



Women are
born Smart.

Presenting a Life Insurance plan as Smart as them.

SBI Life - Smart
Women
Advantage
Non-linked, participating life insurance product
UIN: 111N106V01

 **SBI Life**
INSURANCE
With Us, You're Sure

BEFORE YOU COMMIT YOUR HARD-EARNED MONEY →

- » Analyse your Insurance and Investment needs
- » Understand the product in detail
- » Know the tenure of Renewal Premium payments

You are special, you are smart, and you have put in your very best to turn your dreams into reality. You have reached a stage in life where you have achieved what you had dreamt to achieve.

You juggle between home and work, you find a way through the ways of the world, you run to keep up with the changing trends while you stand firm for your family. You are an enigma the world is yet to decode. You are unique and so are your financial needs. Now it is time for you to plan your finances and secure you and your family's future.

We at SBI Life understand your needs and offer you a product that is crafted just for your unique needs. Presenting to you '**SBI Life - Smart Women Advantage**' a participating Individual Traditional Endowment Plan with added protection features that helps you with financial planning and offers you that security that you will value forever.

PLAN HIGHLIGHTS

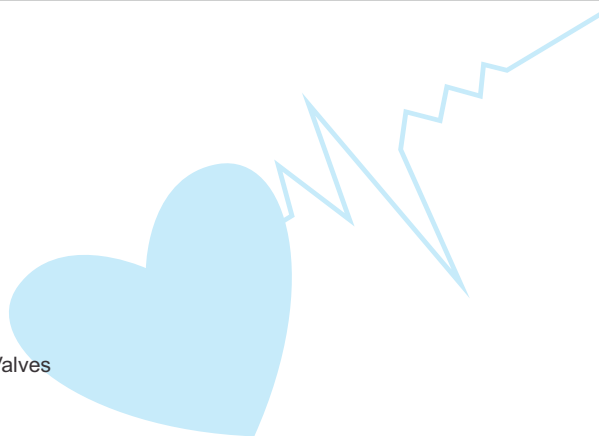
- ▶ A comprehensive Insurance plan designed for females providing benefits of:
 - Life Cover
 - Savings
 - Critical Illness (CI) Benefit
- ▶ Optional benefit of Additional Pregnancy Complication and Congenital Anomalies (APC&CA) which provides cover for Pregnancy related complications and Child birth related abnormalities.
- ▶ Choice of 2 plans:-
 - **Gold Plan** - Benefits include Life Cover + Savings + Cover against female specific Critical Illnesses
 - **Platinum Plan** - Benefits include Life Cover + Savings + Cover against female specific Critical Illnesses + Other Critical Illnesses
- ▶ Critical illness payout (based on stage of severity) on happening of the specified CI
- ▶ In-built Premium Waiver benefit in the event of Major Stage CI
- ▶ Flexibility to choose the level of Death cover & CI cover – one/two/three times of Basic Sum Assured
- ▶ Large Sum Assured Rebate – Get Discount on premium rates, for customers opting for higher level of basic sum assured
- ▶ Avail Tax benefits as per the prevailing norms under Section 80 D of the Income Tax Act, 1961 for premiums paid towards Health Benefit & 80 C benefits under the base policy.^^

PLANS

You have the option to select between 2 Plans - Gold and Platinum. **The plan once selected at inception cannot be changed during the policy term.**

- ▶ **Gold Plan:** Contingencies covered are:
 - a) Death, and
 - b) Female Specific Critical illnesses, as listed below:-
 - i. Minor, Major and Advanced staged female specific cancer of Breast, Cervical, Uterus, Ovaries, Fallopian tubes and Vagina
 - ii. Systemic Lupus Erythematosus (SLE)
 - iii. Third Degree Burn
 - iv. Severe Rheumatoid Arthritis
 - v. Severe Osteoporosis

- **Platinum Plan:** Contingencies covered are:
- a) Death, and
 - b) Critical illnesses, as listed below:-
 - i. Minor, Major and Advanced staged cancers
 - ii. Systemic Lupus Erythematosus (SLE)
 - iii. Third Degree Burn
 - iv. Severe Rheumatoid Arthritis
 - v. Severe Osteoporosis
 - vi. First Heart Attack – of Specified Severity
 - vii. Open Chest CABG
 - viii. Open Heart Replacement Or Repair of Heart Valves
 - ix. Angioplasty



For complete list of Definitions & Exclusions under the CI Benefit (Both Female Specific & Others), please refer **Annexure A**

Staging of Critical Illness Benefit:

The Benefits payable under Critical Illness is as per the three stages of severity: Minor Stage, Major Stage and Advanced Stage.

The applicable stages of severity and their corresponding payout as a percentage of Critical Illness Sum Assured are as per the table given below:

1. Gold Plan

Sr. No.	Critical Illnesses covered	Stages of Severity	Critical Illness Benefit Payout (as % of Critical Illness Sum Assured)
i	Minor, Major and Advanced staged female specific cancer of Breast, Cervical, Uterus, Ovaries, Fallopian tubes and Vagina	Minor Major Advanced	Minor: 25% Major: 100% Advanced: 150%
ii	Systemic Lupus Erythematosus (SLE)	Major	Major: 100%
iii	Third Degree Burn	Major	Major: 100%
iv	Severe Rheumatoid Arthritis	Major	Major: 100%
v	Severe Osteoporosis	Major	Major: 100%

2. Platinum Plan

Sr. No.	Critical Illnesses covered	Stages of Severity	Critical Illness Benefit Payout (as % of Critical Illness Sum Assured)
i	Minor, Major and Advanced staged cancers	Minor Major Advanced	Minor: 25% Major: 100% Advanced: 150%
ii	Systemic Lupus Erythematosus (SLE)	Major	Major: 100%
iii	Third Degree Burn	Major	Major: 100%
iv	Severe Rheumatoid Arthritis	Major	Major: 100%
v	Severe Osteoporosis	Major	Major: 100%
vi	First Heart Attack – of Specified Severity	Major	Major: 100%
vii	Open Chest CABG	Major	Major: 100%
viii	Open Heart Replacement Or Repair of Heart Valves	Major	Major: 100%
ix	Angioplasty	Minor	Minor: 25%

If, any time during the term of the policy, the life assured is diagnosed to be suffering from a Critical Illness (CI) of specific stage of severity, a percentage of the critical illness sum assured, subject to applicable limits, will be payable in one lump sum as long as the Critical Illness sum assured has not been exhausted, provided the policy is in-force. The critical illness benefit pay-out depends on the stage of the CI and claims previously admitted under the policy.

BENEFITS FOR IN-FORCE POLICIES

► **Maturity Benefit :**

Basic Sum Assured* Plus Vested Simple Reversionary Bonuses Plus Terminal bonus, if any.

*Here, Basic Sum Assured is equal to guaranteed sum assured at maturity

► **Death Benefit :**

In the unfortunate event of death of the Life Assured, 'Sum Assured on death' along with Vested Simple Reversionary Bonuses Plus Terminal bonus (if any) or 105% of the premiums paid, whichever is higher, will be payable to the beneficiary.

Where, Sum Assured on death is higher of following:

- 10 times of annualised premium,
- Guaranteed sum assured on maturity,
- The absolute amount assured to be paid on death, which is SAMF x Basic Sum Assured at Maturity.

The policy would terminate on payment of death benefit.

► **Critical Illness Benefit :**

- I. At the Minor Stage of CI, the benefit payable is 25% of CI Sum Assured.
- II. At the Major Stage of CI, the benefit payable is 100% of CI Sum Assured less any previously paid CI claims under the policy.
- III. At the Advanced Stage of CI, the benefit payable is 150% of CI Sum Assured less any previously paid CI claims under the policy.

where CI sum assured = SAMF x Guaranteed Sum Assured at Maturity.

CI sum assured and absolute amount assured on death are equal.

For minor, major and advanced stage claims, any previously paid critical Illness claims under the policy would be subtracted from the payout amount.

Once a Minor Stage CI claim is paid, no payment for any future claims under the Minor Stage of the same CI would be admissible. Same CI means same histological type and/ or same organ. Organs which are in pairs are considered as one for this purpose. Multiple minor stage claims would, however, be admissible

For example, if the LA undergoes an angioplasty then we would pay 25% of the CI SA. If the LA is diagnosed with minor stage of liver cancer then we would again pay 25% of CI SA. However, the second or more angioplasties are not covered. This would continue until the 100% of the CI SA is paid.

Once the accumulated claims under the policy becomes 100% of CI Sum Assured, the coverage for Minor stage and Major Stage would cease to exist, however, cover for Advanced Stage would continue at 50% of the CI Sum Assured.

Upon completion of the CI limit that is after critical illness payout of up to 150% of CI sum assured, the CI benefit shall cease immediately. The policy will be in-force for the other benefits present under the plan for the remaining part of the policy term. In effect, the maximum cumulative total of CI benefit payable under the policy upon the diagnosis of major stage and advanced stage cover is 100% and 150% of the CI sum assured, respectively.

The Critical Illness Benefit is payable only after survival of 30 days from the date of diagnosis of the covered critical illness. In other words, Critical Illness benefit is not payable if the life assured dies within 30 days from the date of diagnosis of the covered critical illness.

There is a waiting period of 90 days from the date of commencement of risk or reinstatement whichever is later and no Critical Illness benefit will be payable under Gold and Platinum Plan if the claim has occurred during the waiting period.

Similarly, a waiting period of 180 days will apply from the date of issue of policy for an early stage cancer.

► **Premium Waiver Benefit :**

Once a claim under Major Stage CI is accepted by the Company, all future premiums including APC&CA premium, if any, for the policy will be waived for the rest of the policy term, from the date of diagnosis of the medical condition. The remaining policy benefits shall continue throughout the policy term.

► **Additional Pregnancy Complication and Congenital Anomalies (APC&CA) option :**

At the time of commencement of the policy, you have an option of availing the Additional Pregnancy Complications & Congenital Anomalies (APC&CA) on child birth. The premium for this optional benefit has to be paid additionally over and above basic premium.

Policy term for APC&CA option is equal to the policy term chosen for the base product. The APC&CA sum assured is fixed at 20% of Basic Sum Assured.

This benefit is payable only once. Once the APC&CA Sum assured is paid during the term of the option, this option will terminate automatically or at age of 45 years whichever is earlier. The premium payable for this option will also cease.

The contingencies covered under the option are:

A. Pregnancy Complications:

- i. Disseminated Intravascular Coagulation
- ii. Ectopic Pregnancy
- iii. Molar Pregnancy
- iv. Eclampsia

B. Congenital Anomalies

- i. Down's Syndrome
- ii. Spina Bifida
- iii. Tetralogy of Fallot
- iv. Cleft Palate
- v. Ventricular Septal Defect
- vi. Atrial Septal Defect
- vii. Patent Ductus Arteriosus
- viii. Surgical Separation of Conjoined Twins



There is 1 year waiting period for this option, applying at commencement of the policy and subsequent revival, if any. No benefit under this option will be payable if the claim has occurred during the waiting period.

For complete list of Definitions & Exclusions under the APC&CA option, please refer **Annexure B**

WHO CAN AVAIL THIS PLAN?

Age** at Entry (Base Plan)	Minimum: 18 Years	Maximum: 50 Years
Age** at Entry (APC & CA option)	Minimum: 18 Years	Maximum: 35 Years
Maximum Age** at Maturity (Base Plan)	60 years	

Maximum Age** at Maturity (APC & CA option)	45 years		
Basic Sum Assured (in multiples of ₹ 1,000)	Minimum: ₹ 2,00,000		Maximum: ₹ 10,00,000
SAMF (Sum Assured Multiplicative Factor)	1, 2 or 3		
Absolute amount assured on death/ Critical Illness Sum Assured	SAMF x Basic Sum Assured Maximum Absolute amount assured on death and Critical Illness Sum Assured under all SBI Life - Smart Women Advantage Plans is restricted to ₹20,00,000. For example, if the Basic Sum Assured is ₹10,00,000, the maximum Absolute amount assured on death and Critical Illness Sum Assured will be ₹20,00,000 only, i.e policyholder can choose maximum SAMF of 2 in this example.		
APC&CA option sum assured	20 % of Basic Sum Assured		
Policy Term^	10 years & 15 Years		
Premium Frequency	Yearly/ Half-Yearly/ Quarterly/ Monthly**		
Premium Paying Term	Same as policy term		
Premium Frequency Loading	Half-Yearly: 51% of annual premium Quarterly: 26% of annual premium Monthly: 8.5% of annual premium		
Premium	Mode	Minimum	Maximum
	Yearly	₹ 15,000	Based on the Sum Assured
	Half Yearly	₹ 7,500	
	Quarterly	₹ 4,000	
	Monthly**	₹ 1,500	
"The premium towards health benefits are used entirely for providing health cover and would not contribute towards providing maturity. Only the savings premium would result into maturity benefit."			

**All the references to age are age as on last birthday.

^{###}For Monthly mode, 3 Months premium to be paid in advance and renewal premium payment 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

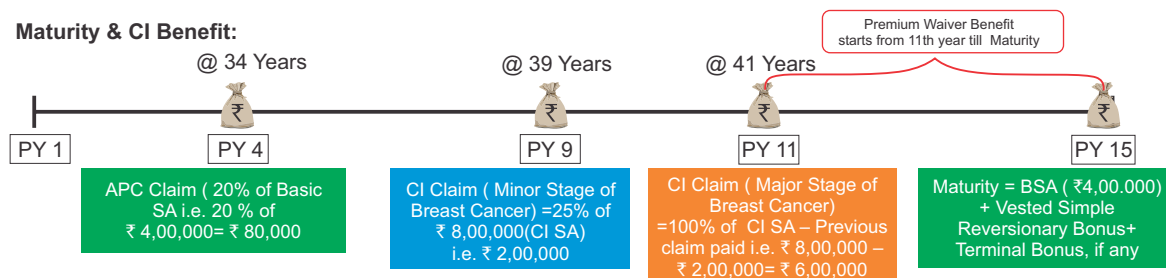
^In cases where APC&CA option is chosen, policy term should be appropriately chosen, so as the Maximum age at Maturity of the option is not breached"

Illustration

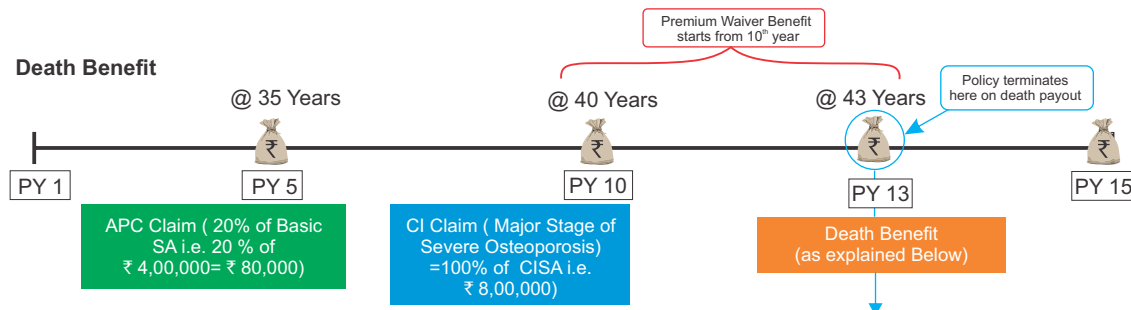
Particulars:

Life Assured Age	30	Policy Term	15 years
Basic Sum Assured (BSA)	₹ 4,00,000	Plan Option	Gold
SAMF (option of - 1 or 2 or 3)	2	Premium Frequency	Yearly
Absolute amount assured on Death	₹ 8,00,000	APC&CA (Optional benefit)	Yes
Critical illness Sum Assured (CISA)	₹ 8,00,000	Total Premium (excluding applicable taxes)	₹ 33,301
APC & CA Sum Assured	₹ 80,000	Sum Assured on Maturity	₹ 4,00,000

Maturity & CI Benefit:



Death Benefit



Whichever is higher of the below

- Absolute amount assured on death + Vested Simple Reversionary Bonus + Terminal Bonus, if any
- Or
- 10*Annualized premium + Vested Simple Reversionary Bonus + Terminal Bonus, if any
- Or
- Guaranteed Sum Assured on Maturity + Vested Simple Reversionary Bonus + Terminal Bonus, if any
- Or
- 105% of Premium paid as on date of death i.e. $105\% \times 33,301 \times 13 = \text{Rs. } 4,54,559$

NON-FORFEITURE CONDITIONS

► Surrender Value / Paid-Up Value :

You may surrender your in-force or paid-up policy at any time after payment of at least three full year's premium.

The surrender value is higher of the Guaranteed Surrender Value or Special Surrender Value. The Guaranteed Surrender Value is equal to GSV factors multiplied by the premiums paid. The premiums in this case will exclude applicable taxes, CI benefits' premiums, APC&CA premiums, extra premiums, if any

The GSV factors for various policy durations are given below:

Policy Year	As percentage of premiums paid
1 -2 years	0%
3 years	30%
4-7 years	50%
8-10 years	55%
11-12 years	60%
13-15 years	70%

Surrender value of the vested bonuses, if any, is also added to this GSV. The surrender value of the vested bonuses is calculated by multiplying the vested bonuses with bonus surrender value factors.

The Special Surrender Value is non-guaranteed and will be based on an assessment of the 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. The surrender value will depend on the term of the policy, the number of years for which premiums have been paid and the duration elapsed at the time of surrender.

Special surrender value will be arrived at by multiplying the paid-up value at maturity with SSV factors.

The Critical Illness benefits and APC&CA option do not have any surrender value.

► Paid-up Benefits:

Any time during the policy term if the premiums are not paid within grace period, the policy shall lapse.

A policy in lapsed condition can be revived within a period of two years from the date of first unpaid premium but before that date of maturity.

If less than three years' premiums have been paid in respect of the policy and any subsequent premiums are not duly paid, all the benefits under the policy shall cease at the end of the revival period from the date of first unpaid premium.

However, if at least three full years' premiums for the policy have been paid and if any subsequent premiums are not duly paid; the policy shall continue as paid-up policy.

The benefit under the paid-up policy shall reduce as follows

Death Benefit under the paid-up policy:

On death of the life assured during the policy term, paid-up value on death will be payable. Paid-up value on death is the sum of paid-up sum assured on death, vested bonuses and terminal bonus, if any.

Here, paid-up sum assured on death is equal to sum assured on death reduced to the same proportion as the ratio of the number of premiums paid to the total number of premiums payable under the policy.

In case the policy lapses without acquiring paid-up benefits, no death benefit will be payable.

Critical Illness Benefit & APC&CA option under the paid-up policy:

The Critical Illness Benefit, APC&CA option do not acquire any paid up value.

These benefits cease if the policy lapses for non payment of premium. Further, no surrender value will be available for these benefits.

Maturity benefit under the paid-up policy:

If the life assured survives till the end of the policy term the paid-up value on maturity is payable as a lump sum. Paid-up value on maturity is the sum of paid-up sum assured on maturity, vested bonuses and terminal bonus, if any.

Here, the paid-up sum assured on maturity is equal to basic sum assured reduced to the same proportion as the ratio of the number of premiums paid to the total number of premiums payable under the policy.

A paid-up policy will not participate in any subsequent distribution of profits.

► **Grace Period and Revival Facility :**

We offer you 30 days grace period from the premium due date for yearly/half-yearly/quarterly premium and 15 days for monthly premium. The policy will remain in force during grace period and will lapse if no premium is paid at the end of the grace period. A lapsed policy may be revived within 2 years from the date of the first unpaid premium subject to satisfactory proof of insurability as required by the company from time to time.

POLICY LOANS

In situations of emergency, you may require funds to meet some expenses. To fulfil this need, we allow you to borrow against your policy. Loans will be available after the policy acquires surrender value. The policy loan will be limited to a maximum of 90% of the surrender value. The loan interest rate to be charged will be declared by the company from time to time.

LARGE SUM ASSURED REBATE

Rebates on large Sum Assured are available as discounts on the basic premium based on the following slabs.

The rebate is as follows:

Basic Sum Assured (BSA)	Rebates on premium per thousand Basic Sum Assured
₹ 2.00 Lac ≤ BSA < ₹ 5.00 Lac	Nil
₹ 5.00 Lac ≤ BSA < ₹ 7.00 Lac	₹ 2.50
₹ 7.00 Lac ≤ BSA ≤ ₹ 10.00 Lac	₹ 3.00

PARTICIPATION IN PROFITS

The policy shall participate in the profits arising out of the company's 'with profits' life insurance business. It gets a share of the profits emerging from this business in the form of bonus. Simple reversionary bonuses would be declared as a percentage rate, which apply to the basic sum assured. Reversionary Bonus is declared based on our long term view of investment returns, expenses, mortality and other experience. Once declared, the reversionary bonus forms a part of the guaranteed benefits of the plan. Future bonuses are however not guaranteed and will depend on future profits. A terminal bonus may also be paid at maturity, earlier death or surrender.

NOMINATION

Nomination will be allowed under the plan as per Section 39 of Insurance Act, 1938, as amended from time to time.

ASSIGNMENT

Assignment will be allowed under the plan as per Section 38 of Insurance Act, 1938, as amended from time to time.

FREE LOOK PERIOD



You have the option to review the terms and conditions of policy within 15 days of receipt for policies sourced through any channel mode other than Distance Marketing and 30 days for policies sourced through Distance Marketing. In case you disagree with the terms and conditions, you can return the policy stating the reason for objection. Premiums paid by you will be refunded after deducting stamp duty and cost of medical expenses incurred. The proportionate risk premium for the period of cover will also be deducted.

^^INCOME TAX BENEFIT

You are eligible for Income Tax benefits/exemptions as per the applicable income tax laws in India, which are subject to change from time to time. You may visit our website for further details. Please consult your tax advisor for details

APPLICABLE TAX

You are liable to pay the applicable taxes and/or any other statutory levy/duty/ surcharge, at the rate notified by the State Government or Central Government of India from time to time, as per the applicable tax laws on basic premium & option premium (if any) as per the product feature.

SUICIDE EXCLUSION

If the life assured(s) commits suicide within one year

- i. from the date of inception of policy, whether sane or insane at that time, the nominee or beneficiary shall be entitled to 80% of the premiums paid, provided the policy is in-force. The policy will be void and no death benefit will be payable in such cases.
- ii. from the date of revival of the policy the nominee or beneficiary shall be entitled to higher of 80% of the premiums paid till the date of death or the surrender value, provided the policy is in-force.

The premium mentioned above will include premium for the Critical Illness benefit and APC&CA option, if any. However, it exclude extra premium, if any.

No benefit under APC&CA Option shall be payable in respect of any claims arising directly or indirectly as a result of the Life Assured's attempted suicide or self-inflicted injuries while sane or insane.

Annexure A: Definitions & Exclusions under the Critical Illness Benefit

A. Definitions of Minor, Major and Advanced staged female specific cancer of Breast, Cervical, Uterus, Ovaries, Fallopian tubes and Vagina (Female Specific Critical Illnesses)

- **Minor Stage :**

The diagnosis of the minor cancers listed below must be established by histological evidence and be confirmed by a specialist in the relevant field.

Carcinoma-in-situ (of breast, cervix uteri, uterus, fallopian tube, vulva/vagina or ovary), the diagnosis of which must be positively established by microscopic examination of fixed tissues, unless specifically excluded, is covered.

The following are specifically excluded:

- a. Clinical diagnosis or the Cervical Intraepithelial Neoplasia (CIN) classification which reports CIN 1, CIN 2, and CIN 3 (severe dysplasia without carcinoma-insitu).
- b. Carcinoma in situ in any part of the body other than breast, cervix uteri, uterus, fallopian tube, vulva/vagina or ovary.
- c. All tumors in the presence of HIV infection

- **Major Stage :**

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

The following are specifically excluded:

- a. 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.
- b. Any skin cancer other than invasive malignant melanoma
- c. Cancer in any part of the body other than breast, cervix uteri, uterus, fallopian tube, vulva/vagina or ovary
- d. Papillary micro-carcinoma of the thyroid less than 1 cm in diameter Chronic lymphocytic leukemia less than Rai stage III
- e. Micro-carcinoma of the bladder
- f. All tumours in the presence of HIV infection.

^{ss}**Rai Classification**

Any reference to the 'Rai Classification' in the above definitions will mean:

Stage	Description
0	Lymphocyte count >15,000/mm ³ (15 ×10 ⁹ /L) No other abnormalities i.e. no lymph nodes, no hepatosplenomegaly, hemoglobin >11 g/dl, platelets >100,000/mm ³
I	Lymph nodes present
II	Enlarged liver or spleen
III	Anemia - hemoglobin <11 g/dl
IV	Thrombocytopenia - platelets <100,000/mm ³

- **Advanced Stage :**

Any cancer of breast, cervix uteri, uterus, fallopian tube, vulva/vagina or ovary that meets the definition of 'Major' cancer and is designated by their oncologist as having Stage IV cancer by 7th edition AJCC (American Joint Committee on Cancer) Staging manual.

All Cancers in any stage as described above in the presence of HIV are excluded.

B. Systemic Lupus Erythematosus :

The unequivocal diagnosis by a consultant physician of systemic lupus erythematosus (SLE) with evidence of malar rash, discoid rash, photosensitivity, multi-articular arthritis, and serositis. There must also be hematological and immunological abnormalities consistent with the diagnosis of SLE. There must also be a positive antinuclear antibody test. There must also be evidence of central nervous system or renal impairment with either

- a. Renal involvement is defined as either persistent proteinuria greater than 0.5 grams per day or a spot urine showing 3+ or greater proteinuria
- b. Central nervous system involvement with permanent neurological dysfunction as evidenced with objective motor or sensory neurological abnormal signs on physical examination by a neurologist and present for at least 3 months. Seizures, headaches, cognitive and psychiatric abnormalities are not considered under this definition as evidence of "permanent neurological dysfunction".

Discoid lupus and medication induced lupus are excluded.

C. Third Degree Burn :

There must be third-degree burns with scarring that cover at least 20% of the body's surface area. A certified physician must confirm the diagnosis and the total area involved using standardized, clinically accepted, body surface area charts.

D. Severe Rheumatoid Arthritis :

The unequivocal diagnosis of Rheumatoid Arthritis must be made by a certified medical consultant based on clinically accepted criteria. There must be imaging evidence of erosions with widespread joint destruction in three or more of the following joint areas: hands, wrists, elbows, knees, hips, ankle, cervical spine or feet. There must also be typical rheumatoid joint deformities.

There must be history of treatment or current treatment with disease-modifying anti-rheumatic drugs, or DMARDs. Non-steroidal anti-inflammatory drugs such as acetylsalicylic acid are not considered a DMARD drug under this definition.

Degenerative osteoarthritis and all other forms of arthritis are excluded.

E. Severe Osteoporosis :

A certified medical consultant must make the definite diagnosis of osteoporosis that follows the WHO definition where there is testing evidence of bone density reading with a T-score of less than -2.5 (2.5 standard deviation below the peak bone density of a normal 25-30 year old adult). The osteoporosis must have caused multiple fractures resulting in the Insured's permanent inability to perform at least 3 of 5 Activities of Daily Living (ADLs).

Activities of Daily Living are defined as:

- i. 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;
- ii. Dressing - the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
- iii. Transferring - the ability to move from a bed to an upright chair or wheelchair and vice versa;
- iv. Toileting - the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- v. Feeding - the ability to feed oneself once food has been prepared and made available.

***WHO Definition of Osteoporosis**

Bone density reading with a T-score of less than -2.5 (i.e. 2.5 standard deviation below the peak bone density of a normal 25-30 year old adult).

F. Minor, Major and Advanced staged cancers other than those covered under Female Specific Critical Illnesses

• Minor Stage

The diagnosis of the minor cancers listed below must be established by histological evidence and be confirmed by a specialist in the relevant field. Carcinoma-in-situ, the diagnosis of which must be positively established by microscopic examination of fixed tissues, unless specifically excluded is covered.

The following are specifically excluded:

- a. Clinical diagnosis or the Cervical Intraepithelial Neoplasia (CIN) classification which reports CIN 1, CIN 2, and CIN 3 (severe dysplasia without carcinoma-in-situ).
- b. Carcinoma in situ of skin and Melanoma in situ
- c. All tumors in the presence of HIV infection
- d. Papillary micro-carcinoma of thyroid that is less than 1cm in diameter
- e. Papillary micro-carcinoma of Bladder
- f. Chronic lymphocytic leukemia categorized as stage 0 (zero) to 2 (two) as per the Rai Classification

• Major Stage

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

- a. 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.
- b. Any skin cancer other than invasive malignant melanoma
- c. Papillary micro - carcinoma of the thyroid less than 1 cm in diameter
- d. Chronic lymphocytic leukemia less than Rai stage III
- e. Micro-carcinoma of the bladder
- f. All tumours in the presence of HIV infection.

- **Advanced Stage**

Any cancer that meets the definition of 'Major' cancer and is designated by their oncologist as having Stage IV cancer by 7th edition AJCC (American Joint Committee on Cancer) Staging manual.

All Cancers in any stage as described above in the presence of HIV are excluded.

- G. **First Heart Attack – of Specified Severity :**

The first occurrence of myocardial infarction which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for this will be evidenced by all of the following criteria:

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

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

- H. **Open Chest CABG :**

The actual undergoing of open chest surgery for the correction of one or more coronary arteries, which is/are narrowed or blocked, by coronary artery bypass graft (CABG). The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a specialist medical practitioner.

The following are excluded:

- i. Angioplasty and/or any other intra-arterial procedures
- ii. any key-hole or laser surgery.

- I. **Open Heart Replacement Or Repair of Heart Valves :**

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.

- J. **Angioplasty :**

The undergoing of open heart surgery on the advice of a Consultant Cardiologist to correct narrowing or blockage of [two/one] or more coronary arteries using Balloon Angioplasty and involving the use of transluminal coronary catheters to correct significant stenosis of at least 50% diameter narrowing. Angiographic evidence to support the necessity for the above operation will be required.

List of Exclusions under Gold and Platinum plan :

The benefit will not be payable under any stage (Minor, Major and Advance) of Critical Illness:

- If the insured manifested any signs or symptoms relating to the Cancer within the waiting periods
- For any minor Stage Cancer if the diagnosis of the Early Stage Cancer was made within 180 days from the Date of Issue of the Policy
- For all other critical illness conditions, a waiting period of 90 days will apply i.e. if the condition/illness is diagnosed within 90 days of the issue of the policy. The date of diagnosis of illness/ condition is the date on which a medical practitioner first examines the life assured and certifies diagnosis of the illness/ condition.

- If there was a pre-existing medical condition before the inception of this policy which is the same medical condition for which the claim has been submitted, subject to the definition of pre-existing condition.

Pre-existing condition means any condition, ailment or Injury or related condition(s) (e.g. illnesses, symptoms, treatments, pains and surgery), for which life assured had signs or symptoms, and/or were diagnosed, and/or received medical advice/treatment within 48 months prior to the first policy issued by the Company. This would be subject to section 45 of the Insurance Act, 1938 as amended from time to time.

- For any medical condition or medical procedure resulting directly or indirectly from self inflicted injuries, attempted suicide, while sane or insane;
- For any medical conditions suffered by the life assured or any medical procedure undergone by the life assured if that medical condition or that medical procedure was caused directly or indirectly by Acquired Immunodeficiency Syndrome (AIDS), AIDS related complex or infection by Human Immunodeficiency Virus (HIV);
- For any medical conditions suffered by the life assured or any medical procedure undergone by the life assured, if that medical condition or that medical procedure was caused directly or indirectly by any congenital anomaly or defect;
- For any medical conditions suffered by the life assured or any medical procedure undergone by the Life Assured, as a result of an accident due to provoked assault;

For example, if the Life Assured suffers third degree burn during the process of provoking assault on other person using inflammable substance and suffers third degree burn herself, the claim will not be payable.

- For any medical condition or any medical procedure arising from the donation of any of the life assured's organs;
- For any medical conditions suffered by the life assured or any medical procedure undergone by the life assured, if that medical condition or that medical procedure was caused directly or indirectly by alcohol or drug abuse.
- Engaging in or taking part in hazardous activities, including but not limited to, diving or riding or any kind of race; martial arts; hunting; mountaineering; parachuting; bungeejumping; underwater activities involving the use of breathing apparatus or not;

Hazardous Activities mean any sport or pursuit or hobby, which is potentially dangerous to the Insured Member whether he is trained or not.

- Failure to seek or follow medical advice or treatment under reasonable circumstances from any registered and qualified Medical Practitioner.

A Medical practitioner is a person who holds a valid registration from the medical council of any state of India and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of his license and who is neither the life insured himself nor related to the life insured by blood or marriage. The term Medical Practitioner will include surgeons, anaesthetists, consultants, pathologists, radiologists, radiation oncologists and specialists

- Participation by the insured person in a criminal or unlawful act with criminal intent.
- For any medical condition or any medical procedure arising from 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.
- For any medical condition or any medical procedure arising from 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.
- For any medical condition or any medical procedure arising either as a result of 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 or participation in any naval, military or air force operation during peace time.

Annexure B: Definitions & Exclusions under the Additional Pregnancy Complications and Congenital Abnormalities (APC&CA) Option

A. Pregnancy Complications

i) Disseminated Intravascular Coagulation (DIC)

DIC means a life threatening complication of pregnancy, consisting of a systemic thrombohemorrhagic disorder, that is characterized by generalized bleeding and end organ damage. The diagnosis must be confirmed by a gynecologist or obstetrician as disseminated intravascular coagulation, and supported by laboratory tests showing a combination of significant thrombocytopenia, pro-coagulant activation, fibrinolytic activation and inhibitor consumption. The benefit is payable only if the above condition requires treatment with frozen plasma and platelet concentrates.

ii) Ectopic Pregnancy

Pregnancy, in which the fertilized ovum implants in the fallopian tube. The ectopic pregnancy must have required the immediate surgical removal of the ovum or complete fallopian tube. The diagnosis must be confirmed with a pathology report. No benefit will be payable for partial salpingectomy and any other forms of treatment for ectopic pregnancy.

iii) Molar Pregnancy

Complete Hydatiform mole is a form of trophoblastic disease characterized by clusters of hydropic villi and trophoblastic elements and atypia. The hydatiform mole must have been diagnosed by a specialist, and confirmed with a pathology report. The condition must require a hysterectomy and the same must have been performed.

iv) Eclampsia

Eclampsia is the occurrence of generalized tonic clonic grand mal seizures after the 20th week of pregnancy in a pregnant woman who also has hypertension, proteinuria, and oedema. Eclampsia must be diagnosed by a Gynaecologist, Obstetrician or specialist physician. The eclampsia must require the emergency delivery of the fetus and placenta. Seizures due to other causes are excluded. Postpartum eclampsia is excluded.

B. Congenital Anomalies

i) Down's Syndrome

Live birth of a baby with Down's syndrome (trisomy 21)- as diagnosed by a specialist physician and proven on chromosomal analysis.

ii) Spina Bifida

Spina Bifida is a neural tube defect where there is failure of the spine to close properly during pregnancy. There must be a resultant meningocele or meningocele. The spina bifida must also have required corrective surgery and there must be objective evidence of permanent paralysis as verified by a neurologist.

iii) Tetralogy of Fallot

A congenital abnormality of the heart characterized by pulmonary stenosis, an opening in the interventricular septum, malposition of the aorta over both ventricles, and hypertrophy of the right ventricle. Open heart surgery must have taken place to correct the congenital defect.

iv) Cleft Palate

Congenital fissure of the roof of the mouth requiring corrective surgical procedures produced by failure of the two maxillae to unite during embryonic development with or without cleft lip.

v) Ventricular Septal Defect

Failure of the interventricular septum to close giving rise to a significant left to right shunt that must be more than 2:1 pulmonary to systemic flow ratio. Open-heart surgery must have taken place to correct the defect.

vi) Atrial Septal Defect

A congenital cardiac defect in the wall between the right and left atria giving rise to a significant left to right shunt. Open heart surgery must have taken place to correct the defect.

vii) Patent Ductus Arteriosus

The condition where the ductus arteriosus fails to close after birth causing significant left to right shunt. Open heart surgery must have taken place to correct the congenital defect.

viii) Separation Surgery of Conjoined Twins

The undergoing of surgical separation of the conjoined twins at least one of the co-twins must be alive at the time of the separation surgery. Conjoined twins here are defined as identical twins that are born with their bodies joined.

List of Exclusions

No benefit shall be payable in respect of any claims arising directly or indirectly as a result of any of the following:

- Acquired Immune Deficiency Syndrome (AIDS), AIDS-related complex or infection by Human Immunodeficiency Virus (HIV).
- Any congenital or inherited disorder or developmental conditions of the Life Assured.
- Narcotics used by the Life Assured unless taken as prescribed by a Registered Doctor, or the Life Assured's abuse of drugs and/or consumption of alcohol.
- Any illness resulting from a physical or mental condition which existed before the effective date of this Plan, or in case of reinstatement, from the effective date of such reinstatement (whichever is later) and which was not disclosed in the application for insurance or health statement. Effective date of the plan is the date of commencement of risk or the date of revival, whichever is later.
- Any event giving rise to a claim (including death) on the child of the life assured caused directly or indirectly by the intentional act of the policy owner, life assured or person who will otherwise be entitled to the benefit payable.
- Failure to seek or follow medical advice or treatment under reasonable circumstances from any registered and qualified Medical Practitioner.

A Medical practitioner is a person who holds a valid registration from the medical council of any state of India and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of his license and who is neither the life insured himself nor related to the life insured by blood or marriage. The term Medical Practitioner will include surgeons, anaesthetists, consultants, pathologists, radiologists, radiation oncologists and specialists

- 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 with criminal intent.
- 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.

Further conditions for Pregnancy Complications and Congenital abnormalities:

A. Pregnancy Complications:

The benefit will not be payable if

- Complications happen within waiting period which is 1 year of policy commencement.
- Any disseminated intravascular coagulation arising during the first 7 months of pregnancy will not be covered
- Any complication arising from surrogacy or fertility treatment including in-vitro fertilizations.

B. Birth of child with congenital disorders / surgeries:

The benefit will not be payable if

- Benefit will not pay for children born before the policy is taken or within waiting period which is 1 year of policy commencement
- Birth of child with congenital disorder or complication arising when LA is a carrier of surrogacy pregnancy is not covered.
- Benefit will not be applicable on adoption of child or child born from a surrogate mother (i.e. Birth of child born with disorder when LA is not carrier of child)
- Benefit is not payable if claim arising due to abortion or elective termination of pregnancy other than for medical reasons.

The claim is payable only if:

- o The congenital illness is diagnosed within 2 years from the date of delivery of the child; and
- o The child of the life assured survives at least 30 days from the date of delivery with congenital illness and the necessary surgical / medical intervention as outlined in each of the condition is fulfilled.

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 bonafide 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.

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