



Protecting the future of your assets, today.

IndiaFirst Life Group Loan Protect Plan

(A Non-linked, Non-Participating Group Credit Linked Insurance Plan)

How Will This Brochure Help You?

This brochure gives you details of how the policy works throughout its lifetime. It's an important document to refer to.

To Help Your Understanding

We've done our best to explain everything as simply as possible; however, you're likely to

come across some terms you're unfamiliar with, where possible, we've explained these.

We have used plain language that's easy to understand and believe this brochure is a good place to start when planning your future under this insurance policy.

Introduction

Securing your loans, securing your family!

While it is important to take loans to meet the financial dreams of your family, it is even more important to be prepared for any unfortunate event that hampers your ability to repay the loan or even worse, pass on that burden to your loved ones.

We present to you our IndiaFirst Life Group Loan Protect Plan, a non-linked, non-participating, group credit linked insurance plan, which will safeguard your members' assets as well as their loved ones against any loan liability, thus ensuring that their dreams are protected and are liability free in case of an unforeseen event. On the unfortunate occurrence of a covered eventuality to your members, we will ensure to cover their outstanding loan.

Executive Summary

Key Features

You, the Master Policyholder

- Provide your members with an enhanced value offering; giving them security along with finances to enliven their dreams.
- This enhanced value offering will also support in an increased customer loyalty.
- Convenience of offering this plan online to your members
- Control your liability exposure, as we help to pay the outstanding loan amount in the unfortunate event of the member's demise or total permanent disability due to an accident or on diagnosis of any covered critical illness.

Your Members

- Future proof your assets as well as your loved ones, against the loan liability.
- Ensure your family's dreams are protected and are liability free in case of an unfortunate event.
- Cover not just yourself but even your partner who has taken up the loan along with you to ensure complete security of your loved ones.
- Choose between Level or Decreasing cover as per your requirements

1. What is IndiaFirst Life Group Loan Protect Plan?

IndiaFirst Life Group Loan Protect Plan is a non-linked, non-participating, group credit linked insurance plan. This product shall be offered to both Employer Employee and Non-Employer Employee groups.

The product offers the following cover types:

- Level Cover
- Decreasing Cover

The product offers the following benefit options:

- Life Cover
- Life Cover + Accidental Total Permanent Disability (accelerated)
- Life Cover + Critical Illness (accelerated)
- Life Cover + Accidental Death
- Life Cover + Family Income

2. What are the basic eligibility criteria in this policy (Product at a glance)?

The basic eligibility criteria under this policy are as follows:

Minimum age at entry	14 years (last birthday) for following benefit options: <ul style="list-style-type: none">▪ Life Cover▪ Life Cover + Family Income 18 years (last birthday) for following benefit options: <ul style="list-style-type: none">▪ Life Cover + Accidental Total Permanent Disability (accelerated)▪ Life Cover + Critical Illness (accelerated)▪ Life Cover + Accidental Death
Maximum age at entry	75 years (last birthday)
Maximum age at maturity	76 years (last birthday)
Minimum Policy Term	1 month
Maximum Policy Term	30 years Maximum cover term per member would be less than or equal to the loan tenure and can be selected in such a way that the member's maturity age is restricted to the maximum maturity age allowed under the product.

Minimum group size	10
Maximum group size	No limit
Minimum & Maximum Premium	There is no maximum or minimum premium for this product. Premium shall be based on rating factor like Sum Assured or Cover amount, Commission rate, Loan interest rate, Cover tenure, Cover option, Benefit option, Age of Life Assured, Gender, Type of Loan, type of financial institution and any other rating factors as applicable
Minimum Sum Assured	INR 5000 per member The minimum claim amount at any time during the cover term would be at least INR 5000.
Maximum Sum Assured	No Limit; subject to Board approved underwriting policy. Sum assured at the inception of cover should be less than or equal to the 120% of the initial loan amount.
Premium Payment modes	Under Level Cover policies: Single, Limited or Regular Under Decreasing Cover policies: Single or Limited
Premium Paying Frequency	Single, Annual, Half-Yearly, Quarterly, Monthly
Minimum Moratorium Period	3 months
Maximum Moratorium Period	7 years

Premium Type & Cover Type	Premium Payment Term at member level	Policy Term at member level
Single (Decreasing & Level cover)	Single	1 month to 30 years
Limited (Decreasing & Level cover)	5 Years	8 years to 30 years
Limited (Decreasing & Level cover)	7 Years	10 years to 30 years
Limited (Decreasing & Level cover)	10 Years	14 years to 30 years
Regular (Level cover)	1 month to 30 years	1 month to 30 years

For policies other than regular premium policies, the following premium frequency factors for half-yearly, quarterly, monthly policies will apply on Annualized Premiums.

Premium Frequency	Factor to be applied to Annualized Premium
Half-yearly	0.5119
Quarterly	0.2551
Monthly	0.0870

For Regular Premium policies, instalment premium is derived from the monthly premium by multiplying with below mentioned modal factors

Premium Frequency	Factor to be applied to Monthly Premium
Yearly	11.52
Half-yearly	5.88
Quarterly	3.00
Monthly	1.00

3. Who are the people involved in the policy?

This policy includes the 'Master Policyholder and the 'Member'. This policy shall be available for both Employer-Employee and Non Employer-Employee groups.

Who is the Master Policyholder?

Master Policyholder is the Regulated Entities shall mean to include –

- 1.1 Reserve Bank of India (RBI) Regulated Scheduled Commercial Banks (including Co-operative Banks).
- 1.2 NBFCs having Certificate of Registration from RBI.
- 1.3 National Housing Bank (NHB) Regulated Housing Finance Companies.
- 1.4 National Minority Development Finance Corporation (NMDFC) and its State Channelizing Agencies.
- 1.5 Small Finance Banks regulated by RBI
- 1.6 Mutually Aided Cooperative Societies formed and registered under the applicable State Act concerning such Societies.
- 1.7 Microfinance companies registered under section 8 of the Companies Act, 2013.
- 1.8 Any other category as approved by the Authority.

Other Entities which shall mean the entities other than Regulated Entities as mentioned above.

Who is the Member?

Member is the customer/employee/ member of the Master Policyholder and is the Life Assured under this policy. The benefits are payable on the member's life.

4. What are the cover options available under this policy?

You, the Master Policyholder/ Member may choose any of the below benefit options at the inception of the policy term or member cover term.

A. Decreasing cover

- 1) **Fixed Rate:** Under this cover type, Sum Assured decreases over the cover term as per initial cover schedule mentioned in certificate of insurance (COI). The COI will be generated at loan interest rate for which premium is charged and cover amount will not fall below ₹5,000. Single and limited premium payment options are available under this cover.

- 2) **Floating Rate:** Under this cover type, Sum Assured decreases over the cover term as per the cover schedule mentioned in COI as per the loan interest rate at inception of policy. However, when interest rate changes the loan outstanding will be recalculated with the revised interest rate keeping the EMI as at time of inception constant and revised COI will be generated at the time of claim. For the purpose of cover, fluctuations of upto +/- 500 bps from interest rate at inception is allowed and cover amount will not fall below Rs. 5,000. Increase in loan outstanding due to EMI default would not be covered. Single and limited premium payment options for cover term greater than or equal to 5 years are available under this cover.

B. Level cover

Under this cover type, Sum Assured remains level throughout the term of the cover as per certificate of insurance. Single, Limited and Regular premium payment options are available under this cover. Level cover would be applicable for following scenarios:

- 1) Interest only loan
- 2) Member wants to avail a level cover irrespective of loan type for simplicity and wants protection against the possible increase in loan interest rate scenario leading to increase in outstanding loan amount as compared to initial cover schedule.

5. What are the benefit options available under this policy?

This policy offers the following benefit options for each type of cover as described above. The master policyholder/ members must choose any one of the below benefit options at inception of the cover term. Benefit option chosen at inception cannot be altered later during the cover term.

Benefit Options	Level Cover	Decreasing Cover
Life Cover	In case of death of the Member; Original Sum Assured as opted at the inception is payable and the cover ceases.	In case of death of the Member; outstanding cover amount as per the initial cover schedule mentioned in the COI as at monthiversary immediately preceding the date of death of Member is payable if fixed rate option is chosen or as per the COI at the time of claim if floating rate option is chosen and cover ceases.
Life Cover + Accidental Total Permanent Disability (ATPD) (Accelerated)	In case of death or total permanent disability due to an accident of the Member; Original Sum Assured as opted at the inception is payable and the cover ceases.	In case of death or total permanent disability due to an accident of the Member; outstanding cover amount as per the initial cover schedule mentioned in the COI as at monthiversary immediately preceding the date of death or accidental total permanent disability of the Member if fixed rate option is chosen or as per COI at the time of claim if floating rate option is chosen and cover ceases.
Life Cover + Critical Illness (CI) (Accelerated)	In case of death or diagnosis of Critical Illness of the Member; Original Sum Assured as opted at the inception is payable and the cover ceases.	In case of death or diagnosis of Critical Illness of the Member; outstanding cover amount as per the initial cover schedule mentioned in the COI as at monthiversary immediately preceding the date of death or diagnosis of Critical Illness of the Member if fixed rate option is chosen or as per COI at the time of claim if floating rate option is chosen and cover ceases.
Life Cover + Accidental Death (ADB)	In case of accidental death of the Member; additional benefit equal to Sum Assured as opted at the inception (ie 2x Original Sum Assured as per COI) is payable and the cover ceases. In case of death of the Member other than Accidental Death; Original Sum Assured as opted at the inception is payable and the cover ceases.	In case of accidental death of the Member; an additional benefit equal to the outstanding cover amount as per the cover schedule mentioned in the COI as at monthiversary immediately preceding the date of death due to accident is payable. (ie 2x Outstanding Cover Amount as per COI) if fixed rate option is chosen or as per COI at the time of claim if floating rate option is chosen and cover ceases. In case of death of the Member other than accidental death; outstanding cover amount as per the initial cover schedule mentioned in the COI as at monthiversary immediately preceding the date of death of Member is payable if fixed rate option is chosen or as per the COI at the time of claim if floating rate option is chosen and cover ceases.
Life Cover + Family Income	In case of death of the Member; Original Sum Assured as opted at the inception is payable and the cover ceases. Plus An additional benefit of 5% p.a. of initial loan amount is paid as monthly income benefit per year for 5 years as chosen by the member at inception of the policy and the cover ceases.	In case of death of the Member; outstanding cover amount as per the initial cover schedule mentioned in the COI as at monthiversary immediately preceding the date of death of Member is payable if fixed rate option is chosen or as per the COI at the time of claim if floating rate option is chosen and cover ceases Plus An additional benefit of 5% p.a. of initial loan amount is paid as monthly income benefit per year for 5 years as chosen by the member at inception of the policy and the cover ceases.

Please note:

1. Benefit amount to the member/ nominee/ appointee/ legal heir which is over and above the actual loan outstanding will be paid either as lump sum or as a level monthly instalment and instalment period of over 1 to 5 years as chosen by the member at inception of the cover.

For level cover, in case of monthly instalment payouts, the benefit amount will be calculated as dividing lump sum amount (say, S) by annuity factor (i.e. $a(n)(12)$) i.e. $S/a(n)(12)$ where n is the instalment period of 1 to 5 years and S is the benefit payable to the nominee which is calculated as sum assured as per COI less amount payable to the master policyholder.

The prevailing SBI savings bank interest rate will be used to calculate the annuity factor. Once the monthly instalment payment starts, this payment remains level throughout the instalment period. The interest rate used to calculate annuity factor is subject to review at the end of every financial year and will be changed in case of change in SBI savings bank interest rate

2. Top-up or any additional enhancement amount of same loan account will be considered after paying additional premium for extra cover amount and outstanding term and modification of revised COI.
3. ATPD/ CI are accelerated benefits. ADB is an additional benefit.
4. First Diagnosis means the diagnosis of the first Critical Illness in the lifetime of the member (or second member, if applicable in case of joint life).
5. The member who has already contracted any Critical Illness shall not be offered cover option which includes CI benefit.
6. Applicable tax charge will be levied on the premium. The level of this charge will be as per the rate of Applicable Tax on premium, declared by the Government from time to time.
7. In case of Accidental Total Permanent Disability occurring within 180 days of accident, provided date of accident is within the cover term, we will pay the applicable benefit on the date of accident plus any premiums, if any, paid from date of accident to date of disability.

The benefit shall be payable as under:

- In case of Regulated Entities, under Lender-Borrower scheme, the Outstanding Loan amount, if any shall be payable to the Master Policyholder subject to prior authorization from the Member taken at the inception of policy. Any residual benefit shall be paid to the Nominee.
- In case of Other Entities, the Benefit shall be payable to the Nominee.

6. How many co-borrowers (members) are allowed in this policy?

Maximum number of co-borrowers allowed under this product is four when the cover is on sharing basis. If each borrower is being covered for 100% of loan amount, then the maximum number of co borrowers allowed is two.

There are two ways for providing cover for both the borrowers:

1. Co-sharing (Loan share percentage): Each borrower will be covered for a specified proportion of the loan amount. Premium will be based on age and proportion of the loan amount of each borrower. On death or any covered event as per benefit opted, of any one borrower the benefit opted, as per initial cover schedule for deceased/ affected borrower is paid and the cover for the survivor continues. The cover can be extended to all 4 borrowers under this policy subject to eligibility criterion as well as similar premium frequency for all 4 borrowers and similar cover type i.e. either level or decreasing.
2. Each borrower will be covered for 100% of the loan amount (First Claim Basis – 100% of Loan): Premium will be based on joint life first death or any other covered event as per benefit opted. On first death or any other covered event as per benefit opted, of any one or both the borrower(s) the benefit as opted is paid and the membership terminates and the cover ceases. The joint life premium is charged on the basis of respective actual ages and the corresponding age difference of the two lives underlying the proposal. In case of simultaneous death/ occurrence of any other covered event the benefit payable under the product is 100% of the outstanding loan as per initial cover schedule.

Extent of cover	First claim basis – 100% of loan	Loan share percentage
Any one or more borrower's demise or total permanent disability due to an accident or first diagnosis of the covered critical illness	In the unfortunate event of either or both of the two borrower's simultaneous demise or accidental total permanent disability or first diagnosis of any of the covered critical illness, the benefit is paid to the Member/ Nominee/ Appointee/ Legal Heir, through You, the Master Policyholder In case of death or accidental total permanent disability or first diagnosis of any of the covered critical illness of one of the borrowers the applicable benefit is paid and the cover for the other borrower ceases immediately.	In the unfortunate event of one or more or all of the borrower's simultaneous demise or accidental total permanent disability or first diagnosis of any of the covered critical illness, the benefit is paid to the Member/ Nominee/ Appointee/ Legal Heir, through You, the Master Policyholder – up to the affected borrower's share. In case of death or accidental total permanent disability or first diagnosis of any of the covered critical illness of one of the borrowers the applicable benefit is paid and the cover for the other borrower(s) continues.

Moratorium Period

If the repayment of loan starts a few years after the loan is disbursed, then this policy offers the member an option to avail a moratorium period.

Risk cover during the moratorium period	<ul style="list-style-type: none"> The moratorium period allows for the risk cover to start even before the actual loan repayment schedule begins. For example: In case of education loan, the repayment instalments start only after study period has been completed. However, the member/borrower (student) is covered during this period as well.
Payment of interest during the moratorium period	<ul style="list-style-type: none"> Level cover during moratorium period: The member can choose to pay interest during this period. In this case the sum assured will remain constant till the start of the loan repayment. Increasing cover during moratorium period: If the interest is not paid, the outstanding loan amount hence the cover amount will increase every month to the extent of the unpaid interest till the repayment starts.

7. What is the maturity amount?

There is no maturity amount in the policy.

8. Are there any Riders available in this policy?

Yes, the master policyholder/ member shall have an option to add IndiaFirst Life Group Critical Illness Rider (UIN: 143B002V01), IndiaFirst Life Group Additional Benefit Rider (UIN: 143B018V01), IndiaFirst Life Group Protection Rider (UIN: 143B003V01) and IndiaFirst Life Group Disability Rider Plan (UIN: 143B004V01) to this policy.

IndiaFirst Life Group Critical Illness Rider is a non-linked, non-participating group rider, designed to provide financial protection to your members in case of diagnosis of any of the covered Critical Illness. This rider provides flexibility to select from 3 benefit options, as mentioned below:

1. Critical Illness (CI) Benefit with 40 conditions
2. Critical Illness (CI) Benefit with 20 conditions
3. Critical Illness (CI) Benefit with 5 conditions

Master policyholder/member can choose any one of the above benefit options at inception of the rider cover. In case you select this rider, premium under this rider shall not exceed 30% of premium under the base policy. Please refer the rider brochure available on our website for details on covered rider conditions.

IndiaFirst Life Group Additional Benefit Rider Plan is a non-linked, non-participating, group rider, designed to enhance financial security for your members in case of an unfortunate event. This rider provides the following benefit under IndiaFirst Life Group Loan Protect Plan:

Spouse Cover Benefit: In the event of death of the spouse during the term of the rider, the beneficiary would receive a lump sum benefit equal to rider Sum Insured. The Spouse cover in the policy is limited to a maximum of 50% of Member's Death benefit cover in the base policy.

IndiaFirst Life Group Protection Rider Plan is a non-linked, non-participating, group rider which may be attached to one-year renewable group and other long term group products, designed to enhance financial security for your members in case of accidental death or member being diagnosed with any terminal illness.

IndiaFirst Life Group Disability Rider Plan is a non-linked, non-participating, group rider which may be attached to one-year renewable group and other long term group products, designed to enhance financial security for your members in case of Accidental Total Permanent Disability Benefit (ATPD) or Total Permanent Disability (TPD) due to accident and/or illness or Partial Permanent Disability (PPD) due to accident and/or illness.

In case you select this rider, premium under this rider shall not exceed 100% of premium under the base policy.

9. What are the tax benefits under this policy?

Tax benefits (if any) may be available on premiums paid and benefit receivable as per prevailing Income Tax Laws. Tax benefits are subject to change from time to time as per the Income Tax Act, 1961. Please consult your tax consultant before investing.

10. What are the key definitions in the policy?

The following definitions are used for the purpose of defining various events under the product.

Accident	An accident means sudden, unforeseen and involuntary event caused by external, visible and violent means.
Bodily Injury	Bodily Injury” means it is accidental bodily harm excluding illness or disease solely and directly caused by external, violent means which is verified and certified by a Medical Practitioner.
Accidental Death	Accidental Death shall mean death: a. which is caused by Bodily Injury resulting from an Accident and b. which occurs due to the said Bodily Injury solely, directly and independently of any other causes as verified and certified by Medical Practitioner and c. which occurs within 180 days of the occurrence of such Accident irrespective of the expiry of cover term provided date of accident is within the cover term.
Accidental Total Permanent Disability	Total and Permanent Disability refers to a disability, which: a. is caused by Bodily Injury resulting from an accident, and b. occurs due to the said bodily injury, directly and independently of any other causes, as verified and certified by Medical Practitioner and c. occurs within 180 days of the occurrence of such accident irrespective of the expiry of cover term provided date of accident is within the cover term For the purposes of this benefit, The loss of both arms, or of both legs, or of one arm and one leg, or of both eyes, shall be considered total and permanent disability, without prejudice to other causes of total and permanent disability. “Loss of an arm or a leg” shall mean physical severance of the arm at or above the wrist or physical severance of the leg at or above the ankle which: a. is caused by bodily injury resulting from an accident, and b. occurs due to the said bodily injury, directly and independently of any other causes, as verified and certified by Medical Practitioner and c. occurs within 180 days of the occurrence of such accident irrespective of the expiry of cover term provided date of accident is within the cover term. “Loss of an eye” shall mean total and irrevocable loss of sight of an eye which: a. is caused by bodily injury resulting from an accident, and b. occurs due to the said bodily injury, directly and independently of any other causes, as verified and certified by Medical Practitioner and c. occurs within 180 days of the occurrence of such accident irrespective of the expiry of cover term provided date of accident is within the cover term.

Critical Illness

If the member is diagnosed with any one of the covered critical illnesses as mentioned below during the cover term, the benefit will be paid as per cover schedule. We should be intimated about the diagnosis of the Critical Illness within 60 days from the date of its diagnosis. However, claims intimated even beyond such period will be considered if there are valid reasons for any delay. The diagnosis of any of the below Critical Illness is to be confirmed by an independent registered Medical Practitioner.

The conditions covered are:

Sr. No.	Critical Illness
1	Cancer of specified severity
2	Open Chest CABG
3	Kidney Failure requiring regular dialysis
4	Permanent paralysis of limbs
5	Primary (Idiopathic) Pulmonary Hypertension
6	Myocardial Infarction (First Heart Attack of Specific Severity)
7	Stroke Resulting in Permanent Symptoms
8	Major organ / bone marrow transplant
9	Multiple Sclerosis with persisting symptoms
10	Surgery to Aorta
11	Apallic Syndrome
12	Benign Brain Tumour
13	Coma of specified severity
14	End Stage Liver Failure
15	End Stage Lung Failure
16	Open Heart Replacement or Repair of Heart Valves
17	Loss of Limbs
18	Blindness
19	Third degree Burns
20	Major Head Trauma

CI Definitions:

1. Cancer of specified severity

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

II. The following are excluded –

i. All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN - 2 and CIN-3.

ii. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;

iii. Malignant melanoma that has not caused invasion beyond the epidermis;

iv. All tumors of the prostate unless histologically classified as having a Gleason

score greater than 6 or having progressed to at least clinical TNM classification T2N0M0
v. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
vi. Chronic lymphocytic leukaemia less than RAI stage 3
vii. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,
viii. All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;

2. Open Chest CABG

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

II. The following are excluded:

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

3. Kidney Failure requiring regular dialysis

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

4. Permanent Paralysis of limbs

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

5. Primary (Idiopathic)Pulmonary Hypertension

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

II. The NYHA Classification of Cardiac Impairment are as follows:

i. Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.

ii. Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.

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

6. Myocardial Infarction

(First Heart Attack of specific severity)

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

i. A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. typical chest pain)

ii. New characteristic electrocardiogram changes

iii. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

	<p>II. The following are excluded:</p> <ul style="list-style-type: none"> i. Other acute Coronary Syndromes ii. Any type of angina pectoris iii. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure <p>7. Stroke resulting in Permanent symptoms</p> <p>I. 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.</p> <p>II. The following are excluded:</p> <ul style="list-style-type: none"> i. Transient ischemic attacks (TIA) ii. Traumatic injury of the brain iii. Vascular disease affecting only the eye or optic nerve or vestibular functions <p>8. Major Organ/ Bone Marrow Transplant</p> <p>I. The actual undergoing of a transplant of:</p> <ul style="list-style-type: none"> i. One of the following human organs: heart, lung, liver, kidney, pancreas ,that resulted from irreversible end-stage failure of the relevant organ, or ii. Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner. <p>II. The following are excluded:</p> <ul style="list-style-type: none"> i. Other stem-cell transplants ii. Where only islets of langerhans are transplanted <p>9. Multiple Sclerosis with Persistent Symptoms</p> <p>I. The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:</p> <ul style="list-style-type: none"> i. investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and ii. there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months. <p>II. Other causes of neurological damage such as SLE are excluded</p> <p>10. Surgery to Aorta</p> <p>Undergoing of a laporotomy or thoracotomy to repair or correct an aneurysm, narrowing, obstruction or dissection of the aortic artery. For this definition, aorta means the thoracic and abdominal aorta but not its branches. Surgery performed using only minimally invasive or intra-arterial techniques such as percutaneous endovascular aneurysm repair are excluded.</p> <p>11. Apallic Syndrome</p> <p>Universal necrosis of the brain cortex with the brain stem remaining intact. The definite diagnosis must be confirmed by a consultant neurologist and this condition has to be medically documented for at least one (1) month with no hope of recovery</p> <p>12. Benign Brain Tumour</p> <p>I. Benign brain tumor is defined as a life threatening, non-cancerous tumor in the</p>
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brain, cranial nerves or meninges within the skull. The presence of the underlying tumor must be confirmed by imaging studies such as CT scan or MRI.

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

i. Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or

ii. Undergone surgical resection or radiation therapy to treat the brain tumor.

III. The following conditions are excluded:

Cysts, Granulomas, malformations in the arteries or veins of the brain, hematomas, abscesses, pituitary tumors, tumors of skull bones and tumors of the spinal cord.

13. Coma of specified severity

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

i. no response to external stimuli continuously for at least 96 hours;

ii. life support measures are necessary to sustain life; and

iii. permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.

II. The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse is excluded.

14. End Stage Liver Disease

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

i. Permanent jaundice; and

ii. Ascites; and

iii. Hepatic encephalopathy.

II. Liver failure secondary to drug or alcohol abuse is excluded.

15. End Stage Lung Disease

I. The actual undergoing of open-heart valve surgery is to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease affected cardiac valve(s). The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of surgery has to be confirmed by a specialist medical practitioner.

i. FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart; and

ii. Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and

iii. Arterial blood gas analysis with partial oxygen pressure of 55mmHg or less (PaO2 < 55mmHg); and

iv. Dyspnea at rest.

16. Open Heart Replacement or repair of heart valves

I. The actual undergoing of open-heart valve surgery is to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease affected cardiac valve(s). The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of surgery has to be confirmed by a specialist medical practitioner.

Catheter based techniques including but not limited to, balloon valvotomy / valvuloplasty are excluded.

17. Loss of Limbs

The physical separation of two or more limbs, at or above the wrist or ankle level limbs as a result of injury or disease. This will include medically necessary amputation necessitated by injury or disease. The separation has to be permanent without any chance of surgical correction. Loss of Limbs resulting directly or indirectly from self-inflicted injury, alcohol or drug abuse is excluded.

	<p>18. Blindness I. Total, permanent and irreversible loss of all vision in both eyes as a result of illness or accident. II. The Blindness is evidenced by: i. corrected visual acuity being 3/60 or less in both eyes or; ii. the field of vision being less than 10 degrees in both eyes. III. The diagnosis of blindness must be confirmed and must not be correctable by aids or surgical procedure.</p> <p>19. Third Degree Burns I. There must be third-degree burns with scarring that cover at least 20% of the body's surface area. The diagnosis must confirm the total area involved using standardized, clinically accepted, body surface area charts covering 20% of the body surface area.</p> <p>20. Major Head Trauma I. Accidental head injury resulting in permanent Neurological deficit to be assessed no sooner than 3 months from the date of the accident. This diagnosis must be supported by unequivocal findings on Magnetic Resonance Imaging, Computerized Tomography, or other reliable imaging techniques. The accident must be caused solely and directly by accidental, violent, external and visible means and independently of all other causes. II. The Accidental Head injury must result in an inability to perform at least three (3) of the following Activities of Daily Living either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons. For the purpose of this benefit, the word "permanent" shall mean beyond the scope of recovery with current medical knowledge and technology. III. The Activities of Daily Living are: i. Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means; ii. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances; iii. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa; iv. Mobility: the ability to move indoors from room to room on level surfaces; v. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene; vi. Feeding: the ability to feed oneself once food has been prepared and made available. IV. The following are excluded: i. Spinal cord injury;</p>
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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 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.

The Medical Practitioner / Specialist Medical Practitioner are independent of the Insurance Company.

Such Independent Medical Practitioner shall not include: The Member's Spouse, Father (including step father) or Mother (including step mother), Son (including step son), Son's wife, Daughter, Daughter's husband, Brother (including step brother) and Sister (including step sister) or member under this policy

11. What are the exclusions in this policy?

A. Suicide Exclusion

In case of death due to suicide within 12 months from the date of commencement of risk under the policy or from the date of revival under the policy, as applicable, the nominee or beneficiary of the policyholder shall be entitled to 80% of the total premiums paid till the date of death or the Unexpired Risk premium value/surrender value available as on the date of death whichever is higher, provided the policy is in force.

B. Exclusions for Accidental Death Benefit:

Accidental Death benefit shall not be paid on death of the insured person occurring directly or indirectly as a result of (any of the following):

1. Intentional self-inflicted injury, suicide or attempted suicide, while sane or insane;
2. Insured person being under the influence of drugs, alcohol, narcotics or psychotropic substances unless taken in accordance with the lawful directions and prescription of a registered medical practitioner;
3. War, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, mutiny, rebellion, terrorist act, revolution, insurrection, military or usurped power, civil commotion, strikes;
4. Participation in any flying activity, except as a bonafide passenger in a commercially licensed aircraft;
5. Participation by the insured person in a criminal or unlawful act;
6. Service in the armed forces, or any police organization, of any country at war or service in any force of an international body;
7. Engaging in or taking part in professional sport(s) or any hazardous pursuits, including but not limited to, diving or riding or any kind of race; underwater activities involving the use of breathing apparatus or not; martial arts; hunting; mountaineering; parachuting; bungee-jumping;
8. 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. Exclusions for Accidental Total Permanent Disability Benefit:

Total and Permanent Disability due to accident shall not be paid if disability occurs directly or indirectly as a result of (any of the following):

1. Intentional self-inflicted injury, suicide or attempted suicide, while sane or insane;

2. Insured person being under the influence of drugs, alcohol, narcotics or psychotropic substances unless taken in accordance with the lawful directions and prescription of a registered medical practitioner;

3. War, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, mutiny, rebellion, terrorist act, revolution, insurrection, military or usurped power, riot or civil commotion, strikes;

4. Participation in any flying activity, except as a bonafide passenger in a commercially licensed aircraft;

5. Participation by the insured person in a criminal or unlawful act;

6. Policy for those specific members will not be issued if any disability due to accident that occurred before the effective date of the cover

7. Any disability due to any kind of sickness, disease before and/or after the effective date of the cover; any existing external congenital anomaly will not be covered, and policy will not be issued for such members having external congenital anomaly. Other than external congenital anomaly all other congenital anomaly will be covered.

Where External Congenital Anomaly means a condition, which is visible and accessible parts of the body and present since birth, and which is abnormal with reference to form, structure or position.

8. Engaging in or taking part in professional sport(s) or any hazardous pursuits, including but not limited to, diving or riding or any kind of race; underwater activities involving the use of breathing apparatus or not; martial arts; hunting; mountaineering; parachuting; bungee-jumping;

9. Nuclear Contamination; the radio-active, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature;

10. If full disclosure is given by the members and that particular members fall under any of the exclusion stated above at the time of sale then the policy will not be offered to such members.

D. Exclusions for Critical Illness benefit:

In addition to the condition specific exclusion mentioned in the definitions, we will not pay any claim arising directly or indirectly due to any of the following causes:

1. Pre-Existing disease:

Pre-Existing disease means any condition, ailment, injury or disease:

a. That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or

b. For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy or its reinstatement

After completion of 48 months from date of issuance or reinstatement, as the case may be, pre-existing exclusion clause will not be applicable"

2. Intentional self-inflicted injury, attempted suicide while sane or insane.

3. 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.

4. 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, civil commotion, strikes.

5. Taking part in any naval, military or air force operation during peacetime.

6. Participation by the insured person in any flying activity, except as a bona fide, fare-paying passenger, pilot, air crew of a recognized airline on regular routes and on a scheduled timetable

7. Participation by the insured person in a criminal or unlawful act with a criminal intent.

8. Engaging in or taking part in professional sport(s) or any hazardous pursuits, including but not limited to, diving or riding or any kind of race; underwater activities involving the use of breathing apparatus or not; martial arts; hunting; mountaineering; parachuting; bungee-jumping.

9. Any external congenital anomaly will not be covered, and policy will not be issued for such members having external congenital anomaly.

Where External Congenital Anomaly means a condition, which is visible and accessible parts of the body and present since birth, and which is abnormal with reference to form, structure or position.

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

12. What if you miss paying the premiums?

We provide you with a grace period during which you can pay your premium in case you miss paying the premium on the due date, for Regular/ Limited premium paying policies. You are provided a Grace Period of 15 days under monthly mode and 30 days for other modes. During the grace period policy or cover will continue as per in-force policy.

In case of death or disability, as the case may be, during grace period, only due premium, if any, before date of occurrence of death or disability will be deducted from the death or disability benefit.

In the event of non-payment of premium due under the policy within the grace period the policy will lapse, and no benefit is payable. The cover will cease, and no further benefits will be payable in case of a lapsed policy.

13. What are the paid-up benefits in this policy?

There are no paid-up benefits in the policy.

14. When does the cover cease?

The insurance coverage at member level will cease at the earliest of:

- Member attaining age 76 years (in case of joint life, any life attaining age 76 years) or on death or ATPD (if member avails this benefit) or CI (if member avails this benefit) whichever is earlier
- Non-payment of premium under limited/regular premium after the grace period.
- The end of cover term
- Surrender of the contract by the member.
- Death of the first life in case of joint life coverage on first claim basis

15. Can you surrender/ terminate this policy?

It is advisable to continue the policy to enjoy full benefits of the policy. However, we understand that in certain circumstances you the Master Policyholder/ Member may want to surrender/ terminate your policy.

The Master Policyholder/Member can surrender / terminate the policy/ cover anytime during the cover term. In case any Member forecloses the loan before end of the term or, the Master Policyholder surrenders the Policy then the Member has the option to continue the cover till the end of the cover term as mentioned in the Certificate of Insurance. The Member also has the flexibility to surrender / terminate the cover before the end of cover term.

	Decreasing Cover	Level Cover
Regular premium	No surrender value is payable	No surrender value is payable
Limited premium -Unexpired Risk premium value	$60\% \times \text{Premiums Paid} \times \{1 - M / P\}$ $\times \{ \text{Minimum (Current SA, Original SA)} / \text{Original SA} \} \times (\text{Premiums Paid} / \text{Total Premiums payable under the policy})$ Where M = Elapsed months since inception & P = Cover term in months}	$60\% \times \text{Premiums Paid} \times \{1 - M / P\} \times (\text{Premiums Paid} / \text{Total Premiums payable under the policy})$ Where M = Elapsed months since inception & P = Cover term in months}
Single premium - Unexpired Risk premium value	$60\% \times \text{Single Premium} \times \{1 - M / P\}$ $\times \{ \text{Minimum (Current SA, Original SA)} / \text{Original SA} \}$ Where M = Elapsed months since inception & P = Cover term in months; SA = Sum Assured	$60\% \times \text{Single Premium} \times \{1 - M / P\}$ Where M = Elapsed months since inception & P = Cover term in months

Under limited premium payment, on the occurrence of any covered event, after expiry of the grace period and before completion of the revival period of 5 years, we will pay the applicable benefit as the Unexpired Risk premium value, if any.

In case the Member pre-pays and forecloses the loan and wants to surrender or terminate the insurance cover, the insurance cover ceases and surrender value/Unexpired Risk premium value as mentioned above will be paid as a benefit.

The Member/Member shall specifically authorize the Insurance Company to make payment of the Benefits to Master Policyholder. Benefit amount over and above the outstanding loan balance amount shall be paid to the nominee. The authorization is obtained by the Master Policyholder from the Member/Member at the time of becoming a Member under this Policy or at a later date. In case no authorization is provided, the benefits shall be payable to the nominee.

16. What are your options to revive the policy?

The member/master policyholder may revive the policy by paying the arrear premiums without interest/Late fees within five years or end of cover term (whichever is earlier) from the due date of first unpaid premium during which the Member/ Master Policyholder is entitled to revive the policy as per Board approved underwriting policy.

Under limited payment option, if member/master policyholder has not revived the policy within revival period of five years, then on completion of revival period, Unexpired Risk premium value will be paid to the member/master policyholder and policy/ coverage terminates for that member.

Under regular premium payment option, if member/master policyholder has not revived the policy within revival period of five years, then the policy/ coverage terminates.

Revival shall be as per the Board Approved Underwriting policy of the company.

17. Can I get a loan in this policy?

No, loan is not allowed in this policy

18. What happens in case the Master Policyholder has collected the premium from the member and has not remitted the same to us?

In case, the Master Policyholder(MPH) has collected the premium from the member before the completion of grace period and has not remitted the same to us (due to any reason), we will continue to provide coverage to that member if the member can prove that he/she had paid the premium and secured a proper receipt leading the member to believe that he/she was duly insured.

19. What is the free look period in this policy?

You, the Master Policyholder/ Member can return your policy document/ certificate of insurance within the Free Look period;

In case you do not agree to the any policy terms and conditions, you have the option of returning the policy document/ certificate of insurance to us stating the reasons thereof, within 15 days from the

date of receipt of the policy document/ certificate of insurance. The free-look period for policies purchased through distance marketing or electronic mode will be 30 days.

Distance Marketing includes every activity of solicitation (including lead generation) and sale of insurance products through the following modes: (i) Voice mode, which includes telephone calling; (ii) Short Messaging service (SMS); (iii) Electronic mode which includes e-mail, internet and interactive television (DTH); (iv) Physical mode which includes direct postal mail and newspaper & magazine inserts; and, (v) Solicitation through any means of communication other than in person.

Do you get any refund when you return your policy?

Yes. We will refund an amount equal to the –

Premium paid

Less: i. Pro-rata risk premium for the time the policy was in force, where pro-rata risk premium is the proportionate risk premium for the period of cover

Less ii. Any stamp duty paid

Less iii. Expenses incurred on medical examination, if any

20. Nomination

The member can appoint a nominee as per 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

21. Assignment

as per the provisions of Section 38 of the Insurance Act, 1938 as amended from time to time. For more details on the assignment, please refer to our website www.indiafirstlife.com

22. You are prohibited from accepting rebate in any form

Prohibition of Rebate: Section 41 of the Insurance Act, 1938, as amended from time to time, states

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.

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.

23. What happens in case of submission of information which is false or incorrect?

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

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

- 1) No policy of life insurance shall be called in question on any ground whatsoever after the expiry of three years from the date of the policy, i.e., from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later.
- 2) A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground of fraud: Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision is based.
- 3) Notwithstanding anything contained in sub-section (2), no insurer shall repudiate a life insurance policy on the ground of fraud if the insured can prove that the mis-statement of or suppression of a material fact was true to the best of his knowledge and belief or that there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of a material fact are within the knowledge of the insurer: Provided that in case of fraud, the onus of disproving lies upon the beneficiaries, in case the policyholder is not alive.
- 4) A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground that any statement of or suppression of a fact material to the expectancy of the life of the insured was incorrectly made in the proposal or other document on the basis of which the policy was issued or revived or rider issued: Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or

nominees or assignees of the insured the grounds and materials on which such decision to repudiate the policy of life insurance is based: Provided further that in case of repudiation of the policy on the ground of 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.

- 5) Nothing in this section shall prevent the insurer from calling for proof of age at any time if he is entitled to do so, and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof that the age of the Life Insured was incorrectly stated in the proposal.

24. About IndiaFirst Life Insurance Company Limited (IndiaFirst Life)

Headquartered in Mumbai, IndiaFirst Life Insurance Company Limited (IndiaFirst Life), with a paid-up share capital of INR 754.37 crore, was incorporated in the year 2008. As one of the fastest growing private life insurers in the country, IndiaFirst Life has two public-sector banks as shareholders, Bank of Baroda (65% stake) and Union Bank of India (9% stake) whose footprint and experience continue to fortify the value proposition it offers to all stakeholders. Carmel Point Investments India Private Limited promoted by Carmel Point Investment Ltd, also holds 26% stake in IndiaFirst Life.

Disclaimer: IndiaFirst Life Insurance Company Limited, IRDAI Regn No.143, CIN: U66010MH2008PLC183679, Address: 12th & 13th floor, North [C] Wing, Tower 4, Nesco IT Park, Nesco Center, Western Express Highway, Goregaon (East), Mumbai - 400 063. Toll free No - 18002098700. IndiaFirst Life Insurance Company Limited is only the name of the Life Insurance Company and IndiaFirst Life Group Loan Protect Plan is the policy and does not in any way indicate the quality of the contract, its future prospects, or returns. For more details on risk factors and terms and conditions, please read the sales brochure carefully before concluding the sale. IndiaFirst Life Group Loan Protect Plan (UIN 143N055V02). Tax exemptions are as per applicable tax laws which are subject to change from time to time. You are advised to consult your tax consultant. Trade logo of Promoter displayed above belongs to M/s Bank of Baroda is used by IndiaFirst Life Insurance Co. Ltd. under license Adv. Ref. No.: IndiaFirst Life Group Micro Insurance Plan/ Brochure

BEWARE OF SPURIOUS PHONE CALLS!

- IRDAI is not involved in activities like selling insurance policies, announcing bonus or Investment of premiums. Public receiving such phone calls are requested to lodge a police complaint.