



SBI Life Insurance Company Limited

Registration Number: 111

Regulated by IRDAI

**POLICY
DOCUMENT**

SBI Life – Grameen Super Suraksha

UIN: 111N039V04

A Group, Non-Linked, Non-Participating, Pure
Risk Premium, Micro Life Insurance Product

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

Website: www.sbilife.co.in | Email: info@sbilife.co.in | CIN: L99999MH2000PLC129113

Toll Free: 1800 267 9090 (Between 9 AM & 9 PM)

Part A

Welcome Letter

Ref No:<<Reference No. >>

Date: <<DD/MM/YYYY>>

To
<<Recipient Name & Designation>>
<<Master Policy Holder Name>>
<<Address1>>
<<Address2>>
<<Address 3>>
<<City>>
<<State>> - <<Pincode>>

Dear Sir / Madam,

Subject: Master Policy No: xxxxxxx – SBI Life Grameen Super Suraksha (UIN: 111N039V04)

We welcome you to the SBI Life family and thank you for your trust in our products.

Joining SBI Life family will give you access to best customer service and large range of products which cater to most of your and your members life insurance needs.

You will find your Master **Policy Document and List of members covered** with this letter. Please check all details and make sure that it is kept safely. Copy of the proposal form is also enclosed. The Certificate of Insurance for each member will be dispatched to member’s address shortly. Kindly acknowledge the receipt of the documents in the enclosed format.

Your Contact Point: For any information/ clarification, please contact:

1. Your local service branch: or,
2. Call us on or, your intermediary << Intermediary Name>>, code << Intermediary Code>> on << Intermediary Contact Detail (Mobile / Landline number)>> as also mentioned in the policy schedule
3. In case you have any complaint/grievance, you may contact the following official for resolution:
.....

Free Look Option

- I. This product offers a 15 day free look period for policies sourced through any channel mode other than Distance Marketing channel and electronic policies, and 30 days for policies sourced through Distance Marketing channel and electronic policies. In the event that policyholder is not satisfied with the terms and conditions of the policy and wish to cancel the policy, they can do so by returning the policy to the company along with a letter requesting for cancellation.
- II. In case if this is a compulsory scheme (where the decision for participation is not with the member and it is mandatory for the member to join the scheme) the option for cancellation during the Free-look period is not available to the insured member and would be available only with the Master Policyholder. The Master policyholder can review the terms and conditions of the policy, within 15 days from the date of receipt of the Master Policy Document for policies sourced through any mode other than Distance Marketing and electronic policies, and within 30 days from the date of receipt of the Policy Document in case of policies sourced through Distance Marketing and electronic policies. In case the Master Policyholder is not satisfied or disagrees with

Part A

any of the terms and conditions, he/she has the option to return the Policy Document stating the reasons for objection.

- III. In case if this is a voluntary scheme, free-look period will also be available at the member level. In the event that the member is not satisfied with the terms and conditions of the policy/COI, and wishes to cancel the contract, he / she can do so by returning the COI to the company along with a letter requesting for cancellation within 15 days of receipt of the COI for policies sourced through any channel other than Distance Marketing channel and electronic policies and 30 days of receipt of COI for policies sourced through Distance Marketing channel and electronic policies.
- IV. In either of the cases, premiums paid will be refunded after deducting stamp duty cost incurred in respect of the member. The proportionate risk premium for the period of cover will also be deducted.

We look forward to be your preferred Life Insurance Company for all your Life Insurance needs.

Please note the **ROLES AND RESPONSIBILITIES** that you as a Master Policyholder are expected to fulfill:

- Ensure that the members enrolled are eligible to join the scheme as per scheme rules mentioned in the Product Features, Master Policy Document and the Master Proposal Form.
- The Membership forms in the stipulated format have been collected from the eligible members who had enrolled for the scheme.
- The Membership form is duly filled, signed by the member and witnessed.
- The primary details of the member as mentioned in the membership form matches with the records of the bank/organization.
- Deduction/ Collection of renewal premium as advised by SBI Life as per renewal due dates
- Master Policy Holder has to communicate all the members about the basic scheme rules, the risk commencement date, the period of exclusion, grace period for payment of premium and the lapsation rules.
- The Certificate of Insurance will be sent to the communication address of the members directly. Please ensure that the address of the Members is provided correctly.
- The membership forms are stored and archived by you for a minimum period of 10 years
- In situation where the membership form is requested by SBI Life, the forms are to be submitted to SBI Life within 7 working days

We assure you of our best services at all times and look forward to an enduring relationship.

Warm Regards,

Groups Operation
SBI Life Insurance Co. Ltd.

Part A

Part A

Policy Preamble

Welcome to your **SBI Life – Grameen Super Suraksha** policy, a Group, Non-Linked, Non-Participating, Pure Risk Premium Micro Life Insurance Product and thank you for choosing **SBI Life Insurance Company Limited**. The UIN allotted by IRDAI for this product is **111N039V04**.

The information you have given in your proposal form, details of the members provided in membership forms, other documents and declarations submitted for granting of insurance cover and other benefits to the members, form part of this contract of insurance with us. Your policy document, comprising this policy schedule along with the policy booklet and any endorsements, is evidence of the contract. You should read these carefully to make sure that you are satisfied with the terms and conditions of the policy and that there are no discrepancies in the policy document. Please keep these in a safe place.

The benefits will be paid to the person(s) entitled as set out in the policy document, on proof to our satisfaction, of such benefits having become payable and of the title of the persons claiming the payments.

If you require further information, please contact us at 1800 267 9090 (between 9 AM and 9 PM) or email us at info@sbilife.co.in

Policy Schedule

Intermediary Details

1. Type of Intermediary	<< Direct/ Micro Insurance Agent/ Broker/ Insurance Advisor/ Corporate Agent >>
2. Name of the intermediary	<< from the proposal form >>
3. Code / Branch code	<< xxxx / xxxx >>
4. Contact Phone no.	<< STD Code – Contact No. / Mobile No.>>

Identification

5. Master Policy Number	<< as allotted by system >>
6. Master Proposal Date	<< dd/mm/yyyy >>

The Master Policy Holder (MPH)

7. Name of the Proposer/ Master Policy Holder	<< Name as mentioned in the Master Proposal Form >>
8. Mailing Address	<< Address as mentioned in the Master Proposal Form >>
9. Telephone Number with STD Code	<< As mentioned in the Master Proposal Form >>
10. E-Mail ID	<< E-Mail ID of the proposer >>
11. Nature of the Group	<< as mentioned in the Master Proposal Form. >>
12. Type of Organisation	<< as mentioned in the Master Proposal Form. >>

Policy Information

Part A

13. No. of members as on Date of Commencement	<< Total initial number of members >>
14. Date of Commencement of Master Policy	<< DD/MM/YYYY>>
15. Minimum Entry Age	<< XX >> years as on last birthday
16. Maximum Entry Age	<< XX >> years as on last birthday
17. Maximum Maturity Age	<< XX >> years as on last birthday
18. Cover End Date for each Group Member	<< xx months/years from the Member Cover Start Date as mentioned in COI >>
19. Minimum Sum Assured	<< Rs. 5,000 >>
20. Maximum Sum Assured	<< Rs. 2,00,000>>
21. Total Sum Assured as on Date of Commencement	<< Rs. >>
22. Premium (excluding applicable taxes) (Rs.)	
23. Applicable Taxes* (Rs.)	
24. Premium Paid (including taxes) (Rs.)	
25. Premium Payment Mode	<< Single / Regular (Annual) >>
26. Due Date of Future premium, in case of Regular Premium Mode, for each Group Member	<< Every 12 months from the Member Cover Start Date as mentioned in the COI>>
27. Underwriting Requirement	Good Health Declaration

* Includes applicable taxes and/or any other statutory levy/duty/surcharge on premium, at the rate notified by the State Government or Central Government of India from time to time, is payable as per the applicable tax laws.

Exclusions & Clauses Applicable

Suicide Clause	Applicable

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

Authorised Signatory			
Name			
Designation			
Date		Place	

The stamp duty of Rs <<...>> (Rupees.....only) paid vide Letter of Authorisation No. dated <<...>> issued by Pradhan Mudrank Karyalay

<< Digital Signature >>

(Signature)
Proper Officer

Part A

We request you to read this policy schedule along with the policy booklet. If you find any errors, please return your policy document for effecting corrections.

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

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Part B

Policy Booklet

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Part B

Part B

Your Policy Booklet

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 for effecting corrections.

1 Definitions

These definitions apply throughout your policy document.

Expressions	Meanings
1. Age	is the age in completed years as on last birthday of the insured member.
2. Certificate of Insurance (COI)	is the document issued to an insured member which contains the details of the insured member and policy benefits and provides a summary of key features with terms and conditions.
3. Claimant	means the nominee/beneficiary or the legal heir of the Insured member.
4. Company	means SBI Life Insurance Company Limited.
5. Cover Start Date (CSD)	is the date on which the insurance cover of the member commences. CSD is the date of acceptance of risk under the proposal or the date of receipt of premium in respect of the insured member, whichever is later.
6. Cover End Date (CED)	is the date on which insurance cover of the member ceases.
7. Date of commencement of policy	is the start date of the Master Policy.
8. Date of commencement of Risk	is the date from which the insurance cover under the policy commences for the respective member
9. Death benefit	is the amount payable on death of the insured member.
10. Endorsement	means a document issued by the Company in writing indicating the change(s) to the terms and conditions of the master policy schedule/ booklet effected after the issue of the Master Policy by the company.
11. Free-look period	is the period during which the master policyholder / the insured member has an option to return the master policy or Certificate of Insurance as the case may be and cancel the contract if master policyholder / insured member is not satisfied with the terms and conditions of the policy.
12. Good Health Declaration	is the form submitted by the member declaring that he/she is in good health. If Good Health Declaration is found to be false at any time, the insurance cover in respect of the member concerned, shall become void and the premiums paid by the member shall be forfeited by the Company.
13. Grace Period	is the period beyond the premium due date during which the member's insurance cover is treated as in-force and the member can pay the renewal premium without any penalty or interest.
14. In-force	is the status of the insurance cover on the life of an insured member when all the due premiums have been paid up to date.

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15. Insured Member	is the person/ member in relation to whom the life insurance cover is granted.
16. Lapse	is the status of the insurance cover on the life of a member when a due premium is not paid by the member / MPH before the expiry of grace period.
17. Master Policyholder (MPH)	is an entity like NGO, SHG, Bank, NBFC, MFI, any other organization or association which renders services to low-income segment, as mentioned in the master proposal form. MPH is also the group administrator to whom the Master Policy is issued.
18. Member	means a person of the constituent group which is undertaking similar activity or has been formed for commonality of purpose and is eligible for grant of benefits under the policy. A member does not automatically become an insured member unless he/she fulfils the eligibility criteria and complies with all the requisite formalities for grant of insurance cover and the Company grants him an insurance cover and issues a certificate of insurance.
19. Member Policy	is the Certificate of Insurance.
20. Membership Form	is the proposal form with the details of member.
21. Nominee / beneficiary	the person who is named as the nominee in the membership form or subsequently changed by an endorsement, as per section 39 of the Insurance Act, 1938 as amended from time to time, who has the right to give a valid discharge to the policy monies in case of the death of the insured member during the term of the member policy.
22. Non-participating	the master / member policy does not have a share in the profits and hence is not entitled to any bonus or any other additional amount of whatsoever nature.
23. Policy anniversary	is the same date each year during the policy term as the date of commencement. If the date of commencement is on 29 th of February, the policy anniversary will be taken as the last date of February.
24. Policy document	includes policy schedule, policy booklet and endorsements, if any.
25. Policy Schedule	is the document that sets out the details of the policy.
26. Policy year	is the period between two consecutive policy anniversaries.
27. Policy Term	is the period during which the contractual insurance benefits are payable for the insured member.
28. Premium	is the amount of money payable by the insured member / MPH on each premium due date in order to keep the insurance cover in force
29. Premium Payment Mode	is the frequency of premium payment.(i.e Single premium, Regular premium)
30. Revival	is the process by which the benefits lapsed under a member policy are restored.
31. Revival period	is the period from the date of first unpaid premium till the end of policy term, during which benefits lapsed under a member policy can be restored.
32. Sum assured	is the amount of insurance cover on the life of the Insured Member as mentioned in the Certificate of Insurance.
33. Surrender	is the voluntary termination of the insurance benefits by the member in the case of voluntary schemes and by the master policyholder in the case of compulsory schemes where the premiums are paid by the master policyholder.
34. 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.
35. We, Us, Our	SBI Life Insurance Company Limited or its successors. We are regulated by the Insurance Regulatory and Development Authority of India (IRDAI). The registration number allotted by the IRDAI is 111.

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36. You, Your	are the NGO, SHG, Bank, NBFC, MFI, any other organization or association named as the master policyholder.
37. Total premium paid/received	is the total of all the premiums paid/received, excluding any extra premiums and applicable taxes.

2 Abbreviations	
COI	Certificate of Insurance
IRDAI	Insurance Regulatory and Development Authority of India
Rs.	Indian Rupees
UIN	Unique Identification Number (allotted by IRDAI for the product)
MPH	Master Policy Holder

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

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3 Policy Benefits

3.1 Death Benefit

- 3.1.1** If all the due premiums have been paid in respect of the insured member, on death of the insured member during the policy term, we will pay the sum assured to the nominee/ beneficiary or the legal heir, if the claim is found admissible and payable.
- 3.1.2** If all the due premiums have not been paid in respect of the insured member,
- 3.1.2.1** On the death of the insured member during the grace period, we will pay the sum assured to the nominee/ beneficiary or the legal heir after deducting the unpaid outstanding premium, if the claim is found admissible and payable.
- 3.1.2.2** On the death of the insured member after the end of grace period, that is, if the policy is in lapse status as on the date of death of the insured member, no benefit will be payable to the nominee/ beneficiary or the legal heir.
- 3.1.3** The maximum benefit payable by the Company under all group micro insurance schemes, through a single application or multiple applications of same member shall not exceed Rs. 2,00,000 under any circumstance. In the event of there being more than one claim in respect of the same insured member, claims will be processed in the chronological order of receipt by the Company and claims only up to the aforementioned limit of Rs. 2,00,000 [Rupees Two Lakhs only] will be payable. All other claims will be declined and premiums paid under such policies (exclusive of applicable taxes) net of stamp duty will be refunded without interest to the nominee/ beneficiary or legal heir.
- 3.1.4** In case the insured member dies after the submission of request for surrender of his insurance cover but before the payment of surrender value or dies after submission of request for free-look cancellation of his insurance cover, but before refund of premium, the nominee/ beneficiary or legal heirs would be eligible for death benefit. The Insurance cover shall automatically stand cancelled on the date of death of the insured member.

3.2 Maturity Benefit

- 3.2.1** At maturity, we will not pay any benefit.

3.3 Eligibility Criteria

- 3.3.1** The member, who fulfills the age criteria as mentioned in the Policy Schedule, will have to submit a Good Health Declaration along with the membership form and satisfy other underwriting requirements, if any. The policy benefits shall commence on the date of acceptance of risk under the proposal or the date of receipt of premium in respect of the insured member, whichever is later.

4 Premiums

4.1 Single Premium Payment Mode

- 4.1.1** The premium has to be paid in full along with the membership form at inception only, without any further obligation to pay any further premiums.

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4.2 Regular Premium Payment Mode

- 4.2.1** Initial premium has to be paid in full along with the membership form.
- 4.2.2** The renewal premium has to be remitted on or before the premium due dates or within the grace period.
- 4.2.3** The renewal premium has to be remitted even if the renewal premium notice is not received. There is no obligation on our part to send you the renewal premium notices. We will not send any renewal premium notices or reminders.
- 4.3** Taxes will be charged separately and would have to be paid along with the premium. Applicable taxes and/ or any other statutory levy/ duty/ surcharge shall be charged at the rate notified by State Government or Central Government of India from time to time as per the provisions of the prevalent tax laws.
- 4.4** If premium amount received is in excess of the requisite premium, the excess money will be refunded without any interest.
- 4.5** The premium should be paid in full always. In case, the premium amount received by us is less than the requisite amount, it will not be adjusted until the deficit premium is received. We are not liable to pay any interest on the partial premium paid by you and/ or the insured member. We may charge interest for delayed payment of premium even though you and/ or the insured member may have remitted partial amount of premium.
- 4.6** You and/ or the insured member will be liable to pay all applicable taxes as levied by the Government and or other Statutory Authorities from time to time.

5 Grace period

- 5.1** The renewal premiums have to be paid within a grace period of 30 days from the premium due date.
- 5.2** The insurance cover, in respect of the insured member, will be treated as in-force during the grace period but the death claim benefit will be payable subject to the deduction of outstanding premiums with interest, if any.
- 5.3** If the due premiums are not paid before the expiry of grace period, the member policy, in respect of that insured member, will lapse and no death benefit will be payable.
- 5.4** Grace Period is not applicable for Single Premium policies

6 Lapse

- 6.1** In case of regular premium policy, if the due premiums are not paid before the expiry of grace period, the insurance cover [member policy], in respect of that insured member, will lapse after the expiry of the grace period and no death benefit will be payable.

Part D

Part D

7 Non Forfeiture Conditions

7.1 Surrender

- 7.1.1** Surrender facility is available only in case of Single Premium Payment Mode issued with policy term of 13 months and above.
- 7.1.2** The insured member may surrender his/ her insurance cover after completion of 12 months..
- 7.1.3** The surrender value payable would be as under:
- 7.1.3.1** 50% of single premiums paid (exclusive of applicable taxes) x [Unexpired term (in months) / Total Policy term (in months)].
- 7.1.3.2** Unexpired term will be calculated as policy term (in months) less completed policy months as on the date of receipt of surrender request.

8 Revival

- 8.1** A lapsed member policy can be revived for full benefits before the expiry of policy term, subject to board approved underwriting policy and interest, as applicable, provided the member is eligible for revival of his/her insurance cover.
- 8.2** The revival will be considered on receipt of written application from you or the insured member.
- 8.3** The member will have to submit Good Health Declaration and satisfy other underwriting requirements, if any. We may accept or reject the revival request. We will inform you about the same. Revival of the policy/insurance cover is not effective unless you receive a written communication from us stating the same.
- 8.4** All the outstanding premiums which have not been paid during the revival period will have to be paid along with interest. The interest rate applicable for FY 2020-21 is 6.90% p.a.. If at the time of revival, an extra premium is charged, you and/ or the member will pay that extra premium to revive the policy.
- 8.5** The company would charge an interest at a rate which is 250 basis points greater than the benchmark yield of Repo Rate as on April 1 every financial year and it will be compounded on half yearly basis. The benchmark yield of Repo Rate as on 1st April 2020 is 4.40% p.a..
- 8.6** The lapsed member policy cannot be revived after the expiry of the revival period.
- 8.7** If the Master Policy lapses and is not revived, the individual insured members cannot revive their individual insurance covers.
- 8.8** This is not applicable for Single premium policies.

9 Claims

9.1 Death claim

- 9.1.1** The nominee/ beneficiary or the legal heir should intimate the death of the insured member in writing, stating at least the Customer ID or SHG account number, cause of death and date of death.
- 9.1.2** We will require the following documents to process the claim:
- Proof of insurance cover on the life of the deceased member / COI
 - Claimant's statement and claim forms in prescribed formats.
 - Original death certificate from municipal / local authorities.
 - Any other document which SBI Life calls at its discretion.
- 9.1.3** The claim documents should be sent to the following address:

SBI Life Insurance Company Limited – Claims Department
7th Level (D Wing) & 8th Level, Seawoods Grand Central,
Tower 2, Plot No. R-1, Sector 40, Seawoods,
Nerul Node, Navi Mumbai - 400 706
Dist. Thane, Maharashtra

- 9.1.4** Claim under the policy may be filed with us within 90 days of date of death.
- 9.1.5** 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.
- 9.1.6** The Claim form shall be duly authenticated by you to the satisfaction of the Company.
- 9.1.7** We will pay the claim to the nominee/ beneficiary, if the nomination is valid.
- 9.1.8** If the nomination is not valid, we will pay the legal heir.

9.2 Surrender

- 9.2.1** The insured member may request us for surrendering his/ her policy in writing.
- 9.2.2** We will require the original Certificate of Insurance and discharge form to process the surrender
- 9.2.3** We will pay the surrender value to the insured member provided the member policy has acquired any surrender value as per the terms and conditions of the policy. In case the member policy does not acquire any surrender value, nothing shall be payable on surrender of the policy.
- 9.2.4** Once we receive the request for surrender from the insured member, all the benefits under the member policy including the death benefit shall cease from the date of payment of surrender value by us.

10 Termination

10.1 Termination of the member policy in respect of insured member:

The insurance cover and other benefits, in respect of any insured member, will terminate at the earliest of the following:

- 10.1.1** Expiry of the policy term
- 10.1.2** On termination of the Master policy
- 10.1.3** on date of death of the insured member
- 10.1.4** on expiry of cover in respect of the insured member, for any reason whatsoever
- 10.1.5** on expiry of the grace period in case if premiums due are not paid
- 10.1.6** the date of payment of surrender value.
- 10.1.7** the date of payment of free-look cancellation amount.
- 10.1.8** on the expiry of the revival period, if the due premium is not paid

10.2 Termination of the Master policy: You can terminate the Master Policy itself without the consent of the individual insured members.

- 10.2.1** The Master Policy shall terminate
 - 10.2.1.1** on the date of payment of free-look cancellation amount to the Master Policyholder.
 - 10.2.1.2** on the date of payment of surrender value of the Master Policy, if any.
 - 10.2.1.3** on the date the last insured member of the Master Policy exits the scheme of insurance in any manner whatsoever.

- 10.2.2** On the termination of the Master Policy due to free-look cancellation, the insurance cover and other benefits in respect of all the insured members shall automatically terminate.
- 10.2.3** On the termination of the Master Policy due to surrender, the insurance cover and other benefits under the member policy in respect of the insured members may continue till the date of maturity of the member policy or till the date of surrender of the member policy whichever is earlier subject to receipt of all the due premiums in respect of respective member policy.

11 General Terms

11.1 Policy Alteration

Increase or decrease in the sum assured is not allowed in the member policy.

11.2 Payment of Benefits

Payment of any benefits under this master policy shall be made to the insured member or his/ her nominee/ beneficiary or legal representative as the case may be, even if the cheque is sent to the master policyholder for administrative convenience or through any other electronic mode of payment to the specific bank account of the insured member.

11.3 Free-look period

11.3.1 This product offers a 15 day free look period for policies sourced through any channel mode other than Distance Marketing channel and electronic policies, and 30 days for policies sourced through Distance Marketing channel and electronic policies. In the event that policyholder is not satisfied with the terms and conditions of the policy and wish to cancel the policy, they can do so by returning the policy to the company along with a letter requesting for cancellation.

11.3.2 If the scheme is compulsory -

11.3.2.1 You, i.e., the master policyholder will have 15 days for polices sourced through any channel other than Distance Marketing and electronic policies and 30 days for polices sourced through Distance Marketing and electronic policies from the date of the receipt of this policy document to review its terms and conditions. If you are not satisfied, you can return the policy stating the reasons for objection.

11.3.2.2 Free Look Period Option is not available to the individual members in Compulsory Schemes, where the premium is being borne by you.

11.3.3 If the scheme is voluntary –

11.3.3.1 Free-look period will also be available at the member level. In the event that the member is not satisfied with the terms and conditions of the policy/COI, and wishes to cancel the contract, he / she can do so by returning the COI to the company along with a letter requesting for cancellation within 15 days of receipt of the COI for policies sourced through any channel other than Distance Marketing channel and electronic policies and 30 days of receipt of COI for policies sourced through Distance Marketing channel and electronic policies.

11.3.4 In either of the cases, premiums paid will be refunded after deducting stamp duty cost incurred in respect of the member. The proportionate risk premium for the period of cover will also be deducted.

11.3.5 The Master Policy Holder or the Insured Member cannot revive or restore the policy once cancelled.

11.4 Suicide exclusion

11.4.1 If the insured member, commits suicide, within 12 months from the date of commencement of risk or from the date of revival of risk under the member policy, the death benefit for the group member shall not be payable. In such an event, 80% of the total premiums paid (net of applicable taxes and

cess) till date of death or surrender value available as on the date of death (if any), whichever is higher, under the policy shall be refunded to the nominee or beneficiary of the member, provided the member policy is in force.

11.5 Policy loan

Loan facility is not available in your policy.

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Part E

12 Charges

12.1 Being a non-linked insurance product, there are no explicit charges under this policy.

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13 General Terms – Miscellaneous

13.1 Notices

No Premium notices shall be sent either to the Master Policyholder or to the individual members. Non-receipt of renewal premium notice shall not be accepted as a ground for non-payment of renewal premiums.

13.2 Nomination

13.2.1 The insured member may, when effecting the insurance cover or at any time before the cover term ends, nominate a person or persons, as per provisions of Section 39 of the Insurance Act, 1938 as amended from time to time; to whom the money secured by the insurance cover shall be paid in the event of death of the insured member.

13.2.2 The member may cancel or change the existing nomination.

13.2.3 The nomination should be registered in our records to make it binding on us.

13.2.4 For complete details about nomination, please refer to Section 39 of the Insurance Act, 1938; as amended from time to time.

[A leaflet containing the simplified version of the provisions of Section 39 is enclosed as Annexure – I for reference.]

13.3 Assignment

Assignment of your master policy or the member policy is not allowed under this product.

13.4 Non-disclosure

13.4.1 We have issued your master policy based on the statements in your proposal form, member details in the membership forms, and any other documents that are submitted to us.

13.4.2 If we find that any of this information is inaccurate or false or you withheld or suppressed any material information, or in case of fraud, we will have a right to repudiate all the claims under your policy and / or cancel your policy as applicable subject to the provisions of section 45 of the Insurance, 1938 as amended from time to time and no benefit under the policy is payable.

13.4.3 If we repudiate the claim under your policy and / or cancel your policy on the grounds of fraud, we would forfeit the premiums received under your policy and we shall not entertain any claim under your policy.

13.4.4 If we repudiate death claim and / or cancel your policy on any grounds other than fraud, we may pay such amounts as are payable under the policy subject to the provisions of Section 45 of the Insurance Act 1938, as amended from time to time.

[A leaflet containing the simplified version of the provisions of Section 45 is enclosed as Annexure II for reference.]

13.5 Misstatement of age

13.5.1 If we find that the correct age of the insured member is different from that mentioned in the membership form, we will check their eligibility for the life cover as on the date of commencement. If the age stated is incorrect and the member is:

13.5.1.1 Eligible,

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13.5.1.1.1 If the correct age is found to be higher, you and/ or the insured member will have to pay the difference in premiums along with interest based on the company's prevalent norms which may change from time to time.

13.5.1.1.2 If the difference in premium and the applicable interest is not paid, we will terminate the member's insurance cover and pay amount as per provisions of Section 45 of the Insurance Act, 1938; as amended from time to time.

13.5.1.1.3 If the correct age is found to be lower, we will refund the difference in premiums without interest

13.5.1.2 If the revised correct age of the insured member is such that he/she is not eligible for the insurance cover,

13.5.1.2.1 We will terminate the policy in respect of the insured member.

13.5.1.2.2 We will pay the surrender value to the insured member, if any, as on the date of such termination.

[A leaflet containing the simplified version of the provisions of Section 45 is enclosed as Annexure II for reference.]

13.6 Participation in profits

Your policy does not participate in our profits.

13.7 Taxation

13.7.1 You and/ or the members are liable to pay all the applicable taxes, and/ or any other statutory levy/ duty/ surcharge on the premiums, at a rate as notified by the State Government or Central Government of India from time to time, as per the provisions of the prevalent tax laws.

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

13.8 Date formats

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

13.9 Electronic transactions

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

13.10 Communications

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

13.10.2 We will send correspondence to the mailing address you have provided in the proposal form or to the changed address communicated to us subsequently.

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

13.10.4 All your correspondence should be addressed to:

SBI Life Insurance Company Limited,
Central Processing Centre – Group Operations Department,
7th Level (D Wing) & 8th Level, Seawoods Grand Central,
Tower 2, Plot No. R-1, Sector 40, Seawoods,

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Nerul Node, Navi Mumbai - 400 706
Dist. Thane, Maharashtra
Phone : 022 - 6645 6000
Fax No.: + 91 - 22- 6645 66546653
E-mail: groupops@sbilife.co.in

- 13.10.5** It is important that you keep us informed of your changed address and other communication details.
- 13.10.6** The Company may change the address stated above and intimate the Master Policyholder of such change by suitable means.
- 13.10.7** Where the Certificate of Insurance is being issued by the Master Policy holder, we shall have the authority to conduct surprise checks and inspect your books and records, to ensure that the books are correctly maintained and appropriate premiums are being collected.
- 13.10.8** Any such notice, information and instruction shall be deemed to have been received by the master policyholder after 7 days of our posting / sending the same, or immediately upon receipt by the master policyholder in the case of recorded hand delivery or courier, facsimile or e-mail.
- 13.10.9** Non-adherence to any regulation may lead termination of the contract. In such a scenario, the member cover may continue at our discretion.
- 13.10.10** We are not liable to send any premium notices either to you or to any insured member.

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14 Complaints

14.1 Grievance redressal procedure

- 14.1.1** If you/member have any query, complaint or grievance, you may approach the Company's Servicing Branch, as stated in the Premium Receipt issued to the Master Policyholder or the nearest SBI Life Office.
- 14.1.2** You can also call us on our toll-free number: 1800 267 9090 (9a.m. to 9p.m.).
- 14.1.3** If you are not satisfied with our decision of the above office, or has not received any response within 10 working days, you may contact the following official for resolution:
Head – Client Relationship,
SBI Life Insurance Company Limited
Central Processing Centre,
7th Level (D Wing) & 8th Level, Seawoods Grand Central,
Tower 2, Plot No. R-1, Sector 40, Seawoods,
Nerul Node, Navi Mumbai - 400 706
Dist. Thane, Maharashtra
Telephone No: 022 – 6645 6785
Email Id: info@sbilife.co.in
- 14.1.4** In case you are not satisfied with our decision/ resolution of the Company, you may approach the Insurance Ombudsman if such grievance pertains to: Rule 13 of the Insurance Ombudsman Rules, 2017. 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'.
- 14.1.5** The Central Government has established an office of the Insurance Ombudsman for redressal of grievance or complaint with respect to Life Insurance Policies. The address of the Insurance Ombudsman and the Insurance Ombudsman Rules, 2017, are, available on the website of IRDAI, <http://www.irdai.gov.in> and in our website <http://www.sbilife.co.in>. The address of the ombudsman at Mumbai is:
Office of the Insurance Ombudsman ,
3rd Floor, Jeevan Seva Annexe,
S.V. Road, Santa Cruz (W),
Mumbai – 400 054.
Telephone No.: +91 – 22 – 2610 6552/ 26106960
Fax No. : +91 – 22 – 2610 6052
E-mail: bimalokpal.mumbai@ecoi.co.in
- 14.1.6** We have also enclosed a list of addresses of insurance ombudsmen.
- 14.1.7** If policyholder / member is not satisfied with the response or do not receive a response from us within 15 days of lodging the complaint through our Grievance Redressal Mechanism, he/she may escalate the complaint to IRDAI through the following Grievance Management System (IGMS)

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website: <http://www.igms.irda.gov.in> or approach the Grievance Cell of the Insurance Regulatory and Development Authority of India (IRDAI) on the following contact details:

IRDAI Grievance Call Centre (IGCC) TOLL FREE NO:155255 / 1800 4254 732

Email ID: complaints@irda.gov.in

The postal address of IRDAI for communication for complaints by paper is as follows:

Consumer Affairs Department,
Insurance Regulatory and Development Authority of India,
SY No 115/1, Financial district, Nanakramguda, Gachibowli,
Hyderabad – 500 032.

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15 Relevant Statutes

15.1 Governing laws and jurisdiction

This is subject to prevailing Indian Laws. Any dispute that may arise in connection with this shall be subject to the jurisdiction of the competent Courts of India.

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

(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 liable to a penalty which may extend to ten lakh rupees.

15.3 Section 45 of the Insurance Act 1938, as amended from time to time:

[A leaflet containing the simplified version of the provisions of Section 45 is enclosed as Annexure II for reference.]

15.4 Rule 13 of Ombudsman Rules, 2017

(1) The Ombudsman may receive and consider complaints or disputes relating to:

- a) delay in settlement of claims, beyond the time specified in the regulations, framed under the Insurance Regulatory and Development Authority of India Act, 1999;
- b) any partial or total repudiation of claims by the life insurer, General insurer or the health insurer;
- c) disputes over premium paid or payable in terms of insurance policy;
- d) misrepresentation of policy terms and conditions at any time in the policy document or policy contract;
- e) legal construction of insurance policies in so far as the dispute relates to claim;
- f) policy servicing related grievances against insurers and their agents and intermediaries;
- g) issuance of life insurance policy, general insurance policy including health insurance policy which is not in conformity with the proposal form submitted by the proposer;
- h) non-issuance of insurance policy after receipt of premium in life insurance and general insurance including health insurance; and
- i) any other matter resulting from the violation of provisions of the Insurance Act, 1938 or the regulations, circulars, guidelines or instructions issued by the IRDAI from time to time or the terms and conditions of the policy contract, in so far as they relate to issues mentioned at clauses (a) to (f).

(2) The Ombudsman shall act as counsellor and mediator relating to matters specified in sub-rule (1) provided there is written consent of the parties to the dispute.

(3) The Ombudsman shall be precluded from handling any matter if he is an interested party or having conflict of interest.

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(4) The Central Government or as the case may be, the IRDAI may, at any time refer any complaint or dispute relating to insurance matters specified in sub-rule (1), to the Insurance Ombudsman and such complaint or dispute shall be entertained by the Insurance Ombudsman and be dealt with as if it is a complaint made under Rule 14.

15.5. Rule 14 of Ombudsman Rules, 2017

- (1) Any person who has a grievance against an insurer, may himself or through his legal heirs, nominee or assignee, make a complaint in writing to the Insurance Ombudsman within whose territorial jurisdiction the branch or office of the insurer complained against or the residential address or place of residence of the complainant is located.
- (2) The complaint shall be in writing, duly signed by the complainant or through his legal heirs, nominee or assignee and shall state clearly the name and address of the complainant, the name of the branch or office of the insurer against whom the complaint is made, the facts giving rise to the complaint, supported by documents, the nature and extent of the loss caused to the complainant and the relief sought from the Insurance Ombudsman.
- (3) No complaint to the Insurance Ombudsman shall lie unless—
 - (a) The complainant makes a written representation to the insurer named in the complaint and
 - (i) Either the insurer had rejected the complaint; or
 - (ii) The complainant had not received any reply within a period of one month after the insurer received his representation; or
 - (iii) The complainant is not satisfied with the reply given to him by the insurer;
 - (b) The complaint is made within one year—
 - (i) after the order of the insurer rejecting the representation is received; or
 - (ii) after receipt of decision of the insurer which is not to the satisfaction of the complainant;
 - (iii) after expiry of a period of one month from the date of sending the written representation to the insurer if the insurer named fails to furnish reply to the complainant .
- (4) The Ombudsman shall be empowered to condone the delay in such cases as he may consider necessary, after calling for objections of the insurer against the proposed condonation and after recording reasons for condoning the delay and in case the delay is condoned, the date of condonation of delay shall be deemed to be the date of filing of the complaint, for further proceedings under these rules.
- (5) No complaint before the Insurance Ombudsman shall be maintainable on the same subject matter on which proceedings are pending before or disposed of by any court or consumer forum or arbitrator.



List of
Ombudsman_02.04.1

15.6 Protection of Policyholders' Interest

The IRDAI (Protection of Policyholders' Interest) Regulations, 2017, inter alia, provide for protection of the interest of the policyholders. The provisions of this regulation will be applicable and subject to the prevailing law, as amended from time to time.

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

16 Annexure I

Section 39 of the Insurance Act, 1938 as amended from time to time - Nomination by policyholder

Nomination of a life insurance Policy is as below in accordance with Section 39 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015 dated 23.03.2015. The extant provisions in this regard are as follows:

01. The policyholder of a life insurance on his own life may nominate a person or persons to whom money secured by the policy shall be paid in the event of his death.

02. Where the nominee is a minor, the policyholder may appoint any person to receive the money secured by the policy in the event of policyholder's death during the minority of the nominee. The manner of appointment to be laid down by the insurer.

03. Nomination can be made at any time before the maturity of the policy.

04. Nomination may be incorporated in the text of the policy itself or may be endorsed on the policy communicated to the insurer and can be registered by the insurer in the records relating to the policy.

05. Nomination can be cancelled or changed at any time before policy matures, by an endorsement or a further endorsement or a will as the case may be.

06. A notice in writing of Change or Cancellation of nomination must be delivered to the insurer for the insurer to be liable to such nominee. Otherwise, insurer will not be liable if a bonafide payment is made to the person named in the text of the policy or in the registered records of the insurer.

07. Fee to be paid to the insurer for registering change or cancellation of a nomination can be specified by the Authority through Regulations.

08. On receipt of notice with fee, the insurer should grant a written acknowledgement to the policyholder of having registered a nomination or cancellation or change thereof.

09. A transfer or assignment made in accordance with Section 38 shall automatically cancel the nomination except in case of assignment to the insurer or other transferee or assignee for purpose of loan or against security or its reassignment after repayment. In such case, the nomination will not get cancelled to the extent of insurer's or transferee's or assignee's interest in the policy. The nomination will get revived on repayment of the loan.

10. The right of any creditor to be paid out of the proceeds of any policy of life insurance shall not be affected by the nomination.

11. In case of nomination by policyholder whose life is insured, if the nominees die before the policyholder, the proceeds are payable to policyholder or his heirs or legal representatives or holder of succession certificate.

12. In case nominee(s) survive the person whose life is insured, the amount secured by the policy shall be paid to such survivor(s).

13. Where the policyholder whose life is insured nominates his

- a. parents or
- b. spouse or
- c. children or
- d. spouse and children

e. or any of them

the nominees are beneficially entitled to the amount payable by the insurer to the policyholder unless it is proved that policyholder could not have conferred such beneficial title on the nominee having regard to the nature of his title.

14. If nominee(s) die after the policyholder but before his share of the amount secured under the policy is paid, the share of the expired nominee(s) shall be payable to the heirs or legal representative of the nominee or holder of succession certificate of such nominee(s).

15. The provisions of sub-section 7 and 8 (13 and 14 above) shall apply to all life insurance policies maturing for payment after the commencement of Insurance Laws (Amendment) Act, 2015.

16. If policyholder dies after maturity but the proceeds and benefit of the policy has not been paid to him because of his death, his nominee(s) shall be entitled to the proceeds and benefit of the policy.

17. The provisions of Section 39 are not applicable to any life insurance policy to which Section 6 of Married Women's Property Act, 1874 applies or has at any time applied except where before or after Insurance Laws (Amendment) Act, 2015, a nomination is made in favour of spouse or children or spouse and children whether or not on the face of the policy it is mentioned that it is made under Section 39. Where nomination is intended to be made to spouse or children or spouse and children under Section 6 of MWP Act, it should be specifically mentioned on the policy. In such a case only, the provisions of Section 39 will not apply.

[Disclaimer: This is not a comprehensive list of amendments of Insurance Laws (Amendment) Act, 2015 and only a simplified version prepared for general information. Policy Holders are advised to refer to Original Gazette Notification for complete and accurate details.]

17 Annexure II

Section 45 of the Insurance Act, 1938 as amended from time to time – Policy shall not be called in question on the ground of mis-statement after three years

Provisions regarding policy not being called into question in terms of Section 45 of the Insurance Act, 1938, as amended by Insurance Laws (Amendment) Act, 2015 dated 23.03.2015 are as follows:

01. No Policy of Life Insurance shall be called in question on any ground whatsoever after expiry of 3 yrs from
- the date of issuance of policy or
 - the date of commencement of risk or
 - the date of revival of policy or
 - the date of rider to the policy

whichever is later.

02. On the ground of fraud, a policy of Life Insurance may be called in question within 3 years from
- the date of issuance of policy or
 - the date of commencement of risk or
 - the date of revival of policy or
 - the date of rider to the policy

whichever is later.

For this, the insurer should communicate in writing to the insured or legal representative or nominee or assignees of insured, as applicable, mentioning the ground and materials on which such decision is based.

03. Fraud means any of the following acts committed by insured or by his agent, with the intent to deceive the insurer or to induce the insurer to issue a life insurance policy:
- The suggestion, as a fact of that which is not true and which the insured does not believe to be true;
 - The active concealment of a fact by the insured having knowledge or belief of the fact;
 - Any other act fitted to deceive; and
 - Any such act or omission as the law specifically declares to be fraudulent.

04. Mere silence is not fraud unless, depending on circumstances of the case, it is the duty of the insured or his agent keeping silence to speak or silence is in itself equivalent to speak.

05. No Insurer shall repudiate a life insurance Policy on the ground of Fraud, if the Insured / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of material fact are within the knowledge of the insurer. Onus of disproving is upon the policyholder, if alive, or beneficiaries.

06. Life insurance Policy can be called in question within 3 years on the ground that any statement of or suppression of a fact material to expectancy of life of the insured was incorrectly made in the proposal or other document basis which policy was issued or revived or rider issued. For this, the insurer should communicate in writing to the insured or legal representative or nominee or assignees of insured, as applicable, mentioning the ground and materials on which decision to repudiate the policy of life insurance is based.

07. In case repudiation is on ground of mis-statement and not on fraud, the premium collected on policy till the date of repudiation shall be paid to the insured or legal representative or nominee or assignees of insured, within a period of 90 days from the date of repudiation.

08. Fact shall not be considered material unless it has a direct bearing on the risk undertaken by the insurer. The onus is on insurer to show that if the insurer had been aware of the said fact, no life insurance policy would have been issued to the insured.

09. The insurer can call 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 of age of life insured. So, this Section will not be applicable for questioning or adjustment based on proof of age submitted subsequently.

[Disclaimer: This is not a comprehensive list of amendments of Insurance Laws (Amendment) Act, 2015 and only a simplified version prepared for general information. Policy Holders are advised to refer to Original Gazette Notification for complete and accurate details.]

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