

PART A
1. FORWARDING LETTER

Ref.:

Date:

Mr. ABC DEF GHI

XXXXXXXXXXXX

XXXXXXXXXXXX

Tel:

Dear Mr. ABC DEF GHI

Customer ID	<i>(All Your policies will be mapped to this id and this is Your customer portal login id too)</i>
Product Name	
Product UIN	
Product Type	Non Linked, Non-Participating, Term Life Insurance Plan
Policy Number	
Premium to be paid for	

Welcome to Future Generali India Life Insurance, a joint venture between Future Group and a world renowned, 185 years old insurer – Assicurazioni Generali Spa of Italy and Industrial Investment Trust Ltd (IITL).

At Future Generali Life Insurance, it is Our endeavour to bring to You easy, simple to understand products which are most suitable for You and service processes which will put the power of managing Your Policy in Your own hands through multiple self-servicing digital channels. On receipt of this Policy Document, we would request You to

- Go through the Policy Document carefully and write back to us in case You find any information which is not in line with Your expectations
- Login to Our customer portal at customer.life.futuregenerali.in and create Your online id immediately to manage Your Policy at Your convenience
- Download FG Life App from Google Playstore / Apple Appstore

Please note that this is a <<regular/limited>> premium paying Policy and premium payment is due on (every year till year ____). We would request You to pay all renewal premiums on time to avail all the benefits of the Policy without any hassles.

For Your convenience, we have provided You with multiple channels of communication to reach out to Us should You have any concern about Your Policy or should You need any information about Your Policy. You should feel free to get in touch with us on any one of the below options:

- | | |
|------------------------------------|--|
| 1. <i>Servicing Branch Address</i> | <i>Lodha I – Think techno campus, A wing – 1st floor, Pokhran Road -2, Off Eastern Express Highway, Behind TCS Bldg, Thane West – 400607</i> |
| 2. <i>Toll Free Access Number</i> | <i>18001022355</i> |
| 3. <i>Customer Service Email</i> | <i>care@futuregenerali.in</i> |
| 4. <i>Website</i> | <i>Life.futuregenerali.in</i> |
| 5. <i>Customer Portal</i> | <i>Customer.life.futuregenerali.in OR FG Life App</i> |
| 6. <i>Tel / Fax</i> | <i>+ 91-22-4097 6666 (T) / +91-22-4097 6600 (F)</i> |

Free Look Option

You have the right to cancel this Policy within 15 days of receipt of the Policy Document (30 days if You have purchased this Policy through Distance Marketing Mode) if You disagree with any of the terms and conditions by giving Us a written request for cancellation of this Policy which states the reasons for such cancellation. We will cancel this Policy and refund the premium received after deducting proportionate risk premium for the period on cover, stamp duty charges and expenses incurred by Us on the medical examination of the Life Assured (if any).

If the Policy is opted through Insurance Repository (IR), the computation of the said Free Look Period will be as stated below:-

- For existing e-Insurance Account: Computation of the said Free Look Period will commence from the date of delivery of the e mail confirming the credit of the Insurance Policy by the IR.
- For New e-Insurance Account: If an application for e-Insurance Account

For your convenience, we are providing your sales / servicing agent details below:

Agent/Broker/Intermediary Name

Code

License No.

Mobile Number

Address

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accompanies the proposal for insurance, the date of receipt of the 'welcome kit' from the IR with the credentials to log on to the e-Insurance Account(e IA) or the delivery date of the email confirming the grant of access to the eIA or the delivery date of the email confirming the credit of the Insurance Policy by the IR to the eIA, whichever is later shall be reckoned for the purpose of computation of the Free Look Period.

We once again welcome You to Future Generali Life Insurance and Our world of simpler, smarter, faster insurance solutions and assure You of Our best service always.

Sincerely,

<<Name>>

<<Designation>>

PART A**2. POLICY PREAMBLE**

Welcome to Future Generali Life and thank you for entrusting us Your protection needs and that of Your loved ones. We are extremely excited with the opportunity of serving You throughout the coverage period of this Policy.

Information Provided by you: The information that You have given in Your proposal form, all supporting documents, any other information or declaration given by You, medical evidence (if any) shall form a part of this contract of insurance with us and it is the basis on which the contract of insurance has been issued. Your Policy Document, comprising this Policy Schedule and all the information provided in this booklet along with any Endorsements is the evidence of this contract. We would request You to read this document carefully as it is vital to securing the need for which You have bought this Policy and also to keep this document in a very safe place. In case You find any errors in the Policy Document, please take this document to the servicing branch to enable Us to effect any corrections that may need to be made or write to Us at care@futuregenerali.in.

Product Bought by you : Future Generali <<Express Term Life Plan>> is a <<non-linked>> <<non-participating>> term life insurance plan which offers You benefits as mentioned in the Policy Schedule and Part C of this Policy Document. The investment risk in this plan is <<not>> taken by You and the Benefits are guaranteed <<provided all the due premiums have been paid within stipulated time.>> There is no Maturity Benefit under this plan.

The benefits will be paid to the persons entitled to receive these payments on providing evidence to Our satisfaction that such benefits have become payable and of the title of the person(s) receiving the payouts.

Please communicate any change in Your address or any other communication details immediately.

We wish You the best in this journey of protecting yourself and Your loved ones.

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3. POLICY SCHEDULE

PLEASE GO THROUGH POLICY SCHEDULE CAREFULLY

<<Future Generali Express Term Life Plan>>
 <<Non Linked, Non-Participating (without profits), Term Life Insurance Plan>>

THIS SCHEDULE IS PART OF THIS POLICY AND IS SUBJECT TO AND HAS TO BE READ ALONG WITH THE ATTACHED POLICY DOCUMENT.

3a) Your Customer Id:
3b) Details of the Life Assured and Policyholder

Details of	Life Assured	Policyholder
Full Name:		
Date of Birth:		
Age Admitted:	Yes/No	
Gender		
Email address:		
Mobile phone no:		
Residence No:		
Address:		
Landmark:		
City:		
Pin Code:		

3c) Nominee(s) to this Policy are:

Detail of	Full Name	Date of Birth	Age	Gender	Relationship with Policyholder	Address	Percentage share of Benefit
Nominee 1							
Nominee 2							

3d) The appointee of this Policy is (in case the Nominee mentioned is a minor):

Full Name:	
Date of Birth:	
Gender	

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Address of the Appointee:	
Relationship with Nominee:	

3e) Policy Details

Plan Name	Option Name	UIN	Policy Commencement Date	Risk Commencement Date	Policy Term	Premium Payment Term	Maturity Date	Plan Sum Assured

Sum Assured	Accidental Death Sum Assured	Critical Illness Sum Assured

The Plan option is chosen by the Policyholder at inception of the Policy. Once chosen, the Policyholder shall not be allowed to change the chosen option during the term of the Policy.

3f) Premium Details

Plan name	Annualised Premium (Rs.)	Instalment Premium- for Life Cover	Instalment Premium for Health Cover	Relevant Modal Factor	Goods and Services Tax*	Total Instalment Premium	Premium Frequency	Premium Due Dates	Last Premium Due Date

	First Year	Renewal Years
Total Instalment Premium		
Total Goods and Services Tax		
Total Instalment Premium after Goods and Services Tax*		

3g) Disclaimers

- *Includes Goods and Services tax at prevailing rates.
- Total Premium is subject to change in case of any variance in the present tax rates or in the event of any new or additional tax/levy being made applicable/ imposed on the premium(s).
- As per Section 10 (10D) of the Income Tax Act 1961, any sum received under a life insurance Policy will only be exempt from tax provided the annual premium payable in any of the years during the term of the Policy does not exceed 10% of the actual capital sum assured.
- Tax laws are subject to change

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3h) Stamp Duty

The stamp duty of Rs. Xxx (xxxx ONLY) paid by Payorder no.XXXXXX dated DD/MM/YYYY. Government Notification Revenue and Forest Department No.Mudrank 2004/4125/CR 690/M-1, Dt.31/12/2004.

3i) What You are covered for:
Policy Benefits (Please refer Part C for details)

Death/Terminal Illness Benefit	Higher of 1. <<Sum Assured, <<10 X Annualized Premium >> 2. 105% of total premiums paid (excluding taxes and extra premiums if any) as on date of death Less Critical Illness Benefit already paid, if any.
Accidental Total and Permanent Disability (ATPD) Benefit	Waiver of all future premiums under the Policy on occurrence of event which has caused ATPD due to accident, while the policy is in force and the Policy shall continue till the end of Policy Term for other Insured Events.
Accidental Death Benefit (if opted)	Additional amount payable on Death due to Accident: <<Accidental Death Sum Assured>>
Critical Illness Benefit (if opted)	Critical Illness Benefit is payable in case of diagnosis / undergoing procedure of any one of the 34 Critical Illness. a. In case of Angioplasty, <<₹ 5 Lacs if Critical Illness Sum Assured is less than ₹ 50 Lacs/ ₹ 10 Lacs if Critical Illness Sum Assured is greater than or equal to ₹ 50 Lacs>> b. In case of critical illness other than Angioplasty, <<Critical Illness Sum Assured>> less benefit paid for Angioplasty, if any. Total Critical Illness benefit amount payable under Your Policy shall never exceed 100% of the Critical Illness Sum Assured. Critical Illness Benefit is an accelerated Benefit and the Benefit paid on Critical Illness shall be deducted from your Death Benefit or Terminal Illness Benefit, whichever is payable in future.

3j) What You are not covered for
a. Exclusions under Death Benefit
Suicide Exclusion:

If the Life Assured's death arises directly or indirectly through or in consequence of suicide within 12 months :

- i. from the date of inception of the Policy , the nominee or beneficiary shall be entitled to 80% of the premiums paid, provided the Policy is in force, or
- ii. from the date of revival of the Policy, the Nominee or beneficiary shall be entitled to an amount which is higher of 80% of premiums paid till the date of death or the Surrender Value , if any, as available on the date of death.

b. Exclusions under Terminal Illness Benefit - Nil
c. Exclusions under Accidental Death Benefit

No Accidental Death Benefit will be payable in respect of any condition arising directly or indirectly from, through or in consequence of the following exclusions.

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- i. Arising out of self-inflicted injury, suicide, war/invasion, injury during criminal activity with criminal intent or death whilst under the influence of drug unless prescribed by the doctor, alcohol, or narcotic substances;
 - ii. Arising out of riots, civil commotion, rebellion, war (whether war be declared or not), invasion, hunting, mountaineering, steeple chasing or racing of any kind, bungee jumping, river rafting, scuba diving, paragliding or any such adventurous sports or hobbies;
 - iii. As a result of the life assured committing any breach of law with criminal intent;
 - iv. As a result of Accident while the life assured is engaged in aviation or aeronautics in any capacity other than that of a fare-paying, part-paying or non-paying passenger, in any aircraft which is authorized by the relevant regulations to carry such passengers and flying between established aerodromes.
 - v. Nuclear reaction, radiation or nuclear or chemical contamination;
- d. Exclusions under Accidental Total and Permanent Disability (ATPD)**
For the purpose of ATPD due to Accident, the following conditions shall apply:
- i. The disability should have lasted for at least 180 days without interruption from the date of disability and must be deemed permanent by a Company empanelled Medical Practitioner.
 - ii. ATPD due to Accident should not be caused by the following:
 - Attempted suicide or self-inflicted injuries while sane or insane, or whilst the Life Assured is under the influence of any narcotic substance or drug or intoxicating liquor except under the direction of a Medical Practitioner; or
 - Engaging in aerial flights (including parachuting and skydiving) other than as a fare paying passenger and crew on a licensed passenger-carrying commercial aircraft operating on a regular scheduled route; or
 - The Life Assured with criminal intent, committing any breach of law; or
 - Due to war, whether declared or not or civil commotion; or
 - Engaging in hazardous sports or pastimes, e.g. taking part in (or practicing for) boxing, caving, climbing, horse racing, jet skiing, martial arts, mountaineering, off piste skiing, pot holing, power boat racing, underwater diving, yacht racing or any race, trial or timed motor sport.
 - iii. ATPD due to Accident must be caused by violent, external and visible means.
 - iv. The Accident shall result in bodily injury or injuries to the Life Assured independently of any other means. Such injury or injuries shall, within 180 days of the occurrence of the Accident, directly and independently of any other means cause the Permanent Disability of the Life Assured. In the event of Permanent Disability of the Life Assured after 180 days of the occurrence of the Accident, the Company shall not be liable to pay this benefit.
 - v. The policy must be in-force at the time of Accident.
- e. Exclusions under Critical Illness Benefit**
- No Critical Illness Benefit will be payable in respect of any listed critical illness condition arising directly or indirectly from, though, in consequence of or aggravated by any of the following:
- i. **Pre-Existing Disease:** Pre-Existing means any condition, ailment or injury or related condition(s) for which the Life Assured had signs or symptoms, and/or were diagnosed, and/or for which medical advice/treatment was received within 48 months prior to the first Policy issued by the Company and renewed continuously thereafter.
Any investigation or treatment for any Illness, disorder, complication or ailment arising out of or connected with the pre-existing Illness shall be considered part of that pre-existing illness.

No Critical Illness benefits shall be payable for any condition(s) which is a direct or indirect result of any pre-existing conditions unless Life Insured has disclosed the same at the time of proposal or date of revival whichever is later and the Company has accepted the same.
 - ii. Unreasonable failure to seek or follow medical advice or treatment or the Life Insured has delayed medical treatment in order to circumvent the waiting period or other conditions and restriction applying to this Policy.

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- iii. Self-inflicted Injuries, suicide, insanity, and immorality, and deliberate participation of the life insured in an illegal or criminal act.
- iv. Use of intoxicating drugs / alcohol / solvent, taking of drugs except under the direction of a qualified medical practitioner.
- v. Radioactive contamination due to nuclear Accident.
- vi. War - whether declared or not, civil commotion, breach of law with criminal intent, invasion, hostilities (whether war is declared or not), rebellion, revolution, military or usurped power or wilful participation in acts of violence.
- vii. Illness or Injury caused by engaging in hazardous sports / pastimes, i.e. taking part in (or practicing for) boxing, caving, climbing, horse racing, jet skiing, martial arts, mountaineering, off pastel, skiing, pot holing, power boat racing, underwater diving, yacht racing or any race, trial or timed motor sport, bungee jumping, hand gliding etc. or Any injury, sickness or disease received as a result of aviation (including parachuting or skydiving), gliding or any form of aerial flight other than as a farepaying passenger on regular routes and on a scheduled timetable unless agreed by special endorsement.
- viii. Existence of any Sexually Transmitted Disease (STD) and its related complications or Acquired Immune Deficiency Syndrome (AIDS) or the presence of any Human Immuno-deficiency Virus (HIV)
- ix. Various other exclusions under Critical Illness as specified in Clause 4(d) of Part C

f. Waiting Period For Critical Illness Benefit

- i. Waiting Period is 90 days from the date of Risk Commencement of the Policy or revival date (whichever is later)
- ii. No Critical Illness Benefit shall be payable under this Policy for the listed critical illness conditions, diagnosed or manifested within 90 days following the date of Risk Commencement of the Policy or revival date (whichever is later) and the Critical Illness Benefit under the Policy will terminate. In such case, Company will refund the premiums from date of Risk Commencement of the Policy or from the date of revival, whichever is later, as applicable which is paid towards Critical Illness. The Critical Illness benefit under the Policy shall terminate. The Company shall offer the Policyholder the Policy with no Critical Illness Benefit and Sum Assured reduced by Critical Illness Sum Assured and accordingly the Premiums shall be charged. This shall be subject to Board approved Underwriting Policy. If the Policyholder does not agree to the revised terms and conditions, the Company shall refund the total Premium received on the Policy from the Risk Commencement Date or date of revival, whichever is later. This will be subject to Section 45 of the Insurance Act, 1938, as amended from time to time.
- iii. Waiting period in case of revival shall not be applicable if Policy is revived within 90 days of last premium due date and a continuous waiting period of 90 days has been served.
- iv. Waiting Period is not applicable for Death Benefit, Terminal Illness Benefit, Accidental Death Benefit and Accidental Total and Permanent Disability.

For and on behalf of Future Generali India Life Insurance Company Ltd

Authorised Signature

PART B**DEFINITIONS & INTERPRETATION**

Definitions: The terms defined below are important terms which apply under this Policy. These terms are used with initial capitals in the Policy Document and shall have the meaning ascribed to them below wherever they appear in the Policy Document:

- 1) **“Accident”** means a sudden, unforeseen and involuntary event caused by external, visible and violent means.
- 2) **“Age”** means age as on last birthday which is the number of completed years on the last birthday.
- 3) **“Annualised Premium”** means the amount specified in the Schedule which is the total Instalment Premium payable for a Policy Year.
- 4) **“Appointee”** means the person named in the Schedule to whom the Death Benefit shall become payable if the Nominee is less than Age 18 when the Death Benefit becomes payable.
- 5) **“Congenital Anomaly”** means a condition which is present since birth, and which is abnormal with reference to form, structure or position.
 - Internal Congenital Anomaly
Congenital anomaly which is not in the visible and accessible parts of the body.
 - External Congenital Anomaly
Congenital anomaly which is in the visible and accessible parts of the body
- 6) **“Critical Illness Benefit”** means the benefits which become payable in accordance with Part C of this Policy. Part C will specify whether a Critical Illness Benefit is payable under this Policy.
- 7) **“Death Benefit”** means the benefit which becomes payable on the Life Assured’s death in accordance with Part C of this Policy.
- 8) **“Distance Marketing Mode”** means insurance solicitation/lead generation by way of telephone calling/Short Messaging Service (SMS)/other electronic modes such as e-mail, internet and interactive television (DTH)/direct mail/newspaper and magazine inserts or any other means of communication other than in person.
- 9) **“Endorsement”** means a written confirmation issued by Us on the Schedule to record any changes to the applicable terms and conditions of this Policy or the details contained in the Schedule. Endorsements shall form a part of this Policy and shall be binding on You and Us. It is agreed that the terms of an Endorsement shall supersede any conflicting provisions in this Policy Document, Rider or Schedule.
- 10) **“Financial Year”** means the twelve month period between 1st April of each calendar year and 31st March of next calendar year.

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- 11) **“Force Majeure Event”** means an event by which performance of any of Our obligations are prevented or hindered as a consequence of any act of God, State, strike, lock out, legislation or restriction by any government or other authority or any circumstances beyond Our control
- 12) **“Grace Period”** means the period of time, as specified in Part F, from the Premium Due Date which is specified in this Policy during which You can pay the due Instalment Premium to Us. During the Grace Period, this Policy will be considered to be in force with the risk cover and without any interruption, as per the terms of this Policy
- 13) **“Illness”** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.
- a) **Acute condition** - Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ illness/ injury which leads to full recovery
- b) **Chronic condition** - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:
- it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests
 - it needs ongoing or long-term control or relief of symptoms
 - it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
 - it continues indefinitely
 - it recurs or is likely to recur
- 14) **“Indebtedness”** means unpaid Instalment Premiums, any unpaid loans granted by Us under this Policy and accrued interest thereon and any other amounts You owe Us in accordance with the terms of this Policy, including all accrued interest on these amounts. Part D of this Policy will specify whether loans will be granted by Us under this Policy.
- 15) **“Injury”** means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a Medical Practitioner.
- 16) **“Instalment Premium”** means the premium amount specified in the Schedule which is payable under this Policy at the frequency and in the modes specified in the Schedule.
- 17) **“IRDAI”** means the Insurance Regulatory and Development Authority of India.
- 18) **“Lapse”** means the status of the Policy where due Instalment Premium ,for the period as specified in the Part C of the Policy, have not been paid within the Grace Period and where Policy benefits ,if any, shall become payable in accordance with Part D.
- 19) **“Life Assured”** means the person named in the Schedule on whose life the insurance cover under this Policy has been granted.

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- 20) **“Maturity Benefit”** means the benefits which become payable on or after the Maturity Date in accordance with Part C of this Policy. Part C will specify whether a Maturity Benefit is payable under this Policy.
- 21) **“Maturity Date”** means the date specified in the Schedule on which the Maturity Benefit (if any) becomes payable if the conditions specified in Part C of this Policy are satisfied.
- 22) **“Medical Practitioner”** is a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of his license. ; but excluding the Physician who is:
- Insured/Policyholder himself or an agent of the Insured
 - Insurance Agent , business partner(s) or employer/employee of the Insured or
 - A member of the Insured's immediate family
- 23) **“Nominee”** means the person named in the Schedule to whom the Death Benefit shall become payable if the conditions specified in Part C of this Policy are satisfied.
- 24) **“Policy”** means the contract of insurance entered into between the Policyholder and Us as evidenced by the “Policy Document”
- 25) **“Policy Document”** means this policy document, the Proposal Form, the Schedule and any additional information or documentation provided to Us in relation to the Proposal Form, any Endorsements issued by Us and any Riders attached to this Policy.
- 26) **“Policyholder”** means the person named in the Schedule on whom the contract under this Policy is executed and owns this Policy and, subject to the terms and conditions of this Policy, holds all the rights under the Policy.
- 27) **“Policy Anniversary”** means the same date as the Policy Commencement Date in each Policy Year during the Policy Term.
- 28) **“Policy Commencement Date”** means the date specified in the Schedule on which this Policy commenced.
- 29) **“Policy Term”** means the period specified in the Schedule which is the number of years from the Policy Commencement Date to the Maturity Date.
- 30) **“Policy Year”** means a period of 12 consecutive calendar months from the Policy Commencement Date and every subsequent Policy Anniversary, thereafter.

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- 31) **"Pre-Existing Disease"** Pre-Existing Disease means any condition, ailment or injury or related condition(s) for which the Life Assured had signs or symptoms, and / or were diagnosed, and / or for which medical advice / treatment was received within 48 months prior to the date on which Policy was issued or revived, whichever is later.
- 32) **"Premium Paying Term"** means the period in years as specified in the Schedule during which the Instalment Premiums are payable.
- 33) **"Premium Due Date"** means date specified in the Schedule on which the Instalment Premium will become due.
- 34) **"Proposal Form"** means the proposal form provided by Us which is completed by You in utmost good faith and sets out the various particulars which form the basis of the insurance cover under this Policy.
- 35) **"Reduced Paid-up Policy"** means a Policy on which due Instalment Premiums are not received after a specified number of Instalment Premiums have been received. Part C of this Policy will specify whether and under which conditions this Policy may be considered to be a Reduced Paid-up Policy. If this Policy is converted to a Reduced Paid-up Policy, then only those reduced benefits specified in Part D of this Policy will be payable on the occurrence of the insured events.
- 36) **"Revival"** means restoring the Lapsed or a Reduced Paid-up Policy to an inforce Policy as per the revival conditions mentioned in Part D of the Policy.
- 37) **"Revival Period"** means a period of 2 consecutive years from the first Premium Due Date on which the Instalment Premium was unpaid during which a Lapsed Policy or a Reduced Paid-up Policy may be Revived in accordance with the terms of Part D of this Policy.
- 38) **"Rider"** means a rider contract which is attached to and forms a part of this Policy. The Schedule will specify whether any Riders are applicable under this Policy and the premium amounts payable for such Riders.
- 39) **"Risk Commencement Date"** means the date specified in the Schedule on which the risk under this Policy commences.
- 40) **"Schedule"** means the Policy schedule which is issued by Us and attached to this Policy together with any amendments to the Schedule or Endorsements which may be issued by Us from time to time.
- 41) **"Sum Assured"** means the amount specified in the Schedule
- 42) **"Surrender"** means the complete withdrawal/termination of the entire Policy. Part D of this Policy will specify whether and under which conditions this Policy can be surrendered.

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- 43) **“Surrender Value”** means the amount payable, if any, on the Surrender of this Policy. Part D of this Policy will specify the manner of calculation of the Surrender Value, if any.
- 44) **“We, Us, Our, Company”** means Future Generali India Life Insurance Company Limited.
- 45) **“You, Your”** means the Policyholder of this Policy as named in the Schedule.

Interpretation:

- 1) References in this Policy to the singular shall include the plural and vice versa.
- 2) References in this Policy to one gender shall include the other gender.
- 3) References in this Policy to any statutes, rules, regulations or guidelines shall include any re-enactments or amendments to the same.
- 4) Section/paragraph headings are for ease of reference only and shall not have any interpretative value.
- 5) Words and expressions used in this Policy but not defined herein shall, unless the context specifies otherwise, have the same meaning as defined in the Insurance Act 1938 and/or the rules/regulations/guidelines made thereunder as may be amended from time to time.

PART C

POLICY BENEFITS & PREMIUM PAYMENT CONDITIONS

This is a non-linked, non-participating term life insurance plan which provides cover on Death or Terminal Illness and Accidental Total and Permanent Disability. Additionally, it provides option to get protection against Accidental Death and Critical Illness.

The benefits provided by Your Policy as regards the amounts payable by Us and the events on the happening of which such amounts are payable, as well as the Premiums payable by You and the duration for which such Premiums are payable are as indicated in the Policy Schedule.

The benefits available under this Policy are specified in this Part C below. Benefit amounts payable on the occurrence of the events specified below are set out in the Schedule. Benefits due will become payable to You / Life Assured or Your assignee or Nominee or to Your legal heirs, executors, administrators or legal representatives, as applicable.

In order to secure the full benefits available under this Policy, Instalment Premiums must be paid in full and on time for the Premium Paying Term. If the Instalment Premiums are not received on time, then the non-forfeiture provisions in this Part D will apply.

Amendments to this Policy shall be effective only if such amendments are carried out only through Endorsements issued by Us.

1) Commencement of Risk Cover under this Policy

The risk cover under this Policy shall commence only on the Risk Commencement Date, which is same as Policy Commencement Date.

2) Policy Cover Options

This Policy offers four cover options-

- a) Option 1 - Life Cover
- b) Option 2 - Extra Life Cover
- c) Option 3 - Life Plus Health Cover
- d) Option 4 - All in One Cover

Cover option chosen by You as specified in the Schedule cannot be changed after the Policy Commencement Date.

3) Benefits

a) Option 1 - Life Cover

- i) In case of Death or diagnosis of Terminal Illness of the Life Assured, whichever occurs earlier, on or after the Risk Commencement Date but during the Policy Term and provided that the Policy has not Lapsed

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or Terminated in accordance with the provisions of Part D, then subject to clause 4 and 5 of Part C, Benefit payable shall be the Death Sum Assured and the Policy shall terminate.

- ii) In case of Total and Permanent Disability of the Life Assured due to Accident, on or after the Risk Commencement Date but during the Policy Term and provided that the Policy has not Lapsed or Terminated in accordance with the provisions of Part D, then subject to clause 4 and 5 of Part C, all future Premiums under the Policy shall be waived and the Policy shall continue till end of Policy Term for other insured events.

b) **Option 2 – Extra Life Cover**

- i) In case of Death or diagnosis of Terminal Illness of the Life Assured, whichever occurs earlier, on or after the Risk Commencement Date but during the Policy Term and provided that the Policy has not Lapsed or Terminated in accordance with the provisions of Part D, then subject to clause 4 and 5 of this Part C below, Benefit payable shall be the Death Sum Assured and the Policy shall terminate.
- ii) In case the of death of Life Assured due to an Accident, an additional lump-sum benefit equal to the Accidental Death Sum Assured as specified in the Schedule shall be payable i.e. in case of death due to Accident, Death Sum Assured plus Accidental Death Sum Assured shall be payable and the Policy shall terminate. This is subject to Accidental death occurring on or after the Risk Commencement Date but during the Policy Term and provided the Policy has not Lapsed or Terminated in accordance of Part D, and further subject to clause 4 & 5 of this Part C.
- iii) In case of Total and Permanent Disability of the Life Assured due to Accident, on or after the Risk Commencement Date but during the Policy Term and provided that the Policy has not Lapsed or Terminated in accordance with the provisions of Part D, then subject to clause 4 and 5 of Part C, all future Premiums under the Policy shall be waived and the Policy shall continue till end of Policy Term for other insured events.

c) **Option 3 – Life Plus Health Cover**

- i) In case of Death or diagnosis of Terminal Illness of the Life Assured, whichever occurs earlier, on or after the Risk Commencement Date but during the Policy Term and provided that the Policy has not Lapsed or Terminated in accordance with the provisions of Part D, then subject to clause 4 and 5 of Part C, Benefit payable shall be the Death Sum Assured less any Critical Illness Benefit already paid and the Policy shall terminate.
- ii) In case Life Assured is diagnosed with/undergoes procedure of any one of the listed 34 Critical Illness conditions as defined in Clause 4 of Part C, on or after the Risk Commencement Date but during the Policy Term and provided that the Policy has not Lapsed or Terminated in accordance with the provisions of Part D, then subject to the Exclusions as mentioned in clause 4 and 5 of Part C, the Critical Illness Sum Assured as specified in the Schedule shall be payable.

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- iii) The Policy shall continue on payment of Critical Illness Benefit till the end of Policy Term subject to payment of all due Premiums. However, no Premium on account of Critical Illness Benefit shall be payable once Critical Illness Sum Assured has been paid.
- iv) No Benefit shall be payable on subsequent Critical Illness. However, in case of the Critical Illness procedure Angioplasty, Critical Illness claim payment shall be limited to an amount of ₹5 lakh (where Critical Illness Sum Assured is less than ₹50 lakh) or ₹10 lakh (where Critical Illness Sum Assured is greater than or equal to ₹50 lakh). The remaining Critical Illness Benefit shall be payable on subsequent diagnosis/undergoes procedure of any one of the other specified Critical Illness conditions, however, if Angioplasty treatment undertaken subsequently, then no benefit shall be payable.
- v) On payment of Critical Illness Benefit, the Death Benefit or Terminal Illness Benefit, whichever is payable will reduce by the extent of the Critical Illness Benefit already paid. In case of Death or diagnosis of Terminal Illness of the Life Assured subsequent to payment of Critical Illness Benefit, the Benefit payable shall be Death Sum Assured less any Critical Illness Benefit already paid. The Policy shall terminate on payment of Death Benefit or Terminal Illness Benefit.
- vi) In case of Total and Permanent Disability of the Life Assured due to Accident, on or after the Risk Commencement Date but during the Policy Term and provided that the Policy has not Lapsed or Terminated in accordance with the provisions of Part D, then subject to clause 4 and 5 of Part C, all future Premiums under the Policy shall be waived and the Policy shall continue till end of Policy Term for other insured events.
- d) **Option 4 - All in One Cover**
- i) In case of Death or diagnosis of Terminal Illness of the Life Assured, whichever occurs earlier, on or after the Risk Commencement Date but during the Policy Term and provided that the Policy has not Lapsed or Terminated in accordance with the provisions of Part D, then subject to clause 4 and 5 of Part C, Benefit payable shall be the Death Sum Assured less any Critical Illness Benefit already paid and the Policy shall terminate.
- ii) In case the of death of Life Assured due to an Accident, an additional lump-sum benefit equal to the Accidental Death Sum Assured as specified in the Schedule shall be payable
i.e. in case of death due to Accident, Death Sum Assured plus Accidental Death Sum Assured less any Critical Illness benefit already paid shall be payable and the Policy shall terminate. This is subject to Accidental death occurring on or after the Risk Commencement Date but during the Policy Term and provided the Policy has not Lapsed or Terminated in accordance of Part D, and further subject to clause 4 & 5 of this Part C.
- iii) In case Life Assured is diagnosed with/undergoes procedure of any one of the listed 34 Critical Illness conditions as defined in Clause 4 of Part C below, on or after the Risk Commencement Date but during the Policy Term and provided that the Policy has not Lapsed or Terminated in accordance with the

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provisions of Part D, then subject to the Exclusions as mentioned in clause 4 and 5 of this Part C below, the Critical Illness Sum Assured as specified in the Schedule shall be payable.

- iv) The Policy shall continue on payment of Critical Illness Benefit till the end of Policy Term subject to payment of all due Premiums. However, no Premium on account of Critical Illness Benefit shall be payable once Critical Illness Sum Assured has been paid.
- v) No Benefit shall be payable on subsequent Critical Illness. However, in case of the Critical Illness procedure Angioplasty, Critical Illness claim payment shall be limited to an amount of ₹5 lakh (where Critical Illness Sum Assured is less than ₹50 lakh) or ₹10 lakh (where Critical Illness Sum Assured is greater than or equal to ₹50 lakh). The remaining Critical Illness Benefit shall be payable on subsequent diagnosis/ undergoes procedure of any one of the other specified Critical Illness conditions, however, if Angioplasty treatment undertaken subsequently, then no benefit shall be payable.
- vi) On payment of Critical Illness Benefit, the Death Benefit or Terminal Illness Benefit, whichever is payable, will reduce by the extent of the Critical Illness Benefit already paid. In case of Death or diagnosis of Terminal Illness of the Life Assured subsequent to payment of Critical Illness Benefit, the Benefit payable shall be Death Sum Assured less any Critical Illness Benefit already paid. The Policy shall terminate on payment of Death Benefit or Terminal Illness Benefit.
- vii) In case of Total and Permanent Disability of the Life Assured due to Accident, on or after the Risk Commencement Date but during the Policy Term and provided that the Policy has not Lapsed or Terminated in accordance with the provisions of Part D, then subject to clause 4 and 5 of Part C, all future Premiums under the Policy shall be waived and the Policy shall continue till end of Policy Term for other insured events.
- e) **Death Sum Assured** shall be higher of the following:
- 10 times Annualised Premium (excluding taxes and extra underwriting premiums, if any), or
 - 105% of all the premiums paid (excluding taxes and extra underwriting premiums, if any) as on date of death, or
 - Absolute amount to be paid on Death, which is equal to Sum Assured
- f) **Maturity Benefit**
- There is no Maturity Benefit payable under this Policy.

4) Definitions**a) Terminal Illness**

A Life Assured shall be regarded as diagnosed with Terminally Illness only if that Life Assured is diagnosed as suffering from a condition which, in the opinion of two independent Medical Practitioners specializing in treatment of such illness, is highly likely to lead to death within 6 months. The Terminal Illness must be diagnosed and confirmed by Medical Practitioners registered with the Indian Medical Association and approved

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by the Company. The Company reserves the right for independent assessment and the cost shall be borne by the Company.

b) Accidental Death

If the Life Assured sustains any bodily Injury resulting solely and directly from an Accident caused by outward, violent and visible means and such Injury shall within a period of 180 days of the occurrence of the Accident; solely, directly and independently of all other causes, result in the death of the Life Assured.

In case the "event" which has caused death due to an Accident has occurred during the Policy Term and Accidental death occurs after the Policy Term but within 180 days from the date of Accident, the Accidental Death Benefit shall be payable.

c) Accidental Total and Permanent Disability (ATPD)

i) On occurrence of ATPD due to Accident, while the Policy is in force, all future Premiums under the policy are waived. Life Assured is considered as diagnosed of ATPD if the Life Assured unable to perform 3 out of the 6 following Activities of Daily Work:

- **Mobility:** The ability to walk a distance of 200 meters on flat ground.
- **Bending:** The ability to bend or kneel to touch the floor and straighten up again and the ability to get into a standard saloon car, and out again.
- **Climbing:** The ability to climb up a flight of 12 stairs and down again, using the handrail if needed.
- **Lifting:** The ability to pick up an object weighing 2kg at table height and hold for 60 seconds before replacing the object on the table.
- **Writing:** The manual dexterity to write legibly using a pen or pencil, or type using a desktop personal computer keyboard.
- **Blindness:** permanent and irreversible - Permanent and irreversible loss of sight to the extent that even when tested with the use of visual aids, vision is measured at 3/60 or worse in the better eye using a Snellen eye chart.

ii) The following conditions shall apply for ATPD due to accident:-

- The disability should have lasted for at least 180 days without interruption from the date of disability and must be deemed permanent by a Company empaneled Medical Practitioner.
- ATPD due to accident must be caused by violent, external and visible means.
- The accident shall result in bodily injury or injuries to the Life Assured independently of any other means. Such injury or injuries shall, within 180 days of the occurrence of the accident, directly and independently of any other means cause the Permanent Disability of the Life Assured. In the event of Permanent Disability of the Life Assured after 180 days of the occurrence of the accident, the Company shall not be liable to pay this benefit.
- The Policy must be in-force at the time of accident.

iii) In case the "event" which has caused ATPD due to Accident has occurred during the Policy Term and ATPD is established after the Policy Term, the ATPD benefit shall be payable.

d) Critical Illnesses

The Life Assured will be considered to be diagnosed with any of the mentioned critical illnesses as defined below if he/ she is conclusively and unequivocally diagnosed by a (panel of) specialist Medical Practitioners. However, the diagnosis may be confirmed by independent Medical Practitioner appointed by Us. The cost of consultation in such case will be borne by Us.

Definitions and Exclusions of Listed Conditions

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

The following are excluded:

- i. All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or noninvasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN - 2 and CIN-3.
- ii. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
- iii. Malignant melanoma that has not caused invasion beyond the epidermis;
- iv. All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0
- v. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
- vi. Chronic lymphocytic leukemia less than RAI stage 3
- vii. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,
- viii. All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;
- ix. All tumors in the presence of HIV infection.

ii) Open chest CABG

The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breast bone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist.

The following are excluded:

- i. Angioplasty and/or any other intra-arterial procedures

iii) Myocardial Infarction (First heart attack of specific severity)

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

- i. A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. typical chest pain)
- ii. New characteristic electrocardiogram changes
- iii. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

The following are excluded:

- i. Other acute Coronary Syndromes
- ii. Any type of angina pectoris
- iii. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.

iv) Kidney failure requiring regular dialysis

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

v) Major organ/Bone marrow transplant

The actual undergoing of a transplant of:

- i. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
- ii. Human bone marrow using haematopoietic stem cells.
- iii. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.

The following are excluded:

- i. Other stem-cell transplants
- ii. Where only islets of langerhans are transplanted

vi) Stroke resulting in permanent symptoms

Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolization from an extracranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.

The following are excluded:

- i. Transient ischemic attacks (TIA)
- ii. Traumatic injury of the brain
- iii. Vascular disease affecting only the eye or optic nerve or vestibular functions.

vii) Benign brain tumour

Benign brain tumor is defined as a life threatening, non-cancerous tumor in the brain, cranial nerves or meninges within the skull. The presence of the underlying tumor must be confirmed by imaging studies such as CT scan or MRI.

This brain tumor must result in at least one of the following and must be confirmed by the relevant medical specialist.

- i. Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or
- ii. Undergone surgical resection or radiation therapy to treat the brain tumor.

The following conditions are excluded:

- Cysts
- Granulomas
- Malformations in the arteries or veins of the brain
- Hematomas
- Abscesses
- Pituitary tumors
- Tumors of skull bones and
- Tumors of the spinal cord

viii) Coma of specified severity

A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following:

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- i. no response to external stimuli continuously for at least 96 hours;
- ii. life support measures are necessary to sustain life; and
- iii. Permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.

The condition has to be confirmed by a specialist medical practitioner.

The following are excluded:

- Coma resulting directly from alcohol or drug abuse

ix) **End stage liver failure**

Permanent and irreversible failure of liver function that has resulted in all three of the following:

- i. Permanent jaundice; and
- ii. Ascites; and
- iii. Hepatic encephalopathy.

The following are excluded:

- Liver failure secondary to drug or alcohol abuse

x) **End stage lung failure**

End stage lung disease, causing chronic respiratory failure, as confirmed and evidenced by all of the following:

- i. FEV1 test results consistently less than 1 liter measured on 3 occasions 3 months apart; and
- ii. Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and
- iii. Arterial blood gas analysis with partial oxygen pressure of 55mmHg or less (PaO₂<55mmHg); and
- iv. Dyspnea at rest

xi) **Open heart replacement or repair of heart valve**

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

xii) **Loss of limbs**

The physical separation of two or more limbs, at or above the wrist or ankle level limbs as a result of injury or disease. This will include medically necessary amputation necessitated by injury or disease. The separation has to be permanent without any chance of surgical correction.

Loss of Limbs resulting directly or indirectly from self-inflicted injury, alcohol or drug abuse is excluded.

xiii) **Blindness**

Total, permanent and irreversible loss of all vision in both eyes as a result of illness or accident.

The Blindness is evidenced by:

- i. corrected visual acuity being 3/60 or less in both eyes or ;
- ii. The field of vision being less than 10 degrees in both eyes.

The diagnosis of blindness must be confirmed and must not be correctable by aids or surgical procedure.

xiv) **Third degree burns**

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

xv) Major head trauma

Accidental head injury resulting in permanent Neurological deficit to be assessed no sooner than 3 months from the date of the accident. This diagnosis must be supported by unequivocal findings on Magnetic Resonance Imaging, Computerized Tomography, or other reliable imaging techniques. The accident must be caused solely and directly by accidental, violent, external and visible means and independently of all other causes.

The Accidental Head injury must result in an inability to perform at least three (3) of the following Activities of Daily Living either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons. For the purpose of this benefit, the word "permanent" shall mean beyond the scope of recovery with current medical knowledge and technology.

The Activities of Daily Living are:

- i. Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
- ii. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
- iii. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
- iv. Mobility: the ability to move indoors from room to room on level surfaces;
- v. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- vi. Feeding: the ability to feed oneself once food has been prepared and made available.

The following are excluded:

- i. Spinal cord injury;

xvi) Permanent paralysis of limbs

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

xvii) Primary (Idiopathic) Pulmonary Hypertension

An unequivocal diagnosis of Primary (Idiopathic) Pulmonary Hypertension by a Cardiologist or specialist in respiratory medicine with evidence of right ventricular enlargement and the pulmonary artery pressure above 30 mm of Hg on Cardiac Catheterization. There must be permanent irreversible physical impairment to the degree of at least Class IV of the New York Heart Association Classification of cardiac impairment.

The NYHA Classification of Cardiac Impairment are as follows:

- i. Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.
- ii. Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.

Pulmonary hypertension associated with lung disease, chronic hypoventilation, pulmonary thromboembolic disease, drugs and toxins, diseases of the left side of the heart, congenital heart disease and any secondary cause are specifically excluded.

xviii) Loss of Speech

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Total and irrecoverable loss of the ability to speak as a result of injury or disease to the vocal cords. The inability to speak must be established for a continuous period of 12 months. This diagnosis must be supported by medical evidence furnished by an Ear, Nose, Throat (ENT) specialist. All psychiatric related causes are excluded.

xix) Motor Neuron Disease with Permanent Symptoms

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

xx) Multiple Sclerosis with Persisting Symptoms

The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:

- i. Investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and
- ii. There must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.
- iii. Other causes of neurological damage such as SLE and HIV are excluded.

xxi) Deafness

Total and irreversible loss of hearing in both ears as a result of illness or accident. This diagnosis must be supported by pure tone audiogram test and certified by an Ear, Nose and Throat (ENT) specialist. Total means "the loss of hearing to the extent that the loss is greater than 90decibels across all frequencies of hearing" in both ears.

xxii) Major Surgery of Aorta

The actual undergoing of major surgery to repair or correct an aneurysm, narrowing, obstruction or dissection of the aorta through surgical opening of the chest or abdomen. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches (including aortofemoral or aortoiliac bypass grafts). The surgery must be determined to be medically necessary by a Consultant Cardiologist / Surgeon and supported by imaging findings. The following is excluded: Surgery performed using only minimally invasive or intra-arterial techniques.

xxiii) Cardiomyopathy

An impaired function of the heart muscle, unequivocally diagnosed as Cardiomyopathy by a Registered Medical Practitioner who is a cardiologist, and which results in permanent physical impairment to the degree of New York Heart Association classification Class IV, or its equivalent, for at least six (6) months based on the following classification criteria:

- i. Class IV - Inability to carry out any activity without discomfort. Symptoms of congestive cardiac failure are present even at rest. With any increase in physical activity, discomfort will be experienced and
- ii. Echocardiography findings confirming presence of cardiomyopathy and Left Ventricular Ejection Fraction (LVEF %) of 40% or less

The following are excluded:

- Cardiomyopathy directly related to alcohol or drug abuse

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xxiv) **Angioplasty**

Coronary Angioplasty is defined as percutaneous coronary intervention by way of balloon angioplasty with or without stenting for treatment of the narrowing or blockage of minimum 50 % of one or more major coronary arteries. The intervention must be determined to be medically necessary by a cardiologist and supported by a coronary angiogram (CAG).

Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery.

The following are excluded :

- Diagnostic angiography or investigation procedures without angioplasty/stent insertion are excluded.

xxv) **Apallic Syndrome**

A persistent vegetative state in which patients with severe brain damage (universal necrosis of the brain cortex with the brainstem remaining intact), are in a state of partial arousal rather than true awareness. The Diagnosis must be confirmed by a Specialist Medical Practitioner (Neurologist) and condition must be documented for at least 30 days

xxvi) **Brain Surgery**

The actual undergoing of surgery to the brain, under general anaesthesia during which a Craniotomy is performed. Burr hole and brain surgery as a result of an accident is excluded. The procedure must be considered necessary by a qualified specialist and the benefit shall only be payable once corrective surgery has been carried out.

This requirement of surgery must be supported by unequivocal findings on Magnetic Resonance Imaging, Computerized Tomography, or other reliable imaging techniques and certified by a neurosurgeon or qualified medical doctor of relevant specialty.

xxvii) **Alzheimer's Disease**

Deterioration or loss of intellectual capacity as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's Disease or irreversible organic disorders, resulting in significant reduction in mental and social functioning requiring the continuous supervision of the Life Assured. This diagnosis must be supported by the clinical confirmation of an appropriate Registered Medical practitioner who is also a neurologist and supported by the Company's appointed doctor.

The following are excluded:

- Non-organic disease such as neurosis and psychiatric illnesses;
- Alcohol-related brain damage
- Any other type of irreversible organic disorder/dementia

xxviii) **Muscular Dystrophy**

Diagnosis of muscular dystrophy by a Registered Medical Practitioner who is a neurologist based on three (3) out of four (4) of the following conditions:

- i. Family history of other affected individuals;
- ii. Clinical presentation including absence of sensory disturbance, normal cerebrospinal fluid and mild tendon reflex reduction;
- iii. Characteristic electromyogram; or
- iv. Clinical suspicion confirmed by muscle biopsy.

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Activities of Daily Living assessment should confirm the inability of the Insured to perform at least three (3) of the Activities of Daily Living for a continuous period of at least 6 months, either with or without the use of mechanical equipment, special devices or other aids or adaptations in use for disabled persons.

The Activities of Daily Living are:

- i. Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
- ii. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
- iii. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
- iv. Mobility: the ability to move indoors from room to room on level surfaces;
- v. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- vi. Feeding: the ability to feed oneself once food has been prepared and made available.

xxix) **Parkinson's Disease**

Unequivocal Diagnosis of Parkinson's disease by a Registered Medical Practitioner who is a neurologist where the condition:

- i. Cannot be controlled with medication;
- ii. Shows signs of progressive impairment; and

Activities of Daily Living assessment confirms the inability of the Insured to perform at least three (3) of the Activities of Daily Living as defined in the Policy, either with or without the use of mechanical equipment, special devices or other aids or adaptations in use for disabled persons.

The following are excluded:

- Drug-induced or toxic causes of Parkinson's disease are excluded.

xxx) **Poliomyelitis**

The occurrence of poliomyelitis where the conditions are met:

- i. Poliovirus is identified as the cause and is provided by stool analysis
- ii. Paralysis of the limb muscles or respiratory muscles must be present and persist for at least 3 months

xxxii) **Loss of Independent Existence**

Confirmation by a Consultant Physician of the loss of independent existence due to illness or trauma, lasting for a minimum period of 6 months and resulting in a permanent inability to perform at least three (3) of the following

The Activities of Daily Living are:

- i. Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
- ii. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
- iii. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
- iv. Mobility: the ability to move indoors from room to room on level surfaces;
- v. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- vi. Feeding: the ability to feed oneself once food has been prepared and made available

xxxiii) **Medullary Cystic Disease**

Medullary Cystic Disease where the following criteria are met:

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- i. The presence in the kidney of multiple cysts in the renal medulla accompanied by the presence of tubular atrophy and interstitial fibrosis;
- ii. Clinical manifestations of anemia, polyuria, and progressive deterioration in kidney function; and
- iii. The Diagnosis of Medullary Cystic Disease is confirmed by renal biopsy.

The following are excluded:

- Isolated or benign kidney cysts are specifically excluded from this benefit.

xxxiii) Systemic Lupus Erythematosus

Multi-system, autoimmune disorder characterized by the development of auto-antibodies, directed against various self-antigens. For purposes of the definition of "Critical Illness", SLE is restricted to only those forms of systemic lupus erythematosus, which involve the kidneys and are characterized as Class III, Class IV, Class V or Class VI lupus nephritis under the Abbreviated International Society of Nephrology/Renal Pathology Society (ISN/RPS) classification of lupus nephritis (2003) below based on renal biopsy.

Other forms such as discoid lupus and those forms with only hematological and joint involvement are specifically excluded.

Abbreviated ISN/RPS classification of lupus nephritis (2003):

- i. Class I - Minimal mesangial lupus nephritis
- ii. Class II - Mesangial proliferative lupus nephritis
- iii. Class III - Focal lupus nephritis
- iv. Class IV - Diffuse segmental (IV-S) or global (IV-G) lupus nephritis
- v. Class V - Membranous lupus nephritis
- vi. Class VI - Advanced sclerosing lupus nephritis

The final diagnosis must be confirmed by a certified doctor specializing in Rheumatology and Immunology.

xxxiv) Aplastic Anaemia

Irreversible persistent bone marrow failure which results in anemia, neutropenia and thrombocytopenia requiring treatment with at least two (2) of the following:

- i. Blood product transfusion;
- ii. Marrow stimulating agents;
- iii. Immunosuppressive agents; or
- iv. Bone marrow transplantation.

The Diagnosis of aplastic anemia must be confirmed by a bone marrow biopsy. Two out of the following three values should be present:

- i. Absolute Neutrophil count of 500 per cubic millimeter or less;
- ii. Absolute Reticulocyte count of 20,000 per cubic millimeter or less; and
- iii. Platelet count of 20,000 per cubic millimeter or less.

5) EXCLUSIONS**a. Exclusions under Death Benefit****Suicide Exclusion:**

In case of death due to suicide within 12 months.

- i. From the date of inception of the Policy, the nominee or beneficiary shall be entitled to 80% of the premiums paid, provided the Policy is in force, or

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- ii. From the date of revival of the Policy, the nominee or beneficiary shall be entitled to an amount which is higher of 80% of the premiums paid till the date of death or the surrender value, if any, as available on the date of death.

b. Exclusions under Terminal Illness Benefit - Nil**c. Exclusions under Accidental Death Benefit**

No Accidental Benefit will be payable in respect of any condition arising directly or indirectly from, through or in consequence of the following exclusions:

- i. Arising out of self-inflicted injury, suicide, war/invasion, injury during criminal activity with criminal intent or death whilst under the influence of drug unless prescribed by the doctor, alcohol, or narcotic substances;
- ii. Arising out of riots, civil commotion, rebellion, war (whether war be declared or not), invasion, hunting, mountaineering, steeple chasing or racing of any kind, bungee jumping, river rafting, scuba diving, paragliding or any such adventurous sports or hobbies;
- iii. As a result of the life assured committing any breach of law with criminal intent;
- iv. As a result of Accident while the life assured is engaged in aviation or aeronautics in any capacity other than that of a fare-paying, part-paying or non-paying passenger, in any aircraft which is authorized by the relevant regulations to carry such passengers and flying between established aerodromes.
- v. Nuclear reaction, radiation or nuclear or chemical contamination;

d. Exclusions under Accidental Total and Permanent Disability (ATPD)

No ATPD due to accident will be payable in respect of any condition arising directly or indirectly from, through or in consequence of the following exclusions:

- Attempted suicide or self-inflicted injuries while sane or insane, or whilst the Life Assured is under the influence of any narcotic substance or drug or intoxicating liquor except under the direction of a medical practitioner; or
- Engaging in aerial flights (including parachuting and skydiving) other than as a fare paying passenger and crew on a licensed passenger-carrying commercial aircraft operating on a regular scheduled route; or
- The Life Assured with criminal intent, committing any breach of law; or
- Due to war, whether declared or not or civil commotion; or
- Engaging in hazardous sports or pastimes, e.g. taking part in (or practicing for) boxing, caving, climbing, horse racing, jet skiing, martial arts, mountaineering, off piste skiing, pot holing, power boat racing, underwater diving, yacht racing or any race, trial or timed motor sport.

e. Exclusions under Critical Illness Benefit

No critical illness benefit will be payable in respect of any listed critical illness condition arising directly or indirectly from, though, in consequence of or aggravated by any of the following:

- i. **Pre-Existing Disease:** Pre-Existing means any condition, ailment or injury or related condition(s) for which the Life Assured had signs or symptoms, and/or were diagnosed, and/or for which medical advice/treatment was received within 48 months prior to the first Policy issued by the Company and renewed continuously thereafter. Any investigation or treatment for any Illness, disorder, complication or ailment arising out of or connected with the pre-existing Illness shall be considered part of that pre-existing illness.

No Critical Illness benefits shall be payable for any condition(s) which is a direct or indirect result of any pre-existing conditions unless Life Insured has disclosed the same at the time of proposal or date of revival whichever is later and the Company has accepted the same.

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- ii. Unreasonable failure to seek or follow medical advice or treatment or the Life Insured has delayed medical treatment in order to circumvent the waiting period or other conditions and restriction applying to this Policy.
- iii. Self-inflicted Injuries, suicide, insanity, and immorality, and deliberate participation of the life insured in an illegal or criminal act.
- iv. Use of intoxicating drugs / alcohol / solvent, taking of drugs except under the direction of a qualified medical practitioner.
- v. Radioactive contamination due to nuclear accident.
- vi. War - whether declared or not, civil commotion, breach of law with criminal intent, invasion, hostilities (whether war is declared or not), rebellion, revolution, military or usurped power or wilful participation in acts of violence.
- vii. Illness or Injury caused by engaging in hazardous sports / pastimes, i.e. taking part in (or practicing for) boxing, caving, climbing, horse racing, jet skiing, martial arts, mountaineering, off pastel, skiing, pot holing, power boat racing, underwater diving, yacht racing or any race, trial or timed motor sport, bungee jumping, hand gliding etc. or Any injury, sickness or disease received as a result of aviation (including parachuting or skydiving), gliding or any form of aerial flight other than as a farepaying passenger on regular routes and on a scheduled timetable unless agreed by special endorsement.
- viii. Existence of any Sexually Transmitted Disease (STD) and its related complications or Acquired Immune Deficiency Syndrome (AIDS) or the presence of any Human Immuno-deficiency Virus (HIV)

f. Waiting Period For Critical Illness Benefit

- i. Waiting Period is 90 days from the date of Risk Commencement of the Policy or revival date (whichever is later)
- ii. No Critical Illness benefit shall be payable under this Policy for the listed critical illness conditions, diagnosed or manifested within 90 days following the date of Risk Commencement of the Policy or revival date (whichever is later) and the Critical Illness Benefit the Policy will terminate. In such case, Company will refund the premiums from date of Risk Commencement of the Policy or from the date of revival, whichever is later, as applicable which is paid towards Critical Illness. The Critical Illness benefit under the policy shall terminate. The company shall offer the policyholder the policy with no Critical Illness Benefit and Sum Assured reduced by Critical Illness Sum Assured and accordingly the premiums shall be charged. This shall be subject to Board approved Underwriting Policy. If the policyholder does not agree to the revised terms and conditions, the company shall refund the total premium received on the date of Risk Commencement of policy or date of revival, whichever is later. This will be subject to Section 45 of the Insurance Act, 1938, as amended from time to time
- iii. Waiting period in case of revival shall not be applicable if Policy is revived within 90 days of last premium due date and a continuous waiting period of 90 days has been served.
- iv. Waiting Period is not applicable for Death Benefit, Terminal Illness Benefit, Accidental Death Benefit and Accidental Total and Permanent Disability.

6) Premium Guarantee**a) For Option 1: Life Cover and Option 2: Extra Life Cover**

- i. Premium rates are guaranteed for the entire Policy Term.

g) For Option 3: Life Plus Health Cover and Option 4: All in One Cover

- i. Premium rates are guaranteed for an initial period of 5 years from the date of issuance of the Policy and thereafter for a period of every block of five years.
- ii. We can review the renewal premium to the extent of change in actual experience of Critical Illness after the completion of first 5 Policy Years and that reviewed premiums will remain unchanged for a period of every block of five years. Any such change in premium shall be subject to prior approval from IRDAI.

PART C

- iii. In case of any change in premium rates, the revised premium rates shall be applicable based on age at Policy Commencement Date and original Policy Term chosen. In case of no revision in premium rates, the original premium rates shall be applicable.
- iv. Any revision in the Premium rates shall be notified to You at least three months prior to the date of such revision and You will be given a period of 30 days from Premium Due Date (on or after the effective date of change) to continue the Policy.
- v. If You are not willing to continue the Policy with the revised Premium rates, the Policy shall lapse as per provisions in part D.
- vi. Changes in rates will be applicable from the date of approval by IRDAI and shall be applied only prospectively thereafter for new policies and for existing policies which have completed initial period of 5 Policy Years and thereafter every 5 Policy Years subject to revision in premium rates.

7) Premium Payment Conditions**a) Payment of Instalment Premium:**

Instalment Premiums shall be payable in full on the Premium Due Dates until the expiry of the Premium Paying Term or death of the Life Assured whichever is earlier subject to Waiver of Premiums as defined in clause 3 (Benefits) of Part C above. The Instalment Premiums shall be deemed to have been paid only when they have been received at Our head office or any other office authorized by Us for this purpose and due written acknowledgment has been issued against such payment.

b) Change in Premium Payment Frequency:

We will permit any change to be made to the frequency at which the Instalment Premium is payable as recorded in the Policy Schedule. Such change is subject to minimum premium requirements and will be allowed with effect from next Policy Anniversary only. There shall be no charge made for change of premium payment frequency.

c) Deduction of Instalment Premiums from the Claim Amount:

- If this Policy is in force and the Death Benefit or Terminal Illness Benefit or Accidental Death Benefit becomes payable in accordance with the Part C, any Instalment Premiums that becomes due till the next Policy Anniversary, shall be deducted from the Death Benefit or Terminal Illness Benefit or Accidental Death Benefit respectively payable under this Policy.
- If this Policy is in force and the Critical Benefit becomes payable in accordance with the Part C, any Instalment Premiums that has been due under the Policy, shall be deducted from the Critical Benefit payable under this Policy

d) Cessation of Payment of Instalment Premium:

If the Life Assured dies or is diagnosed with Terminal Illness or is diagnosed with Accidental Total and Permanent Disability during the Policy Term or if full Sum Assured is paid by Us, any Instalment Premiums that would otherwise have been due on or after following the death or diagnosis of Terminal Illness or diagnosis of Accidental Total and Permanent Disability of the Life Assured or, on or after full Sum Assured is paid by Us, are not required to be paid to Us.

PART C**8) Grace Period**

Any Instalment Premium which is not received in full by the Premium Due Date may be paid in full during the Grace Period of 30 days for yearly, half-yearly and quarterly Premium Payment frequencies and 15 days for monthly Premium Payment frequencies from the Premium Due Date. This Policy will remain in force during the Grace Period. If a valid claim arises during the Grace Period, the claim shall be honoured in accordance with the provisions of Part C above after deducting the due premium.

PART D**POLICY SERVICING CONDITIONS**

The procedure and conditions applicable to various Policy servicing aspects pertaining to this Policy are specified below.

Non-Forfeiture Provisions

If any Instalment Premium remains unpaid at the end of the Grace Period (Refer Part C), this Policy will be subject to the non-forfeiture provisions as stipulated below.

1) Lapse of this Policy

- i) For Regular Pay Policy (where Premium Payment Term is equal to Policy Term), if due instalment premiums have not been paid within the grace period:-
 - This Policy shall Lapse and will have no value.
 - All risk cover ceases while the Policy is in Lapsed status.
 - This Policy may be revived within the Revival Period in accordance with clause 4 of Part D.
 - If this Policy is not revived within the Revival Period, no benefit shall be payable on the date of expiry of Revival Period, and this Policy will terminate.
- ii) For Limited Pay Policy (where Premium Payment Term is lesser than Policy Term), if due Instalment Premiums for the first three (3) Policy Years have not been paid within the Grace Period:-
 - This Policy shall Lapse and will have no value.
 - All risk cover ceases while the Policy is in Lapsed status.
 - This Policy may be revived within the Revival Period in accordance with clause 4 of Part D.
 - If this Policy is not revived within the Revival Period, no benefit shall be payable on the date of expiry of Revival Period, and this Policy will terminate.
- iii) For Limited Pay Policy (where Premium Payment Term is lesser than Policy Term), if due Instalment Premiums for the first three (3) Policy Years have been paid and any subsequent Premium is not paid within the Grace Period:-
 - All risk cover under the Policy shall cease.
 - This Policy may be revived within the Revival Period in accordance with clause 4 of Part D.
 - If this Policy is not revived within the Revival Period, Surrender Value as per Clause 3 of Part D shall be payable at the end of Revival Period or Maturity Date, whichever is earlier and this Policy will terminate.

2) Conversion of this Policy to a Reduced Paid-up Policy

- i) There are no Reduced Paid-Up benefits under this Policy.

3) Surrender

- a) There is no Surrender Value under Regular Pay Policy, where Premium Payment Term is equal to Policy Term.

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- b) **For Limited Pay Policy**, where Premium Payment Term is lesser than Policy Term.
- i) This Policy will acquire Surrender Value after the due Instalment Premiums have been received in full for first 3 Policy Years. Once this Policy has acquired a Surrender Value, this Policy may be surrendered during the Policy Term and We will pay You the Guaranteed Surrender Value.
 - ii) The Guaranteed Surrender Value for Limited Pay Policy shall be equal to “56.25% of {Total Premium paid till date including extra premium for substandard lives, if any (exclusive of taxes) - (Total Premium Payable/Policy Term in Years)*Policy Year of Surrender}”
Where Policy Year of Surrender implies latest Policy Year in which Policy was in-force.
 - iii) The Surrender Value shall not be payable if the Policy is Surrendered in the last Policy Year.
 - iv) This Policy shall automatically terminate on payment of Surrender Value and no other benefits will be paid to You under this Policy.

4) Revival

- a) If this Policy has Lapsed, it may be revived within the expiry of the Revival Period or the Maturity Date, whichever is earlier, unless this Policy has been surrendered in accordance with Clause 3 of Part D. Revival Period is two (2) consecutive years from the first Premium Due Date on which the Instalment Premium was unpaid.
- b) In order to Revive this Policy, You must give Us a request for Revival along with:
 - i) The Life Assured's health declaration and other evidence of insurability to Our satisfaction.
 - ii) Payment of all overdue Instalment Premiums in full (along with the goods and services tax or any other taxes, cesses or levies, if any) and interest at such a rate as may be determined by Us from time to time.
 - iii) On Revival, interest rate of 9% p.a. compounded may be charged. However, the company may decide to increase the interest charged on revival from time to time with prior approval from IRDAI.
 - iv) The Policy shall be considered to be revived only when an confirmation to this effect is issued by the Company to You.
- c) This Policy will be revived in accordance with Our board approved underwriting policy.
- d) Revival will attract a Waiting Period of 90 days from date of revival as defined in Clause 5 (f) of Part C of this Policy.
- e) Waiting period in case of revival shall not be applicable if policy is revived within 90 days of last premium due date and a continuous waiting period of 90 days has been served.
- f) If a Policy is Revived, the premiums for Revival shall be based on the premium rate applicable when the premiums were due.
- g) Any Revival shall only cover the loss or insured event which occurs after the Revival Date.
- h) If during the Revival Period You do not revive the Policy then after completion of the revival period, We will pay you the Surrender Value(if any) as applicable at the end of Revival Period and the contract will be terminated.

PART D**5) Loans**

- a) No loans shall be granted by the Company under the Policy.

6) Free Look Period

- a) You may return this Policy within 15 days of receipt of the Policy Document (30 days if You have purchased this Policy through Distance Marketing Mode) if You disagree with any of the terms and conditions by giving Us a written request for cancellation of this Policy which is dated and signed by You which states the reasons for Your objections. We will cancel this Policy and refund the Instalment Premium received after deducting proportionate risk premium for the period on cover, stamp duty charges and expenses incurred by Us on the medical examination of the Life Assured (if any).
- b) If the Policy is opted through Insurance Repository (IR), the computation of the said Free Look Period will be as stated below:-
- For existing e-Insurance Account: Computation of the said Free Look Period will commence from the date of delivery of the e mail confirming the credit of the Insurance Policy by the IR.
 - For New e-Insurance Account: If an application for e-Insurance Account accompanies the proposal for insurance, the date of receipt of the 'welcome kit' from the IR with the credentials to log on to the e-Insurance Account(e IA) or the delivery date of the email confirming the grant of access to the e-IA or the delivery date of the email confirming the credit of the Insurance Policy by the IR to the e-IA, whichever is later shall be reckoned for the purpose of computation of the Free Look Period.

7) Termination of the Policy

This Policy will cease immediately and automatically on the happening of the earliest of any of the following:

- i) on the date of payment of the entire Death Benefit upon the death or diagnosis of Terminal Illness of the Life Assured; or
- ii) on the date of Maturity of Policy; or
- iii) on the date of payment of Surrender Value of this Policy; or
- iv) on the date of receipt of Free Look request in accordance with Part D of this Policy; or
- v) on the expiry of the Revival Period provided We have not received the due unpaid regular Premiums along with interest, if any, from You till the expiry of such period and this Policy.

PART E

Applicable Charges, Funds & Fund Options

- 1) No charges or fees are applicable under this Policy.
- 2) This Policy is a non-linked insurance product, so no funds or fund options are available.

SAMPLE POLICY DOCUMENT

PART F**General Terms & Conditions****1) Non-Disclosure & Fraud**

Please note the terms of Section 45 of the Insurance Act, 1938, as amended from time to time, which states as follows:

- (1) No policy of life insurance shall be called in question on any ground whatsoever after the expiry of three years from the date of the policy, i.e., from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later.
- (2) A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground of fraud:

Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision is based.

Explanation I. – For the purposes of this sub-section, the expression "fraud" means any of the following acts committed by the insured or by his agent, with intent to deceive the insurer or to induce the insurer to issue a life insurance policy: –

- (a) the suggestion, as a fact of that which is not true and which the insured does not believe to be true;
- (b) the active concealment of a fact by the insured having knowledge or belief of the fact;
- (c) any other act fitted to deceive; and
- (d) any such act or omission as the law specially declares to be fraudulent.

Explanation II. – Mere silence as to facts likely to affect the assessment of the risk by the insurer is not fraud, unless the circumstances of the case are such that regard being had to them, it is the duty of the insured or his agent keeping silence, to speak, or unless his silence is, in itself, equivalent to speak.

- (3) Notwithstanding anything contained in sub-section(2), no insurer shall repudiate a life insurance policy on the ground of fraud if the insured can prove that the mis-statement of or suppression of a material fact was true to the best of his knowledge and belief or that there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of a material fact are within the knowledge of the insurer:

Provided that in case of fraud, the onus of disproving lies upon the beneficiaries, in case the policyholder is not alive.

Explanation. – A person who solicits and negotiates a contract of insurance shall be deemed for the purpose of the formation of the contract, to be the agent of the insurer.

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- (4) A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground that any statement of or suppression of a fact material to the expectancy of the life of the insured was incorrectly made in the proposal or other document on the basis of which the policy was issued or revived or rider issued:

Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision to repudiate the policy of life insurance is based.

Provided further that in case of repudiation of the policy on the ground of mis-statement or suppression of a material fact, and not on the ground of fraud, the premiums collected on the policy till the date of repudiation shall be paid to the insured or the legal representatives or nominees or assignees of the insured within a period of ninety days from the date of such repudiation.

Explanation. – For the purposes of this sub-section, the misstatement of or suppression of fact shall not be considered material unless it has a direct bearing on the risk undertaken by the insurer, the onus is on the insurer to show that had the insurer been aware of the said fact no life insurance policy would have been issued to the insured.

- (5) 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.

2) Prohibition of Rebates

- a) Please note the terms of Section 41 of the Insurance Act, 1938, as amended from time to time, which states as follows:

“(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.

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(2) Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees."

3) Statement of Age

- a) This Policy is issued at the Age shown in the Schedule which is the Life Assured's declared Age as at the Policy Commencement Date. In the event the declared Age as at the Policy Commencement Date is found to be different from the actual Age on the Policy Commencement Date, without prejudice to Our other rights and remedies, including those under the Insurance Act, 1938, as amended from time to time, one of the following actions may be taken:
- i) If the actual Age of the Life Assured is such that the Life Assured would not have been eligible under this insurance product either on Policy Commencement Date or on date of Death for insurance coverage, this Policy shall be cancelled with effect from the Policy Commencement Date and the Instalment Premium received shall be refunded after the deduction of the stamp duty charges and costs incurred by Us on the medical examination of the Life Assured, if any.
 - ii) If the actual Age of the Life Assured is higher than the declared Age and higher Instalment Premiums should have been charged per Our board approved underwriting Policy, the benefits payable under this Policy shall be reduced to the amount that the Instalment Premiums received would have purchased at the actual Age of the Life Assured.
 - iii) If the actual Age of the Life Assured is lower than the declared Age and lower Instalment Premiums should have been charged per Our board approved underwriting Policy, We will refund any excess premiums received, without any interest.

4) Claims Procedures**Payment of Terminal Illness Benefit, Accidental Total and Permanent Disability Benefits & Critical Illness Benefits**

- a) The Benefits under this Policy will be payable only if ;

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- i) The conditions to receive any benefit meets the definition of listed conditions as per Part C (Benefits),
- ii) The standard Policy provisions specified in Part C (Exclusions) are not attracted,
- iii) The Policy has not been Lapsed, Surrendered or cancelled or terminated; and
- iv) All relevant documents in support of the claim have been provided to the Company. These would normally include the following:
 1. Original Policy Document;
 2. Claim forms duly completed as required by Us;
 3. Legal evidence of title of the claimant where no valid nomination or assignment under this Policy exists or in cases where the title is in dispute;
 4. A copy of past medical records for diagnosis & treatment with complete details of illness attested by treating doctor;
 - a. Medical reports to include initial Diagnosis / findings, further follow-up treatment report, prescriptions from first consultation of the illness till date and other relevant medical reports pertaining to the Illness
 - b. Appropriate Medical records and/or medical test or Investigation reports including, but not limited to, clinical treatment, radiological, histological reports (for all cancer claims) and laboratory test evidence (e.g., 2D echocardiogram, treadmill test; USG etc.)
 5. Proof of Age, if the Age has not been admitted earlier.
- b) We may, however call for additional documents, if found necessary, in support of the claim.
- c) The claim is required to be intimated to Us along with all necessary claim documents required within 60 days from the date of diagnosis of the condition. However, We may condone the delay in claim intimation, if any, where the delay is proved to be for reasons beyond the control of the claimant.
- d) We shall settle or reject a claim, as may be the case, within thirty days of the receipt of the last 'necessary' document. In the cases of delay in the payment, We shall be liable to pay interest at a rate which is 2% above the bank rate in which the claim is reviewed by Us. The same shall be as per Regulation 16(1)(iii) of IRDA (Protection of Policyholders' Interests) Regulations, 2017 as modified from time to time

Payment of Death Benefits

- a) The death of the Life Assured must be notified to Us in writing
- b) Proof of death and any appropriate documents as required by Us must be completed and furnished to Us, not later than 90 days from the date of death of the Life Assured, unless specified otherwise. However, a notification of claim received after 90 days may be accepted, if the claimant proves to Our satisfaction that there was delay for reason beyond the control of the claimant.
- c) The following documentation must necessarily be submitted to Us for Us to establish a death claim to Our satisfaction:
 - i) Original Policy Document;
 - ii) Original death certificate;
 - iii) Post mortem report / FIR, where applicable;
 - iv) Claim forms duly completed as required by Us;
 - v) Certificate from physician/hospital last attended showing cause of death wherever applicable;

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- vi) A copy of past medical records for diagnosis and treatment with complete details of illness, wherever applicable.
- vii) Legal evidence of title of the claimant where no valid nomination or assignment under this Policy exists or in cases where the title is in dispute;
- viii) Proof of Age, if the Age has not been admitted earlier.
- d) We may, however, call for additional documents, if found necessary, in support of the claim.

5) The Policyholder's Rights

- a) You are the Policyholder of this Policy. Unless provided otherwise in the terms of this Policy or through the provisions of applicable Indian law, only You can, during the lifetime of the Life Assured, exercise all rights, privileges and options provided under this Policy subject to any Nominee's vested interest or any assignee's rights, if any.

6) Force Majeure

- a) This Policy may be wholly or partially suspended during the continuance of Force Majeure Event. We will resume Our obligations under the Policy after the Force Majeure Event ceases to exist.
Subject to Our sole discretion and satisfaction, in exceptional circumstances such as on happening of a Force Majeure Event, We may decide to waive all or any of the requirements set out in Clause 5 of Part F.

7) Assignment and transfer of insurance policies

Please note the terms of Section 38 of the Insurance Act, 1938, as amended from time to time, which states as follows:

(1) A transfer or assignment of a policy of insurance, wholly or in part, whether with or without consideration, may be made only by an endorsement upon the policy itself or by a separate instrument, signed in either case by the transferor or by the assignor or his duly authorised agent and attested by at least one witness, specifically setting forth the fact of transfer or assignment and the reasons thereof, the antecedents of the assignee and the terms on which the assignment is made.

(2) An insurer may, accept the transfer or assignment, or decline to act upon any endorsement made under sub-section (1), where it has sufficient reason to believe that such transfer or assignment is not bonafide or is not in the interest of the policy-holder or in public interest or is for the purpose of trading of insurance policy.

(3) The insurer shall, before refusing to act upon the endorsement, record in writing the reasons for such refusal and communicate the same to the policy-holder not later than thirty days from the date of the policy-holder giving notice of such transfer or assignment.

(4) Any person aggrieved by the decision of an insurer to decline to act upon such transfer or assignment may within a period of

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thirty days from the date of receipt of the communication from the insurer containing reasons for such refusal, prefer a claim to IRDAI.

(5) Subject to the provisions in sub-section (2), the transfer or assignment shall be complete and effectual upon the execution of such endorsement or instrument duly attested but except where the transfer or assignment is in favour of the insurer, shall not be operative as against an insurer, and shall not confer upon the transferee or assignee, or his legal representative, any right to sue for the amount of such policy or the moneys secured thereby until a notice in writing of the transfer or assignment and either the said endorsement or instrument itself or a copy thereof certified to be correct by both transferor and transferee or their duly authorised agents have been delivered to the insurer:

Provided that where the insurer maintains one or more places of business in India, such notice shall be delivered only at the place in where the policy is being serviced.

(6) The date on which the notice referred to in sub-section (5) is delivered to the insurer shall regulate the priority of all claims under a transfer or assignment as between persons interested in the policy; and where there is more than one instrument of transfer or assignment, the priority of the claims under such instruments shall be governed by the order in which the notices referred to in sub-section (5) are delivered:

Provided that if any dispute as to the priority of payment arises as between assignees, the dispute shall be referred to the IRDAI.

(7) Upon the receipt of the notice referred to in sub-section (5), the insurer shall record the fact of such transfer or assignment together with the date thereof and the name of the transferee or the assignee and shall, on the request of the person by whom the notice was given, or of the transferee or assignee, on payment of such fee as may be specified by regulations, grant a written acknowledgment of the receipt of such notice; and any such acknowledgment shall be conclusive evidence against the insurer that he has duly received the notice to which such acknowledgment relates.

(8) Subject to the terms and conditions of the transfer or assignment, the insurer shall, from the date of the receipt of the notice referred to in subsection (5), recognise the transferee or assignee named in the notice as the absolute transferee or assignee entitled to benefit under the policy, and such person shall subject to all liabilities and equities to which the transferor or assignor was subject at the date of the transfer or assignment and may institute any proceedings in relation to the policy, obtain a loan under the policy or surrender the policy without obtaining the consent of the transferor or assignor or making him a party to such proceedings.

Explanation. – Except where the endorsement referred to in sub-section (1) expressly indicates that the assignment or transfer is conditional in terms of subsection (10) hereunder, every assignment or transfer shall be deemed to be an absolute assignment or transfer and the assignee or transferee, as the case may be, shall be deemed to be the absolute assignee or transferee respectively.

(9) Any rights and remedies of an assignee or transferee of a policy of life insurance under an assignment or transfer effected prior

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to the commencement of the Insurance Laws (Amendment) Act, 2015 shall not be affected by the provisions of this section.

(10) Notwithstanding any law or custom having the force of law to the contrary, an assignment in favour of a person made upon the condition that -

(a) the proceeds under the policy shall become payable to the policyholder or the nominee or nominees in the event of either the assignee or transferee predeceasing the insured ;or

(b) The insured surviving the term of the policy, shall be valid:

Provided that a conditional assignee shall not be entitled to obtain a loan on the policy or surrender a policy.

(11) In the case of the partial assignment or transfer of a policy of insurance under sub-section (1), the liability of the insurer shall be limited to the amount secured by partial assignment or transfer and such policy-holder shall not be entitled to further assign or transfer the residual amount payable under the same policy.

8) Nomination by Policyholder

Please note the terms of Section 39 of the Insurance Act, 1938, as amended from time to time, which states as follows:

(1) The holder of a policy of life insurance on his own life, may, when effecting the policy or at any time before the policy matures for payment, nominate the person or persons to whom the money secured by the policy shall be paid in the event of his death:

Provided that, where any nominee is a minor, it shall be lawful for the policyholder to appoint any person in the manner laid down by the insurer, to receive the money secured by the policy in the event of his death during the minority of the nominee.

(2) Any such nomination in order to be effectual shall, unless it is incorporated in the text of the policy itself, be made by an endorsement on the policy communicated to the insurer and registered by him in the records relating to the policy and any such nomination may at any time before the policy matures for payment be cancelled or changed by an endorsement or a further endorsement or a will, as the case may be, but unless notice in writing of any such cancellation or change has been delivered to the insurer, the insurer shall not be liable for any payment under the policy made bona fide by him to a nominee mentioned in the text of the policy or registered in records of the insurer.

(3) The insurer shall furnish to the policyholder a written acknowledgment of having registered a nomination or a cancellation change thereof, and may charge a fee as may be specified by regulations for registering such cancellation or change.

(4) A transfer or assignment of a policy made in accordance with section 38 shall automatically cancel a nomination:

Provided that the assignment of a policy to the insurer who bears the risks on the policy at the time of the assignment, in consideration of a loan granted by that insurer on the security of the policy within its surrender value, or its re-assignment on repayment of the loan shall not cancel a nomination, but shall affect the rights of the nominee only to

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the extent of the insurer's interest in the policy:

Provided further that the transfer or assignment of a policy, whether wholly or in part, in consideration of a loan advanced by the transferee or assignee to the policyholder, shall not cancel the nomination but shall affect the rights of the nominee only to the extent of the interest of the transferee or assignee, as the case may be, in the policy:

Provided also that the nomination, which has been automatically cancelled consequent upon the transfer or assignment, the same nomination shall stand automatically revived when the policy is reassigned by the assignee or retransferred by the transferee in favour of the policy-holder on repayment of loan other than on a security of policy to the insurer.

(5) Where the policy matures for payment during the lifetime of the person whose life is insured or where the nominee or, if there are more nominees than one, all the nominees die before the policy matures for payment, the amount secured by the policy shall be payable to the policy-holder or his heirs or legal representatives or the holder of a succession certificate, as the case may be.

(6) Where the nominee or if there are more nominees than one, a nominee or nominees survive the person whose life is insured, the amount secured by the policy shall be payable to such survivor or survivors.

(7) Subject to the other provisions of this section, where the holder of a policy of insurance on his own life nominates his parents, or his spouse, or his children, or his spouse and children, or any of them, the nominee or nominees shall be beneficially entitled to the amount payable by the insurer to him or them under sub-section (6) unless it is proved that the holder of the policy, having regard to the nature of his title to the policy, could not have conferred any such beneficial title on the nominee.

(8) Subject as aforesaid, where the nominee, or if there are more nominees than one, a nominee or nominees, to whom sub-section (7) applies, die after the person whose life is insured but before the amount secured by the policy is paid, the amount secured by the policy, or so much of the amount secured by the policy as represents the share of the nominee or nominees so dying (as the case may be), shall be payable to the heirs or legal representatives of the nominee or nominees or the holder of a succession certificate, as the case may be, and they shall be beneficially entitled to such amount.

(9) Nothing in sub-sections (7) and (8) shall operate to destroy or impede the right of any creditor to be paid out of the proceeds of any policy of life insurance.

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

(11) Where a policy-holder dies after the maturity of the policy but the proceeds and benefit of his policy has not been made to him because of his death, in such a case, his nominee shall be entitled to the proceeds and benefit of his policy.

(12) The provisions of this section shall not apply to any policy of life insurance to which section 6 of the Married Women's

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Property Act, 1874, applies or has at any time applied:

Provided that where a nomination made whether before or after the commencement of the Insurance Laws (Amendment) Act, 2015, in favour of the wife of the person who has insured his life or of his wife and children or any of them is expressed, whether or not on the face of the policy, as being made under this section, the said section 6 shall be deemed not to apply or not to have applied to the policy.

9) Loss of Policy Document

If the Policy Document is lost or misplaced, You should submit to Us a written request stating the fact and the reason for the loss. If We are satisfied that the Policy Document is lost or misplaced, then, We will issue You a duplicate Policy Document by charging an amount as decided by Us from time to time. Upon the issue of the duplicate Policy Document, the original Policy Document will automatically cease to have any validity with immediate effect.

You agree to indemnify Us and hold Us free and harmless from any costs, expenses, claims, awards or judgments arising out of or in relation to the original Policy Document.

10) Restrictions on Travel, Residence & Occupation

- a) This Policy does not impose any restrictions on to travel, residence or occupation, unless specified otherwise in Part C of this Policy or under applicable Indian law.

11) Governing Law & Jurisdiction

- a) This Policy shall be governed by and is subject to Indian law.
- b) Any and all disputes arising under or in relation to this Policy shall be subject to the jurisdiction of the Indian courts.
- c) The terms and conditions of this Policy, including the premiums and benefits payable under this Policy are subject to variation in accordance with directions of the IRDAI and the relevant provisions of Indian law.

12) Electronic Transactions

- a) All remote transactions effected through the Internet, world wide web, electronic data interchange, call centres, teleservice operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication, established by Us or on Our behalf, for and in respect of this Policy or its terms, shall constitute legally binding on either part if valid transactions as per extant laws applicable and are done in adherence to and in compliance with Our terms and conditions for such facilities, as may be prescribed from time to time.

13) Policy Currency

- a) All amounts payable either to or by Us under this Policy shall be in Indian Rupees only.

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14) Address for Correspondence

- a) Any notice, information, request or instruction to Us must be in writing and delivered to the address intimated by Us to You, which is currently intimated to You as follows:

Chief - Operations
Future Generali India Life Insurance Co. Ltd.
Ground floor of Lodha I - Think techno campus
A wing - 1st floor, Pokhran Road -2
Off eastern express Highway
Behind TCSBldg.
Thane (West)
Thane 400607
Email: care@futuregenrali.in

- b) We may change the address stated above and intimate You of such change in writing.
- c) Any notice, information or instruction from Us to You shall be mailed to Your address stated in the Schedule or to the changed address as intimated by You to Us in writing.
- d) Please communicate any change in Your address or any other communication details immediately, as it helps Us to reach to You faster. The correct address ensures that all our communications reach to you timely.

15) Applicable Taxes & Duties

The tax benefits on this Policy shall be as per the prevailing tax laws in India and amendments thereto from time to time. In respect of any payment made or to be made under this Policy, We will deduct or charge or recover taxes, including goods and services tax and other levies, as applicable at such rates as notified by the government or such other body authorised by the government from time to time. Tax laws are subject to change.

PART G

Grievance Redressal Procedure & List of Insurance Ombudsmen

- 1) In case of any grievance, please approach the following in the order given below:
- a) In the event of any complaint/grievance under this Policy, a reference may be made to Our office at the following address giving the nature and full particulars of the grievance:-

**Grievance Redressal Department
Future Generali India Life Insurance Company Limited**

Ground floor of Lodha i - Think techno campus,
A wing - 1st floor, Pokhran Road -2,
Off eastern express Highway,
Behind TCS Bldg
Thane (West)
Thane 400607
Email ID: care@futuregenerali.in
Our website: www.futuregenerali.in

- b) In case the decision of the above office is not satisfactory, or there is no response from the office within 10 days, the following official for resolution of the grievance may be contacted:-

**Grievance Redressal Officer
Future Generali India Life Insurance Company Limited**

Ground floor of Lodha i - Think techno campus,
A wing - 1st floor, Pokhran Road -2,
Off eastern express Highway,
Behind TCS Bldg
Thane (West)
Thane 400607
Contact No: 1800 102 2355
Email: gro@futuregenerali.in

- c) In case Our decision/resolution of the grievance is not satisfactory or You do not receive a response within 15 days from Us, the IRDAI (Insurance Regulatory and Development Authority of India) through the Integrated Grievance Management System (IGMS) may be approached on the following contact details. The IGMS provides a gateway for Policyholders to register complaints with insurance companies first and if required the same can be escalated to the IRDAI Grievance Cell.

IRDAI Grievance Call Centre (IGCC)

CallCenter: TOLL FREE NUMBER (155255) for voice calls
Email ID: complaints@irda.gov.in

A complaint may also be registered online at: <http://www.igms.irda.gov.in/>

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Address for communication for complaints by paper/fax:

Consumer affairs Department,
Insurance Regulatory and Development Authority of India,
Sy.No.115/1, Financial District, Nanakramguda,
Gachibowli, Hyderabad - 500 0329

d) Insurance Ombudsman

i) In case Our decision/resolution is not satisfactory, the Insurance Ombudsman Appointed under the provisions of Insurance Ombudsman Rules, 2017 may be approached if the grievance pertains 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 as amended from time to time 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)

ii) Further, As per Rule 14(3) of the Insurance Ombudsman Rules 2017, the complaint to the Insurance Ombudsman can be made only if:

- 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

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representation to the insurer if the insurer fails to furnish reply to the complainant

The Insurance Ombudsman is an organization that addresses grievances that are not settled to Your satisfaction. The list of Insurance Ombudsmen offices is provided as Annexure I to this Policy. Further, the list of Insurance Ombudsmen offices is also available at the website below:

<http://www.ecoi.co.in>

ANNEXURE I
LIST OF INSURANCE OMBUDSMEN

CONTACT DETAILS	JURISDICTION (Union Territory, District)
AHMEDABAD Office of the Insurance Ombudsman, 2nd floor, Ambica House, Near C.U. Shah College, 5, Navyug Colony, Ashram Road, Ahmedabad - 380 014. Tel.: 079 - 27546150 / 27546139 Fax: 079 - 27546142 Email: bimalokpal.ahmedabad@ecoi.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
BENGALURU Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru - 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@ecoi.co.in	Karnataka.
BHOPAL Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal - 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@ecoi.co.in	Madhya Pradesh Chattisgarh.
BHUBANESHWAR Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar - 751 009. Tel.: 0674 - 2596461 / 2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@ecoi.co.in	Orissa.

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CHANDIGARH Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 - D, Chandigarh - 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@ecoi.co.in	Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir and Union territory of Chandigarh.
CHENNAI Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI - 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@ecoi.co.in	Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry).
DELHI Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi - 110 002. Tel.: 011 - 23239633 / 23237532 Fax: 011 - 23230858 Email: bimalokpal.delhi@ecoi.co.in	Delhi.
GUWAHATI Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati - 781001(ASSAM). Tel.: 0361 - 2132204 / 2132205 Fax: 0361 - 2732937 Email: bimalokpal.guwahati@ecoi.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
HYDERABAD Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 65504123 / 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@ecoi.co.in	Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry.
JAIPUR Office of the Insurance Ombudsman, Jeevan Nidhi - II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: Bimalokpal.jaipur@ecoi.co.in	Rajasthan.
ERNAKULAM Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336	State of Kerala and Union Territory of (a) Lakshadweep (b) Mahe-a part of Union Territory of Pondicherry.

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Email: bimalokpal.ernakulam@ecoi.co.in	
<p>KOLKATA Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 Email: bimalokpal.kolkata@ecoi.co.in</p>	<p>West Bengal, Sikkim, Andaman & Nicobar Islands.</p>
<p>LUCKNOW Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@ecoi.co.in</p>	<p>Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.</p>
<p>MUMBAI Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 Email: bimalokpal.mumbai@ecoi.co.in</p>	<p>Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.</p>
<p>NOIDA Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, G.B. Nagar, Noida. Email: bimalokpal.noida@ecoi.co.in</p>	<p>State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanoj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.</p>
<p>PATNA Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna 800 006. Email: bimalokpal.patna@ecoi.co.in</p>	<p>Bihar, Jharkhand.</p>
<p>PUNE Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune - 411 030. Tel.: 020 - 32341320 Email: bimalokpal.pune@ecoi.co.in</p>	<p>Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.</p>