

Schedule

Plan Name:	DHFL Pramerica Group Term Plan	UIN: 140N034V01
Policy Number:	DPXXXXXXX	
Policyholder:		
Scheme Name:	DPLI Group Term Plan	
Policyholder's Registered / Head Office Address & Pin Code:		
Policy Commencement Date:		
Premium Due Date:	e.g. 15 th Of every calendar month/Quarter/Half-year/Year	
No. of Eligible Members:		
Total Sum Assured:		
Premium Mode:	Annual/Semi-Annual/Quarterly/Monthly	
Premium Rate per thousand Sum Assured per Annum - Without ST:		
Premium (without ST):		
Service Tax:		
Annual Renewal Date:		
Currency of the Policy:	INDIAN RUPEES	

Special conditions, if any:

Notes:

Please inform the Company promptly of any change in the address of the Policyholder
Please read the Policy terms and conditions carefully to verify that the terms match those applied for.

Any additions or deletions in the Insured Members in the Policy Year shall be intimated to the Company through Annexure 1 as appended in this schedule-

Signed for and on behalf of DHFL Pramerica Life Insurance Company Limited, at Delhi on

Authorized Signatory

NON PARTICIPATING GROUP TERM PLAN [UIN: [140N034V01]]

POLICY STANDARD TERMS & CONDITIONS

DHFL PRAMERICA GROUP TERM PLAN

POLICY DOCUMENT

Section One: Definitions & Interpretation

Words or phrases appearing in the Policy Document in initial capitals will have the meanings given to them below wherever they appear in the Policy Document:

Annual Renewal Date means the annual anniversary of the Policy Commencement Date and as specified in the Schedule.

Application Form means the proposal form and any other information given by the Master Policyholder to the Company before the inception of this Policy.

Appointee means the person named in the Membership Register who has been nominated by the Insured Member to receive payment, under this Policy if the Nominee is a minor.

Coverage Expiry Date means the date on which coverage for the Insured Member ends as specified in the Membership Register.

Certificate of Insurance means the certificate issued to each Insured Member to confirm his coverage under the Policy.

Coverage Sum Assured means the amount payable on death of the Insured Member specified in the Membership Register according to the terms and conditions of this Policy.

Effective Date of Coverage means the date on which insurance coverage in respect of an Insured Member commences, as specified in Membership Register and for a period of one Policy Year.

Eligible Member means a person who satisfies and continues to satisfy the eligibility criteria specified in the scheme rules and who may apply to become an Insured Member.

Grace Period means a period of 30 days (15 days in case of monthly and quarterly mode) from the Premium Due Date within which Premiums can be paid without interest. .

Insured Member means an Eligible Member who is enrolled under the Policy and whose name has been recorded in the Membership Register after due approval from the Company.

IRDA means the Insurance Regulatory and Development Authority.

Membership Register means the register maintained by the Master Policyholder containing details of each Insured Member, including but not limited to name, age, sex, designation, Coverage Sum Assured , Nominee (and Appointee if the Nominee is a minor) details, the Effective Date of Coverage and any special conditions applicable to the Insured Member.

Nominee means the person named in the Membership Register who has been nominated by the Insured Member to receive the benefits under this Policy.

Policy Commencement Date means the date when this policy is issued and is specified in the Schedule.

Policy or Policy Document means these Standard Terms & Conditions, the Application Form, scheme rules, the Schedule and Certificates of Insurance, as amended from time to time.

Policy Year means the 12 months period starting from the Policy Commencement Date and accordingly thereafter every subsequent Annual Renewal Date. Please note that the policy is re issued on similar terms and conditions as in original Policy Document with mutual consent in Master Policyholder and Company.

Master Policyholder means the person named in the Schedule who has concluded this Policy with the Company with respect to Insured Members.

Premium means the amount payable by the Master Policyholder for the insurance coverage of the Insured Members as determined by the Company from time to time. The Schedule details the due dates for payment of Premium (**Premium Due Dates**) and how frequently the Premium is to be paid (**Premium Frequency**).

Schedule means the document attached to this Policy which provides a snapshot of the Policy and benefit details and any annexure attached to it from time to time and any endorsements the Company has made and, if more than one, then the latest in time.

Where appropriate, references in this Policy Document to the singular include references to the plural, references to the male include references to the female and references to any statute include references to any subsequent changes to that statute.

Section Two: Membership Provisions

An Eligible Member will become an Insured Member only when the Master Policyholder has entered the member's details into the Membership Register and as per the provisions defined in the scheme rules.,

The Master Policyholder is responsible for maintaining the Membership Register and for ensuring that it is accurate. The Master Policyholder shall intimate the Company any change in the details of the Insured Members and addition/deletion in the Membership Register in any month, within first [7] days of the the following calendar month. The Master Policyholder agrees to indemnify and hold the Company harmless from and against any and all losses, costs, expenses, actions or proceedings suffered by the Company in relation to any error or deficiency in or in respect of the Membership Register.

The Company may seek additional information and/or documentation in respect of any Insured Member at any time. If the information and/or documentation for such Insured Member is not received by the Company within [30] days of a request being sent to the Master Policyholder, the name of the Insured Member shall be deemed to have been removed from the Membership Register effective from the date of Our request of such information and/or documentation and the Certificate of Insurance issued shall no longer be valid.

An Insured Member's coverage under the Policy shall immediately and automatically terminate on the occurrence of the first of the following events:

- a) The Coverage Expiry Date
- b) The Insured Member ceases to fulfill any of the eligibility criteria specified in the scheme rules
- c) The Insured Member's death.
- d) The date on which the Policy lapses.
- e) Written request by the Company or by the Master Policyholder on at least 30 days prior notice

Section Three: Payment of Premium,

Premium are payable to the company on the due dates as specified in the Schedule. If the Premium due is not received in full by end of Grace Period, the Policy shall automatically lapse without any value at the end of Grace Period.

If any Eligible Member becomes an Insured Member during the Policy Year, a pro-rata Premium is payable for that Eligible Member to provide coverage for the period from Effective Date of Coverage to next Premium Due Date. The Master Policyholder understands and agrees that the Coverage of an Insured Member shall not commence until the Company has received and realized the full Premium due in respect of such Insured Member.

If an Insured Member ceases to be an Insured Member during a Policy Year for any reason other than the Insured Member's death, the Company may refund pro rata the Premium received in respect of the Insured Member for that Policy Year.

Section Four: Benefit Payable on Death

Upon death of an Insured Member the Company will pay the following benefit to the Nominee. If an Insured Member's death occurs during the Grace Period, the death benefit will be entertained, only if the Premium due for the Policy has been paid by the Master Policyholder before the end of the Grace Period.

- a) If the Schedule specifies that the Coverage Sum Assured is payable as a lump sum, the Company will pay the Coverage Sum Assured.
- b) If the Schedule specifies that the Coverage Sum Assured is payable in installments, the Company will pay the Coverage Sum Assured in equal installments over the period specified in the Schedule. Each installment amount specified in the Schedule shall be payable at the frequency specified in the Schedule, commencing from the Insured Member's death.

Section Five: Payment Conditions

In order for the Company to make any payment under the Policy that it is necessary that the Master Policyholder:

- a) Immediately notifies the Company of the Insured Member's death in writing, and in any event within 90 days of death. Company may condone the delay in filing a claim beyond 90 days where the claimant can establish that the delay was due to unforeseen circumstances and beyond the control of the claimant.
- b) Provides the Company with the opportunity of establishing to its satisfaction that a claim is payable.
- c) Provides all reasonable cooperation and any documentation and information to the Company, including but not limited to:
 - (1) The claim form duly completed and countersigned by the authorized signatory of Master Policyholder.
 - (2) The Certificate of Insurance.
 - (3) Evidence of Insured Member's date of birth if the Company has not admitted the age of the Insured Member.
- (4) The original or a legalized copy of the Insured Member's death certificate showing the circumstances, cause and the date of death.

Section Six: Revival

Revival is available up to [3] months from the date of first unpaid Premium. There shall be no revival unless:

- a) The Master Policyholder gives the Company written request for revival and proposed date of Revival.
- b) The Company agrees to revive the Policy, for which purpose the Master Policyholder shall comply with any requests for information and documentation made by the Company.
- c) The Master Policyholder makes payment of all outstanding Premiums due from the last date of receipt of Premium to the proposed date of revival.
- d) However, restructuring/revival of benefits may be made in accordance with the changes in the group profile. All premiums / sum assured shall be determined afresh using the same principles as in this document.

The revival of the Policy shall only be effective from the date on which the Company has issued a written endorsement confirming the revival of the Policy. The Master Policyholder understands and agrees that there is no obligation on the Company to revive the Policy or to revive it on the same terms and the revival is subject to the underwriting requirements of the Company as applicable from time to time.

Section Seven: Renewal & Termination of the Policy

The Policy is an annual contract which expires on every Annual Renewal Date unless renewed. The Company reserves the right to accept/decline such renewal and to specify the terms and conditions and Premium payable on renewal.

The Master Policyholder shall provide the Company with updated Membership Register at least [30] days before the Annual Renewal Date. Based on the details provided, the Company will send written notice to the Master Policyholder of the Premium payable. The Premiums specified in the renewal notice must be paid on/before Annual Renewal date or within the extended period allowed by the Company failing which the policy will have deemed to lapse and no benefits will be payable.

The Company or the Master Policyholder has the right to terminate the Policy by giving a written notice of at least 30 days before the Annual Renewal Date. The coverage for all Insured Members shall immediately and automatically terminate from the end of such notice period.

Section Eight: Free Look Period

The Master Policyholder will have a period of 15 days from the date of receipt of the Policy Document to review the terms and conditions of the Policy. If the Master Policyholder disagrees to any of those terms or conditions, he/she has an option to return the Policy stating the reasons for his/her objection. The Master Policyholder shall be entitled to a refund of the Premium paid subject to a deduction of a proportionate risk premium for the period of risk cover, any expenses incurred by the Company towards medical examination and the stamp duty charges.

Section Nine: Exclusions

The Company shall not be obliged to make any payment under the Policy if the Insured Member's death occurs due to suicide within one year of the Effective Date of Coverage, unless the Schedule specifies otherwise.

Section Nine: Miscellaneous

a) Loss of the Policy Document

i) If the Policy Document is lost or destroyed then the Company reserves the right to make such investigations into and call for such evidence of the loss of the Policy Document, at the Master Policyholder's expense, as the Company considers necessary before issuing a duplicate Policy Document.

ii) If the Company agrees to issue a duplicate Policy Document then:

1. The Master Policyholder agrees to first pay the Company's fee for the issue of a duplicate, and

2. The original Policy Document will cease to be of any legal effect and the Master Policyholder shall indemnify and keep the Company indemnified and hold the Company harmless from and against any costs, expenses, claims, awards or judgments arising out of or howsoever connected to the original Policy Document.

b) Notices

i) All notices meant for the Company whether under this Policy or otherwise must be in writing and delivered to the Company at the address as mentioned in Section Nine (i) below.

ii) All notices meant for the Master Policyholder will be in writing and will be sent by the Company to the Master Policyholder's address shown in the Schedule.

iii) The Company shall not be responsible for any consequences related to or arising out of non intimation of changes to the Master Policyholder's or Insured Member's address.

c) Fraud

If the Master Policyholder or the Insured Member or the Nominee or the Appointee or anyone acting at their direction or with their knowledge makes or advances any claim knowing it to be false, fraudulent, misleading or dishonest in any respect, then this Policy and any Riders in force shall be void and any amount actually paid or potentially payable shall be forfeited.

In case of fraud or misrepresentation, the policy shall be cancelled immediately, subject to the fraud or misrepresentation being established by the Company in accordance with Section 45 of the Insurance Act, 1938 as applicable.

d) Currency & Territorial Limits

All Premium and any amounts payable under the Policy are payable within India, and in the currency of the Policy as specified in the Schedule.

e) Taxes

In respect of any payment made or to be made under this Policy, the Company shall deduct or charge taxes (including service tax) and other levies as applicable from time to time, at such rates as notified by the Government of India or a body authorised by the Government of India from time to time.

f) Governing Law & Jurisdiction

Any and all disputes or differences arising out of or in respect of this Policy shall be governed by and determined in accordance with Indian law and shall be subject to the jurisdiction of Indian Courts.

g) Entire Contract & Agent's Authority

The Policy Document comprises the entire contract between the Master Policyholder and the Company, and it cannot be changed or altered unless the Company approves of it in writing by endorsement on the Schedule and, where required, the approval of the IRDA has been obtained.

The insurance agent is authorised to arrange the completion and submission of the Master Policyholder's Application Form. No insurance agent is authorised to amend the Policy Document, or to accept any notice on the Company's behalf or to accept payments on the Company's behalf. If any

money meant for the Company in any form is paid to an insurance agent then such payment is made at the Master Policyholder's risk and the agent will be acting only as the Master Policyholder's representative.

h) Section 45 of the Insurance Act, 1938

No policy of life insurance effected before the commencement of this Act shall after the expiry of two years from the date of commencement of this Act and 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 policy-holder and that the Master Policyholder knew at the time of making it that the statement was false or that it suppressed facts which it was material to disclose:

Provided that 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 Insured Member was incorrectly stated in the proposal.

i) Grievance Redressal

- I) In case of any clarification or query please contact your Company Salesperson.
- II) The Company may be contacted at:
Customer Service Help Line: 1800-102-7070 (Toll Free) (9.00 am to 7.00 pm from Monday to Saturday)
Email : group.services@dhflpramerica.com
Website: www.dhflpramerica.com
Communication Address : Customer Service,
DHFL Pramerica Life Insurance Company Ltd.,
4th Floor, Building No. 9 B, Cyber City,
DLF City Phase III, Gurgaon– 122002.
- III) Head-Grievance Redressal Officer :
If the response received from the Company is not satisfactory or no response is received within two weeks(Business Days) of contacting the Company, the matter may be escalated to:
Email- customerfirst@dhflpramerica.com
Head-Grievance Redressal Officer
DHFL Pramerica Life Insurance Company Ltd.,
4th Floor, Building No. 9 B, Cyber City,
DLF City Phase III, Gurgaon– 122002
- I) IRDA- Grievance Redressal Cell:
If after contacting the Company, the Policyholders query or concern is not resolved satisfactorily or within timelines the Grievance Redressal Cell of the IRDA may be contacted.
Call Center Toll Free number – 155255
Email Id- complaints@irda.gov.in
- Complaints against Life Insurance Companies:
Insurance Regulatory and Development Authority
Consumer Affairs Department
United India Tower, 9th floor, 3-5-817/818,
Basheerbagh, Hyderabad – 500 029

II) Insurance Ombudsman The office of the **Insurance Ombudsman** has been established by the Government of India for the redressal of any grievance in respect of life insurance policies.

In case you are not satisfied with the decision/resolution of the Company, you may approach the Insurance Ombudsman if your grievance pertains to:

- I) Insurance claim that has been rejected or dispute of a claim on legal construction of the policy
- II) Delay in settlement of claim
- III) Dispute with regard to Premium
- IV) Non-receipt of your insurance document

The address of the Insurance Ombudsman may be obtained from the following link on the internet
Link:http://www.irda.gov.in/ADMINCMS/cms/NormalData_Layout.aspx?page=PageNo234&mid=7.2

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. 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 simultaneously under any litigation.