



A Secured Family is always a Happy Family



**BEFORE YOU COMMIT YOUR HARD-EARNED MONEY** →

- » Analyse your Health Insurance needs
- » Understand the product in detail
- » Know the tenure of Renewal Premium Payments

We might save for a dream holiday or a dream house but rarely do we set aside money for any medical emergencies. Health emergencies don't come with a warning and while one may not be able to prevent the emergency, a Health Insurance Plan can definitely protect you or your near ones from its costs.

To cater to rising health care expenses and ever increasing inflation, health insurance can provide you with the best financial security. It not only safeguard's your savings but also gives you mental peace. Planning for your health, should be the foremost thing in the financial planning chart of life, as it provides a safety net for your well being.

**\*SBI Life - Smart Health Insurance** is one such financial planning tool which takes care of most of your health related expenses, thus the economic part of the illness / disease is taken care of and you can put all your energies in getting well.

What's more, the plan comes from the SBI Life stable and provides a host of health related benefits like offering fixed payout for hospitalization, surgeries, as well as coverage for day care procedures and recuperation benefits. This is not all, in this plan the premiums remain unchanged for five years.

### What is Smart Health Insurance?

- ✓ It is a Hospitalization cum Surgical Benefit Plan wherein Fixed Benefits are provided irrespective of your Hospital Bill
- ✓ Under Daily Hospital Cash Benefit (DHCB) & Intensive Care Unit (ICU) Benefit, benefits would be paid from Day 1 of Hospitalization, without any deductible; provided the insured is hospitalized for minimum 24 hrs
- ✓ The DHCB & ICU benefits would depend on the number of days in hospital & the scale of benefit chosen.
- ✓ A lump-sum recuperation benefit is paid, if the insured is hospitalized continuously for 10 days or more.
- ✓ Surgeries appearing in the surgical list - based on the type and severity, as well as those not listed, are covered provided the insured if hospitalized for a continuous period of 24 hrs. A lump-sum benefit based on the scale of the benefit chosen, is provided in addition to any DHCB or ICU benefit being paid.
- ✓ Listed Day Care treatments, which do not require 24 hours of hospitalization, are also covered by paying a lump-sum benefit. The list of Day Care treatments is available at our website ([www.sbilife.co.in](http://www.sbilife.co.in))
- ✓ 'No Claim Bonus' available, if there is no claim during the previous Policy Year

\* SBI Life - Smart Health Insurance will be referred to as Smart Health Insurance hereafter.

## What are the Key Benefits of the plan?

- A comprehensive health plan that –
  - Provides a fixed payout based on per day of Hospitalization
  - Offers lump sum payout on all surgical procedures including non-listed surgeries
  - Helps to cover post-hospitalization expenses through Recuperation Benefit
- 136 Day Care treatments are also covered
- Benefit amount is payable, independently of the benefit under any other health insurance cover, that you may have with any other insurer, thus this cover may supplement any other indemnity or fixed benefit health cover that you may have
- Long term coverage up to 70 years of age
- Premium remains unchanged for 5 years
- Get enhanced Sum Assured, for every claim free year
- Option to cover all members in the family
- Tax benefit on premium paid under sec 80(D) of Income Tax Act, 1961<sup>#</sup>

# Subject to change in the Tax Laws. Please consult your tax advisor for details.



## How does this plan work?

This is a regular premium, non-participating, non unit linked, hospitalization benefit plan, wherein multiple lives can be insured.

You can opt to include yourself along with, your spouse, dependent children, parents and parents in law; a maximum of four individuals can be covered under the same policy.

Under the policy, each family member will have his / her separate Sum Assured. However each family member will have to select the same Sum Assured, the scale of benefits would also be the same for each family member.

Increase/decrease on Sum Assured, due to no claim, will be tracked separately for each family member.

## What are the Eligibility Criteria?

Age# at Entry	<b>For Adult:</b> Minimum: 18 years	<b>Maximum:</b> 65 years
	<b>For Dependent Child</b> Minimum: 3 months (completed)	<b>Maximum:</b> 22 years
Maximum Age# at Maturity	<b>For Adult:</b> 70 years <b>For Dependent Child:</b> 27 years	
Maximum Age# at Renewal	65 years	
Fixed Policy Term	5 years, renewable thereafter	
Premium Frequency	Yearly / Half-yearly / Quarterly / Monthly† For Monthly mode, renewal premium payment is allowed only through ECS, Credit Card, Direct debit and SI-EFT.	
Relationships Covered	Self / Spouse / Dependent Children / Parents & Parents-in-law	
For children below 18 yrs, at least one of the parents must be covered under the same Policy		
In case of dependent child, immediately after attaining the maximum maturity age as mentioned above, an option will be available to purchase a new individual policy with all continuity benefits without any fresh underwriting, subject to the separate Proposal Form being received by the Company at least 15 days before the expiry of the cover.		

# Age mentioned in this document is age as on last birthday † For monthly mode, 3 months premium is to be paid in advance.

## What is the Scale of Benefits?

Annual Basic Sum Assured (ABSA) / Benefits	(₹) 1 Lakh	(₹) 2 Lakhs	(₹) 3 Lakhs	(₹) 4 Lakhs	(₹) 5 Lakhs
Daily Hospital Cash Benefit (₹/day) (1% of ABSA)	1,000	2,000	3,000	4,000	5,000
Daily ICU Benefit (₹/day) (2% of ABSA)	2,000	4,000	6,000	8,000	10,000
Recuperation Benefit (₹/ Lump-sum) (2% of ABSA)	2,000	4,000	6,000	8,000	10,000
Surgical Benefit (₹ / Lump-sum)					
1. Grade I (25% of ABSA)	25,000	50,000	75,000	1,00,000	1,25,000
2. Grade II (50% of ABSA)	50,000	1,00,000	1,50,000	2,00,000	2,50,000
3. Grade III (75% of ABSA)	75,000	1,50,000	2,25,000	3,00,000	3,75,000
4. Grade IV (100% of ABSA)	1,00,000	2,00,000	3,00,000	4,00,000	5,00,000
Non listed Surgical Benefit (₹ / Lump-sum) (7.5% of ABSA)	7,500	15,000	22,500	30,000	37,500
Day Care Treatment (10% of ABSA) (₹ / Lump-sum)	10,000	20,000	30,000	40,000	50,000

**Note** – The Total Sum Assured under all SBI Life – Smart Health Insurance policies, for a life is restricted to (₹) 5,00,000

## What are the Benefits and Coverage under the Plan?

### ❖ Daily Hospitalization Cash Benefit (DHCB)

In the event of hospitalization of the insured for a medically necessary treatment (other than in an ICU) due to any illness or accidental injury for a continuous period of more than 24 hours, a daily hospital cash benefit as per the scale of benefits applicable will be payable for every completed day of hospitalization without any deductible, subject to the maximum of balance sum insured.

The Daily Hospitalization Cash Benefit is subject to annual limit as well as a life time limit.

The benefit is payable for a maximum of 30 days for the first Policy Year and 100 days in the subsequent Policy Years. The balance days, if not claimed, cannot be carried forward to the following Policy Year.

The maximum life time limit for the DHCB is 360 days. Upon attainment of this limit by the life insured(s), the DHCB in respect of that Life Insured(s) shall cease immediately. The policy will be in-force for the other benefits present under the plan (whose limits have not been exhausted) for the remaining part of the Policy Term.

### ❖ Intensive Care Unit (ICU) Benefit

In the event the insured is required to be admitted into an ICU for a medically necessary treatment of any illness or accidental injury for a continuous period of more than 24 hours, a daily ICU benefit will be payable for every completed day in ICU as per the scale of benefits applicable without any deductible, subject to the maximum of balance yearly Sum Assured.

The ICU benefit is subject to annual limit as well as a life time limit.

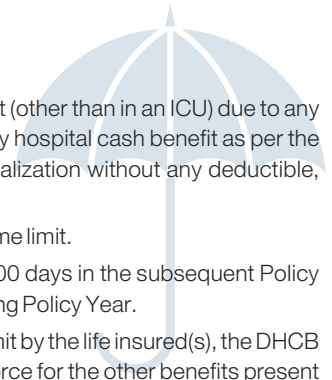
The benefit is payable for a maximum of 15 days for the first Policy Year and 50 days in the subsequent Policy Years. The balance days, if not claimed, cannot be carried forward to the following Policy Year.

The maximum life time limit for the ICU benefit is 180 days. Upon attainment of this limit by the life insured(s), the ICU benefit in respect of that Life Insured(s) shall cease immediately. The policy will be in-force for the other benefits present under the plan (whose limits have not been exhausted) for the remaining part of the Policy Term.

**Maximum Benefit Payable for DHCB & ICU:** These benefits are exclusive of each other. The maximum aggregate benefit payable in a Policy Year will not exceed the Sum Assured applicable to the plan chosen by you. Further both DHCB & ICU benefit in aggregate, cannot be more than 3.6 times of Sum Assured over the lifetime of the policy.

### ❖ Recuperation Benefit

In the event the insured being hospitalized continuously for 10 days or more, for the same ailment or due to the same event of Accident and is discharged alive from the hospital; then in addition to DHCB and/or ICU Benefit, as applicable, a lump sum Recuperation Benefit, as per the scale of benefits applicable, without any deductible would be payable.



The benefit is payable irrespective of whether the patient is admitted to one or more hospitals during one and the same episode, as long as there is no break in the two hospitalisations.

This post-hospitalization benefit helps you with recuperating expenses like follow-up tests, medicines and consultations.

This benefit is payable subject to you being eligible for DHCB and/or ICU Benefit, as applicable.

The benefit is payable only once during a Policy Year and four times during the life time of the policy.

### ❖ Surgical Benefit

A fixed lump-sum amount, without any deductible, is payable in the event of the insured undergoing any of the covered surgical procedures. The benefit will be payable in addition to the applicable DHCB and/or ICU benefits.

The listed surgeries covered are classified into different grades based on the type and severity – Grade I, Grade II, Grade III and Grade IV broadly reflecting the relative cost of such surgeries/surgical procedures. For detailed List of Surgeries, please visit our website ([www.sbilife.co.in](http://www.sbilife.co.in)) or our branch office or please ask our sales representative.

The insured must have at least spent a continuous period of 24 hours in hospital for claiming benefits under the surgical benefit.

The maximum surgical benefit payable in a Policy Year shall not exceed the Sum Assured applicable to the plan chosen by you.

### Sample Surgical List:

Grade	Name of Surgeries
I	a) Corneal Transplantation and keratoprosthesis b) Thyroidectomy c) Surgery for brain tumors
II	a) Pericardiectomy and cardiectomy b) Atypical lung resection c) Partial liver resection
III	a) Total Hip replacement b) Operations on intraspinal blood vessels c) Revascularisation of the heart
IV	a) Coronary Artery Bypass grafting b) Major organ transplant (Lung, Heart, Liver, Renal, Pancreas) c) Open chest surgery for Valve replacement using mechanical prosthesis

### ❖ Day Care Treatment Benefit

A fixed lump-sum amount, without any deductible, is payable in the event of the insured undergoing any of the listed 136 day care treatments. For detailed List of Day Care Treatments, please visit our web site ([www.sbilife.co.in](http://www.sbilife.co.in)) or our branch office or please ask our sales representative.

The continuous period of 24 hours in hospital, is not required for claiming benefits under the Day Care Treatment.

The procedures in the Out Patient Department (OPD) of a Hospital will not be considered eligible for any Day Care Treatment benefit.

The maximum day care treatment benefit payable in a Policy Year shall not exceed the Sum Assured applicable to the plan chosen by you.

Note - The Company reserves the right to modify the List of Surgeries and/or Day Care Treatments from time to time, subject to IRDA's approval and the policyholder shall be informed of the same.

#### Sample Day Care Procedures List:

Name of Day Care Procedures
a) Tonsillectomy
b) Operation of Cataract
c) Cancer Chemotherapy

### ❖ Non-listed Surgical Benefit

A fixed lump-sum amount, without any deductible, is payable in the event of the insured undergoing any surgery which is not listed in the surgical procedures list under this product. The benefit will be payable in addition to the applicable DHCB and/or ICU benefits.

The insured must have at least spent a continuous period of 24 hours in hospital for claiming benefits under the non-listed surgical benefit.

Only two non-listed surgical procedures will be covered in a Policy Year and not more than ten non-listed surgical procedures, will be covered during the life time of the policy.

**Maximum Benefit Payable for Surgical Benefit, Day Care Treatment Benefit & Non-listed Surgical Benefits:** These benefits are exclusive of each other. The maximum aggregate benefit payable in a Policy Year will not exceed the Sum Assured applicable to the plan chosen by you and the maximum aggregate benefit payable during the lifetime of the policy shall not exceed 3 times the applicable Sum Assured.

Upon attainment of this limit by the Life Insured(s), the Surgical Benefit, Day Care Treatment & Non-Listed Surgical benefit in respect of that Life Insured(s) shall cease immediately. The policy will be in force for the other benefits present under the plan (whose limits have not been exhausted) for the remaining part of the Policy Term.

### Limits on Benefits Payable:

Type of Benefit	Annual Limit	Life time limit
DHCB and ICU Benefit put together	Policy Year 1: 30 % of ABSA Policy Year 2 onwards: 100% of ABSA	3.6 times of ABSA
Listed Surgical Benefit and Day Care Benefit, put together	100% of ABSA	300% of ABSA
Non-listed Surgical Benefit	Payable only for 2 procedures	Payable only for 10 procedures
Recuperating Benefit	Payable for only one time	Payable only for 4 times

Note:

- Under no circumstances, total benefit payments under DHCB and ICU benefits in a year will exceed ABSA limit
- Under no circumstances, total benefit payments under Surgical, Non-listed Surgical and Day Care benefits in a year will exceed ABSA limit

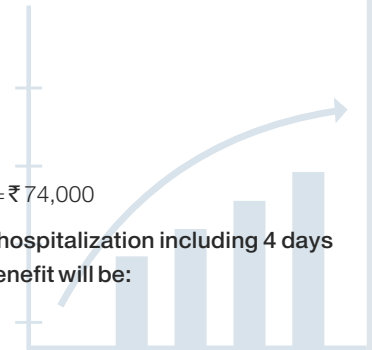
### What are the Benefit Illustration Scenarios?

**Scenario 1: If you have opted for ₹ 2 lakh Sum Assured, then for 10 days of continuous hospitalization (non ICU), for a Grade I surgery, then benefit will be:**

DHCB = ₹ 2,000 x 10 days	= ₹ 20,000
Surgical Benefit	= ₹ 50,000
Recuperation Benefit	= ₹ 4,000
<b>Total Benefit received</b>	<b>= ₹ 20,000 + ₹ 50,000 + ₹ 4,000 = ₹ 74,000</b>

**Scenario 2: If you have opted for ₹ 5 lakh Sum Assured, then for 8 days hospitalization including 4 days in ICU, for a Grade 3 surgery and a Day Care Treatment received, then benefit will be:**

DHCB = ₹ 5,000 x 4 days	= ₹ 20,000
ICU benefit = ₹ 10,000 x 4 days	= ₹ 40,000





Surgical Benefit	= ₹ 3,75,000
Day Care Treatment Benefit	= ₹ 50,000
<b>Total Benefit received</b>	= ₹ 20,000 + ₹ 40,000 + ₹ 3,75,000 + ₹ 50,000 = ₹ 4,85,000

## What are the Advantages under the Plan?

### ❖ No Claim Bonus

If an insured has made no claim during a Policy Year, then insured is eligible for 'No Claim Bonus'.

At every Policy Anniversary, each of the insured's Basic Sum Assured would be enhanced by a simple 5%, provided there has been no claim in the previous Policy Year. However the enhanced Sum Assured will never go beyond 150% of the originally opted Basic Sum Assured.

In the event of any claim the enhanced Sum Assured shall decrease by 10% on the next anniversary. However the Sum Assured for the insured will never go below the opted Basic Sum Assured.

All benefits i.e. DHCB, ICU, Recuperation, Surgical, Non Listed Surgical & Day Care Benefit(s), will be increased/decreased as per the change in Basic Sum Assured.

The premium would however remain the same till next renewal of the policy. The bonus/malus, if any, will be carried forward on renewal. The premium applicable on renewal will be based on the age and premium rates applicable, at the time of renewal.

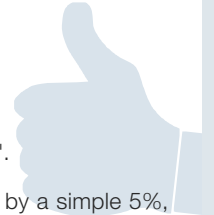
### ❖ Fixed Premium

Your premium will remain same as at the time of commencement of your policy for a period of 5 years irrespective of increase in your age and claim experience. This helps you to remain covered by paying the same premium for 5 years.

After five years, the premiums may get revised based on your age and the claim experience of this product portfolio, subject to IRDA approval and the policyholder shall be informed of the same.

### ❖ Coverage for Pre-existing illness

Hospitalization for pre-existing injuries or diseases and their complications are not covered unless declared by the applicant and explicitly accepted by the Company.



Pre-existing diseases shall be covered provided the Life Assured is continuously covered under the policy for 2 years.

Pre-existing Injury or diseases means: any medical condition, disease or injury or related condition(s)(e.g. illnesses, symptoms, treatments, pains and surgery), arising or subsisting within 48 months prior to his/her first Smart Health Insurance Policy with this Company which the insured or insured dependant know, knew or could reasonably have been assumed to have known, irrespective of the fact whether any medical treatment or advice was sought, will be deemed to be pre-existing.

#### ❖ **Renewal Discount**

You will be eligible for a discount of 2.5% on the applicable premium after the first renewal and would apply from the 6th Policy Year onwards.

#### ❖ **Family Rebate**

You can cover your family under the plan (spouse, dependent children, parents and parents in law) and also get rewarded for the same, in the form of family rebate.

<b>No. of Members Covered under a Policy</b>	<b>Rebate (expressed as a % of total tabular premium for all lives covered under a policy)</b>
2	5%
3	7.5%
4	10%

#### ❖ **Long Term Coverage**

Once you have been covered under the plan, you can continue to renew the policy and enjoy the benefits of the plan up to age 70 yrs for adults and 27 yrs for children.

#### ❖ **Payout in addition to other plans**

You have the benefit of claiming from this policy independently of any other health insurance cover that you may have with us or any other insurer, since we pay the lump-sum benefits irrespective of your actual bill amount.

#### ❖ **Addition of family members**

You can opt to add family members, subject to a maximum of 4 lives to the policy, at the time of renewal.

Addition of a family member during the Policy Term will only be available in the event of marriage, birth or legal adoption of a child. The cover for the new family member(s) shall start from the following Policy Anniversary, subject to the proof of the event (marriage, birth or adoption) along with a written intimation is sent to us, within 90 days from the date of event or at the next Policy Anniversary Date.

Addition of family member will be subject to underwriting acceptance.

## What are the Additional Features under the plan?

### ➤ Tax Benefit

The premium(s) paid by you, are tax exempt u/s 80(D) of the Income Tax Act, 1961. Service tax and education cess shall be charged extra as per applicable rates. Please note that all benefits payable under the policy are subject to tax laws and other financial enactments as they may exist from time to time. You are recommended to consult your tax advisor.

### ➤ Free Look Period

You can review the terms and conditions of the policy, within 15 days for policies sourced through any channel mode other than Distance Marketing and 30 days for policies sourced through Distance Marketing, from the date of the receipt of the policy document and where you disagree with any of those terms and conditions; you have the option to return the policy stating the reasons for your objection.

The amount refunded to you would be: Premium plus corresponding service tax and cess minus proportionate risk premium and corresponding service tax and cess proportionate to the period you were covered minus Stamp Duty minus Cost of medical expenses, if any.

### ➤ Grace Period

Grace period for this policy is 30 days from the due date of payment of premium for all modes other than monthly and 15 days for monthly mode of payment. Claims shall be payable for any hospitalization occurring during this period subject to standard Terms & Conditions.

### ➤ Revival Period

Post grace period an additional period of 60 days would be given to the policyholder for reviving the policy, subject to the following:

- a) No claim shall be admissible for any hospitalization occurring during this period
- b) On revival, a fresh 30 days waiting period shall be applicable (defined below)
- c) Good Health Declaration from all Lives Assured will be required
- d) On payment of all due but unpaid premium(s) along with interest as applicable
- e) The revival will also be subject to underwriting as per the Company's underwriting guidelines

#### ➤ **Renewal of Cover Term**

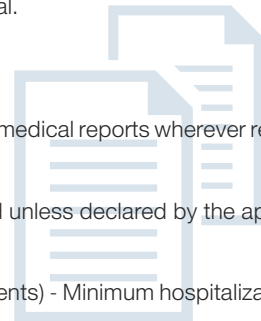
- a) The cover can be renewed at the end of Cover Term which is 5 years for a further term not exceeding 5 years subject to the maximum maturity age.
- b) Premium rates applicable at the time of renewal will be based on the age of the insured(s) on the date of the renewal and the premium rates prevailing at the time of renewal which will be based on the experience of this product portfolio. These rates will be guaranteed further for a new Cover Term.
- c) Cover is guaranteed to be renewed up to age 65 for an adult, with no medical underwriting at the time of renewal.
- d) A discount of 2.5% will be given on the applicable premium, on renewal of the policy.

#### ➤ **Review of Premium Rates**

Based on the claim experience of the product, we will review the premium rates periodically as and when we find it necessary. If reviewed, the new premium rates will apply at the time of renewal.

### **What are the Key Terms and Conditions under the plan?**

- Acceptance of proposal is subject to receipt of Good Health Declaration, medical reports wherever required & underwriting by the Company
- Pre-existing injuries or diseases and their complications are not covered unless declared by the applicant and explicitly accepted by the Company
- For claims to be admissible under the policy (except for Day Care Treatments) - Minimum hospitalization for 24 hours is required
- Death and/or Maturity Benefit is not available under the plan



- There is no Surrender Value/Paid-up Value available under the plan
- Loan facility is not available under the plan
- Definition of Hospital:

Hospital is an institution in India established for indoor care, offering allopathic treatment only for sickness and injuries and which is registered as a hospital or nursing home with the appropriate authorities and is under the supervision of a registered and qualified physician, and provides all the following facilities:

- at least 10 inpatient beds
- a fully equipped operation theatre of its own where surgical operations are carried out, and
- fully qualified nursing staff under its employment 24 hours per day, and
- fully qualified physicians in supervision, 24 hours per day, and
- maintains a daily medical record for each of its patients.

For the purpose of this policy, the term hospital shall not include any institution which is primarily a rest home or convalescent facility, a place for custodial care, a facility for the aged or alcoholic or drug addicts or for the treatment of psychiatric or mental disorders; even if the institution has been registered as a hospital or nursing home with the appropriate authorities.

- The removal of a family member can occur due to death of the Life Assured or on divorce or on specific request from the policyholder on satisfactory grounds. The removal will be effective from the next Policy Anniversary.
- Addition of family member during the Policy Term will be available in the event of marriage, birth or legal adoption. On other instances, the addition of members is allowed only at the time of renewal.

### What is the Claim Process?

To provide efficient claims servicing to you we have appointed a Third Party Administrator (TPA) duly licensed by IRDA. The TPA will be happy to provide you with services in a hassle free manner within the terms and conditions of **Smart Health Insurance** Policy. The TPA will process and settle claims in a time bound manner and provide you a 24 hours Toll Free helpline number. As soon as a claim occurs, please intimate the details to the TPA Toll Free helpline number. The following documents are required for claim settlement:

- Copy of Policy Document
- Claim Form
- Treating Doctor's Certificate
- Discharge Card and copy of all medical documents related to hospitalizations
- Any other document as the TPA/Company may require depending on type/cause of claim
- Identity Proof of the Policyholder
- Age Proof of the Life Assured
- PAN card copy of the Policyholder (for online policies)
- Direct Credit Mandate of the Policyholder

Any hospitalization including Day Care procedures should be intimated to the TPA before the hospitalization in case of pre-planned hospitalization or within 24 hours in case of emergency.

## What is Not Covered under the plan?

### A) Waiting Period

Hospitalization including Day Care procedures due to any illness within the first 30 days from the date of commencement of the cover or date of joining for a new member in the family policy is not covered except for those arising out of accident(s) which occur during the Policy Term.

Accidental Hospitalization is defined as hospitalization due to bodily injury caused solely by external, violent, unforeseeable and visible means (but does not include any illness) and occurring independently of any other causes, proved to the satisfaction of the Company.

### B) Two Year Exclusion for Specific Ailments

The following ailments, irrespective of their declaration at the time of commencement of the policy (when policy was issued for the first time for a Life Assured or when Life Assured joined a family policy for the first time), will not be covered under the policy for the first 2 Policy Years:

- 1) All internal & external benign tumours, cysts, polyps of any kind including benign breast lumps
- 2) Benign Ear, Nose, Throat disorders

- 3) Benign Prostate hypertrophy
- 4) Cataract & age related eye ailments
- 5) Gastric/Duodenal Ulcer
- 6) Hernia of all types
- 7) Hydrocele
- 8) Hysterectomy, Prolapsed uterus, Dysfunctional uterine bleeding/ D&C
- 9) Polycystic Ovarian Diseases
- 10) Piles/ Hemorrhoids, Fissure and Fistula in Anus
- 11) Pilonidal Sinus, Sinusitis and related disorders
- 12) Prolapse Inter Vertebral Disc unless arising from accident
- 13) Stone in Gall Bladder & Bile duct
- 14) Stones in Urinary Systems/Dialysis for Renal Failure
- 15) Varicose Veins and Varicose Ulcers
- 16) Age related Osteoarthritis & Osteoporosis
- 17) Joint Replacements due to Degenerative Conditions

The above exclusion will be removed after 2 years, provided the policy has been continuously renewed with the Company without any break.

### **C) Permanent Exclusions**

No benefits are available hereunder and no payment will be made by the Company for any claim on account of Hospitalization directly or indirectly caused by, based on, arising out of or howsoever attributable to any of the following:

- 1) Self afflicted injuries or conditions (including attempted suicide) and/or conditions/ailments arising out of the use or misuse of any drugs or alcohol or intoxicants of any kind or banned substance.
- 2) Any sexually transmitted diseases or any condition directly or indirectly caused to or associated with Human Immuno Deficiency (HIV) Virus or any Syndrome or condition of a similar kind commonly referred to as AIDS.

- 3) War, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection military or usurped power of civil commotion or loot or pillage in connection herewith.
- 4) Police personnel, Naval or military operations(including duties of peace time) of the armed forces or air force and participation in operations requiring the use of arms or which are ordered by military authorities for combating terrorists, rebels and the like.
- 5) Injury directly or indirectly arising from high risk activities or sports including but not limited to engaging in or taking part in: mountaineering, rock climbing, hunting potholing, parachuting, parasailing, bungee jumping, canyoning, hang-gliding, hot balloon aviation, daring feats or stunts, driving or riding in any kind of race, scuba diving, skiing, tobogganing, sledging and ice skating.
- 6) Treatment for injury or illness caused while engaged in criminal or unlawful activities or while resisting arrest.
- 7) Hospitalization arising out of nuclear disaster, radioactive contamination or chemical radiation and/or release of nuclear or atomic energy; and diseases/injuries arising out of or in connection with the same.
- 8) Non-allopathic methods of surgery and treatment.
- 9) Hospitalisation arising from any psycho-geriatric or psychiatric condition, insanity, mental or nervous breakdown, study and treatment of sleep apnoea, speech therapy, nutritional counselling, hospitalisation due to any condition where no active management of the condition is involved or rest cures.
- 10) Any diagnosis or treatment arising from or traceable to pregnancy (whether uterine or extra uterine), childbirth including caesarean section, medical termination of pregnancy and/or any treatment related to pre and post natal care of the mother or the new born / Birth control procedures, hospitalization in case of maternity / pregnancy / childbirth / infertility / sterility / erectile dysfunction / impotency/ miscarriage / abortion / contraception / circumcision and any complications of these events.

However, this exclusion will not apply to Ectopic Pregnancy.

- 11) Hospitalization for the sole purpose of physiotherapy or any ailment for which hospitalization is not warranted due to advancement in medical technology.
- 12) Any treatment not performed by a Physician / Surgeon, registered with the Medical Council of India / State medical council or any treatment of a purely experimental nature.



- 13) Hospitalisation primarily for investigatory purpose, diagnosis, X-ray examination, general physical or routine medical examination, OPD procedures and treatments, vaccinations, diagnosis, screening and investigation, preventive medical check-up, / medicines, treatments / examinations specifically for weight reduction or gain or private nursing.
- 14) Circumcision, vaccination, cosmetic or aesthetic treatments of any description, change of gender surgery, plastic surgery (unless such plastic surgery is necessary for the treatment of Illness or Accidental Bodily Injury as a direct result of the insured event), treatment directly or indirectly related to sterility.
- 15) Hospitalization where Life Assured is admitted as a donor for organ transplant.
- 16) Hospitalization / Surgery for correction of birth defects or congenital anomalies.
- 17) Dental treatment or surgery of any kind unless necessitated by Accidental Bodily Injury.
- 18) Hospitalization for treatments for smoking cessation programs and treatment of nicotine addiction.
- 19) Hospitalization for refractive surgery on eye (laser surgery for correction of sight) / LASIK (laser-assisted in situ keratomileusis).
- 20) Hospitalization for removal of implants done prior to date of commencement of policy.
- 21) Hospitalization for rest-cure and Rehabilitation.
- 22) Sex change or treatment related to sex change, which results from, or is in any way associated with or any complications arising from sex change procedures.
- 23) Admission to a hospital out side the geographical limits of India.

### **Nomination:**

Nomination will be allowed under the plan as per Sec 39 of Insurance Act, 1938.

### **Assignment:**

Assignment is not allowed under the plan

## Prohibition of Rebates:

### Section 41 of Insurance Act 1938 states:

(1) No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer:

Provided that acceptance by an insurance agent of commission in connection with a policy of life insurance taken out by himself on his own life shall not be deemed to be acceptance of a rebate of premium within the meaning of this sub section if at the time of such acceptance the insurance agent satisfies the prescribed conditions establishing that he is a bona fide insurance agent employed by the insurer.

(2) Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to five hundred rupees.

## Non-Disclosure:

### Section 45 of Insurance Act, 1938 states:

No policy of Life Insurance effected before the commencement of this Act shall after the expiry of two years from the date of commencement of this Act and no policy of Life Insurance effected after the coming into force of this Act shall, after the expiry of two years from the date on which it was effected, be called in question by an insurer on the ground that a statement made in the proposal for insurance or in any report of a medical officer, or referee, or friend of the insured, or in any other document leading to the issue of the policy, was inaccurate or false, unless the insurer shows that such statements was on a material matter or suppressed facts which it was material to disclose and that it was fraudulently made by the Policyholder and that the Policyholder knew at the time of making it that the statement was false or that it suppressed facts which it was material to disclose;

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



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