

Bajaj Allianz Group Term Care

A Group Term Insurance plan

UIN: 116N117V01



Schedule

Policy no.:	
Product Name:	Bajaj Allianz Group Term Care
UIN:	116N117V01
Name of the Policyholder	
Registered Office Address	
Policy Commencement Date	
Date of Issue	

On Examination of the Policy, if the Policyholder notices any mistake in the above Schedule, the Policy Document is to be returned for correction to the Company

_____ (Hereinafter called the "Policyholder") have by a written Proposal Form dated _____ requested the Bajaj Allianz Life Insurance Company Limited (Hereinafter called the "Company") to grant the benefits of Life Insurance Cover, under Bajaj Allianz Group Term Care and as per the Scheme Rules of the (.....name of the scheme....) Scheme of the Policyholder (Hereinafter called the "Scheme", certified copy of which has been furnished to the Company by the Policyholder) to the Members whose names have been recorded in the Membership Register maintained by the Policyholder.

The Policyholder has also furnished to the Company all necessary statements completed and signed by the Policyholder, on behalf of the Members for whose benefit the Policy hereunder is being effected. The Policyholder and the Company have accepted and agreed that the said Proposal Form, certified copy of the Scheme along with other statements, reports or other documents leading to the issuance of this Policy shall be the basis of the contract of Assurance.

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

Agents details :

Name

License No.

Phone No :

Address :

e-mail

Dated at PUNE this ___ Day of _____ 20___

For and on behalf of Bajaj Allianz Life Insurance Company Limited (Company)

Authorized Signatory

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In this Policy where the context so admits, the singular includes the plural and the masculine shall include the feminine and the following expressions shall unless repugnant to the context have the following meanings;

It is now agreed and declared as follows:

1. Definitions & Abbreviations		
a)	Assurance	shall mean the Life Insurance Cover effected or to be effected HEREUNDER on the life of the Member/s.
b)	Beneficiary	shall mean the Member or in case of death of the Member, the person who has been appointed as nominee and whose name has been entered in the Membership Register maintained by the Policyholder as being eligible under the Scheme to receive the benefits payable under the Policy.
c)	Company	shall mean and refer to the Bajaj Allianz Life Insurance Company Limited.
d)	Entry Date	shall mean the Policy Commencement Date in relation to the Members who already exists as a Member under the Scheme on the Policy Commencement Date and in relation to the new Members the date when their names are recorded in the Membership Register as a Member after due approval from the Company and issuance of the Certificate of Insurance (COI).
e)	Life Insurance Cover	shall mean the Assurance cover provided against the risk of death to the Member under this Policy and shall be deemed to commence on the Entry Date of the respective Member.
f)	Maturity Date	is the date as recorded in the Membership Register on which the Life Insurance Cover on the life of the Member under the Policy expires and the Membership terminates automatically.
g)	Member	shall mean a person who meets the eligibility criteria specified in the Scheme Rules and whose name has been recorded in the Membership Register as a Member effective from the Entry Date after due approval from the Company and on whose life the Life Insurance Cover under this Policy has been effected.
h)	Membership Register	is a record of Members maintained by the Policyholder which contains information about Member including but not limited to any unique identification number of Member, name, age, gender, Sum Assured, Date of Entry, Single Premium, Membership Term, nominee and Maturity Date if any.
i)	Membership Term	means the period between the Entry date of a Member and the Maturity Date.
j)	Policy	means the arrangements established by the Policy Terms and Conditions.
k)	Policyholder	means the person or entity who has been named as the Policyholder in the Schedule.
l)	Policy Commencement Date	shall mean the date as from which this Policy takes effect.
m)	Policy Terms and Conditions	means this Policy wording, the Schedule (which is attached herewith and forms part of this Policy and if revised then the latest one), any Annexure and the Proposal Form submitted by or on behalf of the Policyholder for the purpose of obtaining this Policy and any other information or documentation provided to the Company for that purpose and based upon which this Policy has been issued.
n)	Policy Year	is the year commencing on the Policy Commencement Date or an anniversary thereof.

o)	Scheme Rules	shall mean the rules adopted by the Policyholder and approved by the Company to run the scheme under Bajaj Allianz Group Term Care to provide the Life Insurance Cover to the Member, as a pre-requisite to the issuance of this Policy. A certified copy of the Scheme Rules has to be furnished to the Company by the Policyholder.
p)	Single Premium	shall mean the amount that is payable by the Policyholder at Entry Date of each Member to secure Benefits as per Section 3 below.
q)	Sum Assured	shall mean the amount of Life Insurance Cover as per the Membership register.

The terms 'Herein' 'Herein After' 'Hereafter' 'Hereof' 'Hereto' and 'Hereunder' used wherever in this Policy refer to the Policy in its entirety.

2. Policy Description

- a). The Policy is issued under a non-linked, non-participating single premium group term assurance plan with proportionate return of premiums at Maturity Date.
- b). The Policyholder shall hold the Policy and all benefits payable Hereunder in accordance with the Scheme Rules and shall be for the benefit of the Beneficiary and the Policyholder shall have no beneficial interest Hereunder.
- c). In case of death of the Member while the Life Insurance Cover is in-force, when no Beneficiary has been nominated in the Membership Register or all nominated Beneficiaries have predeceased the Member, then, the benefit under Section 3 below shall be payable to the legal heirs of the Member.
- d). The Policy does not in any way confer any right whatsoever on the Policyholder or the Member to otherwise share in the profits or surplus of the business of the Company.

3. Benefits

- 3.1. **Death Benefit**
On Death of a Member, before the Maturity Date, the Sum Assured with respect to the Member shall be payable, subject to Section 8, Section 11 and Section 12 below, and the Membership of the Member shall terminate.
- 3.2. **Maturity Benefit**
a) On Member being alive on the Maturity Date and the membership is not terminated as per Section 8 below, a certain percentage of the Single Premium paid with respect to that Member shall be payable as maturity benefit. The Life Insurance cover of the Member shall be automatically terminated on the Maturity Date. The details of the percentages for various Membership Terms are as given below.

Membership Term	Maturity Benefit as % of the Single Premium
5	75%
7	90%
10	100%

- b) The above return of premium percentage is of the Single Premium paid towards a Member less any extra premium paid, due to underwriting loadings, less any applicable service tax paid.

3.3. Surrender Benefit**a) Membership Surrender**

- i) The Member through Policyholder may surrender, at any time, the Life Insurance Cover under the Policy. On the surrender of the Life Insurance Cover under the Policy, the membership surrender value payable towards that Member is the higher of Special Surrender Value or Guaranteed Surrender Value.
- ii) The Guaranteed Surrender Value is $(30+5*t)$ % of the Single Premium; where "t" is the completed years from the Entry Date of the Member to the membership surrender date.
- iii) The Company shall declare a Special Surrender Value from time to time, which will be atleast equal to Guaranteed Surrender Value.

b) Policy Surrender

- i) Surrender of the Policy is not allowed for the Policyholder.
- ii) The enrollment of the Member can be stopped any time after the Policy Commencement Date.

3.4. Payments of Benefits

The Benefits under this Policy shall be paid to the Beneficiary through the Policyholder for the benefit of the Beneficiary and the Policyholder agrees to pass on those Benefits to the Beneficiary.

3.5. Mode of payment of Claim, Currency and Discharge

- a) All moneys payable to or by the Company Hereunder shall be paid in Indian Rupees and the Life Insurance Cover effected Hereunder shall also be expressed in Indian Rupees.
- b) A discharge or receipt of the Policyholder or on their behalf of any person or persons duly authorized in writing by the Policyholder shall be a valid and sufficient discharge to the Company in respect of any payment due Hereunder and paid by the Company.
- c) The Policyholder hereby agrees to indemnify and hold the Company free and harmless from and against any claims, disputes or losses which may arise in connection with any payment made by the Company through the Policyholder under this Policy.
- d) The benefit amount as per Section 3.1 above shall be sent by the Company to the Policyholder in the name of the Beneficiary. Once the Company has made the payment to the Policyholder, the Policyholder is completely responsible to hand over the entire amount paid by the Company to the Beneficiary and the Company shall not have any further responsibility in respect of such payment.
- e) The Policyholder Hereby agrees that it is only handling the payment to the Beneficiary on behalf of the Company and that it is not entitled to receive any payment under this Policy.

4. Eligibility

The Life Insurance Cover on the life of Member shall commence on the Entry Date of such Member, subject to him being eligible for the Life Insurance Cover as per the Scheme Rules and subject to the individual underwriting as deemed necessary by the Company based on the Board approved underwriting norms. Every Member shall become entitled to the Benefits under this Policy as from the Entry Date for the Life Insurance Cover as per the Scheme Rules and the terms of the Policy. 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. Nomination

Every Member shall nominate a Beneficiary to whom the benefit, incase of death of the Member, shall be payable as per the Scheme Rules. The nomination shall be recorded in the Membership Register maintained by the Policyholder. Nomination is effected as per section 39 of the Insurance Act, 1938.

6. Loans

No loans are available under the Policy.

7. Payment of Premium

Premiums in respect of all Member are payable on Entry Date.

8. When the Life Insurance Cover ceases for a Member

The Life Insurance Cover on the life of a Member shall cease on the happening of any of the following events:

- a. On occurrence of death of the Member.
- b. On Member reaching the Maturity Date.
- c. On Member surrendering the membership under the Policy.

9. Waiver

Failure or neglect by the Company to enforce at anytime the provisions of this Policy shall not be construed or be deemed to be either a waiver of the Company's right Herein nor shall it in anyway affect the validity of the whole or any part of this Policy nor prejudice the Company's right to take subsequent action.

10. Modifications

The provision of this Policy cannot be changed or varied except by a Policy endorsement signed by an officer of the Company authorized for the purpose.

11. Payment of Claim

Upon death, the benefit under Section 3.1 above becomes payable by the Company. These benefits shall be paid to the Beneficiary through the Policyholder for the benefit of the Beneficiary and the Policyholder agrees to pass on those Benefits to the Beneficiary subject to the terms and conditions of the Policy and the Company's right to receive all information and documentation sought which includes but not limited to following:

- a) General documents
 - i). Certificate of Insurance issued by the Company.
 - ii). Medical records from the physician last seen.
 - iii). Certificate of Hospital Treatment
 - iv). Discharge summary / Discharge card from the hospitals/ clinics where LA had taken treatment. Any other document that may be relevant in establishing the validity of the claim.
- b) Additional documents:
 - i). Claim intimation in writing within 180 days of occurrence of the death
 - ii). Death Certificate issued by the local municipal authority and medical cause of death
 - iii). Coroner's / Post Mortem Report / FIR (First Information Report) / PIR (Police Inquest Report) / Final Inquest Report in case of unnatural / accidental death.
 - iv). Copy of crematorium/ burial record specifying the date, day and time of cremation/burial.
 - v). Documents to establish right of claimant in case of no valid nomination being in existence at the time of death.
 - vi). Report from police in case of Accident/ unnatural death

12. Suicide Exclusions

On death due to suicide by a Member within one year from the Entry Date, the Company shall pay 80% of the Single Premium or the surrender value (with respect to that Member) as on the date of death, whichever is higher, and terminate the Membership/Life Insurance Cover.

13. General Conditions

- a) The Company reserves the rights to vary from time to time the Policy Terms and Conditions of this Policy for new Members upon sending to the Policyholder three months prior notice in writing, of its intention to do so and any such variations will thereafter apply as may be so provided in such notice of variation.
- b) The Policyholder shall furnish to the Company all such data, information or evidence as the Company may reasonably require upon or with regard to any matter affecting the Life Insurance Cover effected or to be effected herein under and the Company shall not be liable for any action taken in good faith upon any data, information, or evidence so furnished which shall be or shall prove to have been erroneous or inaccurate. Such of the Policyholder's records in original (or certified Photostat copies thereof) as in the opinion of the Company have a bearing on the benefits to be provided or Single Premium payable hereunder shall be open for inspection by the Company at all times.
- c) It is hereby expressly agreed between the Policyholder and the Company that this Policy is effected in accordance with the provisions of the Scheme Rules and in the event of the Rules being amended such amendments, if they have any bearing on or affect in any way, the Policy Terms and Conditions or any of the Life Insurance Cover effected hereunder, shall become effective only if the said amendments are approved by the Company on such terms as the Company may stipulate. Any alteration or amendment that may become necessary in the Policy Terms and Conditions on account of any amendment or alteration, approved by the Company in the provisions of the Scheme Rules shall be given effect to by appropriate endorsements to the Policy signed by an authorized Officer of the Company. In case of any discrepancy between the provisions of the Scheme Rules and the Policy Terms and Conditions, the provisions as contained in the Policy Terms and Conditions shall prevail.
- d) It is hereby further expressly agreed between the Policyholder and the Company that all disputes of any kind whatsoever which may arise under or in connection with this Policy shall be submitted to the appropriate Court or Courts having jurisdiction over the Pune, India.
- e) The Company shall have right to stop adding any new Member under the Policy by sending to the Policyholder, not less than 90 day's advance notice in writing.
- f) The Company reserves the right to recover the amount from the Policyholder or the Member or any other person, if it is found that the Benefits are erroneously paid due to the fault of the Policyholder. In case we are not in a position to recover such amounts from the Member or any other person, the Policyholder will be liable to pay the said amount to the Company within 15 days from the date of its demand. However, the Policyholder will not be liable or responsible for any wrong payments made by the Company without any fault on the part of the Policyholder.

14. Taxes

In any case where the Company is liable to the Revenue Authorities for Income -Tax or any other taxes or duties or any payments made under this Policy, the Company shall charge such sums from the respective payment or Single Premium and the Company shall not be liable to the Member/s or to the Policyholder for the sums so deducted. The Company shall be entitled to charge Service Tax and other taxes as applicable from time to time, and no separate communication shall be sent by the Company to the Policyholder and/or the Member/s regarding imposition of any new tax or change in the rate of existing taxes. Premium shall be excluding applicable taxes.

15. Notices

Any notice, direction or instruction to be given under this Policy shall be in writing and delivered by hand, post, facsimile or E-mail to:

(a) In case of the Policyholder/Member:

As per the details specified by the Policyholder/Member in the Membership Register or, change of address intimation submitted by him to the Company. The Company shall not be responsible for any consequences arising out of non-intimation of change of address.

(b) In case of the Company:

Bajaj Allianz Life Insurance Company,
GE Plaza, Airport Road, Yerawada, Pune – 411 006
Tel: 66026777 / Fax: 66026789
Email: life@bajajallianz.co.in

16. Non-disclosure & Fraud

- a) In case of fraud or misrepresentation by the Policyholder, the Policy, subject to fraud or misrepresentation being established in accordance with Section 45 of the Insurance Act, 1938, shall be terminated immediately by returning 80% of the Premium received for that particular Policy Year in which fraud or misrepresentation has been detected or the surrender value as on the date of termination, whichever is higher.
- b) In case of fraud or misrepresentation by a Member, the Life Insurance Cover with respect to that Member, subject to fraud or misrepresentation being established in accordance with Section 45 of the Insurance Act, 1938, shall be terminated immediately by returning 80% of the Premium received with respect to that Member in that particular Policy Year in which fraud or misrepresentation has been detected or the surrender value (with respect to that Member) as on the date of termination, whichever is higher.

17. Free Look Period

Within 15 days [thirty (30) days in case this Policy is issued under the provisions of IRDA Guidelines on Distance Marketing of Insurance Products] of the receipt of this Policy/Certificate of Insurance, the Policyholder or the Member may, if dissatisfied with any of the terms and conditions for any reason, give the Company a written notice of cancellation along with reasons for the same, and return the Policy Document / Certificate of Insurance to the Company, subject to which the Company shall send a refund comprising the sum of all Single Premiums / Single Premium received for that Member less the proportionate life insurance premium for that period of cover and expenses incurred by the Company on the medical examination of the Member /s and the applicable stamp duty charges to the Policyholder / Member.

18. Grievance Redressal and Ombudsman

- a) In case you have any query or complaint/grievance, you may approach our office at the following address:
Customer Care Desk
Bajaj Allianz Life Insurance Company Ltd.
GE Plaza, Airport Road, Yerawada, Pune – 411 006
Contact No: Toll Free No. 1800225858
By Fax : 020-6602-6789
By Email : life@bajajallianz.co.in

- b) In case you are not satisfied with the decision of the above office, or have not received any response within 10 days, you may contact the following official for resolution:

Nivedita Chakravorty, Head Grievance officer
3rd Floor, Bajaj Finserv,
Survey no:208/1-B,
Behind Weik Field IT Park,
Viman Nagar, Pune-411014
Tel no: (+91 20) 30514724; Fax (+91 20) 40111502
Email ID: nivedita.chakravorty@bajajallianz.co.in

Mr.Pawan Mahajan, Head - Customer Service
3rd Floor, Bajaj Finserv,
Survey no:208/1-B,
Behind Weik Field IT Park,
Viman Nagar, Pune-411014
Tel no: (+91 20) 30514749; Fax (+91 20) 66026789
Email ID: pawan.mahajan@bajajallianz.co.in

- c) In case you are not satisfied with the decision/resolution of the Company, you may approach the Insurance Ombudsman if your grievance pertains to:
- o Insurance claim that has been rejected or dispute of a claim on legal construction of the policy
 - o Delay in settlement of claim
 - o Dispute with regard to premium
 - o Non-receipt of your insurance document
 - o For the latest list of insurance ombudsman, please refer to the IRDA website at http://www.irdaindia.org/ins_ombusman.htm
 - o The current list of Insurance Ombudsman and their details are as given in the Annexure A below.
- d) The complaint should be made in writing duly signed by the complainant or by his legal heirs with full details of the complaint and the contact information of complainant.
- e) As per provision 13(3) of the Redressal of Public Grievances Rules 1998, the complaint to the Ombudsman can be made
- only if the grievance has been rejected by the Grievance Redressal Machinery of the Insurer
 - within a period of one year from the date of rejection by the insurer
 - if it is not made simultaneously under any litigation.

19. Section 45 of the Insurance Act, 1938

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

20. General Terms and Conditions

These Policy Terms and Conditions override and supersede all prior communications, arrangements, agreements and understandings between the Policyholder and Bajaj Allianz Life Insurance Company Limited. In all events, these Policy Terms and Conditions will be the conclusive agreement governing the legal relationship between the parties and no other documents, even if executed, will have any effect whatsoever and will not bind Bajaj Allianz Life Insurance Company Limited.

Policy Document, terms and conditions of the Policy and all the endorsements by the Company, if any, will form an integral part of this contract and will be binding on the parties

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THIS IS AN IMPORTANT DOCUMENT AND SHOULD BE PRESERVED SAFELY. PLEASE CHECK THE POLICY DOCUMENT UPON RECEIPT, AND IF ANY MISTAKE OR ERROR IS FOUND, THE SAME BE INFORMED IMMEDIATELY TO BAJAJ ALLIANZ LIFE INSURANCE COMPANY LIMITED

All communications in relation to this policy shall be addressed to:

Bajaj Allianz Life Insurance Company Ltd.,
GE Plaza, Airport Road, Yerawada, Pune – 411006

Dated at _____ this ____ Day of _____ 20__

For and behalf of Bajaj Allianz Life Insurance Company Ltd

Authorized Signatory

Annexure A

Office of the Ombudsman	Contact Details	Areas of Jurisdiction
AHMEDABAD	Insurance Ombudsman, Office of the Insurance Ombudsman, 2nd Floor, Ambica House, Nr. C.U. Shah College, Ashram Road, AHMEDABAD-380 014. Tel.:- 079-27546840 / Fax : 079-27546142 Email ins.omb@rediffmail.com	Gujarat , UT of Dadra & Nagar Haveli, Daman and Diu
BHOPAL	Insurance Ombudsman, Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel, Near New Market, BHOPAL(M.P.)-462 023. Tel.:- 0755-2569201 / Fax : 0755-2769203 Email bimalokpalbhopal@airtelmail.in	Madhya Pradesh & Chhattisgarh
BHUBANESHWAR	Insurance Ombudsman, Office of the Insurance Ombudsman, 62, Forest Park, BHUBANESHWAR-751 009. Tel.:- 0674-2596455 / Fax : 0674-2596429 Email ioobbsr@dataone.in	Orissa
CHANDIGARH	Insurance Ombudsman, Office of the Insurance Ombudsman, S.C.O. No.101-103, 2nd Floor, Batra Building, Sector 17-D, CHANDIGARH-160 017. Tel.:- 0172-2706468 / Fax : 0172-2708274 Email ombchd@yahoo.co.in	Punjab , Haryana, Himachal Pradesh, Jammu & Kashmir , UT of Chandigarh
CHENNAI	Insurance Ombudsman, Office of the Insurance Ombudsman, Fathima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, CHENNAI-600 018. Tel.:- 044-24333668 /5284 /Fax : 044-24333664 Email insombud@md4.vsnl.net.in	Tamil Nadu, UT–Pondicherry Town and Karaikal (which are part of UT of Pondicherry)
NEW DELHI	Insurance Ombudsman, Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Bldg., Asaf Ali Road, NEW DELHI-110 002. Tel.:- 011-23239633 / Fax : 011-23230858 Email iobdelraj@rediffmail.com	Delhi & Rajasthan
GUWAHATI	Insurance Ombudsman, Office of the Insurance Ombudsman, "Jeevan Nivesh", 5th Floor, Near Panbazar Overbridge, S.S. Road, GUWAHATI-781 001 (ASSAM). Tel.:- 0361-2132204/5 / Fax : 0361-2732937 Email ombudsmanghy@rediffmail.com	Assam , Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura
HYDERABAD	Insurance Ombudsman, Office of the Insurance Ombudsman, 6-2-46, 1st Floor, Moin Court, A.C. Guards, Lakdi-Ka-Pool, HYDERABAD-500 004. Tel : 040-65504123 / Fax: 040-23376599 Email insombudhyd@gmail.com	Andhra Pradesh, Karnataka and UT of Yanam – a part of the UT of Pondicherry

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KOCHI	Insurance Ombudsman, Office of the Insurance Ombudsman, 2nd Floor, CC 27/2603, Pulinat Bldg., Opp. Cochin Shipyard, M.G. Road, ERNAKULAM-682 015. Tel : 0484-2358759 / Fax : 0484-2359336 Email iokochi@asianetindia.com	Kerala , UT of (a) Lakshadweep , (b) Mahe – a part of UT of Pondicherry
KOLKATA	Office of the Insurance Ombudsman, 4th Floor, Hindusthan Bldg. Annexe, 4, C.R.Avenue, Kolkatta – 700 072. Tel: 033 22124346/(40) / Fax: 033 22124341 Email:iombsbpa@bsnl.in	West Bengal , Bihar , Jharkhand and UT of Andaman & Nicobar Islands , Sikkim
LUCKNOW	Insurance Ombudsman, Office of the Insurance Ombudsman, Jeevan Bhawan, Phase-2, 6th Floor, Nawal Kishore Road, Hazaratganj, LUCKNOW-226 001. Tel : 0522 -2231331 / Fax : 0522-2231310 Email insombudsman@rediffmail.com	Uttar Pradesh and Uttaranchal
MUMBAI	Insurance Ombudsman, Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S.V. Road, Santacruz(W), MUMBAI-400 054. Tel : 022-26106928 / Fax : 022-26106052 Email ombudsmanmumbai@gmail.com	Maharashtra , Goa