



You take care of your health,  
we take care of the rest.

**IndiaFirst Life Group Critical Illness Rider**

(Non-Linked, Non-Participating, Group, Health, Pure Risk Rider)



## Before You Start Reading

### Important Note

IndiaFirst Life Group Critical Illness Rider is referred to as the Policy throughout the brochure.

### 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.

### About IndiaFirst Life Insurance

Headquartered in Mumbai, IndiaFirst Life Insurance Company Limited (IndiaFirst Life), with a paid-up share capital of INR 754 crores, is one of the country's youngest life insurance companies. Its current shareholders include Bank of Baroda, Union Bank of India, and Carmel Point Investments India Private Limited, which hold 65%, 09%, and 26% stakes in the company. Carmel Point Investments India Pvt Ltd. is incorporated by Carmel Point Investment Ltd, a body corporate incorporated under the laws of Mauritius and owned by private equity funds managed by Warburg Pincus LLC, New York, United States. The company's key differentiator is its simple, easy-to-understand products that are fairly priced and efficiently serviced. For details, please visit <https://www.indiafirstlife.com>

## Introduction

We live our lives in the pursuit of happiness where our happiness is a derivative of the wellbeing of our group members. Be it our own family or the members of our business family, rewarding them with extensive financial security in an uncertain world, is the best way to appreciate and encourage their invaluable contribution.

Health is a concern for all of us. Illnesses always come unexpectedly and adversely affect our life and financial situation. The financial burden of getting treated for any major illness, can be debilitating. To ensure that every member of the group remains financially secure even in case of unfortunate absence from work, we need a comprehensive Critical Illness Protection cover to take care of medical and other incidental expenses, while the member concentrates on getting better.

IndiaFirst Life, as a resounding testament to its commitment to provide economical insurance coverage against such illnesses, presents to you, IndiaFirst Life Group Critical Illness Rider.

## Key Features

- Flexibility to choose from 3 benefit options
- Enhance risk coverage of the base policy at an affordable price
- Financial protection of the Member and their family against Critical Illness

- Tax\* benefit may be available on the premiums paid and benefits received as per prevailing tax\* laws.

## 1. What is IndiaFirst Life Group Critical Illness Rider?

IndiaFirst Life Group Critical Illness Rider is a non-linked, non-participating group rider which may be attached to one-year renewable group products or other long term group products, designed to enhance financial security for your members in case of diagnosis of any of the covered Critical Illness.

## 2. What is the rider term and the premium payment term in the rider?

The rider term as well as the premium payment term will be same as that of the base plan, subject to a maximum of 5 years.

## 3. What are the premium paying modes available in the rider?

Premium paying mode depends upon the option selected in the base plan. Minimum premium would be as per the minimum rider sum insured.

The maximum total Rider Premium (which is inclusive of rider extra premium) shall, in no case, exceed 100% of premiums (including extra premium, if any) payable under the base policy

## 4. What is the eligibility criteria in the rider?

- The minimum age at entry is 18 years.
- The maximum age at entry/ maturity depends upon the base plan as per tables given below:

Group Critical Illness Rider	When attached to One-year renewable Group Term Insurance Products	When attached to Group Credit Life Insurance Products
Maximum age at entry	65 years	69 years
Maximum age at maturity	66 years	74 years
Minimum Sum Insured (Rs.)	Maximum Sum Insured (Rs.)	
As per base plan or Rs. 10,000 whichever is lower	50,00,000	

Rider Sum Insured is limited to a maximum of 100% of Base Life cover at inception of cover

### 5. What is the sum insured in this rider?

The sum insured in the policy will be as decided by you or your member as required. However, the minimum sum insured would be the base plan's minimum sum insured or Rs. 10000, whichever is lower.

### 6. What are the various benefit options available under this rider?

There are 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 cover commencement.

### 7. What are the benefits available under this rider?

This rider provides a lump sum benefit equal to rider Sum Insured if the member is diagnosed with any one of the covered critical illnesses during the term of the rider. The rider terminates once the full amount is paid to the member.

**Note:** For transgender lives, if any, male rates will be applicable

There will be a waiting period of 90 days from policy or membership inception or from any subsequent reinstatement.

There will be a survival period of 28 days applicable between the diagnosis of a critical illness and eligibility for critical illness benefit payment.

## 8. What are the non-forfeiture conditions?

If the base policy lapses, then rider benefit will cease.

The rider benefit will terminate upon the happening of the first of the following events:

- On the date of receipt of free-look cancellation request by member/Master Policyholder
  - On payment of rider Sum Assured against a valid claim
  - Once a claim is repudiated for a particular Critical Illness (CI) due to material non-disclosure, then the rider policy will be null and void. However, if a CI claim is rejected due to any other terms & conditions, then the CI rider will continue for any of the remaining Critical Illnesses
  - On non-payment of due Limited/Regular premium for base policy/rider, within the grace period as applicable
  - On the expiry of the Revival Period for Member
  - On the expiry of rider term for Member/Master Policyholder
  - On the maturity of the base policy or the date on which the base policy is surrendered or terminated by Member/Master Policyholder
  - On the expiry of Policy Term of the base policy. At the time of rider attachment to the base policy, rider cover term/Premium Payment Term would be aligned to the outstanding term/Premium Payment Term of the base policy
- On receipt of written request for cancellation/surrender of this rider, effective from the next Rider Premium due date, provided no surrender/termination value has been paid
  - On cancellation/termination of this rider on grounds of misrepresentation, fraud or non-disclosure by Member/Master Policyholder as per section 45 of Insurance Act (1938) as amended from time to time

## 9. What do you receive at the end of the rider term?

This is a pure protection policy. There is no maturity benefit payable under this rider.

## 10. What are the tax\* benefits in this rider?

Tax\* benefits may be available on premiums paid and benefits receivable as per prevailing Income Tax\* Laws. These are subject to change from time to time as per the Government Tax\* laws. Please consult your tax consultant before investing.

## 11. Can I surrender this rider?

Yes, you have the flexibility to surrender this rider anytime during the rider term.

There is no surrender / termination value under One-year renewable Group Term Insurance Products.

Surrender value is applicable for Single Premium option and termination value is applicable for Limited Premium option.

The surrender / termination value under Group Credit Life Insurance Products is calculated as -

- **Single Premium:** Surrender value is acquired immediately.

The surrender value for Single Premium in respect of an individual member or master policy holder will be calculated as below:

$$50\% \times \text{Single Premium} \times \{1 - M / P\}$$

Where M = Elapsed months since inception & P = Cover term in months

- **Limited Premium:** Termination/ Surrender value is acquired immediately.

The termination/surrender value for Limited Premium in respect of an individual member will be calculated as below:

$$50\% \times \text{Premiums Paid} \times \{1 - M / P\} \times (\text{Premiums Paid} / \text{Total Premiums payable under the rider})$$

Where M = Elapsed months since inception & P = Cover term in months

## 12. Can I get a loan in this rider?

No, loan is not allowed in this rider.

## 13. What if you miss paying your premiums?

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

## How can you revive the rider?

The revival period will be same as the base policy. You can revive your rider within a Revival Period along with the base policy from the date of first unpaid premium subject to applicable approved underwriting policy. There is no revival charge or penal interest/Late fees on revival. If rider is lapsed and not revived within Revival Period or rider is opted out from base policy, then inclusion of the rider shall be as per the Approved Underwriting Policy.. On revival, if allowed, all due unpaid premium will be collected without any interest/Late fees and cover continues subject to approved underwriting policy. The revival is subject to satisfactory medical and financial requirements raised by the Insurer. The medical cost, if any to be borne by you.

## 14. Is there a grace period for missed premiums?

Grace period means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of pre-existing diseases. If a valid claim has occurred during grace period, then rider Sum Assured will be paid after deducting due premium. Grace period terms and conditions will be applicable under Regular/ Limited premium payment options. Grace period will be same as per base policy.

## 15. What is the Free Look Period available in your rider?

Yes, you can return your rider within the Free Look period;

In case you do not agree to the any rider terms and conditions, you have the option of returning the rider to us stating the reasons thereof, within 30 days from the date of receipt of the policy, whether received electronically or otherwise.

### 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 (if any) for the time the policy was in force

Less ii. Any stamp duty paid

Less iii. Expenses incurred on medical examination, if any

## 16. Important Definitions

List of 5 critical illness covered under the benefit option **Critical Illness (CI) Benefit with 5 conditions:**

Sr. No.	Critical Illness
1	Cancer of specified severity
2	Open Chest CABG
3	Kidney Failure requiring regular dialysis
4	Stroke resulting in permanent symptoms
5	Myocardial Infarction (First Heart Attack of Specific Severity)

List of 20 critical illness covered under the benefit option **Critical Illness (CI) Benefit with 20 conditions:**

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 Tumor
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

List of 40 critical illness covered under the benefit option **Critical Illness (CI) Benefit with 40 conditions:**

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 Tumor
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
21	Loss of Independent Existence
22	Cardiomyopathy
23	Brain Surgery
24	Alzheimer's Disease
25	Motor Neurone Disease with permanent symptoms
26	Muscular Dystrophy
27	Parkinson's Disease
28	Deafness
29	Loss of Speech
30	Medullary Cystic Disease
31	S y s t e m i c L u p u s Erythematosus
32	Aplastic Anaemia
33	Poliomyelitis
34	Bacterial Meningitis
35	Encephalitis
36	Progressive Supra nuclear Palsy
37	Severe Rheumatoid Arthritis
38	Creutzfeldt - Jakob Disease
39	Fulminant Viral Hepatitis
40	Pneumonectomy



## Definitions of Critical Illness

Waiting Period	The waiting period for this benefit is defined as the period starting from policy inception or date of revival during which no critical illness benefits are payable. Waiting period is applicable from effective date of policy or membership or from date of reinstatement if any.
Survival Period	There will be a survival period of 28 days applicable between the diagnosis of a critical illness and eligibility for critical illness benefit payment.
Cancer of Specified Severity (malignant tumour)	<p>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.</p> <p>II. The following are excluded –</p> <ul style="list-style-type: none"> <li>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.</li> <li>ii. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;</li> <li>iii. Malignant melanoma that has not caused invasion beyond the epidermis;</li> <li>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</li> <li>v. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;</li> <li>vi. Chronic lymphocytic leukaemia less than Rai stage 3</li> <li>vii. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,</li> <li>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;</li> </ul>

<p>Open Chest CABG (Coronary Artery Bypass Grafting)</p>	<p>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.</p> <p><b>Exclusion -</b></p> <ul style="list-style-type: none"> <li>▪ Angioplasty and/or any other intra-arterial procedures</li> </ul>
<p>M y o c a r d i a l Infarction (First Heart Attack of specific severity)</p>	<p>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:</p> <ul style="list-style-type: none"> <li>▪ A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. typical chest pain)</li> <li>▪ New characteristic electrocardiogram changes</li> <li>▪ Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.</li> </ul> <p><b>Exclusion -</b></p> <ul style="list-style-type: none"> <li>▪ Other acute Coronary Syndromes</li> <li>▪ Any type of angina pectoris</li> <li>▪ A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure</li> </ul>
<p>O p e n H e a r t Replacement or Repair of Heart Valves</p>	<p>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.</p> <p><b>Exclusion -</b></p> <ul style="list-style-type: none"> <li>▪ Catheter based techniques including but not limited to, balloon valvotomy / valvuloplasty are excluded.</li> </ul>

<p>Primary (Idiopathic) P u l m o n a r y Hypertension</p>	<p>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 Cauterization. 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.</p> <p>II. The NYHA Classification of Cardiac Impairment are as follows:</p> <p>i. Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.</p> <p>ii. Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.</p> <p><b>Exclusion -</b></p> <ul style="list-style-type: none"> <li>▪ 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</li> </ul>
<p>Kidney Failure requiring regular dialysis</p>	<p>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.</p>
<p>Major Organ/ Bone Marrow Transplant</p>	<p>The actual undergoing of a transplant of:</p> <p>i. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or</p> <p>ii. Human bone marrow using haematopoietic stem cells.</p> <p>The undergoing of a transplant has to be confirmed by a specialist medical practitioner.</p> <p><b>Exclusion -</b></p> <ul style="list-style-type: none"> <li>▪ Other stem-cell transplants</li> <li>▪ Where only Islets of Langerhans are transplanted</li> </ul>

<p>Stroke resulting in P e r m a n e n t symptoms</p>	<p>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><b>Exclusion -</b></p> <ul style="list-style-type: none"> <li>▪ Transient ischemic attacks (TIA)</li> <li>▪ Traumatic injury of the brain</li> <li>▪ Vascular disease affecting only the eye or optic nerve or vestibular functions.</li> </ul>
<p>Benign Brain Tumor</p>	<p>Benign brain tumor is defined as a life threatening, non-cancerous tumor in the 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.</p> <p>II. This brain tumor must result in at least one of the following and must be confirmed by the relevant medical specialist.</p> <p>i. Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or</p> <p>ii. Undergone surgical resection or radiation therapy to treat the brain tumor.</p> <p><b>Exclusion -</b></p> <ul style="list-style-type: none"> <li>▪ 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.</li> </ul>

Coma of specified severity	<p>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:</p> <ul style="list-style-type: none"> <li>i. no response to external stimuli continuously for at least 96 hours;</li> <li>ii. life support measures are necessary to sustain life; and</li> <li>iii. permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.</li> </ul> <p>II. The condition has to be confirmed by a specialist medical practitioner.</p> <p><b>Exclusion -</b></p> <ul style="list-style-type: none"> <li>▪ Coma resulting directly from alcohol or drug abuse</li> </ul>
End Stage Liver Disease	<p>Permanent and irreversible failure of liver function that has resulted in all three of the following:</p> <ul style="list-style-type: none"> <li>i. Permanent jaundice; and</li> <li>ii. Ascites; and</li> <li>iii. Hepatic encephalopathy.</li> </ul> <p><b>Exclusion -</b></p> <ul style="list-style-type: none"> <li>▪ Liver failure secondary to drug or alcohol abuse</li> </ul>
End Stage Lung Disease	<p>End stage lung disease, causing chronic respiratory failure, as confirmed and evidenced by all of the following:</p> <ul style="list-style-type: none"> <li>i. FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart; and</li> <li>ii. Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and</li> <li>iii. Arterial blood gas analysis with partial oxygen pressure of 55mmHg or less (<math>\text{PaO}_2 &lt; 55\text{mmHg}</math>); and</li> <li>iv. Dyspnea at rest.</li> </ul>

Loss of Limbs	<p>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.</p> <p><b>Exclusion -</b></p> <ul style="list-style-type: none"> <li>▪ Loss of Limbs resulting directly or indirectly from self-inflicted injury, alcohol or drug abuse</li> </ul>
Blindness	<p>Total, permanent and irreversible loss of all vision in both eyes as a result of illness or accident.</p> <p>II. The Blindness is evidenced by:</p> <ol style="list-style-type: none"> <li>i. corrected visual acuity being 3/60 or less in both eyes or;</li> <li>ii. the field of vision being less than 10 degrees in both eyes.</li> </ol> <p>III. The diagnosis of blindness must be confirmed and must not be correctable by aids or surgical procedure</p>
Third degree burns	<p>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>Major Head Trauma</p>	<p>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.</p> <p>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.</p> <p>The Activities of Daily Living are:</p> <ul style="list-style-type: none"> <li>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;</li> <li>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;</li> <li>iii. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;</li> <li>iv. Mobility: the ability to move indoors from room to room on level surfaces;</li> <li>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;</li> <li>vi. Feeding: the ability to feed oneself once food has been prepared and made available.</li> </ul> <p><b>Exclusion -</b></p> <ul style="list-style-type: none"> <li>▪ Spinal cord injury</li> </ul>
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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.
Motor Neurone Disease with Permanent Systems	Motor neuron disease diagnosed by a specialist medical practitioner as spinal muscular atrophy progressive bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis. There must be progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurons. There must be current significant and permanent functional neurological impairment with objective evidence of motor dysfunction that has persisted for a continuous period of at least 3 months.
Multiple Sclerosis with Persistent Symptoms	<p>I. The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:</p> <ol style="list-style-type: none"> <li>i. investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and</li> <li>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.</li> </ol> <p>II. Neurological damage due to SLE is excluded</p>
Deafness	Total and irreversible loss of hearing in both ears as a result of illness or accident. This diagnosis must be supported by pure tone audiogram test and certified by an Ear, Nose and Throat (ENT) specialist. Total means "the loss of hearing to the extent that the loss is greater than 90decibels across all frequencies of hearing" in both ears.
Loss of Speech	<p>I. Total and irrecoverable loss of the ability to speak as a result of injury or disease to the vocal cords. The inability to speak must be established for a continuous period of 12 months. This diagnosis must be supported by medical evidence furnished by an Ear, Nose, Throat (ENT) specialist.</p> <p>Exclusion -</p> <ul style="list-style-type: none"> <li>▪ All psychiatric related causes</li> </ul>



Surgery to Aorta	<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.</p> <p><b>Exclusion -</b></p> <ul style="list-style-type: none"> <li>•Surgery performed using only minimally invasive or intra-arterial techniques such as percutaneous endovascular aneurysm repair</li> </ul>
Apallic Syndrome	<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>
Loss of Independent Existence	<p>Loss of the physical ability through an illness or injury to do at least 3 of the 6 tasks listed below ever again.</p> <p>The relevant specialists must reasonably expect that the disability will last throughout life with no prospect of improvement, irrespective of when the cover ends, or the insured person expects to retire. The Insurer's appointed doctor should also agree that the disability will last throughout life with no prospect of improvement, irrespective of when the cover ends, or the insured person expects to retire.</p> <p>The insured person must need the help or supervision of another person and be unable to perform the task on their own, even with the use of special equipment routinely available to help and having taken any appropriate prescribed medication.</p> <p>The tasks are</p> <ol style="list-style-type: none"> <li>i. <b>Washing:</b> 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;</li> <li>ii. <b>Dressing:</b> the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;</li> <li>iii. <b>Transferring:</b> the ability to move from a bed to an upright chair or wheelchair and vice versa;</li> </ol>

	<p><b>iv. Mobility:</b> the ability to move indoors from room to room on level surfaces;</p> <p><b>v. Toileting:</b> the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;</p> <p><b>vi. Feeding:</b> the ability to feed oneself once food has been prepared and made available</p> <p>Loss of independent living must be medically documented for an uninterrupted period of at least six months. Proof of the same must be submitted to the Insurer while the Person Insured is alive and permanently disabled. The Insurer will have the right to evaluate the insured person to confirm total and permanent disability.</p> <p>Loss of Independent Existence due to an injury should occur independently of any other causes within ninety (90) days of such injury.</p> <p>Coverage for this impairment will cease at age sixty-six (66) or on maturity date/expiry date, whichever is earlier.</p>
Cardiomyopathy	<p>The unequivocal diagnosis by a Consultant Cardiologist of Cardiomyopathy causing permanent impaired left ventricular function with an ejection fraction of less than 25%. This must result in severe physical limitation of activity to the degree of class IV of the New York Heart Classification and this limitation must be sustained over at least six months when stabilized on appropriate therapy.</p> <p>New York Heart Classification</p> <p>Class I. Patients with cardiac disease but without resulting limitation of physical activity. Ordinary physical activity does not cause undue fatigue, palpitation, dyspnea, or anginal pain.</p> <p>Class II. Patients with cardiac disease resulting in slight limitation of physical activity. They are comfortable at rest. Ordinary physical activity results in fatigue, palpitation, dyspnea, or anginal pain.</p>

	<p>Class III. Patients with cardiac disease resulting in marked limitation of physical activity. They are comfortable at rest. Less than ordinary activity causes fatigue, palpitation, dyspnea, or anginal pain.</p> <p>Class IV. Patients with cardiac disease resulting in inability to carry on any physical activity without discomfort. Symptoms of heart failure or the anginal syndrome may be present even at rest. If any physical activity is undertaken, discomfort increases.</p> <p><b>Exclusion -</b></p> <ul style="list-style-type: none"> <li>▪Cardiomyopathy directly related to alcohol or drug misuse</li> </ul>
Brain Surgery	<p>The actual undergoing of surgery to the brain under general anesthesia during which a craniotomy is performed. Keyhole surgery is included.</p> <p>The procedure must be considered necessary by a qualified specialist.</p> <p><b>Exclusion -</b></p> <ul style="list-style-type: none"> <li>▪ Minimally invasive treatment where no surgical incision is performed to expose the target, such as irradiation by gamma knife or endovascular neuroradiological interventions such as embolization, thrombolysis and stereotactic biopsy</li> <li>▪ Brain Surgery as a result of an accident</li> </ul>
Alzheimer's Disease	<p>Progressive and permanent deterioration of memory and intellectual capacity as evidenced by accepted standardised questionnaires and cerebral imaging. The diagnosis of Alzheimer's disease must be confirmed by an appropriate consultant and supported by the Company's appointed doctor. There must be significant reduction in mental and social functioning requiring the continuous supervision of the life assured. There must also be an inability of the Life Assured to perform (whether aided or unaided) at least 3 of the following 5 "Activities of Daily Living" for a continuous period of at least 6 months:</p>

	<p>Activities of Daily Living are defined as:</p> <ol style="list-style-type: none"> <li>1. 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;</li> <li>2. Dressing - the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;</li> <li>3. Transferring - the ability to move from a bed to an upright chair or wheelchair and vice versa;</li> <li>4. Toileting - the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;</li> <li>5. Feeding - the ability to feed oneself once food has been prepared and made available.</li> </ol> <p>Psychiatric illnesses and alcohol related brain damage are excluded.</p> <p>Coverage for this impairment will cease at age sixty-six (66) or on maturity date/expiry date, whichever is earlier.</p>
Muscular Dystrophy	<p>Muscular Dystrophy is a disease of the muscle causing progressive and permanent weakening of certain muscle groups. The diagnosis of muscular dystrophy must be made by a consultant neurologist, and confirmed with the appropriate laboratory, biochemical, histological, and electromyographic evidence. The disease must result in the permanent inability of the insured to perform (whether aided or unaided) at least three (3) of the five (5) "Activities of Daily Living".</p> <p>Activities of Daily Living are defined as:</p> <ol style="list-style-type: none"> <li>1. <b>Washing</b> - 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;</li> <li>2. <b>Dressing</b> - the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;</li> <li>3. <b>Transferring</b> - the ability to move from a bed to an upright chair or wheelchair and vice versa;</li> </ol>

	<p><b>4. Toileting</b> - the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;</p> <p><b>5. Feeding</b> - the ability to feed oneself once food has been prepared and made available</p>
Parkinson's Disease	<p>The unequivocal diagnosis of idiopathic Parkinson's Disease by a consultant neurologist. This diagnosis must be supported by all of the following conditions:</p> <p>1) The disease cannot be controlled with medication; and</p> <p>2) There are objective signs of progressive deterioration; and</p> <p>3) There is an inability of the Life Insured to perform (whether aided or unaided) at least 3 of the following five (5) "Activities of Daily Living" for a continuous period of at least 6 months:</p> <p>Activities of Daily Living are defined as:</p> <p><b>1. Washing</b> - 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;</p> <p><b>2. Dressing</b> - the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;</p> <p><b>3. Transferring</b> - the ability to move from a bed to an upright chair or wheelchair and vice versa;</p> <p><b>4. Toileting</b> - the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;</p> <p><b>5. Feeding</b> - the ability to feed oneself once food has been prepared and made available.</p> <p>Coverage for this impairment will cease at age sixty-six (66) or on maturity date/expiry date, whichever is earlier</p> <p><b>Exclusion -</b></p> <ul style="list-style-type: none"> <li>▪ Drug-induced or toxic causes of Parkinsonism are excluded.</li> </ul>

<p>Parkinson's Disease</p>	<p>The unequivocal diagnosis of idiopathic Parkinson's Disease by a consultant neurologist. This diagnosis must be supported by all of the following conditions:</p> <ol style="list-style-type: none"> <li>1) The disease cannot be controlled with medication; and</li> <li>2) There are objective signs of progressive deterioration; and</li> <li>3) There is an inability of the Life Insured to perform (whether aided or unaided) at least 3 of the following five (5) "Activities of Daily Living" for a continuous period of at least 6 months:</li> </ol> <p>Activities of Daily Living are defined as:</p> <ol style="list-style-type: none"> <li>1. <b>Washing</b> - 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;</li> <li>2. <b>Dressing</b> - the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;</li> <li>3. <b>Transferring</b> - the ability to move from a bed to an upright chair or wheelchair and vice versa;</li> <li>4. <b>Toileting</b> - the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;</li> <li>5. <b>Feeding</b> - the ability to feed oneself once food has been prepared and made available.</li> </ol> <p>Coverage for this impairment will cease at age sixty-six (66) or on maturity data/expiry date, whichever is earlier</p> <p><b>Exclusion -</b></p> <ul style="list-style-type: none"> <li>▪ Drug-induced or toxic causes of Parkinsonism are excluded.</li> </ul>
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<p>Medullary Cystic Disease</p>	<p>Medullary Cystic Disease is a disease where the following criteria are met:</p> <ol style="list-style-type: none"> <li>1. The presence in the kidney of multiple cysts in the renal medulla accompanied by the presence of tubular atrophy and interstitial fibrosis;</li> <li>2. Clinical manifestations of anemia, polyuria and progressive deterioration in kidney function; and</li> <li>3. The diagnosis of medullary cystic disease is confirmed by renal biopsy.</li> </ol> <p><b>Exclusion -</b></p> <ul style="list-style-type: none"> <li>▪ Isolated or benign kidney cysts are specifically excluded</li> </ul>
<p>Systematic Lupus Erythematosus</p>	<p>The unequivocal diagnosis by a consultant physician of systemic lupus erythematosus (SLE) with evidence of malar rash, discoid rash, photosensitivity, multi-articular arthritis, and serositis. There must also be hematological and immunological abnormalities consistent with the diagnosis of SLE. There must also be a positive antinuclear antibody test. There must also be evidence of central nervous system or renal impairment with either</p> <ol style="list-style-type: none"> <li>a) Renal involvement is defined as either persistent proteinuria greater than 0.5 grams per day or a spot urine showing 3+ or greater proteinuria</li> <li>b) Central nervous system involvement with permanent neurological dysfunction as evidenced with objective motor or sensory neurological abnormal signs on physical examination by a neurologist and present for at least 3 months. Seizures, headaches, cognitive and psychiatric abnormalities are not considered under this definition as evidence of “permanent neurological dysfunction”.</li> </ol> <p><b>Exclusion -</b></p> <ul style="list-style-type: none"> <li>▪ Discoid lupus and medication induced lupus</li> </ul>

Aplastic Anaemia	<p>Aplastic Anemia is chronic persistent bone marrow failure. A certified hematologist must make the diagnosis of severe irreversible aplastic anemia. There must be permanent bone marrow failure resulting in bone marrow cellularity of less than 25% and there must be two of the following:</p> <ol style="list-style-type: none"> <li>1. Absolute neutrophil count of less than 500/mm<sup>3</sup></li> <li>2. Platelets count less than 20,000/mm<sup>3</sup></li> <li>3. Reticulocyte count of less than 20,000/mm<sup>3</sup></li> </ol> <p>The insured must be receiving treatment for more than 3 consecutive months with frequent blood product transfusions, bone marrow stimulating agents, or immunosuppressive agents or the insured has received a bone marrow or cord blood stem cell transplant.</p> <p><b>Exclusion -</b></p> <ul style="list-style-type: none"> <li>▪ Temporary or reversible aplastic anemia</li> </ul>
Poliomyelitis	<p>The occurrence of Poliomyelitis where the following conditions are met:</p> <ul style="list-style-type: none"> <li>▪ Poliovirus is identified as the cause; and</li> <li>▪ Paralysis of the limb muscles or respiratory muscles must be present and persist for at least 3 months as confirmed by a consultant neurologist.</li> </ul> <p><b>Exclusion -</b></p> <ul style="list-style-type: none"> <li>▪ Other causes of paralysis such as Guillain-Barre syndrome</li> </ul>
Bacterial Meningitis	<p>Bacterial meningitis is a bacterial infection of the meninges of the brain causing brain dysfunction. There must be an unequivocal diagnosis by a consultant physician of bacterial meningitis that must be proven on analysis of the cerebrospinal fluid. There must also be permanent objective neurological deficit that is present on physical examination at least 3 months after the diagnosis of the meningitis infection</p>



Encephalitis	Severe inflammation of the brain substance (cerebral hemisphere, brainstem or cerebellum) caused by viral infection and resulting in permanent neurological deficit. This diagnosis must be certified by a consultant neurologist and the permanent neurological deficit must be documented for at least 6 weeks.
Progressive Supra Nuclear Palsy	Progressive supranuclear palsy occurring independently of all other causes and resulting in permanent neurological deficit, which is directly responsible for a permanent inability to perform at least two (2) of the Activities of Daily Living. The diagnosis of the Progressive Supranuclear Palsy must be confirmed by a registered Medical Practitioner who is a neurologist
Severe Rheumatoid Arthritis	<p>The unequivocal diagnosis of Rheumatoid Arthritis must be made by a certified medical consultant based on clinically accepted criteria. There must be imaging evidence of erosions with widespread joint destruction in three or more of the following joint areas: hands, wrists, elbows, knees, hips, ankle, cervical spine or feet. There must also be typical rheumatoid joint deformities.</p> <p>There must be history of treatment or current treatment with disease-modifying anti-rheumatic drugs, or DMARDs. Non-steroidal anti-inflammatory drugs such as acetylsalicylic acid are not considered a DMARD drug under this definition.</p> <p><b>Exclusion -</b></p> <ul style="list-style-type: none"> <li>▪ Degenerative osteoarthritis and all other forms of arthritis</li> </ul>
Creutzfeldt- Jakob Disease	Creutzfeldt-Jacob disease is an incurable brain infection that causes rapidly progressive deterioration of mental function and movement. A neurologist must make a definite diagnosis of Creutzfeldt-Jacob disease based on clinical assessment, EEG and imaging. There must be objective neurological abnormalities on exam along with severe progressive dementia

Fulminant Viral Hepatitis	<p>A submassive to massive necrosis of the liver by any virus, leading precipitously to liver failure. This diagnosis must be supported by all of the following:</p> <ul style="list-style-type: none"> <li>▪ rapid decreasing of liver size;</li> <li>▪ necrosis involving entire lobules, leaving only a collapsed reticular framework;</li> <li>▪ rapid deterioration of liver function tests;</li> <li>▪ deepening jaundice; and</li> <li>▪ hepatic encephalopathy.</li> </ul> <p>Acute Hepatitis infection or carrier status alone, does not meet the diagnostic criteria</p>
Pneumonectomy	<p>The undergoing of surgery on the advice of a consultant medical specialist to remove an entire lung for any physical injury or disease</p>

**17. What are the conditions in which the benefits of this policy will not be paid?**

**Exclusion under the policy:**

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 36 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 36 months prior to the effective date of the policy or its reinstatement

- c. A condition for which any symptoms and or signs if presented and have resulted within three months of the issuance of the policy in a diagnostic illness or medical condition.

After completion of 36 months from date of issuance or reinstatement, as the case may be, pre-existing disease 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 peace time.
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. Congenital Anomaly which is in the visible and accessible parts of the body and present since birth, and which is abnormal with reference to form, structure or position is called External Congenital Anomaly
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
11. Disease specific exclusions as mentioned in the Important Definition

### **18. Nomination**

Allowed as per the provisions of Section 39 of the Insurance Act, 1938 as amended from time to time. For more details on the nomination, please refer to our website [www.indiafirstlife.com](http://www.indiafirstlife.com)

### **19. Assignment**

Allowed 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](http://www.indiafirstlife.com)

### **20. Prohibition of Rebate**

As per provisions of Section 41 of the Insurance Act, 1938 as amended from time to time. No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer. Provided that acceptance by an insurance agent of commission in connection with a policy of life insurance taken out by himself on his own life shall not be deemed to be acceptance of a rebate of premium within the meaning of this subsection if at the time of such acceptance the insurance agent satisfies the prescribed conditions establishing that

he is a bonafide insurance agent employed by the insurer. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees. For more details please refer to our website [www.indiafirstlife.com](http://www.indiafirstlife.com)

### **21. What happens in the case of submission of information which is false or incorrect?**

A Policy may be called into question as per the provisions of Section 45 of Insurance Act, 1938. A simplified version of the provisions of Section 45 is provided below:

1. No Policy of Life Insurance shall be called in question on any ground whatsoever after expiry of 3 years from
  - a. the date of issuance of policy or
  - b. the date of commencement of risk or
  - c. the date of revival of policy or
  - d. the date of rider to the policy whichever is later.
- 2) On the ground of fraud, a policy of Life Insurance may be called in question within 3 years from
  - a. the date of issuance of policy or
  - b. the date of commencement of risk or
  - c. the date of revival of policy or
  - d. the date of rider to the policy whichever is later.

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

- 3) Fraud means any of the following acts committed by insured or by his agent, with the intent to deceive the insurer or to induce the insurer to issue a life insurance policy:
  - a. The suggestion, as a fact of that which is not true and which the insured does not believe to be true;
  - b. The active concealment of a fact by the insured having knowledge or belief of the fact;
  - c. Any other act fitted to deceive; and
  - d. Any such act or omission as the law specifically declares to be fraudulent.
- 4) Mere silence is not fraud unless, depending on circumstances of the case, it is the duty of the insured or his agent keeping silence to speak or silence is in itself equivalent to speak.
- 5) No Insurer shall repudiate a life insurance Policy on the ground of Fraud, if the Insured / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of material fact are within the knowledge of the insurer. Onus of disproving is upon the policyholder, if alive, or beneficiaries.
- 6) Life insurance Policy can be called in question within 3 years on the ground that any statement of or suppression of a fact material to

expectancy of life of the insured was incorrectly made in the proposal or other document basis which policy was issued or revived or rider issued. For this, the insurer should communicate in writing to the insured or legal representative or nominee or assignees of insured, as applicable, mentioning the ground and materials on which decision to repudiate the policy of life insurance is based.

7) In case repudiation is on ground of mis-statement and not on fraud, the premium collected on policy till the date of repudiation shall be paid to the insured or legal representative or nominee or assignees of insured, within a period of 90 days from the date of repudiation.

8) Fact shall not be considered material unless it has a direct bearing on the risk undertaken by the insurer. The onus is on insurer to show that if the insurer had been aware of the said fact, no life insurance policy would have been issued to the insured.

9) The insurer can call for proof of age at any time if he is entitled to do so and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof of age of life insured. So, this Section will not be applicable for questioning age or adjustment based on proof of age submitted subsequently.

***[Disclaimer: This is not a comprehensive list of amendments of Insurance Laws (Amendment) Act,***

***2015 and only a simplified version prepared for general information. Policy Holders are advised to refer to Insurance Laws (Amendment) Act, 2015 dated 23.03.2015 for complete and accurate details.]***

## **22. Policy Servicing & Grievance Handling Mechanism**

You may contact us in case of any grievance at any of our branches or at Customer Care, IndiaFirst Life Insurance Company Ltd, 12th & 13th floor, North [C] Wing, Tower 4, Nesco IT Park, Nesco Center, Western Express Highway, Goregaon (East), Mumbai - 400 063, Contact No.: 1800 209 8700, Email id: customer.first@indiafirstlife.com. IRDAI Regn No. 143. CIN: U66010MH2008PLC183679

a. An acknowledgment to all such grievances received will be sent immediately from the date of receipt of the grievance

b. A written communication giving reasons of either redressing or rejecting the grievance will be sent to you within 14 days from the date of receipt of the grievance. In case We don't receive a revert from You within 8 weeks from the date of registration of grievance, We will treat the complaint as closed.

However, if you are not satisfied with our resolution provided or have not received any response within 14, then, you may approach our Grievance Officer at the nearest IndiaFirst Life Insurance's branch or you may write to our Grievance Redressal Officer at [grievance.redressal@indiafirstlife.com](mailto:grievance.redressal@indiafirstlife.com).

c. If you are not satisfied with the resolution or have not received any response within 14 days then you can contact the insurance ombudsman. For the list of ombudsman office please refer Annexure B

d. Further, you may approach the Grievance Cell of the Insurance Regulatory and Development Authority of India (IRDAI) on the following contact details:

IRDAI Grievance Call Centre (IGCC)  
TOLL FREE NO: 155255/18004254732

Email ID: [complaints@irdai.gov.in](mailto:complaints@irdai.gov.in)

You can also register your complaint online at <https://bimabharosa.irdai.gov.in/>

Address for communication for complaints by post:

Policyholder Protection & Grievance Redressal Department (PPGR) - Grievance Redressal Cell,

Insurance Regulatory and Development Authority of India,

Sy. No. 115/1, Financial District, Nanakramguda

Gachibowli, Hyderabad- 500032, Telangana

IRDAI TOLL FREE NO: 18004254732

\*Tax exemptions are as per applicable tax laws from time to time.

**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. [www.indiafirstlife.com](http://www.indiafirstlife.com) SMS to 5667735 SMS Charges apply.

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- IRDAI or its official do not involve in activities like selling insurance policies, announcing bonus or investment of premiums. Public receiving such phone calls are requested to lodge a police complaint.