

PART A

INDIAFIRST LIFE INSURANCE COMPANY LIMITED

Regd. & Corporate Office: 301, 'B' Wing, The Qube, Infinity Park, Dindoshi, Film City Road, Malad (East), Mumbai - 400 097.

To,
DD/MM/YYYY

XXXX XXXX

Address 1,

Address 2.

Pin code – xxx xxx

IndiaFirst Life Group Hospi Care Plan – Master Policy No: xxxxxxxx

Dear Customer,

Congratulations! You are now a step closer to helping your members / customers / employees secure their family's future and we are glad to be a part of this journey with you.

All our products have been designed to be simple and easy to understand, providing true value for money.

We have provided you the relevant information about your policy in this policy document. This document is simple to understand and carries important information about your policy and its features. Please read it carefully to ensure that this policy meets your requirement.

You can cancel your policy if you disagree with any of the terms and conditions within the first 15 days (free look period) from receipt of your policy document. You can return the policy to us, while stating your reasons in writing for the same. We will refund your Contribution/Premium after deducting the stamp duty and pro rata risk premium and expenses incurred due to medical examination, if any, while issuing the policy in accordance to IRDAI (Protection of Policyholders Interest) Regulations, 2002.

Please contact us on **1800-209-8700** or email us at group.ops@indiafirstlife.com for any further information or assistance. Our customer care executives will be happy to help you.

Thank you for choosing IndiaFirst.
Yours truly,

Authorised Signatory.

Group Operations

IndiaFirst Life Insurance Company Limited

(Regd. & Corporate Office: IndiaFirst Life Insurance Company Limited, 301, 'B' Wing, The Qube, Infinity Park, Dindoshi - Film City Road, Malad (East), Mumbai - 400 097. Website: indiafirstlife.com. Registration No.: 143. Toll Free No.: 1800 209 8700)

IndiaFirst Life Group Hospi Care Plan (UIN:143N030V01)

XXX (hereinafter called the "Master Policyholder") have by a written Proposal Form dated _____ requested **IndiaFirst Life Insurance Company Limited** (hereinafter called the "Insurer") to grant the benefits of Health Insurance Cover , under IndiaFirst Life Group Hospi Care Plan and as per the Scheme Rules of the (*.....name of the scheme.....*) Scheme of the Master Policyholder (certified copy of which has been furnished to the Insurer by the Master Policyholder) to the Members whose names have been recorded in the Membership Register maintained by the Master Policyholder.

The Master Policyholder has also furnished to the Insurer statements containing the name and user number of each Member which have been completed and signed by the Master Policyholder on behalf of the Members for whose benefit the Policy hereunder is being effected. The Master Policyholder and the Insurer have accepted and agreed that the said Proposal Form and certified copy of the Scheme Rules shall be the basis of the contract of insurance.

If any of the details of the Member contained in the statement signed by the Master Policyholder on behalf of the Member are incomplete, false or incorrect, coverage in respect of such Member under the Policy shall be void.

It is further hereby declared that every endorsement placed on the Policy by the Company shall be deemed part of the Policy.

Annexure A: POLICY SCHEDULE

Policy Details

Product Name:	Product UIN : 143N030V01 IndiaFirst Life Group Hospi Care Plan (Non-Linked Non-Participating Group Health Insurance Plan)
Master Policy Holder Name:	
Address:	
Master Policy No	
Date of Commencement of Policy	

Coverage Details

Type of Cover:	Annually Renewable. Cover type is: 1. Hospital Cash Benefit															
Sum Insured/Benefit Amount	The benefit will be determined as per scheme rules. Minimum and maximum sum assured will be chosen by the Master Policyholder as allowed in this product.															
Policy Period	Yearly Renewable															
Premium Paying Term	Monthly / Quarterly / Half-Yearly / Yearly															
Mode of Premium	Monthly / Quarterly / Half-Yearly / Yearly															
Premium per member before Service Tax	Premium amount per member will be provided here according to their coverage amount decided by the master policyholder as mentioned above <table border="1" data-bbox="746 1339 1401 1556"> <tr> <td>Hospital Cash</td> <td>XXX</td> <td>YYY</td> <td>ZZZ</td> <td>PPP</td> </tr> <tr> <td>Sum Insured</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>HCB Premium before ST</td> <td>AAA</td> <td>BBB</td> <td>CCC</td> <td>DDD</td> </tr> </table>	Hospital Cash	XXX	YYY	ZZZ	PPP	Sum Insured					HCB Premium before ST	AAA	BBB	CCC	DDD
Hospital Cash	XXX	YYY	ZZZ	PPP												
Sum Insured																
HCB Premium before ST	AAA	BBB	CCC	DDD												

Consolidated Stamp Duty of Rs.XXXXXXX/- paid vide Mudrank Receipt No:

Note: ON EXAMINATION OF THE POLICY, if the Master Policyholder notices any mistake, the Policy document is to be returned for correction to IndiaFirst Life Insurance Co Ltd.

Please read the terms and conditions of this policy carefully to make the best use of it. Terms used in master policy schedule have been explained in the policy document.

Authorized Signatory

IndiaFirst Life Insurance Company Limited.

Date :

Place :

PART B

1. Definitions

Below are a few words/ expressions used in this Policy along with their meaning for your easy reference.

Word/ Expression	Meaning
Age	The Member's Age as on his/her last birthday
Annexure	Any Annexure attached to this Policy as amended/ revised from time to time
Annual Renewal Date	The date after one year from the Scheme Commencement Date. The Master Policyholder can renew the Policy on the Annual Renewal Date.
Application Form	The proposal form completed and signed by you, the Master Policyholder based on which we have issued this Policy
Appointee	The person who receives the proceeds or the benefits under the Policy when the Nominee is less than 18 years of Age
Certificate of Insurance	A document stating the benefits payable to the Member and other details pertaining to the Coverage of the Member under the Scheme
Cover or Coverage	The Coverage of risk of the Member under the Scheme / Hospitalization
Cover Term	The period which commences on the Date of Member Risk Commencement and ends as per the Scheme Rules.
Date of Member Risk Commencement	The date from which the Hospitalization, for a Member is activated under the Policy
Hospitalization Cash Benefit	The amount, as per Scheme Rules which is payable on the Member's unfortunate Hospitalization
Entry Date	The date on which the Member joins the scheme. This may or may not be the same as the Scheme Commencement Date.
Financial Year	A period of 12 months, eg. starting from 1 st April every calendar year and ending on 31 st March the following calendar year. Example: 1 st April, 2016 to 31 st March, 2017 is considered as one Financial Year.
Grace Period	Grace period means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of pre-existing diseases.
Master Policyholder	Master Policyholder is the organization who wishes to secure their members/customers/employees against uncertainty. Master Policyholder is the owner and holds the Master Policy.
Member	A new or existing customer/affiliate/employee of an organization or any other individuals already associated with organized group and who fulfils the eligibility criteria as specified by the scheme rules.
Nominee	The person nominated by the Member to receive the hospitalization cash benefit in the event of the death of the insured member.
Policy	The IndiaFirst Life Group Hospi Care Plan. It is the entire insurance contract between the Master Policyholder and us.
Policy Commencement Date	The date on which the Policy starts as shown in the Policy Schedule in Annexure A
Policy Schedule	The Schedule to this Policy attached as Annexure A
Policy Term	A period of one year starting from the Scheme Commencement Date or

	the Annual Renewal Date, as the case may be
Premiums	The amount payable to cover the Members / Customers / Employees
Regulations	The applicable laws as amended from time to time which are applicable to this Policy
Regulatory Authority	The Insurance Regulatory and Development Authority of India (IRDAI) having the authority to oversee and regulate insurance business in India. It protects the interests of the policyholders, regulates, promotes and ensures orderly growth of insurance in India.
Renewal	Renewal means the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of gaining credit for pre-existing diseases, time-bound exclusions and for all waiting periods.
Scheme	The IndiaFirst Life Group Hospi Care Plan, covering members of the Master Policyholder or Members of an organized group. This scheme is yearly renewable.
Scheme Commencement Date	The date on which the Scheme starts as specified in the Policy Schedule
Sum Insured	The Health insurance Cover provided to each Member
Surrender	Terminating or cancelling or withdrawing the Policy prior to the expiry of the Policy Term
We, Us or Our	IndiaFirst Life Insurance Company Limited
You or Your	The Master Policyholder

Accident	“An accident is a sudden, unforeseen and involuntary event caused by external, visible and violent means.”
Hospital	Hospital means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registrations and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under: <ul style="list-style-type: none"> • Has qualified nursing staff under its employment round the clock; • Has at least 10 inpatient beds, in those towns having a population of less than 10,00,000 and at least 15 inpatient beds in all other places; • Has qualified medical practitioner(s) in charge round the clock; • Has a fully equipped operation theatre of its own where surgical procedures are carried out; • Maintains daily records of patients and makes these accessible to the Insurer’s authorized personnel.
Hospitalization	Hospitalization means admission in hospital for inpatient care on advice of a Medical Practitioner, for a minimum period of 48 consecutive hours
Medical Practitioner	A 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 license and who is neither the insured himself nor related to the insured by blood relations or marriage.
Date of Claim Event	Date of admission in the hospital will be considered as valid date of claim event

Risk Factors

- There is no maturity benefit under this Policy
- The benefit is paid to the Member / Nominee. through you, the master policyholder
- Tax laws are subject to change from time to time.

Interpretation

This Policy is divided into sections for ease of reference and reading only.

Words of one gender will include the other gender and the singular will include the plural and vice versa, unless the context otherwise requires. Defined words need not appear in the same form.

PART C : Core Benefits

2. Policy Description

IndiaFirst Life Group Hospi Care Plan is a non-linked, non-participating, yearly renewable group health Insurance Plan designed to provide health insurance cover to a group of individuals who may be

- i) Employees of any organization or firm.
- ii) Any Associations, where the members represent a particular profession/trade/domestic workers/Anganwadi workers;
- iii) Any Government Agencies;
- iv) Any Co-operative Societies;
- v) Parents of School/College Students as members ;
- vi) Any other groups as may be approved by the Authority from time to time.

The coverage will be provided to members / customers / employees as per scheme rules. The benefits under each cover would be determined by the Master Policyholder at the inception of the policy as per scheme rules

Coverage options under the Product

The coverage could be structured to offer various layers of coverage as mentioned in Policy Schedule.

Hospital Cash cover gives the member a predefined lump sum amount if the member has been hospitalized at any registered hospital in India for more than 48 consecutive hours of hospitalization.

Maximum of 2 claims allowed per customer in a 12 month period. Hospitalization cash benefit is a fixed benefit irrespective of hospital stay and amount spent during the hospitalization. A claim

event cannot be within 30 days of a previous hospitalization date which resulted in claim event (proximity of claim).

3. Benefits under the Policy

i. Hospitalization Benefit

On Hospitalization of a member, during the Policy Term, we will pay the benefit as defined in the Policy Schedule to the nominee / member through you the Master Policyholder provided event occurs whilst in membership or prior to terminal date.

Hospital Cash cover gives the member a predefined lump sum amount if the member has been hospitalized at any registered hospital in India for at least 48 consecutive hours of hospitalization.

Maximum of 2 claims allowed per customer in a 12 month period which starts from member Risk commencement date. Hospitalization cash benefit is a fixed benefit irrespective of hospital stay and amount spent during the hospitalization. A claim event cannot be within 30 days of a previous hospitalization date which resulted in claim event (proximity of claim).

Hospitalization benefit will be paid in case of death during hospitalization if applicable.

ii. Maturity Benefit

There is no maturity benefit applicable under this Policy.

iii. Death Benefit

There is no death benefit applicable under this Policy.

iv. Rider Benefits

There are no riders available under this Policy.

v. Surrender Benefit

On surrendering of the policy prior to cover ceasing date no amount is payable.

In case of surrender of group policy within a policy year, the individual member of the group on such surrendered group shall get

an option to continue the policy as an individual policy till their coverage is terminated as per certificate of Insurance.

PART D : Policy Servicing

4. Eligibility

- The Health Insurance Cover on the life of Member shall commence on the Risk Commencement Date of the Member subject to him being eligible for the Health Insurance Cover as per the Scheme Rules and subject to board approved underwriting policy, if any, as deemed necessary by the Company.
- Every Member shall become entitled to the Benefits under this Policy as from the Risk Commencement Date for the Health Insurance Cover as per the Scheme Rules and the terms of the Policy, provided member is opted for the same and premium is paid for that member.
- Any variations in the Policy Terms and Conditions effected hereunder and in respect of membership, after the Policy Commencement Date, shall be given effect only by endorsements and by a signature of a duly authorized officer of the Company.

5. Free Look period

You will have the right to return the policy within first 15 days from the date of receipt of the policy. We will refund the premium paid once we receive your written notice of cancellation (along with reasons thereof) together with the original policy documents. We will deduct expenses incurred by us on pro rata risk premium, medical examination, if any and stamp duty charges while issuing the policy in accordance to IRDAI (Protection of Policyholders Interest) Regulations, 2002.

6. Payment of Premium

For each Policy Term, the Premium for each Member can be paid on monthly / quarterly / half-yearly / yearly basis. The Premium rates applicable to the Members will be as decided between you and us.

7. Grace Period

Grace period of 15 days for monthly premium mode and 30 days for all other premium mode will be allowed for all subsequent premiums falling due. In case of hospitalization during the grace period, the member will get the benefit from the scheme after deducting the due premium. In case of non-payment of premium within the grace period for non-annual premium payment mode, the policy lapses and cover ceases on expiry of the grace period

Revival of Policy

There is no revival / reinstatement applicable under the product even in case of non-annual mode of premium payment. However there is a grace period applicable towards payments of premium for continuing the benefits. For policies those are converted to individual policy, the same conditions shall apply.

8. Loans under the Policy

No loans are available under this Policy.

PART E

There are no charges in this policy as this is non – linked, non-participating group health insurance plan.

PART F

9. Nomination

Allowed as per the provisions of Section 39 of the Insurance Act, 1938 as amended from time to time.

For more details on the nomination, please refer to our website www.indiafirstlife.com or **Annexure C**.

10. Assignment

You cannot assign this Policy as a statutory liability cannot be assigned.

11. Exclusions:

Hospitalization: Less than 48 consecutive hours of Hospitalization is not eligible for hospitalization benefit.

Waiting Period:

Hospitalization: 1. Other than hospitalization due to accident there is a waiting period of 30 days from the member risk commencement date for eligibility of Hospital Cash Benefit. This is not applicable from second policy year onwards in case of continuous renewal of the policy.

2. Hospitalization claim event cannot be within 30 days of a previous hospitalization date which resulted in claim event (proximity of claim). So from one hospitalization date to another hospitalization date there should be at least gap of 30 days.

12. Making a Claim

Claim Process:

You, the Master Policyholder, will give us a written notice on the Member's claim. They need

to give us all the relevant information in writing to

enable us to process the claim as specified in the Policy.

Documents required at the time of making a claim

1. Nominee/Claimant's savings bank Account number with IFSC code with cancelled cheque or Aadhaar number in case of Linked Savings Bank Account
2. Identity and proof of age of the member
3. Copy of the Certificate of Insurance for the member
4. True copy attested by the treating hospital of the Discharge summary specifying date and time of admission, date and time of discharge, diagnosis, treatment given during the hospitalization.
5. True copy attested by the treating hospital of the Investigation reports done prior or during the hospitalization.
6. True copy attested by the treating hospital of the Final bill
7. In addition to above list, the Insurance Company, based on its discretion, reserves the right to call for any or all of the following documents, depending on the cause or nature of the claim – Copies of Previous Consultation Letters, Copies of Consultation Letter or Referral Letter leading to the Hospitalisation claimed for, attested copies of Indoor Treatment Sheets of the Hospitalisation, additional certificate by the Treating Consultant on the Diagnosis or Treatment Given or the Course in Hospital, alternate age proof of the Insured, certificate from the hospital confirming the hospital registration details, number of beds.

Claim settlement period by insurer – All claims will be paid or rejected giving all relevant reasons within 30 days from the date of receipt of all relevant documents and clarifications required by us except in case of claims warranting an Investigation, which will be paid or rejected giving all relevant reasons within 6 Months from the Date on which the Claim was first Intimated to us.

Claim submission period - The company will pay the benefits under the Policy in accordance with the Policy Terms subject to the Insured Member providing or causing to provide to the company within 30 days of discharge from the hospital, any and all information and documentation as required by the company. In case any and all information and documentation as required by us is not received by us within this period, the claim shall be rejected. However, this claim submission period will be relaxed and / or the claim rejected for non-compliance with this clause, will be re-opened and re-processed if the Insured submits, to the Insurer's satisfaction, the reason for the delay ,in writing, in Claim Submission on his part along with all necessary claim documents and information. In such a case, the claim will be registered or re-opened (if previously rejected) and processed by us as if there was no delay, but subject to policy terms and on the merits of the submitted documents and information.

Subject to the provisions of section 47 of the Act, where a claim is ready for payment but the payment cannot be made due to any reasons of a proper identification of the payee, the life insurer shall hold the amount for the benefit of the payee and such an amount shall earn interest at the rate applicable to a savings bank account with a scheduled bank (effective from 30 days following the submission of all papers and information).

Where there is a delay on the part of the insurer in processing a claim, where in the opinion of the insurance company the circumstance of a claim warrant an investigation it shall initiate

and complete such investigation at the earliest , in case not later than 6 months from the time of lodging the claim. The life insurance company shall pay interest on the claim amount from the date of receipt of last requirement to the date of payment of the claim amount at a rate which is 2% above the bank rate as prevalent on the first day of the month in which the claim is paid by the insurer. In case of multiple policies which provide fixed benefits, on the occurrence of the insured event in accordance with the terms and conditions of the policies, each insurer shall make the claim payments independent of payments received under other similar policies.

Making Untrue/ Incorrect Statements or Withholding Information

If the Life Insured or the Nominee or anyone acting on his/her behalf advances any claim or claim document or any declaration or statement pertaining to the claim, which is found by us to be false, dishonest or fraudulent, then the Company reserves the rights to reject the claims and refuse any future Insurance cover to the Life Insured.

13. Payment of Benefits in Indian Rupees

All Benefits and other sums under this Policy are paid in India and in Indian Rupees.

14. Insurance Cover Ceases / Ends

The insurance coverage will also cease at the earliest of

1. Member with age 81 years as on last birthday.
2. Termination of contract with the Master Policyholder.
3. Non-payment of regular premium during the grace period.
4. Occurrence of death of the member.

5. On payment of two hospital cash benefit in a period of 12 months

15. Notice of new Members and Members who cease their Membership

You are required to inform us, in writing, about any new Members joining the Scheme and of Members leaving the group for any reason.

16. Endorsements

The terms and conditions of this Policy cannot be waived or changed except by an endorsement approved and signed by our authorized officials.

17. Change of Address

You are required to inform us in writing, about any change in your address. This will ensure that our correspondence reaches you without any delay.

18. Disclosures

i. Prohibition of Rebate:

As per provision of Section 41 of the Insurance Act as amended from time to time.

For more details on Section 41 of the Insurance Act, 1938 please refer to our website www.indiafirstlife.com or Annexure D.

ii. Misrepresentation / Fraudulent Disclosures:

As per provision of Section 45 of the Insurance Act as amended from time to time.

For more details on Section 45 of the Insurance Act, 1938 please refer to our website www.indiafirstlife.com or Annexure D.

19. Right to Revise/ Delete/ Alter the Terms and Conditions of this Policy

We may revise, delete and/ or alter any of the terms and conditions of this Policy subject to receipt of the prior approval of the Regulatory Authority. We will intimate you by sending a prior

notice of 30 (Thirty) days, before revising, deleting and/or altering any of the terms and conditions of this Policy and it would be deemed to be accepted by you.

20. Loss of Policy Document

If the Policy document is lost or misplaced, you should submit to us a 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. Upon the issue of the duplicate Policy document, the original Policy document immediately and automatically ceases to have any validity.

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.

21. Electronic Transactions

You shall always adhere to and comply with all our terms and conditions in relation to electronic transactions and will constitute a legally binding and valid transaction.

Such electronic transactions will include any transactions effected by you through internet, teleservice operations, short messaging services, electronic data interchange, call centres, or by means of electronic automated machines or through other means of telecommunications, established by us or on our behalf for and in relation to this Policy or our other products and services.

22. Force Majeure

If due to any act of God or State, strike, lock out, legislation or restriction by any government or any other authority or any other circumstances which are beyond our control, which restricts performance of our obligations under this Policy, then, this Policy will be wholly or partially suspended during the continuance of such force majeure conditions.

Once the force majeure conditions ceases to exist, then, we will resume our obligations under

this Policy for such period during which the force majeure conditions existed.

23. Issuance of Notices

We also have the discretion to issue either individual notices to you or to publish general notices on our website www.indiafirstlife.com in relation to this Policy and/or for services in relation to the same and same shall be binding on you.

24. Taxes

Under this Policy, we will deduct the applicable taxes in accordance with the applicable provisions of Indian tax laws. Any Contribution and benefit payable under this Policy is subject to applicable taxes, levies, cess, etc, which shall always be paid by you. You are liable to pay all applicable taxes, levies, cess etc. as levied by the Government/ statutory authorities from time to time.

You should consult your tax advisor for understanding the tax benefits and liabilities under this Policy. We do not accept any responsibility or express any opinion as to the validity or legality of tax benefits or liabilities as may be applicable to you.

25. Governing Law and Jurisdiction

All claims, disputes or differences arising under or in connection with this Policy will be governed by and construed in accordance with Indian laws and shall be subject to the jurisdiction of the Indian Courts.

PART G

26. Grievance Redressal

You may contact us at any of the following touch points in case of any grievance or complaint.

Customer Care – IndiaFirst Life Insurance Company Ltd.

**301, 'B' Wing, The Qube, Infinity Park,
Dindoshi - Film City Road, Malad East,
Mumbai – 400 097**

**Contact No.: 1800 209 8700; Email ID:
customer.first@indiafirstlife.com**

A written / electronic communication giving reasons of either redressing or rejecting the grievance/ complaint will be sent to you within 14 (Fourteen) days from the date of receipt of the grievance/ complaint.

However, if you are not satisfied with our resolution provided or have not received any response within 14 (Fourteen) days, then, you may email us at grievance.redressal@indiafirstlife.com or write to our 'Grievance Officer' at the above mentioned address. An acknowledgment to all grievances/ complaints received will be sent within 3 (Three) working days of receipt of the complaint/grievance.

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, Basheerbagh
Hyderabad – 500 029, Andhra Pradesh

Fax No: 91- 40 – 6678 9768”

If you are not satisfied with our decision/ resolution, and if your grievance is related to the below mentioned issues, then, you may approach the nearest Ombudsman. The list of Ombudsmen is as annexed below as Annexure B.

- i. An insurance claim that has been rejected or dispute of a claim on legal construction of the Policy.
- ii. Delay in settlement of the claim.
- iii. Dispute with regard to Premium.
- iv. Non-receipt of your insurance document.

The complaint should be made in writing and the same should be duly signed by the complainant or by his legal heirs with full details of the complaint and the contact information of the complainant.

As per provision 13(3) of the Redressal of Public Grievances Rules 1998, the complaint to the Ombudsman can be made by you or the complainant, within a period of 1 (One) year from the date of rejection of the grievance by us provided the same dispute is not already decided by or pending before a court of law.

Annexure B – List of Ombudsmen

Address & Contact Details of Ombudsmen Centers

**Office of The Governing Body of Insurance Council
(Monitoring Body for Offices of Insurance Ombudsman)**

3rd Floor, Jeevan Seva Annexe, Santacruz(West), Mumbai – 400054. Tel no: 26106671/6889.

Email id: inscoun@gbic.co.in website: www.gbic.co.in

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If you have a grievance, approach the grievance cell of Insurance Company first.
If complaint is not resolved/ not satisfied/not responded for 30 days then
You can approach The Office of the Insurance Ombudsman (Bimalokpal)
Please visit our website for details to lodge complaint with Ombudsman.

- You have first approached your insurance company (IndiaFirst) with the complaint and
 - They have not resolved it
 - Not resolved it to your satisfaction or
 - Not responded to it at all for 30 days
- Your complaint pertains to any policy you have taken in your capacity as an individual and
- The value of the claim including expenses claimed is not above Rs 20 lakh

<p>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@gbic.co.in</p>	<p>Office of the Insurance Ombudsman, Jeevan Soudha Building,PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, BENGALURU – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@gbic.co.in</p>
<p>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@gbic.co.in</p>	<p>BHUBANESHWAR - Shri. B. N. Mishra Office of the Insurance Ombudsman, 62, Forest park, BHUBANESHWAR – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@gbic.co.in</p>
<p>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@gbic.co.in</p>	<p>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@gbic.co.in</p>

<p>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@gbic.co.in</p>	<p>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@gbic.co.in</p>
<p>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@gbic.co.in</p>	<p>Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, JAIPUR - 302 005. Tel.: 0141 - 2740363 Email: Bimalokpal.jaipur@gbic.co.in</p>
<p>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 Email: bimalokpal.ernakulam@gbic.co.in</p>	<p>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@gbic.co.in</p>
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<p>Office of the Insurance Ombudsman, Bhagwan Sahai Palace, 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, UTTAR PRADESH (U.P.) - 201301. Tel.: 0120-2514250 / 2514252 / 2514253 Email: bimalokpal.noida@gbic.co.in</p>	<p>Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, PATNA - 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@gbic.co.in</p>
<p>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.: 020-41312555 Email: bimalokpal.pune@gbic.co.in</p>	

ANNEXURE C

Section 39 - Nomination by Policyholder

Nomination of a life insurance Policy is as below in accordance with Section 39 of the Insurance Act, 1938 as amended by the Insurance Laws (Amendment) Act, 2015. The relevant points with regard to this plan will be applicable. 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 commencement of the Insurance Laws (Amendment) Act, 2015.
16. If policyholder dies after maturity but the proceeds and benefit of the policy has not been paid to him because of his death, his nominee(s) shall be entitled to the proceeds and benefit of the policy.
17. The provisions of Section 39 are not applicable to any life insurance policy to which Section 6 of Married Women's Property Act, 1874 applies or has at any time applied except where before or after the Insurance Laws (Amendment) Act, 2015, a nomination is made in favour of spouse or children or spouse and children whether or not on the face of the policy it is mentioned that it is made under Section 39. Where nomination is intended to be made to spouse or children or spouse and children under Section 6 of MWP Act, it should be specifically mentioned on the policy. In such a case only, the provisions of Section 39 will not apply.

[Disclaimer: This is not a comprehensive list of amendments of the Insurance Laws (Amendment) Act, 2015 and only a simplified version prepared for general information. Policy Holders are

*advised to refer to Original Act Gazette
Notification dated March 23, 2015 for complete*

and accurate details.]

ANNEXURE D

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

- 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 prospectus 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 bonafide insurance agent employed by the insurer.
- 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.
- ***Disclaimer: This is not a comprehensive list of amendments of the Insurance Laws (Amendment) Act, 2015 and only a simplified version prepared for general information. Policy Holders are advised to refer to Original Act Gazette Notification dated March 23, 2015 for complete and accurate details.]***

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

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.

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.

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.

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 misstatement 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.

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.