

To, **Sampoorn Suraksha Non Employer Scheme Claim Form** Claims Department

SBI Life Insurance Co. Ltd.
 7th Level (D Wing) & 8th Level, Seawoods Grand Central, Tower 2,
 Plot No. R-1, Sector 40, Seawoods, Nerul Node,
 Navi Mumbai - 400706.

Claim Form for Death Benefit under Sampoorn Suraksha Non-Employer Employee Scheme

Master Policy (MP) Number: **72100481905**

Member ID (Ac. No.):

We write to convey that the under mentioned policyholder was covered under One year renewal Group Life Insurance scheme and has expired.

DETAILS OF THE DECEASED MEMBER (Please write in capital letters)

1. Name of the Life Assured (Deceased)	:								
2. Date of Birth	:	D	D	M	M	Y	Y	Y	Y
3. Date of Death	:	D	D	M	M	Y	Y	Y	Y
4. Nominee Name & Relationship	:								
5. Sum Assured	:								
6. Cause of Death	:								
7. Account details of Nominee	:								
Account No.	:								
IFSC Code	:								
Bank & Branch Name	:								
Nominee Mobile No.	:								

Certified that the information furnished is true and correct in every respect to the best of our knowledge and belief

Place: _____ Nominee Name : _____
 Date: _____
 D D M M Y Y Y Y

Nominee Signature

Date:

Authorized Signatory on behalf of the Master Policy Holder:

Name & Designation: _____

 Contact No.: _____

 D D M M Y Y Y Y

Aadhar Consent

I <Name of the Claimant.....authorize the Company to obtain necessary details like Name, DOB, Address, Mobile Number, Email, Photograph through the QR code available on my Aadhaar card/ XML File shared using the offline verification process of UIDAI. I understand and agree that this information will be exclusively used by SBI Life only for the KYC purpose and for all service aspects related to my policy/ies. I have duly been made aware that I can also use alternative KYC documents like Passport, Voter's ID Card, Driving licence, NREGA job card, letter from National Population Register, in lieu of Aadhaar for the purpose of completing my KYC formalities. I understand and agree that the details so obtained shall be stored with SBI Life and be shared solely for the purpose of issuing insurance policy to me and for servicing them. I will not hold SBI Life or any of its authorized officials responsible in case of any incorrect information provided by me.

I further authorize SBI Life that it may use my mobile number for sending SMS alerts to me regarding various servicing and other matters related to my policy/ies.

Branch Confirmation

(On Bank's Letter Head)
State Bank of India

Branch Name: _____

Branch Code No: _____

Address: _____

Email: _____

Telephone No: _____

Date: _____

Policy No.: 72100481905

Policy Period 22.02.2025 to 21.02.2026

This is to certify that Shri/Smt/Ms. _____ who has expired on _____ (as per the documents enclosed), is a holder of Salary Package Account, the details of which are as under:

1	Name of the Salary Package Account holder	:	
2	Address in full (as per Bank records)	:	
3	Date of Death (as per death certificate)	:	
4	Details of SBI Branch where the Salary Package Account is maintained	:	Br. Name
		:	Br. Code
		:	Circle
5	Type of Salary Package account	:	
6	Salary Package Account details:	:	A/c No.
7	Details of last salary Credit (Copy of accounts statement / bank passbook to be attached)	:	Date of last salary credit
		:	Amount of credit (₹)
8	Claim amount under Group Term Life Insurance	:	
9	a. Nominee registered with the Bank on above mentioned Salary Package Account. (if any)	:	
	b. Address of Nominee	:	
	c. Phone No.	:	
	d. Nominee A/c details if recorded in CBS	:	
10	Full name of Joint Account Holder(s) of the above-mentioned Salary Package Account (for Joint Accounts only)	:	
	Full Address of Joint Account Holder	:	
	Phone No.	:	

(# please put which is applicable)

The Bank or its Officers will not be held responsible for the genuineness/authenticity of documents like FIR, Death Certificate, Postmortem report, etc, being submitted by the claimant to the Insurance Company. It shall be the responsibility of the Insurance Company to ascertain their authenticity. All further correspondence should be made directly between the claimant and the Insurance Company. The claim settlement will be entirely the responsibility of Insurance Company. All settlements/disputes will be between the claimant and the Insurance Company, and the Bank will not be a party to such disputes.

For State Bank of India,

Signature of Branch Manager (SS No. _____)

Name: _____

Document Check list: -

Please refer below documents required for processing of insurance claim under GTL Policy (2025-26)

1. Claim form **completely filled** and duly attested by Branch.
2. Death Certificate - original or photocopy with clearly visible **QR Code**, duly attested by claimant and Branch.
3. KYC document of the Nominee / Claimant – photocopy self-attested by claimant and the Branch.
4. Nominee's/ Claimant's Bank Account Accounts detail (Copy of Bank Passbook duly attested by claimant and Branch or a cancelled cheque leaf having Nominee's / Claimant's name pre-printed on it etc).
5. Confirmation of Nominee details in **"Bank Confirmation form"** attached above.
6. In case, nominee not available in bank account, legal evidence of title in the form of Succession certificate from court having competent jurisdiction or following papers for waiver of submission of succession Certificate.
 - i. Affidavit on non-judicial stamp paper.
 - ii. Joint Indemnity Bond on the non-judicial stamp paper.
 - iii. Application to Dispense with Legal Evidence of title.
 - iv. Surety Letter with Income and KYC proof.

General Guidelines related to salary package Group Term Life (GTL) Insurance Policy

- i. The term life insurance is offered only to those salary account holders, whose employers have signed a memorandum of understanding with the bank, containing the provisions of Group Term Life Insurance coverage.
- ii. Bank has procured Group Term Life insurance policy from SBI Life Insurance company Limited for the period 22.02.2025 to 21.02.2026. For servicing the claims under the policy and to assist the claimants in submitting their claims, bank has engaged service of Insurance Broker Firm (IBF) **M/s Alliance Insurance Brokers Pvt. Ltd. (AIBPL)** for the policy period 2025-26 (22.02.2025 to 21.02.2026). The insurance company and insurance broker are available under **escalation matrix**.
- iii. All claims pertaining to the policy to be intimated directly to Insurance Company under advice to empanelled Insurance Broker Firm. It is to be noted that all claims will be settled independently by the insurance company as per the provision of the policy and related guidelines of Insurance Regulatory and Development Authority of India (IRDAI). **Bank or broker will not be a party** to the claim settlement process or any dispute arising out of the claim settlement process or decision of insurance company thereon.
- iv. For submission of claims, prescribed format to be used.

Grievance Redressal Mechanism:

1. If the claimant is not satisfied with the service of insurance company, he/she can lodge an online complaint with SBI Life or send email as per escalation matrix of insurance company.
2. Within 30 days of lodging a complaint with SBI Life, if satisfactory response is not received from the Insurance Company, grievance may be raised with the Internal Ombudsman of OICL (list available at <https://www.sbilife.co.in/grievance-redressal-officer-gro> or Insurance Regulatory and Development Authority of India (IRDAI) may be approached on address mentioned hereunder:

General Manager

Insurance Regulatory and Development Authority of India (IRDAI)

Consumer Affairs Department – Grievance Redressal Cell.

Sy.No.115/1, Financial District, Nanakramguda,

Gachibowli, Hyderabad – 500 032

Email ID: nonlifecomplaints.pvt@irda.gov.in

Toll Free Number: 155255 or 1800 4254 732

Email ID: complaints@irda.gov.in

Note: If the claimant is not satisfied with the Insurer Company's redressal of his grievance, through any of the above methods the claimant may approach the nearest **Insurance Ombudsman** for resolution of the grievance. The details of Insurance ombudsman are available on Insurance Regulatory and Development Authority (IRDA) website: www.irdai.gov.in. The complainant may register his grievance through IRDA online, at www.policyholder.gov.in/igms_complaint_logging.aspx. The guidelines for taking up the complaint with the Insurance Ombudsman, along with their address are available on the consumer education website of the IRDA, <http://www.policyholder.gov.in/ombudsman.aspx>