

SBI Life Insurance Company Limited

SBI Life – Criti Care 13 Non - Linked Rider (UIN: 111B025V02)

This rider provides lump sum amount to take care of 13 Critical Illnesses which include Cancer of Specified Severity, Open Chest CABG (Coronary Artery Bypass Graft Surgery), First Heart Attack – of Specified Severity, Open Heart Replacement or Repair of Heart Valves, Kidney Failure Requiring Regular Dialysis, Major Burns, Major Organ / Bone Marrow Transplant, Permanent Paralysis of Limbs, Stroke Resulting in Permanent Symptoms, Surgery of Aorta, Coma of Specified Severity, Motor Neurone Disease with Permanent Symptoms and Multiple Sclerosis with Persisting Symptoms.

- **Eligibility Criteria :**

Age at Entry: 18 years to 55 years

Age at Maturity: Maximum: 64 years

Plan Type: Regular Premium / Single Premium

Plan type allowed will be same as plan type in the base product to which this rider is attached.

Premium Frequency: Single / Yearly / Half-yearly / Quarterly / Monthly

Monthly mode is available only through Electronic Clearing System (ECS) or Standing Instructions (where payment is made either by direct debit of bank account or credit card).

For Monthly Salary Saving Scheme (SSS), 2 month premium to be paid in advance and renewal premium payment is allowed only through Salary Deduction

The premiums for various modes as percentage of annual premium are given below:

- i) Monthly Premium- 8.9% of annual premium
- ii) Quarterly Premium- 26.5% of annual premium.
- iii) Half-yearly Premium- 52% of annual premium

Policy Term (PT)

Rider is guaranteed renewable every 5 years during the term of the base cover or 64 years minus age at entry, whichever is less. On renewal, if the outstanding term under the base policy is less than 5 years then the rider can be renewed for the outstanding term.

Premium Paying Term (PPT) for Regular Premium: Same as policy term

Sum Assured Range:

Minimum: Rs. 25,000

Maximum: Rs.20,00,000 or the sum assured under the base product to which it is attached, whichever is lower.

The sum assured offered would also depend on the underwriting norms of the company prevailing at that time.

Definitions of Critical Illness

i) Cancer of Specified Severity:

- I. A malignant tumour characterised by the uncontrolled growth and spread of malignant cells with invasion & destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy & confirmed by a pathologist. The term cancer includes leukemia, lymphoma and sarcoma.
- II. The following are excluded:
 - i. Tumours showing the malignant changes of carcinoma in situ & tumours which are histologically described as premalignant or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN-2 & CIN-3;
 - ii. Any skin cancer other than invasive malignant melanoma;
 - iii. All tumours of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0
 - iv. Papillary micro-carcinoma of the thyroid less than 1 cm in diameter;
 - v. Chronic lymphocytic leukaemia less than RAI stage 3
 - vi. Microcarcinoma of the bladder
 - vii. All tumours in the presence of HIV infection.

ii) Open Chest CABG (Coronary Artery Bypass Graft Surgery):

- I. The actual undergoing of open chest surgery for the correction of one or more coronary arteries, which is/are narrowed or blocked, by coronary artery bypass graft (CABG). The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a specialist medical practitioner.
- II. The following are excluded:
 - i. Angioplasty and/or any other intra-arterial procedures
 - ii. Any key-hole or laser surgery.

iii) First Heart Attack – of Specified Severity:

- I. The first occurrence of myocardial infarction which means death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for this will be evidenced by all of the following criteria:
 - i. A history of typical clinical symptoms consistent with the diagnosis of Acute Myocardial Infarction (for e.g. typical chest pain)
 - ii. New characteristics electrocardiogram changes
 - iii. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.
- II. The following are excluded:
 - i. Non-ST-segment elevation myocardial infarction (NSTEMI) with elevation of Troponin I or T
 - ii. Other acute Coronary Syndromes
 - iii. Any type of angina pectoris

iv) Open Heart Replacement or Repair of Heart Valves:

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

v) Kidney Failure Requiring Regular Dialysis:

- I. End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (hemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.

vi) Major Burns:

- I. 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.

vii) Major Organ / Bone Marrow Transplant:

- I. The actual undergoing of a transplant of:
 - i. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
 - ii. Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.
- II. The following are excluded:
 - i. Other stem-cell transplants
 - ii. Where only islets of langrerhans are transplanted

viii) Permanent Paralysis of Limbs:

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

ix) Stroke Resulting in Permanent Symptoms:

- I. Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extracranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.
- II. The following are excluded:
 - i. Transient ischemic attacks (TIA)
 - ii. Traumatic injury of the brain
 - iii. Vascular disease affecting only the eye or optic nerve or vestibular functions.

x) Surgery of aorta:

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.

The term "aorta" means the thoracic and abdominal aorta but not its branches.

Stent-grafting is not covered.

xi) Coma of Specified Severity:

- I. A state of unconsciousness with no reaction or response to external stimuli or internal needs. This

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

- i. No response to external stimuli continuously for at least 96 hours;
 - ii. Life support measures are necessary to sustain life; and
 - iii. permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.
- II. The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse is excluded.

xii) Motor Neurone Disease with Permanent Symptoms:

Motor neurone disease diagnosed by a specialist medical practitioner as spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis. There must be progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurons. There must be current significant and permanent functional neurological impairment with objective evidence of motor dysfunction that has persisted for a continuous period of at least 3 months.

xiii) Multiple Sclerosis with Persisting Symptoms:

- I. The definite occurrence of multiple sclerosis. The diagnosis must be supported by all of the following:
 - i. Investigations including typical MRI and CSF findings, which unequivocally confirm the diagnosis to be multiple sclerosis;
 - ii. 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
 - iii. Well documented clinical history of exacerbations and remissions of said symptoms or neurological deficits with at least two clinically documented episodes at least one month apart.
- II. Other causes of neurological damage such as SLE and HIV are excluded

Exclusions:

The life assured will not be entitled to any benefits if a Covered Critical Illness results either directly or indirectly from any one of the following causes or under any of the following circumstances:

- Diseases in the presence of an HIV infection;
- 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 Company or another insurer).
- Any disease occurring within 90 days of the start of coverage (i.e. during the waiting period) or from the last revival.
- 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.
- 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.

Date of occurrence of critical illness will be reckoned for the above purpose and for the purpose of evaluating waiting/ survival 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 illnesses/ conditions.

- Any congenital condition.
- Intentional self-inflicted injury, attempted suicide, while sane or insane.

- 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.
- Failure to seek or follow medical advice.
- 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
- Taking part in any naval, military or air force operation during peace time.
- 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.
- Participation by the insured person in a criminal or unlawful act.
- 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.
- 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.

Surrender

No Surrender benefit is payable for regular premium policies.

For Single Premium payment mode:

Allowed only after one full policy year from the last single premium renewal date :

$75\% * \text{Last paid Single Premium} * (60-t)/60$

Where t is the number of months elapsed since the receipt of the last Single Premium.

Revival / Reinstatement

The policyholder may choose to discontinue the rider premium even though he is paying the premium pertaining to the underlying base product to which the rider is attached. In such a case of rider premium discontinuance, the rider is not allowed to be revived in future.

However in case the entire policy premium (the base product and the rider) has been discontinued and the policyholder wants to revive the same then he would be allowed to revive the within the revival period offered under the base product. In such a case the Grace period, Lapsation and Revival terms and conditions will be as per the base product to which this rider will be attached

Prohibition of Rebates:

Section 41 of Insurance Act 1938, as amended from time to time, states:

- (1) No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out 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 prospectus 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 liable for a penalty which may extend to ten lakh rupees.

Non-Disclosure:

Extract of Section 45, as amended from time to time

No policy of life insurance shall be called in question on any ground whatsoever after the expiry of three years from the date of the policy. A policy of life insurance may be called in question at any time within three years from the date of the policy, on the ground of fraud or on the ground that any statement of or suppression of a fact material to the expectancy of the life of the insured was incorrectly made in the

proposal or other document on the basis of which the policy was issued or revived or rider issued. The insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured, the grounds and materials on which such decision is based.

No insurer shall repudiate a life insurance policy on the ground of fraud if the insured can prove that the mis-statement or suppression of a material fact was true to the best of his knowledge and belief or that there was no deliberate intention to suppress the fact or that such mis-statement or suppression are within the knowledge of the insurer. In case of fraud, the onus of disproving lies upon the beneficiaries, in case the policyholder is not alive.

In case of repudiation of the policy on the ground of misstatement or suppression of a material fact, and not on the grounds of fraud, the premiums collected on the policy till the date of repudiation shall be paid.

Nothing in this section shall prevent the insurer from calling for proof of age at any time if he is entitled to do so, and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof that the age of the life insured was incorrectly stated in the proposal.

For complete details of the section and the definition of 'date of policy', please refer Section 45 of the Insurance Act, 1938, as amended from time to time.

Note: This document does not purport to contain all conditions governing this product. The contract will be governed by the terms expressed in the policy document.

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