

Policy Booklet

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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. Age	is the age last birthday; i.e., the age in completed years.
2. Age at entry †	is the age last birthday on the date of commencement of your policy.
3. 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.
4. Assignee	is the person to whom the rights and benefits are transferred by virtue of assignment under section 38 of the Insurance Act, 1938.
5. Base Policy	is that part of your Policy referring to basic benefit.
6. Basic Sum assured †	is the insurance amount offered by us under the Base Policy at the time of the inception of policy.
7. Beneficiary †	the persons nominated by the policy owner to receive all or part of 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.
8. Cover End Date †	is the date on which the benefit terminates on expiry of the benefit term.
9. Date of commencement of policy †	is the start date of your policy.
10. Date of commencement of risk †	is the date from which the insurance liability arises.
11. Date of maturity of policy	is the date on which the Policy benefits, if not previously invoked due to the contingencies covered (e.g. death), terminate on the expiry of the Policy term.
12. Death benefit	is the amount payable on death.
13. Endorsement	a change in any of the terms and conditions of your policy, agreed to or issued by us, in writing.
14. Free-look period	is the period during which the policyholder has the option to return the policy and cancel the contract.
15. Grace period	is the period beyond the premium due date when the policy is treated as in-force.
16. Guaranteed Surrender Value	is the minimum guaranteed amount of Surrender Value of the Policy payable to the policyholder on the surrender of the Policy.
17. In-force	is the status of the policy when all the due premiums have been paid.
18. 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. Applicable service tax is payable in addition.
19. Lapse	is the status of the policy when a premium is not paid before the end of grace period.
20. Life assured †	is the person in relation to whom life and other benefits are granted.
21. Maturity Benefit	is the benefit payable on maturity.
22. Minor	is a person who has not completed 18 years of age.
23. 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

Expressions	Meanings
	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.
24. Paid-up	is the status of the policy if premiums have been paid for at least 2 policy years and thereafter premiums are not paid within the grace period.
25. Paid-up Sum Assured	is equal to basic sum assured <i>multiplied by</i> number of installment premiums paid <i>divided by</i> total number of installment premiums payable under your policy, if your policy is in paid-up status.
26. Participating	means that your policy has a share in our profits and is paid as bonus.
27. Payout period	is the period of 15 years after the date of maturity, during which the basic sum assured is paid in annual installment.
28. 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.
29. Policy document	means the policy schedule, policy booklet and endorsements (if any).
30. 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.
31. Policy Schedule	is the document that sets out the details of your policy.
32. Policy term †	is the period, in years, during which the contractual benefits are payable.
33. 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.
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. Premium	is the contractual amount payable by the Policyholder to secure the benefit under the contract.
36. 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
37. Premium paying term †	is the period, in years, over which premiums are payable.
38. Regular Bonus	is the amount that is expressed as a percentage of sum assured under the policy and declared on a regular basis, usually each year, throughout the Policy term. Once declared, it becomes guaranteed.
39. Revival	is the process by which the benefits lost under a lapsed policy, are restored.
40. Revival period	is a 3-year period from the due date of the earliest premium that is not paid.
41. Rider †	is a cover which can be opted with base plan.
42. Rider sum assured	is the guaranteed amount payable upon the happening of event insured under the rider.
43. Rider term †	is the period, in years, during which the contractual rider benefits are payable.
44. Simple Reversionary Bonus or Reversionary Bonus	is the simple bonus which is same as Regular Bonus. It will be declared at the end of each financial year based on statutory valuation. It will be expressed as a percentage of basic sum assured.

Expressions	Meanings
45. Surrender	is the voluntary cessation of a benefit by the policyholder; a surrender value will be payable, if applicable.
46. Surrender Value	is the amount to be refunded to the Policyholder upon early and voluntary termination of the Policy by the Policyholder.
47. Terminal Bonus	is an amount which is paid over and above the simple reversionary bonus when the policy terminates.
48. 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 applicability of suitable premium is taken.
49. Vested Bonus	is reversionary bonus which has already been declared and remains attached to your Policy.
50. 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.
51. You, Your †	is the person named as the policyholder.

2 Abbreviations

Abbreviation	Stands for
IRDA	Insurance Regulatory and Development Authority
Rs.	Indian Rupees
UIN	Unique Identification Number (allotted by IRDA for this product)
GSV	Guaranteed Surrender Value
SSV	Special Surrender Value

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

3 Policy Benefits

3.1 Participation in Profits and Bonus

3.1.1 Your Policy gets a share of the profits emerging from our 'participating life insurance business' in the form of Regular Simple Reversionary Bonus and Terminal Bonus.

3.1.2 We will declare the regular bonus at the end of each financial year and it will be based on the Statutory Valuation carried out under prevailing regulations.

3.1.3 Reversionary Bonuses once declared by us become guaranteed and are attached to your Policy.

3.1.4 We may also pay the Terminal Bonus, if any based on experience at the time of unfortunate death, surrender or till Policy maturity date.

3.1.5 In case you do not pay the premiums when due, your Policy will cease to participate in profits thereafter.

3.2 Death Benefit

3.2.1 If you have paid all the premiums due and your policy is in-force on the date of death of life assured, we will pay the following:

3.2.1.1 If death of life assured occurs during the policy term, we will pay basic sum assured plus vested reversionary bonus and terminal bonus, if any.

3.2.1.2 If death of life assured occurs during the payout period, we will pay sum of all future payouts in lump sum immediately to the beneficiary.

3.2.2 If you have not paid all the premiums due and your policy is paid-up on the date of death of life assured, we will pay the following:

3.2.2.1 If death of life assured occurs during the policy term, we will pay paid-up sum assured plus vested reversionary bonus and terminal bonus, if any.

- 3.2.2.2** If death of life assured occurs during the payout period, we will pay sum of all future payouts in lump sum immediately to the beneficiary .

3.3 Maturity Benefit

3.3.1 If your policy is in-force and life assured survives till the date of maturity of your policy, the following will happen:

3.3.1.1 We will pay:

3.3.1.1.1 Vested reversionary bonus *plus* terminal bonus, if any, as lump sum, at the date of maturity of policy.

3.3.1.1.2 Yearly payouts equal to 11% of basic sum assured at the end of each year over a period of 15 years after maturity.

3.3.1.2 The first yearly payout will be paid at the end of first year of the payout period.

3.3.2 If your policy is paid-up and life assured survives till the date of maturity of your policy, the following will happen:

3.3.2.1 We will pay:

3.3.2.1.1 Vested reversionary bonus *plus* terminal bonus, if any, as lump sum, at the date of maturity of policy.

3.3.2.1.2 Yearly payouts equal to 11% of the paid-up sum assured at the end of each year over a period of 15 years after maturity.

3.3.2.2 The first yearly payout will be paid at the end of first year of the payout period.

3.3.2.3 In case the yearly payout is less than Rs. 1000, then all future payouts will be paid as lump sum on date of maturity of your policy.

4 Non-forfeiture Benefits

4.1 Paid-up Value

4.1.1 Your policy will acquire paid-up value if you have paid at least 2 full policy years' premiums and thereafter premiums are not paid within the grace period.

4.1.2 Paid-up sum assured is equal to basic sum assured *multiplied by* number of installment premiums paid *divided by* total number of installment premiums payable under your policy.

4.1.3 We will not attach any further reversionary bonuses to your policy from the date it has become paid-up.

4.1.4 You may terminate your paid-up policy before death or maturity by surrendering the policy for surrender value.

4.2 Surrender Value

4.2.1 You may surrender your policy anytime during the term of the policy after completion of at least 2 policy years provided you have paid 2 full policy years' premiums.

4.2.2 We will pay you Surrender Value (SV) plus cash value of vested bonuses and terminal bonus, if any, if you decide to surrender your Policy.

4.2.3 Surrender value will be higher of Guaranteed Surrender Value (GSV) and Non-Guaranteed Special Surrender Value (SSV)

4.2.4 Guaranteed surrender value is equal to 30% of all the premiums paid excluding first year premium, rider premium and extra premium, if any.

4.2.5 Non-guaranteed (Special) surrender value will be based on an assessment of the asset share progression at different durations of the policy. This assessment would be based on past financial and demographic experience of the product / group of similar products and likely future experience and will be reviewed from time to time, depending on changes in internal and external experience and likely future experience

4.2.6 The surrender of the policy shall extinguish all rights and benefits under your policy.

4.2.7 You can not surrender your policy after the date of maturity of your policy.

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 have to pay the premium for the riders, if any, along with the base premium.
- 5.4** You will be liable to pay all applicable taxes as levied by the Government and other statutory authorities from time to time.
- 5.5** If we receive any amount in excess of the required premium, we will refund the excess. We will not pay any interest on this excess amount.
- 5.6** You should pay the premium in full. 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 the amount received earlier.
- 5.7** If your Policy is in force and it becomes a claim due to death, any balance of premiums till the next Policy anniversary, as on the date of claim shall be deducted from the benefits payable under the Policy. The bonus for the period for which the balance premium have been deducted, will also be paid.
- 5.8** If we pay your claim under SBI Life – Accidental Total & Permanent Disability Benefit Rider (UIN: 111B016V01) or SBI Life – Criti Care 13 Non Linked Rider (UIN: 111B025V01), you have to continue to pay the premiums for your remaining benefits
- 5.9** 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:
- 5.9.1** Minimum premium requirement for the requested premium frequency;
 - 5.9.2** Availability of the requested premium frequency on the day of change in premium frequency;
 - 5.9.3** Premium payment frequency can be altered on or after the first policy anniversary during the policy term provided all due premiums are paid;
 - 5.9.4** Premium rates applicable for the changed premium frequency will be the same as the premium rates applicable on the date of commencement of policy.

6 Revival

- 6.1** If premiums are not paid within the grace period, your policy lapses. No benefits are then payable under your policy if your Policy has not acquired paid-up value.
- 6.2** If your Policy lapses, then the riders attached with your Policy will also lapse.
- 6.3** You can revive your policy within the policy term during its revival period of 3 years from the due date of the earliest premium not paid.
- 6.4** You should write to us during the revival period requesting for revival.
- 6.5** You have to submit Good Health Declaration and satisfy other underwriting requirements, if any. We may charge extra premium based on underwriting.
- 6.6** We may accept or reject your revival request or may allow the revival without some or all of the riders. We will inform you about the same.
- 6.7** Your riders, if revived, will recommence only from the date of revival of the Policy and not in isolation.
- 6.8** You have to pay all due premiums, not paid during the revival period, along with interest. The due premiums would include installment premium including 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.
- 6.9** Interest will be charged at a rate declared by us from time to time.
- 6.10** On revival of your policy, we will attach all the bonuses for the period of lapse to your policy.
- 6.11** You cannot revive 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
 - Hospital records including discharge summary, etc
 - 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** 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.

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

7.1.6 If the policy is not assigned, and

7.1.6.1 you are not the life assured, we will pay you or your beneficiary

7.1.6.2 you are the life assured, we will pay

7.1.6.2.1 the nominee, if the nominee is not a minor

7.1.6.2.2 the appointee, if the nominee is a minor

7.1.6.2.3 your legal heir, if nomination is not valid.

7.2 Maturity Claim

7.2.1 You may be required to submit the original policy document and the discharge form to any of our offices.

7.2.2 If you assign your policy, we will pay claim to the Assignee.

7.2.3 If the policy is not assigned, we will pay the claim to you.

7.3 Surrender claim

7.3.1 We will require the original policy document and discharge form to process the surrender claim.

7.3.2 If the policy is assigned, we will pay the assignee, the surrender value.

7.3.3 If the policy is not assigned, we will pay the surrender value to

7.3.3.1 you

7.3.3.2 your beneficiary, in case of death of policyholder subsequent to surrender request but before payment.

8 Termination

8.1 Termination of death cover

The death cover will terminate on the earliest of the following:

8.1.1 Date on which we receive the surrender request.

8.1.2 End of the grace period following discontinuation of premium.

8.1.3 The date on which your policy terminates.

8.1.4 Date on which we receive free-look cancellation request.

8.2 Termination of your policy

Your policy will terminate at the earliest of the following:

8.2.1 on payment of death benefit.

8.2.2 on the date of maturity.

8.2.3 on payment of surrender value.

8.2.4 on payment of free-look cancellation amount

8.2.5 at the end of revival period, if your policy has not acquired any paid-up value.

8.2.6 on the date on which death claim is repudiated.

9 General Terms

9.1 Free-look period

9.1.1 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.

9.1.2 If you have purchased the policy through a channel other than distance marketing, you have 15 days from the date of 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.

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

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

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

9.2 Suicide exclusion

9.2.1 If the life assured, whether sane or insane, commits suicide, within one year from the date of commencement of policy, we will not pay the death benefit.

9.2.2 If the life assured, sane or insane, commits suicide, within one year from the date of revival/reinstatement of the policy, we will pay only surrender value, if any.

9.3 Policy loan

9.3.1 Loan facility is not available in your Policy.

9.4 Nomination

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

9.4.2 You have to write to us to change the existing nominees

9.4.3 You have to make a fresh nomination when you get your policy re-assigned to yourself.

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

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

9.5 Assignment

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

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

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

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

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

9.5.6 We will effect the assignment by endorsing your policy.

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

9.5.8 Assignment will automatically cancel any existing nomination.

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

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

9.6 Non-disclosure

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

9.6.2 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.

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

9.7 Grace period

9.7.1 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.

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

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

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

9.8 Misstatement of age

9.8.1 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 life cover as on the date of commencement.

9.8.2 If eligible,

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

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

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

9.8.3 If not eligible,

9.8.3.1 We will terminate your policy.

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

9.9 Taxation

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

9.10 Date formats

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

9.11 Electronic transactions

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

9.12 Notices

- 9.12.1** We will communicate to you in writing and deliver the correspondence by hand, post, facsimile, e-mail or any other approved mode.
9.12.2 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.
9.12.3 You should also communicate in writing and deliver the correspondence by hand, post, facsimile, e-mail or any other approved mode.
9.12.4 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@sbilife.co.in
9.12.5 It is important that you keep us informed of your changed address.

10 Complaints

10.1 Grievance redressal procedure

- 10.1.1** If you have any query, complaint or grievance, you may approach any of our offices.
10.1.2 You can also call us on our toll-free number.
10.1.3 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

10.1.4 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’.

10.1.5 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)
3rd 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

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

11 Relevant Statutes

11.1 Governing laws and jurisdiction

11.1.1 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.

11.2 Section 41 of the Insurance Act 1938

11.2.1 (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.

11.3 Section 45 of the Insurance Act 1938

11.3.1 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;

11.3.2 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.

11.4 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

11.4.1 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 *****

Rider Document

This is your rider document containing the various terms and conditions governing the rider benefits.

12 SBI Life – Accidental Death Benefit Rider

12.1 General Conditions

12.1.1 The terms and conditions specified in this rider document are applicable only if your Policy Schedule shows that we have offered this Rider to you. The UIN allotted by IRDA for SBI Life – Accidental Death Benefit Rider is 111B015V01.

12.1.2 We will pay the rider sum assured to nominee, appointee or the legal heir, as applicable.

12.1.3 Your rider sum assured will be the same during the rider term

12.1.4 We will pay the rider sum assured on the accidental death of the life assured during the rider term subject to all of the following:

12.1.4.1 Your policy as well as this rider is in-force.

12.1.4.2 The life assured has died as a result of an accident as defined in this rider document.

12.1.4.3 Such accidental death should be proved to our satisfaction

12.1.4.4 The death of the life assured should occur within 120 days from the date of accident.

12.1.4.5 The death must be solely and directly due to the injuries from the accident and it should be independent of all other causes.

12.1.4.6 The total sum assured under this rider on all of your SBI Life individual policies put together will not exceed Rs. 50,00,000.

12.1.5 You may discontinue your rider alone during the rider term. You should inform us in writing.

12.1.6 The following provisions contained in the policy booklet will also apply for this rider:

- Grace period
- Revival
- Misstatement of age
- Complaints
- Relevant statutes

12.2 Definition of Accident

Accident is defined as “an event caused solely and directly by violent, unexpected and external means, occurring independently of all other causes, resulting in bodily injury, of which there is evidence as a visible contusion or wound on the exterior of the body”.

12.3 Exclusions

We will not pay the Accidental Death sum assured for deaths arising as a consequence of or occurring during the following events:

12.3.1 Infection: Death caused or contributed to, by any infection, except infection caused by an external visible wound accidentally sustained

12.3.2 Drug abuse: Life assured under the influence of alcohol or solvent abuse or use of drugs except under the direction of a registered medical practitioner

12.3.3 Self-inflicted injury: Intentional self-inflicted injury

12.3.4 Criminal acts: Life Assured involvement in criminal and / or unlawful acts with unlawful or criminal intent.

12.3.5 War and civil commotion: War, invasion, hostilities (whether war is declared or not), civil war, rebellion, revolution or taking part in a riot or civil commotion

12.3.6 Nuclear contamination: The radioactive, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature

12.3.7 Aviation: Life assured's participation in any flying activity, other than as a passenger in a commercially licensed aircraft

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

12.3.9 Physical infirmity: Body or mental infirmity.

12.4 Surrender

12.4.1 We will not pay any surrender benefit under this rider.

12.5 Termination

Your rider will terminate on the earliest of the following:

- 12.5.1** on payment of accidental death benefit
- 12.5.2** the date on which your policy terminates
- 12.5.3** on the date your rider term ends
- 12.5.4** end of the grace period following discontinuance of premium

13 SBI Life – Accidental Total & Permanent Disability Benefit Rider

13.1 General Conditions

13.1.1 The terms and conditions specified in this rider document are applicable only if your Policy Schedule shows that we have offered this Rider to you. The UIN allotted by IRDA for SBI Life – Accidental Total & Permanent Disability Benefit Rider is 111B016V01.

13.1.2 Your rider sum assured will be the same during the rider term.

13.1.3 We will pay the rider sum assured to you on the occurrence of accidental total and permanent disability (ATPD) of the life assured during the rider term subject to all of the following:

13.1.3.1 Your policy as well as this rider is in-force.

13.1.3.2 The accident and the resulting disability should be as defined in the rider document and should be proved to our satisfaction.

13.1.3.3 ATPD benefit will be paid on the date of confirmation of the disability by a medical practitioner.

13.1.3.4 The rider would terminate on acceptance of the claim. You are required to continue paying the premium under the base policy and other applicable riders

13.1.3.5 The total sum assured under this rider on all of your SBI Life individual policies put together will not exceed Rs. 50,00,000.

13.1.4 You may discontinue your rider alone during the rider term. You should inform us in writing.

13.1.5 The following provisions contained in the policy booklet will also apply for this rider:

- Grace period
- Revival
- Misstatement of age
- Complaints
- Relevant statutes

13.2 Definition of ATPD

13.2.1 ‘Accidental Total and Permanent Disability’ benefit is the condition in which the life assured becomes incapacitated and as a result, not able to earn an income from any work, occupation or profession for the rest of life. Disability must be caused solely and directly by external, violent, unforeseeable and visible means, occurring independently of any other causes. The permanence of the disability will only be established 180 days following the date of the event causing the disability.

13.2.2 Total and permanent disability also includes the loss of both arms, or both legs, or one arm and one leg, or 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.

13.3 Exclusions

We will not pay the ATPD sum assured for the disability arising as a consequence of or occurring during the following events:

13.3.1 Infection: Disability caused or contributed to, by any infection, except infection caused by an external visible wound accidentally sustained

13.3.2 Drug abuse: Life assured under the influence of alcohol or solvent abuse or use of drugs except under the direction of a registered medical practitioner

13.3.3 Self-inflicted injury: Intentional self-inflicted injury

13.3.4 Criminal acts: Life Assured involvement in criminal and / or unlawful acts with unlawful or criminal intent.

13.3.5

13.3.6 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

13.3.7 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

13.3.8 Aviation: Life assured's participation in any flying activity, other than as a passenger in a commercially licensed aircraft

13.3.9 Hazardous sports and pastimes: Taking part or practicing for any hazardous hobby, pursuit or any race not previously declared and accepted by us

13.3.10 Physical infirmity: Body or mental infirmity.

13.4 Surrender

13.4.1 We will not pay any surrender benefit under this rider.

13.5 Termination

Your rider will terminate on the earliest of the following:

13.5.1 on payment of ATPD benefit

13.5.2 the date on which your policy terminates

13.5.3 on the date your rider term ends

13.5.4 end of the grace period following discontinuance of premium

14 SBI Life – Preferred Term Rider

14.1 General Conditions

14.1.1 The terms and conditions specified in this rider document are applicable only if your Policy Schedule shows that we have offered this Rider to you. The UIN allotted by IRDA for SBI Life – Preferred Term Rider is 111B014V01.

14.1.2 We will pay the rider sum assured to you on the occurrence of unfortunate death of the life assured during the rider term subject to all of the following:

14.1.2.1 Your policy as well as this rider is in-force.

14.1.2.2 The total sum assured under this rider on all of your SBI Life individual policies put together will not exceed Rs. 50,00,000.

14.1.3 You may discontinue your rider alone during the rider term. You should inform us in writing.

14.1.4 The following provisions contained in the policy booklet will also apply for this rider:

- Grace period
- Revival
- Misstatement of age
- Complaints
- Relevant statutes

14.2 Suicide Exclusion

We will not pay any amount under this rider, if the life assured, whether sane or insane, commits suicide, within one year from the Date of Commencement of Risk, or date of revival whichever is later

14.3 Surrender

14.3.1 We will not pay any Surrender Benefit under this rider.

14.4 Termination

Your rider will terminate on the earliest of the following:

14.4.1 on payment of death benefit

14.4.2 the date on which your Policy terminates

14.4.3 on the date your rider term ends

14.4.4 end of the grace period following discontinuance of premium.

15 SBI Life – Criti Care 13 Non Linked Rider

15.1 General Conditions

- 15.1.1** The terms and conditions specified in this rider document are applicable only if your Policy Schedule shows that we have offered this Rider to you. The UIN allotted by IRDA for this Rider is 111B025V01.
- 15.1.2** We will pay the rider sum assured on the diagnosis of the critical illness subject to all of the following:
- 15.1.2.1** Your Policy as well as this rider is In-force.
 - 15.1.2.2** The Life Assured has been diagnosed with a critical illness as defined below.
 - 15.1.2.3** You can only claim once under this rider. The rider would terminate on acceptance of the first claim. You are required to continue to pay the Premiums under the Base Policy and other applicable Riders.
 - 15.1.2.4** Diagnosis of the critical illness should occur during the rider term.
 - 15.1.2.5** Such critical illness claim should be proved to our satisfaction.
 - 15.1.2.6** We will appoint a medical practitioner to examine the Life Assured in connection with the critical illness. Based on the evidence provided and medical examination carried out, our panel of medical practitioners would consider the claim for acceptance.
 - 15.1.2.7** The total sum Assured under this rider on all of your individual policies put together would not exceed Rs. 20, 00,000.
 - 15.1.2.8** The life assured has to survive at least for a period of 30 days (survival period) from the date of diagnosis of the critical illness.
 - 15.1.2.9** You cannot make any critical illness claim for any conditions occurring within a period of 90 days from the date of commencement of risk on your policy or from the date of revival of the rider whichever is later.
 - 15.1.2.10** We will reckon the date of occurrence of critical illness, for the above purpose as well as for the purpose of evaluating waiting or survival period as the date of diagnosis of the illness or condition for the life assured. This will be the date on which the medical examiner first examines the life assured and certifies the diagnosis of any of the illness or conditions.

15.2 Review of premium rates

- 15.2.1** Premium rates for this benefit are subject to revision after 5 years.
- 15.2.2** We will give a notice of 3 months prior to such revision in premium rates
- 15.2.3** Any change in rates will apply from the 5th policy anniversary or from every five years thereafter for the residual rider term.

15.3 You may discontinue your rider alone during the rider term. You should inform us in writing.

- 15.3.1** The following provisions contained in the policy booklet will also apply for this rider:
- Grace period
 - Revival
 - Misstatement of age
 - Complaints
 - Relevant statutes

15.4 Definitions of critical illnesses

We will pay the critical illness rider benefit if the life assured is diagnosed with one of the following:

1. Cancer
2. Coronary artery by-pass graft surgery (CABG)
3. Heart Attack
4. Heart valve surgery
5. Kidney Failure
6. Major Burns
7. Major Organ Transplant

8. Paralysis
9. Stroke
10. Surgery of aorta
11. Coma
12. Motor neurone disease
13. Multiple sclerosis

The definitions of the conditions are as follows:

15.4.1 Cancer

- 15.4.1.1** A malignant tumour characterised by the uncontrolled growth and spread of malignant cells and the invasion of tissue. The diagnosis must be histologically confirmed.
- 15.4.1.2** The term cancer includes leukemia, but the following cancers are excluded:
- 15.4.1.2.1** All tumours which are histologically described as pre-malignant, non-invasive or carcinoma in situ
 - 15.4.1.2.2** All forms of lymphoma in the presence of any Human Immunodeficiency Virus
 - 15.4.1.2.3** Kaposi's Sarcoma in the presence of any Human Immunodeficiency Virus
 - 15.4.1.2.4** All skin cancers, other than invasive, malignant melanoma
 - 15.4.1.2.5** Early prostate cancer other than which is histologically described as T1 (including T1a and T1b) or another equivalent or lesser classification.

15.4.2 Coronary Artery Bypass Surgery

- 15.4.2.1** 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.
- 15.4.2.2** Angiographic evidence to support the necessity of the surgery will be required. Balloon angioplasty, laser or catheter-based procedures are not covered.

15.4.3 Heart Attack

- 15.4.3.1** 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:
- 15.4.3.1.1** typical clinical symptoms (for example, characteristic chest pain)
 - 15.4.3.1.2** new characteristic electrocardiographic changes
 - 15.4.3.1.3** the characteristic rise of cardiac enzymes or Troponins recorded at the following levels or higher
 - 15.4.3.1.3.1** Troponin T > 1.0 ng/ml
 - 15.4.3.1.3.2** AccuTnI > 0.5 ng/ml or equivalent threshold with other Troponin I methods;
 - 15.4.3.1.4** the evidence must show a definite acute myocardial infarction.
- 15.4.3.2** The following are not covered:
- 15.4.3.2.1** angina
 - 15.4.3.2.2** other acute coronary syndromes, for example myocyte necrosis.
- 15.4.3.3** Diagnosis must be confirmed by a consultant cardiologist acceptable to us.

15.4.4 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 us.

15.4.5 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 us.

15.4.6 Major Burns

15.4.6.2 The condition should be confirmed by a consultant physician acceptable to us.

15.4.7.1 The receipt of a transplant of:

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

15.4.8.1 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.

15.4.8.3 The condition must be confirmed by a consultant neurologist acceptable to us.

15.4.9.3 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.

15.4.10.3 Stent-grafting is not covered.

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

15.4.11.2.5 Coma resulting directly from self-inflicted injury, alcohol or drug abuse is excluded.

15.4.12.2 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.

15.4.12.3 The Activities of Daily Living are:

- 15.4.12.3.1** 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.
- 15.4.12.3.2** Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances.
- 15.4.12.3.3** Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa.
- 15.4.12.3.4** Mobility: the ability to move indoors from room to room on level surfaces.
- 15.4.12.3.5** Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene.
- 15.4.12.3.6** Feeding: the ability to feed oneself once food has been prepared and made available.

15.4.13 Multiple sclerosis

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

- 15.4.13.1.1** Investigations which unequivocally confirm the diagnosis to be multiple sclerosis
- 15.4.13.1.2** 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.
- 15.4.13.1.3** Well documented history of exacerbations and remissions of said symptoms or neurological deficits.

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

15.5 Exclusions for the Rider

The Life Assured will not be entitled to any benefits under this Rider, if a covered critical illness results directly or indirectly from or occurring during any one of the following:

- 15.5.1** Diseases in the presence of an HIV infection
- 15.5.2** 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 us or another insurer) . In other words, no payment will be made by us 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, or for which a claim has or could have been made under any earlier policy
- 15.5.3** Any disease occurring within 90 days from Date of Commencement (i.e. during the waiting period)
- 15.5.4** A 30 days survival period will be applicable between the diagnosis of a critical illness and eligibility for critical illness benefit payment
- 15.5.5** Any congenital condition.
- 15.5.6** Intentional self-inflicted injury, attempted suicide, while sane or insane.
- 15.5.7** 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.
- 15.5.8** Failure to seek or follow medical advice.
- 15.5.9** 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.
- 15.5.10** Taking part in any naval, military or air force operation during peace time.
- 15.5.11** 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.
- 15.5.12** Participation by the insured person in a criminal or unlawful act with criminal/unlawful intent.
- 15.5.13** 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.
- 15.5.14** 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.

15.6 Surrender

- 15.6.1** We will not pay any Surrender Benefit under this rider.

15.7 Termination

Your rider will terminate on the earliest of the following:

- 15.7.1** on payment of death benefit
- 15.7.2** the date on which your Policy terminates
- 15.7.3** on the date your rider term ends
- 15.7.4** end of the grace period following discontinuance of period.

*****End of Rider Document*****

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