the status of the policy when a premium is not paid before the end of grace period.
23. Life assured †	Is the person in relation to whose life, insurance and other benefits are granted.
24. Minor	is a person who has not completed 18 years of age..
25. Monthly Income	is the amount arrived at by dividing sum assured by 12 times payout term.(refer Policy schedule).
26. Nominee †	is the person who is named as the nominee in the proposal form or subsequently changed by endorsement, as per section 39 of the Insurance Act, 1938, who has the right to give a valid discharge to the policy monies in case of the death of the life assured during the term of the policy. The legal heir may also be treated as the nominee provided there is sufficient legal proof to the effect.
27. Non-participating	means that your policy does not have a share in our profits.
28. Outstanding Policy Term	is same as balance of policy term.
29. Paid Up	is the status of the policy if premiums have been paid for at least 2 full years and thereafter premium is not paid within the grace period
30. Payout Term	is the period for which monthly income is payable. The payout term applicable will be as per the benefit option (I or II or III) chosen.
31. Policy anniversary	is the same date each year during the policy term as the date of commencement. If the date of commencement is on 29th of February, the policy anniversary will be the last date of February.
32. Policy document	means the policy schedule, policy booklet, endorsements (if any), option document (if any), rider documents (if any), other written agreements (if any) mutually agreed by you and us during the time your policy takes effect.
33. Policy Schedule	is the document that sets out the details of your policy.
34. Policyholder or Policy Owner †	is the owner of the policy and is referred to as the proposer in the proposal form. The policy owner need not necessarily be the same person as the life assured.
35. Policy month	is the period from the date of commencement, to the date prior to the corresponding date in the following calendar month or similar periods thereafter beginning from the dates in any calendar month corresponding to the date of commencement of policy.  If the said corresponding date is not available in a calendar month, then the last day of the calendar month will be considered for this purpose.
36. Policy year	is the period between two consecutive policy anniversaries; by convention, this period includes the first day and excludes the next policy anniversary day.
37. Policy term †	is the period, in years, during which the contractual benefits are payable. The no. of monthly income payments can exceed policy term in case benefit option I or benefit option II is opted.
38. Premium frequency †	is the period between two consecutive premium due dates for regular premium policy; the premium frequency can be either of Yearly, Half-yearly, Quarterly or Monthly;
39. Premium paying term †	is the period, in years, for which premiums are payable.
40. Revival	is the process by which the benefits lost under a lapsed policy, is restored.
41. Revival period	is a 3-year period from the due date of the earliest premium that is not paid.
42. Sum Assured †	is the sum assured as on the date of commencement of policy. It is 12 times monthly income X payout term In case of benefit option III: sum assured is a notional amount as the actual amount payable would depend on the balance of policy term at claim,
43. Underwriting	is the process of classification of lives into appropriate homogeneous groups based on the underlying risks. Based on underwriting, a decision on acceptance or rejection of cover as well as



Expressions	Meanings
	applicability of suitable premium is taken.
44. We, Us, Our	SBI Life Insurance Company Limited or its successors. We are regulated by the Insurance Regulatory and Development Authority (IRDA). The registration number allotted by the IRDA is 111.
45. You, Your †	is the person named as the policyholder.

## 2 Abbreviations

Abbreviation	Stands for
CI	Critical Illness
IRDA	Insurance Regulatory and Development Authority
Rs.	Indian Rupees
UIN	Unique Identification Number (allotted by IRDA for this product)
PUMI	Paid-up monthly income
TPD	Total Permanent Disability due to accident or Sickness

These abbreviations bear the meanings assigned to them elsewhere in the policy booklet.

## 3 Policy Benefits

### 3.1 Death Benefits

**3.1.1** If the policy is in-force on the date of death, we will pay the benefit on death of the life assured in a manner as stated below:

**3.1.1.1** We will pay a lump sum payment equal to 12 times the monthly income to the beneficiary.

**3.1.1.2** We will also pay monthly income to the beneficiary over the payout term in addition to above lump sum payment.

**3.1.1.2.1** If you have chosen Option I, payout term would be 5 years

**3.1.1.2.2** If you have chosen Option II, payout term would be 10 years

**3.1.1.2.3** If you have chosen Option III, payout term would be the balance of the policy term

**3.1.1.3** We will make the monthly income payments on the 15th of every calendar month following the date of acceptance of claim as per the option chosen.

**3.1.1.4** We will pay all the monthly income payments due, but not paid, from date of occurrence of insured event to date of acceptance of claim in a lump sum without any interest thereon.

**3.1.2** If the policy is in paid-up on the date of death, paid-up provisions will be applicable.

### 3.2 Critical Illness / TPD Benefits

**3.2.1** If you have opted for Advantage Plan, following will apply:

**3.2.1.1** If the policy is in-force and the life assured is diagnosed with Critical Illness or Total Permanent Disability, we will pay the benefit subject to the following:

**3.2.1.1.1** The critical illness should be satisfying the provisions of the policy as defined in this document and should be proved to our satisfaction.

3.2.1.1.2 The accident or sickness and the resulting disability should be satisfying the provisions of the policy as defined in this document and should be proved to our satisfaction.

3.2.1.1.3 We will pay a lump sum payment equal to 12 times the monthly income to the beneficiary in case the claim is found admissible.

3.2.1.1.4 We will also pay monthly income to the beneficiary in case the claim is found admissible. over the payout term in addition to above lump sum payment.

3.2.1.1.4.1 If you have chosen Option I, payout term would be 5 years

3.2.1.1.4.2 If you have chosen Option II, payout term would be 10 years

3.2.1.1.4.3 If you have chosen Option III, payout term would be the balance of the policy term

3.2.1.1.4.4 We will make the monthly income payments on the 15th of every calendar month following the date of acceptance of claim as per the option chosen.

3.2.1.1.4.5 We will pay all the monthly income payments due, but not paid, from date of occurrence of insured event to date of acceptance of claim in a lump sum without any interest thereon.

3.2.1.2 If the policy is paid-up on the date of earliest occurrence of CI or TPD, paid-up provisions will be applicable.

3.2.1.3 You can claim only once under the policy. If we admit your CI or TPD claim, then you will not be eligible for any further claim under the policy.

### 3.3 Survival Benefit

3.3.1 There is no survival benefit in your policy.

### 3.4 Maturity Benefit

3.4.1 There is no maturity benefit in your policy.

### 3.5 Surrender Benefit

3.5.1 There is no surrender benefit in your policy.

## 4 Non-forfeiture Benefits

### 4.1 Paid-up

4.1.1 There is no paid-up benefit if you have chosen Option I or Option II.

4.1.2 We will pay Paid-up benefits if you have chosen Option III.

4.1.2.1 Your policy will acquire paid-up value if you have paid at least 2 full policy years' premiums.

4.1.2.2 Your monthly income will also reduce after your policy becomes paid-up and it will be called as Paid up Monthly Income (PUMI).

4.1.2.3 PUMI would be equal to  $\text{Monthly Income} \times (\text{Total Premiums paid} / \text{Total Premiums payable})$ .

4.1.2.4 Your lump sum benefit will also reduce and will be equal to 12 times PUMI.

4.1.3 If PUMI is less than Rs 500 [Rupees Five hundred only], then the present value of the PUMI will be paid along with the reduced lump sum. There will not be any further payments due to policyholder

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4.1.4 Calculation of this present value would be based on the 10-year benchmark G-Sec as on the 1st April of the financial year of claim plus 100 basis points rounded to the nearest 25 basis points.

4.1.5 We will pay all the PUMI payments due, but not paid, from date of occurrence of insured event to date of acceptance of claim in a lump sum without any interest thereon.

## 5 Premiums

- 5.1 You have to pay the premiums on or before the premium due dates or within the grace period.
- 5.2 You have to pay the premiums even if you do not receive renewal premium notice.
- 5.3 You will be liable to pay all applicable taxes as levied by the Government and other statutory authorities from time to time.
- 5.4 If we receive any amount in excess of the required premium, we will refund the excess.
- 5.5 You should pay the premium in full always. However, if we receive any amount less than the required premium, we will not process the same till you pay the deficit. We will not pay any interest on this amount.
- 5.6 We shall review the premium under Advantage plan every 5 years.
- 5.7 The rates if reviewed will apply to you for the next 5 years or till maturity if earlier.

## 6 Revival

- 6.1 If premiums are not paid within the grace period, your policy lapses. No benefits are then payable under your policy other than those mentioned under non-forfeiture benefits.
- 6.2 You can revive your policy during its revival period of 3 years from the due date of the earliest premium that is not paid.
- 6.3 You should write to us during the revival period.
- 6.4 You have to submit Good Health Declaration and satisfy other underwriting requirements, if any. We may charge extra premium based on underwriting.
- 6.5 We may accept or reject your revival request. We will inform you about the same.
- 6.6 You have to pay all due premiums, not paid during the revival period, along with interest. The due premiums would include base policy premium and any extra premiums intimated to you at the inception of your policy. If at the time of revival, an extra premium is charged, you shall pay that extra premium also.
- 6.7 The interest rate will be charged at a rate declared by us from time to time.
- 6.8 You cannot revive your policy after the revival period.

## 7 Claims

### 7.1 Death Claim

7.1.1 The policyholder, nominee or the legal heir should intimate the death of the life assured in writing, stating at least the policy number, cause of death and date of death.

7.1.2 We will require the following documents to process the claim:

- Original policy document
- Original death certificate from municipal / local authorities
- Claimant's statement and claim forms in prescribed formats
- Any other documents including post-mortem report, first information report where applicable

7.1.3 Claim under the policy may be filed with us within 90 days of date of claim event.

7.1.4 We will pay the claim to the assignee, if the policy is assigned.

7.1.5 If the policy is not assigned, and

7.1.5.1 you are not the life assured, we will pay you or your legal heir

7.1.5.2 you are the life assured, we will pay

7.1.5.2.1 the nominee, if the nominee is not a minor

7.1.5.2.2 the appointee, if the nominee is a minor

7.1.5.2.3 your legal heir, if nomination is not valid.

7.1.6 We may ask for additional information related to the claim.

## 7.2 Critical Illness (CI) or Total Permanent Disability (TPD) claims

7.2.1 You should intimate the diagnosis of Critical Illness or Total Permanent Disability, as the case may be, on life assured in writing, stating at least the policy number, and date of occurrence of CI or TPD.

7.2.2 You can claim only once under this plan.

7.2.3 We will require the following documents to process the claim:

- Original policy document
- Claimant's statement and claim forms in prescribed formats
- Hospital records including the admission report, discharge summary and reports of various medical test.
- Any other documents including first information report where applicable

7.2.4 We may ask you to submit additional information related to the claim.

7.2.5 We will nominate a Doctor to examine the life assured.

7.2.6 We will not pay CI or TPD claim under Advantage option if the life assured is diagnosed with CI or TPD due to sickness condition during the 90 days from the date of commencement of risk or from the date of revival.

7.2.7 We will pay the claim to the assignee, if the policy is assigned.

7.2.8 We will pay you, if the policy is not assigned.

7.3 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.

## 7.4 Survival Claim

7.4.1 You cannot apply for survival claim as there is no survival benefit in your policy.

## 7.5 Maturity Claim

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7.5.1 You cannot apply for maturity claim as there is no maturity benefit in your policy.

## 8 Termination

- 8.1 Your policy will terminate on the earliest of the following:
- 8.1.1 on payment of death benefit.
  - 8.1.2 on payment of Critical Illness or TPD benefit if you have chosen Advantage Plan.
  - 8.1.3 on the date your policy term ends.
  - 8.1.4 at the end of the revival period if you have chosen Benefit Option I or Benefit Option II and you have not revived the policy.
  - 8.1.5 on the payment of free-look cancellation amount.

## 9 Critical Illness & TPD

### 9.1 Definitions of Critical Illnesses

**9.1.1 Cancer** - A malignant tumour characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue. The diagnosis must be histologically confirmed. The term cancer includes leukemia, but the following cancers are excluded:

- 9.1.1.1 All tumours which are histologically described as pre-malignant, non-invasive or carcinoma in situ;
- 9.1.1.2 All forms of lymphoma in the presence of any Human Immunodeficiency Virus;
- 9.1.1.3 Kaposi's Sarcoma in the presence of any Human Immunodeficiency Virus;
- 9.1.1.4 All skin cancers, other than invasive, malignant melanoma; and
- 9.1.1.5 Early prostate cancer other than which is histologically described as T1 (including T1a and T1b) or another equivalent or lesser classification.

**9.1.2 Coronary Artery Bypass Surgery** - The undergoing of open heart surgery on the advice of a consultant cardiologist to correct narrowing or blockage of one or more coronary arteries with bypass grafts. Angiographic evidence to support the necessity of the surgery will be required. Balloon angioplasty, laser or catheter-based procedures are not covered.

**9.1.3 Heart Attack** :The first occurrence of heart attack or myocardial infarction which means death of heart muscle, due to inadequate blood supply, that has resulted in all of the following evidence of acute myocardial infarction:

- 9.1.3.1 typical clinical symptoms (for example, characteristic chest pain);
- 9.1.3.2 new characteristic electrocardiographic changes;
- 9.1.3.3 the characteristic rise of cardiac enzymes or Troponins recorded at the following levels or higher;
  - 9.1.3.3.1 Troponin T > 1.0 ng/ml
  - 9.1.3.3.2 AccuTnI > 0.5 ng/ml or equivalent threshold with other Troponin I methodsand

9.1.3.4 the evidence must show a definite acute myocardial infarction.

9.1.3.5 The following are not covered:

9.1.3.5.1 angina;

9.1.3.5.2 other acute coronary syndromes, for example myocyte necrosis.

9.1.3.6 Diagnosis must be confirmed by a consultant cardiologist acceptable to the Company.

9.1.4 **Heart Valve Surgery:** The actual undergoing of open-heart surgery to replace or repair heart valve abnormalities. The diagnosis of heart valve abnormality must be evidenced by echocardiogram and supported by cardiac catheterization, if done, and the procedure must be considered medically necessary by a consultant cardiologist acceptable to the Company.

9.1.5 **Kidney Failure:** End-stage renal failure presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis or renal transplant is undertaken. Evidence of end stage kidney disease must be provided and the medical necessity of the dialysis or transplantation must be confirmed by a consultant physician acceptable to the Company.

9.1.6 **Major Burns:** Third degree (full thickness of the skin) burns covering at least 20% of the surface of the life assured's body. The condition should be confirmed by a consultant physician acceptable to the Company.

9.1.7 **Major Organ Transplant :** The receipt of a transplant of:

9.1.7.1 Human bone marrow using haematopoietic stem cells, preceded by total bone marrow ablation;

or

9.1.7.2 One of the following human organs: heart, lung, liver, kidney, pancreas, resulting from irreversible end-stage failure of the relevant organ.

9.1.7.3 Other stem-cell transplants are excluded.

9.1.8 **Paralysis :** Complete and permanent loss of the use of two or more limbs, as a result of injury, or disease of the brain or spinal cord. To establish permanence, the paralysis must normally have persisted for at least 6 months from the date of trauma or illness resulting in the life assured being unable to perform his /her usual occupation. The condition must be confirmed by a consultant neurologist acceptable to the Company.

9.1.9 **Stroke :**

9.1.9.1 A cerebrovascular accident or incident producing neurological sequelae of a permanent nature, having lasted not less than six months. Infarction of brain tissue, hemorrhage and embolisation from an extra-cranial source are included. The diagnosis must be based on changes seen in a CT scan or MRI and certified by a neurologist acceptable to the Company.

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**9.1.9.2** Specifically excluded are cerebral symptoms due to transient ischaemic attacks, any reversible ischaemic neurological deficit, vertebrobasilar ischaemia, cerebral symptoms due to migraine, cerebral injury resulting from trauma or hypoxia and vascular disease affecting the eye or optic nerve or vestibular functions.

#### **9.1.10 Surgery of Aorta**

**9.1.10.1** The actual undergoing of surgery (including key-hole type) for a disease or injury of the aorta needing excision and surgical replacement of the diseased part of the aorta with a graft.

**9.1.10.2** The term "aorta" means the thoracic and abdominal aorta but not its branches. Stent-grafting is not covered.

**9.1.11 Coma** : A state of unconsciousness with no reaction or response to external stimuli or internal needs.

**9.1.11.1** This diagnosis must be supported by evidence of all of the following:

**9.1.11.1.1** No response to external stimuli continuously for at least 96 hours;

**9.1.11.1.2** Life support measures are necessary to sustain life; and

**9.1.11.1.3** Brain damage resulting in permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.

**9.1.11.1.4** Confirmation by a neurologist acceptable to the Company must be present.

#### **9.1.12 Motor Neuron Disease**

**9.1.12.1** Motor neurone disease characterised by progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurons which include spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis and primary lateral sclerosis. This diagnosis must be confirmed by a neurologist acceptable to the Company as progressive and resulting in permanent clinical impairment of motor functions.

**9.1.12.2** The condition must result in the inability of the life assured to perform at least 3 of the 6 Activities of Daily Living (either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons) for a continuous period of at least 6 months.

**9.1.12.3** The Activities of Daily Living are:

**9.1.12.3.1** Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;

**9.1.12.3.2** Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;

**9.1.12.3.3** Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;

**9.1.12.3.4** Mobility: the ability to move indoors from room to room on level surfaces;

**9.1.12.3.5** Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;

**9.1.12.3.6** Feeding: the ability to feed oneself once food has been prepared and made available.

#### **9.1.13 Multiple Sclerosis:**

**9.1.13.1** The definite occurrence of multiple sclerosis. The diagnosis must be supported by all of the following:

**9.1.13.1.1** Investigations which unequivocally confirm the diagnosis to be multiple sclerosis;

9.1.13.1.2 There must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months, and

9.1.13.1.3 Well documented history of exacerbations and remissions of said symptoms or neurological deficits.

9.1.13.2 Other causes of neurological damage such as SLE and HIV are excluded

## 9.2 Total Permanent Disability due to Accident or Sickness

9.2.1 A person is considered to be "totally and permanently disabled" only if, the life assured has become totally and irreversibly disabled as a result of accidental bodily injury, sickness or disease. The life assured must be totally incapable of being employed or engaged in any work or any occupation whatsoever for remuneration or profit. The above disability must have lasted without interruption for at least six consecutive months and must be deemed permanent by an appropriate medical practitioner appointed by the company.

9.2.2 Total and permanent disability also includes the loss of both arms, and both legs, or one arm and one leg, or of both eyes. Loss of arms or legs means dismemberment by amputation of the entire hand or foot. Loss of eyes means entire and irrecoverable loss of sight.

9.2.3 Total Permanent Disability Benefit will be payable from the date of confirmation of the disability of such nature by a medical practitioner.

## 9.3 Exclusions For Critical Illness

9.3.1 Diseases in the presence of an HIV infection;

9.3.2 Diseases that have previously occurred in the life insured (i.e. the benefit is payable only if the disease is a first incidence, regardless of whether the earlier incidence occurred before the individual was covered or whether the insured was covered by the us or another insurer);

9.3.3 Any disease occurring within 90 days (i.e. during the waiting period) of the start of coverage or from the last revival;

9.3.4 No payment will be made by the Company for any claim directly or indirectly caused by, based on, arising out of, or howsoever, to any Critical Illness for which care, treatment, or advice was recommended by or received from a Physician, or which first manifested itself or was contracted before the start of the Policy Period, or for which a claim has or could have been made under any earlier policy;

9.3.5 Date of occurrence of critical illness will be reckoned for the above purpose and for the purpose of evaluating waiting period as the date of diagnosis of the illness/ condition. It will be the date on which the medical examiner first examines the life assured and certifies the diagnosis of any of the illness/ conditions.

9.3.6 Any congenital condition.

9.3.7 Intentional self-inflicted injury, attempted suicide, while sane or insane.

9.3.8 Alcohol or Solvent abuse or taking of Drugs, narcotics or psychotropic substances unless taken in accordance with the lawful directions and prescription of a registered medical practitioner.

9.3.9 Failure to seek or follow medical advice

9.3.10 War, invasion, act of foreign enemy, hostilities (whether war be declared or not), armed or unarmed truce, civil war, mutiny, rebellion, revolution, insurrection, military or usurped power, riot or civil commotion, strikes.

9.3.11 Taking part in any naval, military or air force operation during peace time.



9.3.12 Participation by the insured person in any flying activity, except as a bona fide, fare-paying passenger of a recognized airline on regular routes and on a scheduled timetable.

9.3.13 Participation by the insured person in a criminal or unlawful act with criminal or unlawful intent.

9.3.14 Engaging in or taking part in professional sport(s) or any hazardous pursuits, including but not limited to, diving or riding or any kind of race; underwater activities involving the use of breathing apparatus or not; martial arts; hunting; mountaineering; parachuting; bungee jumping.

9.3.15 Nuclear Contamination; the radio active, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature.

#### 9.4 Exclusions for TPD :

Disability arising from or due to the consequences of or occurring during the events as specified below is not covered

9.4.1 Intentional self-inflicted injury, attempted suicide, insanity or immorality or whilst the life assured is under the influence of intoxicating liquor, drug or narcotic substances.

9.4.2 Criminal acts: Life assured involvement in Criminal and/or unlawful acts.

9.4.3 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.

9.4.4 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.

9.4.5 Aviation: Life assured participation in any flying activity, other than as a passenger in a commercially licensed aircraft.

9.4.6 Hazardous sports and pastimes: Taking part or practicing for any hazardous hobby, pursuit or any race not previously declared and accepted by the Company.

9.4.7 Drug Abuse: Life assured under the influence of Alcohol or solvent abuse or use of drug or narcotic substances except under the direction of a registered medical practitioner.

9.4.8 Disability arising directly or indirectly as a result of infection from, or treatment of, any HIV and/or AIDS.

The insurance coverage in respect of the life assured of the policy will be automatically terminated after acceptance of claim.

#### 9.5 Waiting Period

9.5.1 There is waiting period of 90 days from date of commencement of policy or from date of revival for CI and TPD due to sickness under Advantage Plan

9.5.2 If the life assured is diagnosed with CI or TPD due to sickness during this period, policy benefits will not be payable.

## 10 General Terms

#### 10.1 Policy Alteration

10.1.1 The premium frequency can be changed only on a policy anniversary by sending a written request one month in advance. Change in premium frequency is subject to:

10.1.1.1 Minimum premium requirement for the requested premium frequency;

10.1.1.2 Availability of the requested premium frequency on the day of change in premium frequency;

10.1.1.3 Completion of first policy year and payment of all due premiums.

10.1.2 You may request certain alteration to some of your chosen product/benefit features. We may allow such changes based on internal norms for such alteration.

## 10.2 Free-look period

10.2.1 If you have purchased the policy through distance marketing channel, you have 30 days from the date of the receipt of this policy document to review its terms and conditions. If you are not satisfied, you can return the policy stating the reasons for your objection.

10.2.2 If you have purchased the policy through a channel other than distance marketing, you have 15 days from the date of the receipt of this policy document to review its terms and conditions. If you are not satisfied, you can return the policy stating the reasons for objection.

10.2.3 We will then refund the premium paid after deducting proportionate risk premium for the period of cover, stamp duty paid and medical expenses, incurred, if any.

10.2.4 You cannot revive, reinstate or restore your policy once you have returned your policy.

10.2.5 We will not pay any benefit under your policy after we receive the free-look cancellation request.

## 10.3 Suicide exclusion

10.3.1 If the life assured, whether sane or insane, commits suicide, within one year, we will not pay any benefits under the policy.

10.3.2 We will calculate one year from the date of commencement or the date of revival of policy, whichever is later.

## 10.4 Policy loan

10.4.1 Your policy will not be eligible for any loan.

## 10.5 Nomination

10.5.1 You have to make a nomination as per provisions of section 39 of the Insurance Act, 1938.

10.5.2 You have to write to us to change the existing nominees.

10.5.3 You have to make a nomination when you get your policy re-assigned.

10.5.4 Nomination is for the entire policy and not for a part of the policy.

10.5.5 We do not express any opinion on the validity or accept any responsibility in respect of any nomination you make.

## 10.6 Assignment

10.6.1 You have to write to us for effecting an assignment of your policy.

10.6.2 On assignment, the assignee will be the sole owner of the policy.

10.6.3 You have to make an assignment as per provisions of section 38 of the Insurance Act, 1938.

10.6.4 Assignment is for the entire policy and not for a part of the policy.

10.6.5 You have to submit your policy document along with a valid and duly attested deed of assignment.

10.6.6 We will effect the assignment by endorsing your policy.



10.6.7 Assignment will only be effective from the date of recording of assignment in our books.

10.6.8 Assignment will automatically cancel any existing nomination.

10.6.9 Assignment will not be permitted where the policy is under the Married Women's Property Act, 1874.

10.6.10 We do not express any opinion on the validity or accept any responsibility in respect of any assignment you make.

#### 10.7 Non-disclosure

10.7.1 We have issued your policy based on the statements in your proposal form, personal statement, medical reports and any other documents.

10.7.2 If we find that any of this information is inaccurate or false or you have withheld any material information, we shall declare your policy null and void but subject to section 45 of the Insurance Act, 1938.

10.7.3 We will not pay any benefits and we will also not return the amounts you have paid.

#### 10.8 Grace period

10.8.1 You can pay your premiums within a grace period of 30 days from the due dates for premium frequencies of yearly, half-yearly and quarterly.

10.8.2 You have a grace period of 15 days for monthly frequency.

10.8.3 The above grace period applies to base policy.

10.8.4 Your policy will be treated as in-force during the grace period.

10.8.5 If you do not pay your due premiums before the end of grace period, your policy lapses.

#### 10.9 Misstatement of age

10.9.1 If we find that the **correct age** of the life assured is different from that mentioned in the proposal form, we will check your eligibility for the basic life cover, CI or TPD, if any, as on the date of commencement.

10.9.2 If Incorrect age is stated and

10.9.2.1 If eligible,

10.9.2.1.1 If the correct age is found to be higher, you have to pay the difference in premiums along with interest.

10.9.2.1.2 We will terminate your policy, if you do not pay the difference in premiums and applicable interest.

10.9.2.1.3 If the correct age is found to be lower, we will refund the difference in premiums.

10.9.2.2 If not eligible,

10.9.2.2.1 We will terminate your policy.

10.9.2.2.2 We will pay you the surrender value, if any, subject to recovery of difference in premium, along with interest.

#### 10.10 Participation in profits

Your policy does not participate in our profits.

#### 10.11 Taxation

- 10.11.1 You are liable to pay the service tax and cess etc. as per the applicable rates
- 10.11.2 We shall collect the taxes along with the applicable premium.
- 10.11.3 Taxes may change subject to future changes in taxation laws.
- 10.11.4 You are also liable to pay all the taxes and cesses that are levied [as and when levied] by the Central or State Government or any other Statutory/Regulatory authority from time to time.

#### 10.12 Date formats

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

#### 10.13 Electronic transactions

We shall accept premiums and pay benefits through any approved modes including electronic transfers.

#### 10.14 Notices

- 10.14.1 We will communicate to you in writing and deliver the correspondence by hand, post, facsimile, e-mail or any other approved mode.
- 10.14.2 We will send correspondence to the mailing address you have provided in the proposal form or to the changed address that is intimated to us and recorded by us.
- 10.14.3 You should also communicate in writing and deliver the correspondence by hand, post, facsimile, e-mail or any other approved mode.
- 10.14.4 All your correspondence should be addressed to:  
  
SBI Life Insurance Company Limited,  
Central Processing Centre,  
Kapas Bhawan, Sector – 10,  
CBD Belapur,  
Navi Mumbai – 400 614.  
Phone : 022 - 6645 6241  
E-mail: [info@sbillife.co.in](mailto:info@sbillife.co.in)
- 10.14.5 It is important that you keep us informed of your changed address.

### 11 Complaints

#### 11.1 Grievance redressal procedure

- 11.1.1 If you have any query, complaint or grievance, you may approach any of our offices.
- 11.1.2 You can also call us on our toll-free number.

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11.1.3 If you are not satisfied with our decision or have not received any response within 10 working days, you may write to us at:

Head – Client Relationship,  
SBI Life Insurance Company Limited  
Central Processing Centre,  
Kapas Bhawan, Sector – 10,  
CBD Belapur,  
Navi Mumbai – 400 614.  
Telephone No: 022 – 6645 6241  
Fax: 022 – 6645 6655  
Email Id: [info@sbilife.co.in](mailto:info@sbilife.co.in)

11.1.4 In case you are not satisfied with our decision, and the issue pertains to provision 12 (1) of the Redressal of Public Grievances Rules, 1998, you may approach the Insurance Ombudsman. You can lodge the complaint with the Ombudsman as per provision 13 of the said rules. The relevant provisions have been mentioned in the section 'Relevant Statutes'.

11.1.5 The address of the Insurance Ombudsman and the Redressal of Public Grievances Rules, 1998, are, available in 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)  
3<sup>rd</sup> Floor, Jeevan Seva Annexe,  
S.V. Road, Santa Cruz (W),  
Mumbai – 400 054.  
Phone: +91 – 22 – 2610 6928  
Fax: +91 – 22 – 2610 6052  
Email: [ombudsmanmumbai@gmail.com](mailto:ombudsmanmumbai@gmail.com)

11.1.6 We have also enclosed the addresses of the insurance ombudsman.

## 12 Relevant Statutes

### 12.1 Governing laws and jurisdiction

12.1.1 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.

### 12.2 Section 41 of the Insurance Act 1938

12.2.1 (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.

**12.3 Section 45 of the Insurance Act 1938**

**12.3.1** 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 a statement was on a material matter or suppressed facts which it was material to disclose and that it was fraudulently made by the policy-holder and that the policy holder 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.

**12.4 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

**12.4.1 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

\*\*\*\*\*End of Policy Booklet\*\*\*\*\*



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