

Part A

Aegon Life Insurance Company Limited

Aegon Life Group Credit Shield Insurance Plan
A Non-linked Non Participating Plan

UIN- [138N057V01]

Dear <<Policyholder>>,

<<Address of the Policyholder>>

We thank You for including our product in your financial planning. We are delighted to present your Policy documents which represent your contract with Aegon Life Insurance Company. These are original and important documents.

We also enclose a copy of your proposal form and other declarations. In case You are not satisfied with the terms and conditions of the Policy, You can opt to cancel your Policy within 15 days (Fifteen days) from the date of receipt of this Policy. We will deduct proportionate risk Premium for the period of cover, stamp duty paid and medical costs (if any) from the Premium paid by You.

In case of claims or any service related queries, please feel free to contact us at Aegon Life Insurance Company Limited, Building No. 3, Third Floor, Unit No. 1, Nesco IT Park, Western Express Highway, Goregaon (E), Mumbai - 400063 or call us at 1800 209 9090. You can also email us at customer.care@aegonlife.com

We welcome You to Aegon Life Insurance and wish You all the very best.

Warm regards,

Managing Director & Chief Executive Officer

Policy Preamble

Policy Number:

Master Policyholder:

Aegon Life Insurance Company has entered into this contract of insurance on the basis of the Proposal Form together with the Premium deposit, statements, report or other documents and declarations received from the Proposer for effecting a life insurance contract on the life of the Members named in the certificate of insurance.

The Company agrees to pay the benefits under this Policy on the happening of the insured event, while this Policy is in force, subject to the Terms and Conditions stated herein.

On examination of this Policy, if You notice any mistake or error, this Policy should be returned to Us for rectifying the same.

POLICY SCHEDULE

Name of the Plan: **Aegon Life Group Credit Shield Insurance Plan (UIN138N057V01)**

The Policy is evidence of contract of Insurance between Aegon Life Insurance Company Limited (“The Company”) and the Policyholder (“You”). The Policy is based on the proposal made by You to the Company along with necessary documents, information, statements, medical examination reports, if any, and declarations made by You or obtained by the Company on your behalf, and are governed by the terms and conditions and the Schedule hereunder written which forms part of the Contract of insurance

Master Policy No:
 Date of Commencement of Master Policy:
 Name of the Policyholder:
 Address of Policyholder:

Policy Particulars:	
Name of the Scheme	
Type of Loan(s) covered	
Benefit Option	
Number of Members as on Date of Commencement	
Minimum Age at Entry	18 years last birthday
Maximum Age at Entry	For Benefit Option 1: 65 years last birthday For Benefit Option 2: 60 years last birthday
Sum Assured Option	
Minimum Sum Assured	
Maximum Sum Assured	
Minimum Policy Term	2 years for single premium; 5 years for regular pay; 8 years for limited pay
Maximum Policy Term	30 years
Premium Payment Term	
Premium Payment Frequency	
Minimum Moratorium Period	0 years
Maximum Moratorium Period	7 years
Sum Assured during the Moratorium Period	
Applicable Loan Interest rate	As mentioned in the Certificate of Insurance issued to each Member.
Insurance Benefit	As per Schedule in the Certificate of Insurance to be provided in respect of each Member
Total Premium as on Date of Commencement	xxx
Total Sum Assured as on Date of Commencement	xxx

Special Conditions:
 Endorsement of Stamp Duty payment:
 Indication as to Digital Signature on the Document

Part B

POLICY DEFINITIONS

The words and phrases defined below shall have the meanings assigned to them in this Policy unless the context otherwise requires. Words implying masculine include the feminine, and vice versa. Words in singular include the plural and vice versa.

Age means age of the Life Assured as on the last birthday unless specifically otherwise provided.

Benefits shall mean the benefits as stated in the Sum Assured Schedule and payable on the happening of the Insured Event.

Certificate of Insurance shall mean the document stating the benefits payable on happening of the Insured Event and other details relating to the Policy.

Company, Insurer, We, Us shall mean Aegon Life Insurance Company Limited.

Credit Account Statement shall mean document in respect of each Member/s containing the information such as name of the Master Policyholder, Master Policy number, name of Member/s, date of Commencement of Risk, Sum Assured, Original amount of loan particulars of recoveries made by the Master Policyholder towards the loan, Outstanding Loan Balance as on the date of happening on a contingent event covered under the Policy, balance claim Amount (difference between the Sum Assured and Outstanding Loan Balance) payable to the insured on surrender or to the nominee of the deceased Member/s in case of insured event or such other details, declarations and confirmations as may be specified from time to time.

Date of Commencement means the date on which the coverage under the Policy begins as specified in the Certificate of Insurance.

Due Date shall mean, date on which the Premiums are due and payable by the Policyholder/Member.

Endorsements shall mean the conditions attached/affixed to this Policy incorporating any amendments or modifications agreed to or issued by the company and forming part of the contract.

Entry Date or Effective Date in relation to the Members covered by the Policy existing, as at the time of inception of the Policy shall mean the Date of Commencement and in relation to the Member/s admitted to the Policy after the Date of Commencement shall mean the date as communicated to the Policyholder by the Company in writing and specified in the Certificate of insurance, issued to the Member/s.

Insured Event shall mean Death or diagnosis of Critical Illness of the Member, as applicable, during the coverage period while the Policy is in force.

Life Assured shall mean the person / borrower / Member/s on whose life the insurance cover has been granted by the Company.

Loan shall mean the sum of money lent by the Policyholder to the Member under a duly executed loan/credit agreement.

Loan Interest Rate shall mean the rate of interest on the loan granted to the members of the Master Policyholder.

Master Policyholder / Policyholder / You or your/s shall mean the institution / company / firm / association / society which has granted the loan to the Member, and who has entered into a contract of insurance under the Policy with the Insurer.

Member/s shall mean the person who has been granted a loan by the Policyholder and whose life has been insured under the Policy. In case of co-borrowers of the loan, both the lives i.e. applicant and co-applicant (**Joint Life**) under the loan would be considered as Member/s.

Master Policy/Policy means the contract of insurance entered into between the Policyholder and Us as evidenced by this document.

Moratorium Period means the period during which loan interest or the principal amount of the loan or both are not repayable as per the Terms and Conditions of the loan during the term of the loan.

Non-Regulated Lending Institutions are organizations which do not fall under the category of Regulated Lending Institutions as defined by IRDAI, but are compliant with the definition of 'Group' under IRDAI regulations and administrate credit scheme (s) for their members.

Nominee is a person nominated by the Member as per Insurance Act, 1938 as amended from time to time.

Outstanding Loan Balance is the amount payable as on the date of Insured Event, including outstanding interest and other charges, if any by the Member to the Policyholder

Policy Document means the document evidencing the Policy and includes the Schedule (which is attached to and forms part of this document) and the Proposal Form (submitted by or on behalf of the Policyholder for the purpose of obtaining this Policy) along with any other information or documentation provided to the Company for that purpose and based upon which this Policy is affected.

Policy Term is the period commencing on the Entry Date and ending on the date of maturity as mentioned in Certificate of Insurance in respect of a Member.

Premium is the instalment consideration payable by the Policyholder/Member for effecting the contract of insurance under the Policy but excludes Service Tax (with any levy, cess thereon).

Register shall mean the list and details of Members under the scheme maintained by the Policyholder/Insurer which shall stand amended from time to time.

Regulated Lending Institutions means organizations which are regulated by any of the following entities:

1. Reserve Bank of India (RBI) Regulated Scheduled Banks (including Cooperative Banks).
2. NBFCs having Certificate of Registration from RBI.
3. National Housing Bank (NHB) Regulated Housing Finance Companies.

Scheme Rules means the rules of the scheme, for the time being in force and as amended from time to time, governing the details of benefit structure, timing of benefit payments, eligibility conditions, and other terms and conditions specific to the Scheme.

Sum Assured means the amount of insurance as specified in the schedule and certificate of insurance, which is payable by the Company on happening of an Insured event.

Sum Assured Schedule is a document which illustrates the schedule of outstanding liability to the insurer, which is governed as per the interest rate as defined in the scheme rules. It shows the amount payable on occurrence of the insured event of a Member at each duration during the Policy Term.

Part C

Benefits

All the payments under the Policy will be made in Indian rupees and will be subject to prevailing tax laws

C.1. Policy Conditions

This Policy together with its schedule, terms and conditions, endorsements, Certificate of insurance, Annexure/s if any, constitute the contract for insurance providing the benefits as stated in this Policy.

1. The Policyholder has agreed:
 - a. That the Members of the Policyholder shall be the Life Assured.
 - b. That the Policyholder shall not be an agent of the Company for collection of Premium from the Members nor any relationship of agency is created between the Policyholder and Company under the Policy.
 - c. To furnish Credit Account Statement or such other statements and information as may be required by Us from time to time. The statements and information provided by the Policyholder, shall disclose all the variations in the particulars of the Members in so far as such variations have any bearing on the insurance affected hereunder.
 - d. That the statements and information together with the proposal, declarations and other particulars (if any) called for and received by Us from the Policyholder and/or the Members, shall be and are hereby declared to be the basis of this Policy.
 - e. To issue a certification in the prescribed format certifying that the claim discharge form submitted by the same person who has been registered by the Policyholder as the Life Assured/Nominee/Beneficiary under the Policy.
2. As soon as Insurance has been effected on Member/s life, a beneficiary becomes entitled to the Benefits under this Policy in accordance with the provisions hereof, and the insurer will enter the Member/s name in the Register, and will issue certificate of insurance accordingly.
3. Participation in the scheme for the existing and new Members of groups joining after the date of commencement, membership of the group insurance cover shall be voluntary. Once they satisfy the eligibility criteria, the Policyholder shall take effective steps to ensure the respective Member/s participation.
4. In case of Member from a Regulated Lending Institutions, the Life Assured under the Policy has given authority to Us at the time of joining the Policy or at any time thereafter to make payment of Outstanding Loan Balance to the Policyholder.

C.2. Benefit Options

Benefit options is available only if we have offered the same to You and is reflected in the schedule. You may choose to offer these options to the Member/s, in case any of these option has been opted by the Member/s, the benefit will be as mentioned below:

- a. Option 1: In case of death of the Member/s, coverage amount as per the Sum Assured schedule is payable.
- b. Option 2: In case of death of the Member/s or diagnoses of any of the below mentioned critical illnesses, whichever occurs earlier, coverage amount as per the Sum Assured schedule is payable. The critical illnesses covered under this option are :
 - i. Cancer;
 - ii. Heart Attack;
 - iii. Stroke;
 - iv. Open Chest CABG

Benefit coverage of the Member/s will terminate upon payment of Death benefit or CI benefit, whichever is earlier.

Definition of each covered Critical Illness is given hereunder

CANCER

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

The following are excluded:

- a. Tumours showing the malignant changes of carcinoma in situ & tumours which are histologically described as premalignant or non invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -2 & CIN-3.
- b. Any skin cancer other than invasive malignant melanoma
- c. All tumours of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0.
- d. Papillary micro - carcinoma of the thyroid less than 1 cm in diameter
- e. Chronic lymphocytic leukaemia less than Rai stage 3
- f. Microcarcinoma of the bladder
- g. All tumours in the presence of HIV infection.

HEART ATTACK

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

- a. History of typical clinical symptoms consistent with the diagnosis of Acute Myocardial Infarction (For e.g. typical chest pain).
- b. New characteristic electrocardiogram changes.
- c. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

The following are excluded:

- a. Non-ST-segment elevation myocardial infarction (NSTEMI) with elevation of Troponin I or T
- b. Other acute Coronary Syndromes
- c. Any type of angina pectoris.

First Heart Attack reflects that the event needs to be first in the lifetime of the member/s. Any life having a history of Heart Attack at the time of issuance will not be covered under this plan.

STROKE

Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation 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:

- a. Transient ischemic attacks (TIA).
- b. Traumatic injury of the brain.
- c. Vascular disease affecting only the eye or optic nerve or vestibular functions.

OPEN CHEST CABG

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

The following are excluded:

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

- b. Any key-hole or laser surgery.

C.3. Death Benefit

- Level Sum Assured:

In case of demise of the Member/s, death benefit paid is the level sum assured as chosen by the Member. Level Sum Assured is allowed for Single or Regular Premium Payment options. Level Sum Assured option will only be provided on Interest only loans.

- Decreasing Sum Assured:

In case of demise of the Member/s, death benefit paid is the coverage amount as mentioned in the Sum Assured schedule. The Sum Assured schedule is fixed at outset, and is calculated using the interest rate as defined in the scheme rules. Decreasing Sum Assured is only allowed for Single or Limited Premium Payment options.

In case of Joint Life, the death benefit will be on first death basis. Joint Life option is available only for home loans. Insurable interest between the joint lives will be considered before providing the cover. The Joint Life covered should be co-borrowers of the loan.

C.4. Critical Illness benefit (applicable only for Benefit Option 2)

- Level Sum Assured

Upon diagnosis of any of the four critical illnesses for either of the members, benefit paid will be the level sum assured as chosen by the Member/s. After payment of this benefit, no further benefit will be payable.

- Decreasing Sum Assured

Upon diagnosis of any of the four critical illnesses for either of the Member/s, benefit paid will be coverage amount as mentioned in the Sum Assured schedule. The Sum Assured schedule is fixed at outset, and is calculated using the interest rate as defined in the scheme rules. After payment of this benefit, no further benefit will be payable.

In case of Joint Life, the CI benefit will be on first occurrence of diagnosis of critical illness on either of the two lives.

C.5. Benefits Payment

In case of claim payment to the members of Regulated Lending Institutions

- The payment of Benefit amount will be made only upon receipt of duly verified Credit Account Statement and Claim Discharge form.
- Upon the occurrence of Insured Event as mentioned in C.3 and C.4, during the Policy Term and Member's authorization received from Policyholder, the Company will pay Outstanding Loan Balance to the Master Policyholder and Balance Claim Amount, if any directly to the Nominee or Beneficiary as the case may be.
- Benefits will be payable only if the Policy is in-force on date of occurrence of Insured Event and in accordance with the terms and conditions hereof, subject to receipt of the appropriate Premiums and documents specified by the Company from time to time.
- We will send complete details of the claim amount settled to the Member/Nominee/Beneficiary as the case may be.

In case of claim payment to the members of Non Regulated Lending Institutions

- Upon the occurrence of insured event as mentioned in C.3 and C.4, during the Policy term, the entire claim amount will be payable to the Member or the Nominee/Beneficiary.
- The cheque/draft will be sent to the Policyholder for administrative convenience.

C.6. Maturity Benefit

There is no maturity benefit payable to any Member/s under the Plan.

C.7. Surrender Benefit

In the event of surrender of the Policy by the Policyholder, the Member/s will have an option to continue their respective coverage.

In case Coverage Continuation option (clause C.8) is not opted by a Member/s, the following benefits will be paid as surrender benefit.

Surrender benefit as lump-sum payout is payable only in case of Single Premium and Limited Premium Policy. The surrender value will be higher of Guaranteed Surrender Value (GSV) and Special Surrender Value (SSV)

The GSV for each Member/s is as mentioned below:

- Single Premium Policy:
 - $70\% \times \text{Single Premium paid} \times (\text{outstanding coverage term} / \text{Total coverage term})$
- Limited Premium Policy wherein surrender happens before the end of PPT:
 - $30\% \times \text{Premium paid to date}$
- Limited Premium Policy wherein surrender happens after PPT:
 - $30\% \times \text{Premium paid to date} \times (\text{Unexpired term} / (\text{Benefit term} - \text{Premium Payment term}))$

The SSV for each Member/s is as mentioned below:

- Single Premium Policy : $\text{Sum Assured} \times \text{SSV factors}$
- Limited Premium Policy : $(\text{Paid up Sum Assured as on date of surrender}) \times \text{SSV factors}$

Surrender benefit is not payable for Regular Premium Policy.

C.8. Coverage Continuation Option

Upon surrender of the Policy by the Policyholder or upon foreclosure of loan, Members of the group will be given an option to continue their respective coverage till end of coverage term as individual Policyholder.

C.9. Moratorium Period

Moratorium Period is allowed only for Loans which are on decreasing Sum Assured basis post the Moratorium Period. Moratorium Period is available with two options:

1. Sum Assured during the moratorium period is level.
2. Sum Assured during the moratorium period is increasing due to interest accumulation.

Moratorium Period under the Policy will be same as the Loan Moratorium Period. Post the moratorium period, the coverage amount will reduce as per the SA schedule. Moratorium period can be any period less than or equal to 7 years. The Policy term will be the outstanding loan term (which includes the moratorium period), in complete months.

C.10. Exclusion

The following exclusions pertain to the Critical Illness benefit and are in addition to the specific exclusions mentioned in the definitions.

1. Presence of HIV when the critical illnesses covered are contracted.
2. If any of the 4 critical illnesses occur within 90 days of the start of coverage (i.e. during the waiting period);
3. Intentional self-inflicted injury, attempted suicide, while sane or insane.
4. Any Pre-existing Disease till 48 months from the date of coverage.
“Pre-existing disease” is any condition, ailment or injury or related condition(s) for which the member had signs or symptoms, and / or was diagnosed, and / or received medical advice / treatment within 48 months prior to the first coverage issued by the insurer.
5. Alcohol or Solvent abuse or taking of Drugs, narcotics or psychotropic substances unless taken in accordance with the lawful directions and prescription of a registered medical practitioner.
6. Failure to follow medical advice/treatment prescribed by Medical practitioner.
“Medical practitioner” is a person who holds a valid registration from the medical council of any state of India and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of his license. Medical practitioner should also be Post - Graduate Allopathic Medical Consultant.
7. War, invasion, act of foreign enemy, hostilities (whether war be declared or not), armed or unarmed truce, civil war, mutiny, rebellion, revolution, insurrection, military or usurped power, riot or civil commotion, strikes.
8. Participation by the insured person in a criminal or unlawful act with criminal intent.
9. Engaging in or taking part in professional sport(s) or any adventurous pursuits or hobbies
“Adventurous Pursuits or Hobbies” includes any kind of racing (other than on foot or swimming); potholing, rock climbing (except on man-made walls), hunting, mountaineering or climbing requiring the use of ropes or guides, any underwater activities involving the use of underwater breathing apparatus including deep sea diving, sky diving, cliff diving, bungee jumping, paragliding, hand gliding and parachuting.”
10. Nuclear Contamination; the radioactive, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature

C.11. Suicide Exclusion

In case of death due to suicide, within 12 months:

- From the date of inception of the Member coverage, the nominee or beneficiary of the Member shall be entitled to at least 80% of the Premiums paid, provided the coverage is in-force
- From the date of revival of the Member coverage, the nominee or beneficiary of the Member shall be entitled to an amount which is higher of 80% of the Premiums paid till the date of death or the surrender value, as available on the date of death.

In case of joint life, the benefit as mentioned above will be paid and the insurance cover will terminate for the surviving life.

C.12. Payment of Premiums and Grace Period

- a. To enjoy uninterrupted benefits under the Policy, Policyholder/Member/s is required to make payment of the Premium on or before the due date or within Grace Period.
- b. If amount received towards payment of Premium is less than the installment Premium due and payable, the same will not be accepted. In such cases the Premium due and payable on the due date will be treated as unpaid.
- c. The total Premium due under this Policy on the Date of Commencement or on the subsequent Policy anniversary shall be calculated on the basis of, the total Premiums payable under the Policy in respect of the Members as on the Date of Commencement or relevant Policy anniversary as the case may be.
- d. The Policyholder will either accept the required Premium amount by way of cheque or debit the same from Member’s loan account. The said Premium will then be paid to Us.

Grace Period is 30 days for all modes except monthly mode where the period is 15 days from the due date for payment of Premium

- a. If the Grace Period as applicable falls on a holiday, then the Grace Period will end at the close of the business hours of the next working day.
- b. The Policy will be in force during the Grace Period.
- c. The outstanding Premium amount will be deducted from the benefit amount, if the member/s dies/ is diagnosed with critical illness during the Grace Period.

C.13. Applicable Loan Interest rate

The Sum Assured schedule provided to the Member will be as per the Applicable Loan Interest rate. The loan interest rate applicable for each Member will be as per interest rate mentioned in the Certificate of Insurance issued to the respective Member.

C.14 Commission Related Discount

A discount will be applicable due to the cap on commission. The discount percentages are (as applied on the premium rate):

For Single pay and non-single pay cases:

$$\text{Single Pay Discount} = 1.30\% * [1 - \text{MIN}(1, 200000/\text{UnCapComm})]$$

$$\text{Regular/Limited Pay Discount} = 1.80\% * [1 - \text{MIN}(1, 200000/\text{UnCapComm})]$$

Where, UnCapComm is the amount of commission that would have become payable for the scheme in absence of any threshold limit.

For non-single premium cases, the same level of discount will become applicable for all premiums due under that member contract.

The commission related discount, for new members in the scheme, will be reassessed on an annual basis on scheme anniversary.

C.15 Sum Assured Related Discount

Members will be eligible for high Sum Assured related Rebate/Discount. The discount factors have been derived for specific Sum Assured amounts and are as mentioned below:

Sum Assured Related Discount(as a % of Tabulated Premium Rate)			
Home Loans		Other than Home Loans	
Sum Assured(Rs)	Discount Factor	Sum Assured(Rs)	Discount Factor
5,00,000	0.00%	50,000	0.00%
15,00,000	1.05%	1,50,000	14.42%
25,00,000	1.25%	5,00,000	19.46%
50,00,000	1.40%	10,00,000	20.53%
75,00,000	1.47%	15,00,000	20.89%
1,00,00,000 and above	1.48%	25,00,000 and above	21.18%

The discount factor for any intermediate Sum Assured is calculated in the following manner:

Let the actual Sum Assured be SA and discount factor with respect to SA be D
 Let the next higher Sum Assured from the above table be SA_H and discount factor with respect to SA_H be D_H

Let the Sum Assured just lower than SA from the above table be SA_L and discount factor with respect to SA_L be D_L

Then,

$$D = D_L + (D_H - D_L)/(SA_H - SA_L) \times (SA - SA_L)$$

If the premium rate from the table is P, then the discounted premium rate will be equal to $P \times [1 - D]$

C.16 Joint Life Discount

For covers on joint life basis, the following discount (as a % of Tabulated Premium Rate) will be applicable:

Policy Term (years)	Discount Factor for Benefit Option 1(Death Only)	Discount Factor for Benefit Option 2(Death Plus CI)
2<=PT<10	5.81%	3.74%
10<=PT<15	6.10%	4.73%
15<=PT<20	6.83%	6.19%
20<=PT<25	9.40%	9.66%
25<=PT<30	12.70%	13.34%
PT=30	15.64%	16.15%

Generic Formulae for the Application of Discounts/Loadings:

In general, the above mentioned discounts and loadings will be applied on the tabular premium rate as follows:

Assume,

Base premium rate for primary life = P1,

Base premium rate for secondary life = P2 (Applicable in case of joint life),

Commission related Discount = C

Sum Assured Related Discount factor = D,

Joint Life Discount = J (Applicable in case of joint life),

If "P" is the premium rate chargeable then,

For Single Life

$$P = P1 \times (1 - C) \times (1 - D)$$

For Joint Life

$$P = (P1 + P2) \times (1 - J) \times (1 - C) \times (1 - D)$$

C.17. Foreclosure of loan or Policy

In case of early repayment of loan /default by a Member, the Member will have two options:

1. Continue the insurance cover till the end of original coverage term in which case benefits as per certificate of insurance will become payable on claim (as explained in section C.8) or
2. Surrender the insurance cover. In this case, the benefit payable to respective Member will be as per the surrender benefit as mentioned in section C.7

In case of Regular Premium Policy no amount shall be refunded and the coverage shall be continued for the Member till the next Premium due date.

C.18. Loan

You or any Member/s are not entitled to avail loan under this Policy.

C.19. Modification and Variation

This Policy Document constitutes the complete contract of insurance. This Policy document cannot be changed or varied; any change or variation in the total benefits insured hereunder shall be given effect to by endorsements under the signature of a duly authorised officer of the Company.

C.20. Membership Termination

Termination of Membership shall lead to cessation of insurance cover and benefits, if any payable under the Policy. Member will be terminated from the Group on earlier occurrence of any of the following:

- a. Foreclosure of loan.
- b. On expiry of the **reinstatement/revival** period where the Policy has not acquired any paid up value.
- c. Member attaining the maximum age permissible under the Policy.
- d. Expiration of coverage term.
- e. Payment of Death benefit.
- f. Payment of Critical Illness benefit.
- g. Upon payment of Free Look cancellation amount
- h. Upon payment of Surrender Value

Any termination of coverage in accordance with this Article shall be without prejudice to any claim originating prior to the effective date of such termination. In case the Insured Member exits the Group Policy by way ceasing to be an Eligible Member of the Creditor or voluntarily withdraws from the membership, the applicable Surrender Value in respect of such Insured Member that is calculated in accordance with C.7 shall be payable.

Part D

D.1 Free Look Cancellation

If the Master Policyholder / Member is not satisfied with any of the Terms and Conditions of the Policy, Master Policyholder / Member may return the Policy document to the Company for cancellation within 15 days from the date Policyholder received it.

On cancellation of the Policy / Certificate of Insurance during the free-look period, Company will return the Premium paid subject to the deduction of proportionate risk Premium for the period of cover, Stamp

duty paid and medical costs incurred (if any). The Policy / Certificate of Insurance will terminate on payment of this amount and all rights, benefits and interests under this Policy will stand extinguished.

D.2. Lapse and Reinstatement/Revival

If the Premiums are not received before the expiry of the grace period from the Premium due date, the insurance cover for the respective Member/s will cease and no benefit is payable.

Reinstatement/Revival period of 2 years is available from the due date of the unpaid Premium for the respective Member. On reinstatement/revival all due unpaid Premiums for the respective Member/s is required to be paid with applicable interest. The interest rate will always be equal to yield to maturity of a 5 year G-Sec + 200 bps. G-Sec rates will be taken from www.fimmda.org. The interest rate will be reset at the beginning of each Financial Year. Any change in this basis will be subject to prior approval from IRDAI.

Reinstatement/Revival of the cover will be at Our sole discretion and will be effective only upon confirmation by Us.

It will be ensured that the evidences and any medical requirements requested for are in line with the prevailing underwriting rules/practices and the health declaration by the Member/s. Any evidence of insurability requested at the time of reinstatement/revival will be based on the prevailing underwriting guidelines duly approved by the Board of the Company. The cover cannot be reinstated/revived after expiry of the reinstatement/revival period

D.3. Paid Up Policy provisions

Only Decreasing Sum Assured Limited Premium policies can be converted into Paid Up Policy.

On non-payment of Premium any time after payment of first Policy year's Premium, the Policy will continue with Paid Up Sum Assured.

Paid up Sum Assured is as defined as:

$(\text{Premium paid to date} / \text{Total Premium payable}) \times (\text{Sum Assured as per the schedule})$

On Death or Diagnosis of Critical Illness to Member/s in paid up status, Paid Up Sum Assured as on the date of insured event as per the schedule will be paid.

In case of surrender in the paid up status, surrender benefit as defined as per clause C.7 will be payable.

Part E

Not Applicable as this product is a non linked insurance plan

Part F

F.1. Assignment and Nomination

(i) Assignment: This Master Policy cannot be assigned.

(ii) Nomination:

Nomination facility can be availed as per Section 39 of Insurance Act 1938 as amended from time to time. (A simplified version of the provisions of Section 39 is enclosed in Annexure for reference)

F.2 Fraud or Misrepresentation

Fraud, Misrepresentation and forfeiture would be dealt with in accordance with provisions of Section 45 of the Insurance Act 1938 as amended from time to time.

(A simplified version of the provisions of Section 45 is enclosed in Annexure for reference)

F.3 Misstatement of Age or gender

As per the clause F.2, if the age or gender of any Member/s has been misstated or incorrectly mentioned, then We may at Our sole discretion take the following action subject to the underwriting norms prevailing at the time of taking such action:

If at the correct age, the Member/s was not insurable under this Policy according to our requirements, we reserve the right to refund the Premium paid and terminate the Certificate of Insurance for that Member/s

If at the correct age, Member/s was insurable, then we may revise the Policy Premium and/or applicable benefits payable under the Policy from the Date of Commencement of Risk by adjusting or deducting the differential Premium that would have been payable.

F.4. Claim intimation:

We will require the following primary documents of the Member/s in support of a claim to enable processing of the claim intimation under the Policy:

- a. Certificate of the Doctor / Medical Officer certifying the cause of death;
- b. In case of unnatural death - Post Mortem Report, First Information Report (FIR), Inquest Report and the Final Investigation Report of the Police;
- c. Death Certificate issued by the local authority or the authority authorized to issue the same under the Registration of Births and Deaths Act, 1969;
- d. Critical Illness Claim form (for Critical Illness claim)
- e. 'Attending Physicians Statement' and 'Hospital Treatment Certificate' (for Critical Illness claim)
- f. Complete hospital treatment papers/ discharge summary (for Critical Illness claim)
- g. Outstanding loan statement
- h. NOC from the claimant and Joint discharge voucher duly signed by the claimant and the Policyholder and Complete hospital treatment papers/ discharge summary (Applicable only for members of Regulated Lending Institution)
- i. Verified Credit Account Statement (Applicable only for members of Regulated Lending Institution)
- j. Claim Discharge Form (Applicable only for members of Regulated Lending Institution)

We are entitled to ask for additional documents (including Policy document) or information for the processing of the claim. We may also seek professional/independent assistance for speedy disposal of the claim. You and/or the Nominee/legal heir shall have no objection for Us to obtain any details/information to form an opinion about the claim.

The Company must be notified in writing by the Policyholder within 30 days from the date of insured event and submit the claim documents to:

Aegon Life Insurance Company Limited,

Building No. 3, Third floor, Unit No. 1

NESCO IT Park, Western Express Highway

Goregaon (E), Mumbai 400063 or at such other address as may be notified by the Company.

F.5. Audit

- a. That the Company has the right to cause an audit on the completion of financial year into the accuracy of the Credit Account Statements in respect of which claims were settled and into the accuracy of the Credit Account Statements of the deceased group insured members furnished by the Policyholder. Or the Company at its sole discretion require the Policyholder to submit certification from Statutory Auditors of the Policyholder certifying that the Outstanding Loan Balance/Claim Discharge Form shown is correct and reflecting the balance as per conditions governing the Credit Account/Loan Account.

- b. The cost of the Audit as (f) above shall be borne by the Policyholder. The Policyholder will indemnify and keep indemnifying the Company for any liability that may be incurred by the Company in case of any difference reported in the audit report.

F.6. Tax

The Company shall make necessary deductions from any payments to be made under this Policy which the company reasonably believes to be necessary on account of any tax or other payment imposed or to be imposed under any legislation, order, regulation, rule, judgment or otherwise upon the Policyholder, Member, Nominee or the company.

Part G

G.1 Notices

Any notice, direction or instruction given to Us under the Policy shall be in writing and delivered by hand, post, facsimile or from registered electronic mail to:

Customer Service Department
Aegon Life Insurance Company Limited,
Building No. 3, Third floor, Unit No. 1
NESCO IT Park, Western Express Highway
Goregaon (E), Mumbai 400 063
Toll free number: 1800 209 9090
E-mail: customer.care@aegonlife.com

or such other address as may be informed by Us.

Any notice, direction or instruction to be given by Us under the Policy shall be in writing and delivered by hand, post, courier, facsimile or registered electronic mail at the updated address in the records of the Company.

You are requested to communicate any change in address immediately to enable us to serve you promptly.

G.2 Applicable Law

This Policy is subject to the provisions of the laws of India.

G.3 Currency and Payment

All payments to or by the Company will be in Indian rupees and shall be in accordance with the prevailing regulations and other relevant laws of India.

G.4 Consumer Grievance Cell:

You may reach us for any complaints/ grievances in any of the following manner:

- a. By calling the Toll Free Number 1800 209 9090 between 9 a.m. to 7 p.m. Monday to Saturday or
- b. By writing an e-mail to customer.care@aegonlife.com or
- c. By registering the grievance on the website of the Company at www.aegonlife.com or

In case of disagreement with the response of the Company or of no- response within 15 days, the grievance can be escalated to Grievance Redressal Officer by an e-mail to grievance.manager@aegonlife.com or written letter at

Grievance Redressal Officer
Aegon Life Insurance Company Limited,
Building No. 3, Third floor, Unit No. 1
NESCO IT Park, Western Express Highway
Goregaon (E), Mumbai 400 063

If you are not satisfied with the response or do not receive a response from us within 15 days, you may approach the Grievance Cell of the Insurance Regulatory and Development Authority of India (IRDAI) on the following contact details:

IRDAI Grievance Call Centre (IGCC) TOLL FREE NO: 155255
Email ID: complaints@irda.gov.in

You can also register your complaint online at <http://www.igms.irda.gov.in/>

Address for communication for complaints by fax/paper:

Consumer Affairs Department
Insurance Regulatory and Development Authority of India
9th floor, United India Towers, Basheer Bagh
Hyderabad - 500 029, Andhra Pradesh
Fax No: 91- 40 - 6678 9768

G.5 Insurance Ombudsman

In case You are not satisfied with the decision/resolution or have not received any reply to Your complaints/ grievances within a period of 15 days, You may approach the Insurance Ombudsman, if your complaint pertains to:

- (i) Any partial or total repudiation of claim;
- (ii) Premium paid or payable in terms of the Policy;
- (iii) Delay in settlement of claim;

- (iv) Non-issue of Policy document to customers after receipt of Installment Premiums
- (v) Any claim related dispute on the legal construction of the policies in so far as such disputes relate to claims.

The complaint should be made in writing duly signed by You, Nominee or by Your legal heirs with full details of the complaint and the contact information of complainant.

As per Rule 13(3) of the Redress of Public Grievances Rules 1998, the complaint to the insurance ombudsman can be made:

- (a) If the complaint is not resolved to Your satisfaction by the Company.
- (b) Within a period of one year from the date of rejection by the Company; and
- (c) You have not initiated any other complaint/litigation.

The addresses of the Insurance Ombudsmen are given on the last page of this document. You are requested to visit the website of the Company for updated information on contact details of the Company and Insurance Ombudsmen.

Annexure: 1

Section 39 - Nomination

For the purpose of this provision, Policy shall mean a Member's individual Policy and not the Policy contract for the Master Policyholder

Nomination of a life insurance Policy is as below in accordance with Section 39 of the Insurance Act, 1938 as amended from time to time. The extant provisions in this regard are as follows:

1. The Policyholder of a life insurance on his own life may nominate a person or persons to whom money secured by the Policy shall be paid in the event of his death.
2. Where the nominee is a minor, the Policyholder may appoint any person to receive the money secured by the Policy in the event of Policyholder's death during the minority of the nominee. The manner of appointment to be laid down by the Insurer.
3. Nomination can be made at any time before the maturity of the Policy.
4. Nomination may be incorporated in the text of the Policy itself or may be endorsed on the Policy communicated to the insurer and can be registered by the insurer in the records relating to the

- Policy.
5. Nomination can be cancelled or changed at any time before Policy matures, by an endorsement or a further endorsement or a will as the case may be.
 6. A notice in writing of Change or Cancellation of nomination must be delivered to the insurer for the insurer to be liable to such nominee. Otherwise, insurer will not be liable if a bonafide payment is made to the person named in the text of the Policy or in the registered records of the insurer.
 7. Fee to be paid to the insurer for registering change or cancellation of a nomination can be specified by the Authority through Regulations.
 8. On receipt of notice with fee, the insurer should grant a written acknowledgement to the Policyholder of having registered a nomination or cancellation or change thereof.
 9. A transfer or assignment made in accordance with Section 38 shall automatically cancel the nomination except in case of assignment to the insurer or other transferee or assignee for purpose of loan or against security or its reassignment after repayment. In such case, the nomination will not get cancelled to the extent of insurer's or transferee's or assignee's interest in the Policy. The nomination will get revived on repayment of the loan.
 10. The right of any creditor to be paid out of the proceeds of any Policy of life insurance shall not be affected by the nomination.
 11. In case of nomination by Policyholder whose life is insured, if the nominees die before the Policyholder, the proceeds are payable to Policyholder or his heirs or legal representatives or holder of succession certificate.
 12. In case nominee(s) survive the person whose life is insured, the amount secured by the Policy shall be paid to such survivor(s).
 13. Where the Policyholder whose life is insured nominates his
 - a. parents or
 - b. spouse or
 - c. children or
 - d. spouse and children
 - e. or any of themthe nominees are beneficially entitled to the amount payable by the insurer to the Policyholder unless it is proved that Policyholder could not have conferred such beneficial title on the nominee having regard to the nature of his title
 14. If nominee(s) die after the Policyholder but before his share of the amount secured under the Policy is paid, the share of the expired nominee(s) shall be payable to the heirs or legal representative of the nominee or holder of succession certificate of such nominee(s).
 15. The provisions of sub-section 7 and 8 (13 and 14 above) shall apply to all life insurance policies maturing for payment after the amendment of Insurance Act, 1938 (i.e. 26.12.2014).
 16. If Policyholder dies after maturity but the proceeds and benefit of the Policy has not been paid to him because of his death, his nominee(s) shall be entitled to the proceeds and benefit of the Policy.
 17. The provisions of Section 39 are not applicable to any life insurance Policy to which Section 6 of Married Women's Property Act, 1874 applies or has at any time applied except where before or after Insurance Act 1938 (as amended from time to time), a nomination is made in favour of spouse or children or spouse and children whether or not on the face of the Policy it is mentioned that it is made under Section 39. Where nomination is intended to be made to spouse or children or spouse and children under Section 6 of MWP Act, it should be specifically mentioned on the Policy. In such a case only, the provisions of Section 39 will not apply.

[Disclaimer: This is not a comprehensive list as mentioned in Insurance Act 1938 (as amended from time to time), but only a simplified version prepared for general information. Policy Holders are advised to refer to the Act for complete and accurate details.]

Annexure: 2

Section 45 - Policy shall not be called in question on the ground of mis-statement after three years

For the purpose of this provision, Policy shall mean a member's individual Policy and not the Policy contract for the Master Policyholder

Provisions regarding Policy not being called into question in terms of Section 45 of the Insurance Act, 1938, as amended from time to time are as follows:

1. No Policy of Life Insurance shall be called in question on any ground whatsoever after expiry of 3 yrs from
 - a. the date of issuance of Policy or
 - b. the date of commencement of risk or
 - c. the date of revival of Policy or
 - d. the date of rider to the Policy
whichever is later.

2. On the ground of fraud, a Policy of Life Insurance may be called in question within 3 years from
 - a. the date of issuance of Policy or

- b. the date of commencement of risk or
- c. the date of revival of Policy or
- d. the date of rider to the Policy whichever is later.

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

3. Fraud means any of the following acts committed by insured or by his agent, with the intent to deceive the insurer or to induce the insurer to issue a life insurance Policy:
 - 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 specifically declares to be fraudulent.
4. Mere silence is not fraud unless, depending on circumstances of the case, it is the duty of the insured or his agent keeping silence to speak or silence is in itself equivalent to speak.
5. No Insurer shall repudiate a life insurance Policy on the ground of Fraud, if the Insured / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of material fact are within the knowledge of the insurer. Onus of disproving is upon the Policyholder, if alive, or beneficiaries.
6. Life insurance Policy can be called in question within 3 years on the ground that any statement of or suppression of a fact material to expectancy of life of the insured was incorrectly made in the proposal or other document basis which Policy was issued or revived or rider issued. For this, the insurer should communicate in writing to the insured or legal representative or nominee or assignees of insured, as applicable, mentioning the ground and materials on which decision to repudiate the Policy of life insurance is based.
7. In case repudiation is on ground of mis-statement and not on fraud, the Premium collected on Policy till the date of repudiation shall be paid to the insured or legal representative or nominee or assignees of insured, within a period of 90 days from the date of repudiation.
8. Fact shall not be considered material unless it has a direct bearing on the risk undertaken by the insurer. The onus is on insurer to show that if the insurer had been aware of the said fact, no life insurance Policy would have been issued to the insured.
9. The insurer can call for proof of age at any time if he is entitled to do so and no Policy shall be deemed to be called in question merely because the terms of the Policy are adjusted on subsequent proof of age of life insured. So, this Section will not be applicable for questioning age or adjustment based on proof of age submitted subsequently.

[Disclaimer: This is not a comprehensive list as mentioned Insurance Act 1938 (as amended from time to time) but, only a simplified version prepared for general information. Policy Holders are advised to refer to the Act for complete and accurate details.]