



Because continuity through
life's uncertainties is a certainty

IndiaFirst Life Group Disability Rider Plan

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

Before You Start Reading

Important Note

IndiaFirst Life Group Disability Rider Plan 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.

In today's scenarios, with the increase in the number of instances of untoward happenings, it is imperative to shield the family's future. An unexpected incident may affect the entire household budget and upset one's planning. As a responsible organization you would like to safeguard your employee/ member and their family's future against any such eventualities. Providing that additional care, we present IndiaFirst Life Group Disability Rider- a supplementary layer of coverage that provides extra financial fortification to your loved ones when you are not being able to do so. Making sure you remain your family's hero today and always!

2. What is the eligibility criteria in the policy?

Minimum Entry Age: 18 years last birthday

Maximum Entry Age

| Event | One-year renewable Group Term Insurance Products | Group Credit Life Insurance products |
|-----------------------------|--|--------------------------------------|
| ATPD | 69 years | 69 years |
| TPD (Accident &/or illness) | 65 years | 65 years |
| PPD (Accident &/or illness) | 65 years | 65 years |

Key Features

- Flexibility to choose from 3 coverage options
- Enhanced protection at an affordable price
- Financial protection of the Member against any type of disability
- Tax* benefit may be available on the premiums paid and benefits received as per prevailing tax* laws.

1. What is the IndiaFirst Life Group Disability Rider Plan?

IndiaFirst Life Group Disability Rider Plan is a Non-linked, Non-participating, Group, Health, Pure Risk Rider which may be attached to one-year renewable Group Term Insurance Products and Group Credit Life Insurance 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.

Maximum Maturity Age

| Event | One-year renewable Group Term Insurance Products | Group Credit Life Insurance Products |
|-----------------------------|--|--------------------------------------|
| ATPD | 70 years | 70 years |
| TPD (Accident &/or illness) | 66 years | 70 years |
| PPD (Accident &/or illness) | 66 years | 70 years |

The maximum age at maturity will always be less than or equal to base plan.

In case of credit linked type policies, rider benefit option will be available for life assured under single life cover and only main/primary borrower under 100% first claim for joint life cover and all co-borrowers under loan sharing basis, subject to the rider Sum Assured and premium being less than Base Policy.

In case of rider claim for any life under co-sharing arrangement, rider cover ceases for that member and will not be renewed further for that member. However, benefit cover will continue for remaining co-borrowers and future rider premium, only for remaining co-borrowers, if any will be payable and benefit cover will continue as per terms and conditions of the rider policy

| | |
|--------------------|--|
| Minimum Group Size | Same as base plan or 5 members for any group micro insurance plan; Same as base plan or 7 members for any scheme except group micro insurance plan; |
| Maximum Group Size | No limit |

3. What is the rider term and the premium payment term in the policy?

The rider term as well as the premium payment term will be same as that of the base plan, subject to a minimum of 1 year and maximum of 5 years (credit linked policies). The rider will not be offered if the term of the rider exceeds outstanding term under the base policy.

4. What are the premiums and premium paying modes available in the policy?

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

Premium will be based on rating factor eg. Sum Assured or Cover amount, Commission rate, Loan interest rate, Cover tenure, Age of Life Assured, Nature & size of the group, Type of Loan, type of financial institution and any other rating factors as applicable.

5. What are the options available under this policy?

There are three rider options in the policy which the Master Policyholder/Member can choose at the inception of the cover commencement:

- a. **Accidental Total Permanent Disability Benefit (ATPD):** If the member is totally and permanently disabled as a result of an accident during the term of the rider, the member would receive a lump sum benefit equal to rider Sum Insured.
- b. **Total Permanent Disability (TPD) due to accident and/or illness:** If the member is totally and permanently disabled as a result of an accident or illness during the term of the rider, the member would receive a lump sum benefit equal to rider Sum Insured
- c. **Partial Permanent Disability (PPD) due to accident and/or illness:** If the member is partially and permanently disabled as a result of an accident, injury or illness during the term of the rider, the member would receive a lump sum benefit equal to 50% of rider Sum Insured on first event and the remaining 50% of rider Sum Insured on second event.

| Rider Options | Coverage Option | Description | Details |
|------------------------|---|---|--|
| Group Disability Rider | Accidental Total Permanent Disability Benefit (ATPD) | 100% Rider Sum Insured paid out on Accidental Total Permanent Disability during the term of policy | This option provides a lump sum benefit equal to rider Sum Insured in the event of total and permanent disability of the member due to an accident during the term of the rider. The rider terminates once the full amount is paid. |
| | Total Permanent Disability (TPD) due to accident and/or illness | 100% Rider Sum Insured paid out on Total Permanent Disability due to accident/illness during the term of policy | This option provides a lump sum benefit equal to rider Sum Insured in the event of total and permanent disability of the member due to an accident or illness during the term of the rider. The rider terminates on payment of rider benefit. Premium is continued to be paid till the time it is established that the disability is permanent. Once the permanency of the disability is established, the premium paid, if any, from the date of accident is refunded, along-with eligible disability benefit |

| | | | | | | | | | | | | | |
|---------------------------|--|---|--|---------------------------|-----|----------------|-----|--------------------------|-----|------------------|-----|------------------|-----|
| | <p>Partial Permanent Disability (PPD) due to accident and/or illness</p> | <p>50% of Rider Sum Insured on first event and 50% of Rider Sum Insured on second event</p> | <p>If the member is partially and permanently disabled as a result of an accident, injury or illness during the term of the rider, the member would receive a lump sum benefit equal to 50% of rider Sum Insured on first event and the remaining 50% of rider Sum Insured on second event.</p> <p>In order for opted benefit to be payable, such disability (Partial & Permanent Disability) must have persisted for a period of at least 180 days and must in opinion of a specialized medical practitioner, appointed by the insurer, be deemed permanent. If the Partial & Permanent Disability is due to accident/injury, then claim needs to be admitted within 90 days of accident/injury.</p> <p>In case of physical severance of the hand at or above the wrist or foot at or above the ankle joint the 180 days deferment period shall not be applicable.</p> <p>Benefit payable will be percentage of the opted Sum Insured as per the nature of disability sustained. The percentages payable depending on the nature of disability are mentioned in the table below</p> <table border="1" data-bbox="652 1187 1042 1367"> <tr> <td>Loss of hearing-both ears</td> <td>50%</td> </tr> <tr> <td>Loss of speech</td> <td>50%</td> </tr> <tr> <td>Loss of sight of one eye</td> <td>50%</td> </tr> <tr> <td>Loss of one hand</td> <td>50%</td> </tr> <tr> <td>Loss of one foot</td> <td>50%</td> </tr> </table> | Loss of hearing-both ears | 50% | Loss of speech | 50% | Loss of sight of one eye | 50% | Loss of one hand | 50% | Loss of one foot | 50% |
| Loss of hearing-both ears | 50% | | | | | | | | | | | | |
| Loss of speech | 50% | | | | | | | | | | | | |
| Loss of sight of one eye | 50% | | | | | | | | | | | | |
| Loss of one hand | 50% | | | | | | | | | | | | |
| Loss of one foot | 50% | | | | | | | | | | | | |

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

Accidental Total Permanent Disability Benefit (ATPD)

If the member is totally and permanently disabled as a result of an accident during the term of the rider, the member would receive a lump sum benefit equal to rider Sum Assured.

'Total and Permanent Disability' or 'TPD' means disablement, of the Person Insured, which meets one or both of the two definitions mentioned below:

TPD benefit can be claimed only once in the life time starting from the first year of membership.

In the event of death of the Person Insured within the above period, no benefits will be payable under Total and Permanent Disability

Total and Permanent Disability should occur within 90 days of the accident independent of any other causes from the date of the Accident

The insurer will have the right to evaluate the insured to confirm total and permanent disability.

Definition 1: Loss of use of limbs or visual loss

As a result of accidental bodily injury the Life Assured has suffered

- Loss of the use of both limbs; or
- Loss of the sight in both eyes (Blindness); or
- Loss of the use of one limb and the sight of one eye

The loss of a limb means the physical separation of a limb, at or above the wrist or ankle level as a result of injury. This will include medically necessary

amputation necessitated by injury. The separation has to be permanent without any chance of surgical correction. Loss of a limb resulting directly or indirectly from self-inflicted injury, alcohol or drug abuse is excluded. The loss of use of the particular limb must be certified by a relevant Medical Practitioner and documented for an uninterrupted period of at least six months.

1. The total loss of vision in one eye means total, permanent and irreversible loss of all vision in an eye as a result of accident.

2. Loss of sight in both eyes - (Blindness) evidenced by:

I. Total, permanent and irreversible loss of all vision in both eyes as a result of accident

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

II. The diagnosis of blindness or the total loss of vision in one eye must be confirmed and must not be correctable by aids or surgical procedure

Definition 2:

Loss of independent living

Permanent Loss of ability through an injury caused solely by an accident, to do at least 3 of the 6 tasks listed below ever again. Total and Permanent Disability should occur within 90 days of the accident independent of any other causes.

For the purpose of this benefit, the word “permanent” shall mean beyond the scope of recovery with current medical knowledge and technology.

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. Loss of independent living must be medically documented for an uninterrupted period of at least six months.

The tasks 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

Proof of the same must be submitted to the Insurer while the Person Insured is

alive and permanently disabled. The relevant specialist Medical Practitioner and the Insurer's appointed Medical Practitioner, both must reasonably expect that the disability will last throughout life with no prospect of improvement, irrespective of when the cover ends. The Insurer will have the right to evaluate the insured person to confirm total and permanent disability

Total Permanent Disability (TPD)

'Total and Permanent Disability' or 'TPD' means disablement, of the Person Insured, which meets one or both of the two definitions mentioned below:

TPD benefit can be claimed only once in the life time starting from the first year of membership.

In the event of death of the Person Insured within the above period, no benefits will be payable under Total and Permanent Disability

Total and Permanent Disability due to sickness or an accident caused solely by external, violent, unforeseeable and visible means, occurring independently of any other causes should be established within 90 days of such trauma, proved to the satisfaction of the insurer, subject to conditions for Total and Permanent Disability, being met and acceptance of the claim by the insurer.

The insurer will have the right to evaluate the insured to confirm total and permanent disability.

Definition 1: Loss of use of limbs or visual loss

As a result of accidental bodily injury or sickness the Life Assured has suffered

- Loss of the use of both limbs; or
- Loss of the sight in both eyes (Blindness); or
- Loss of the use of one limb and the sight of one eye

The loss of a limb means the physical separation of a limb, at or above the wrist or ankle level 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 a limb resulting directly or indirectly from self-inflicted injury, alcohol or drug abuse is excluded. The loss of use of the particular limb must be certified by a relevant Medical Practitioner and documented for an uninterrupted period of at least six months.

In case of physical severance of the hand at or above the wrist or foot at or above the ankle joint the 180 days deferment period shall not be applicable

1. The total loss of vision in one eye means total, permanent and irreversible loss of all vision.
2. Loss of sight in both eyes - (Blindness) evidenced by:
 - I. Total, permanent and irreversible loss of all vision in both eyes as a result of illness or accident.

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

II. The diagnosis of blindness or the total loss of vision in one eye must be confirmed and must not be correctable by aids or surgical procedure

Definition 2:

Loss of independent living

For the purpose of this benefit, the word “permanent” shall mean beyond the scope of recovery with current medical knowledge and technology.

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. Loss of independent living must be medically documented for an uninterrupted period of at least six months.

The Person Insured is permanently unable to perform independently three or more of the following six activities of daily living :

The tasks 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

Proof of the same must be submitted to the Insurer while the Person Insured is alive and permanently disabled. The relevant specialist Medical Practitioner and the Insurer's appointed Medical Practitioner, both must reasonably expect that the disability will last throughout life with no prospect of improvement, irrespective of when the cover ends. The Insurer will have the right to evaluate the insured person to confirm total and permanent disability.

Premium is continued to be paid till the time it is established that the accidental disability is permanent. Once the permanency of the disability is established, the premium paid, if any from the date of accident is refunded, along-with eligible disability benefit

Partial Permanent Disability (PPD)

A member shall be regarded as being partially & permanently disabled, only if that life, as a result of sickness, injury or accident subject to the following PPD table.

Benefit payable will be percentage of the opted Sum Assured as per the nature of disability sustained. The percentages payable depending on the nature of disability are mentioned in the table below:

| | |
|---------------------------|-----|
| Loss of hearing-both ears | 50% |
| Loss of speech | 50% |
| Loss of sight of one eye | 50% |
| Loss of one hand | 50% |
| Loss of one foot | 50% |

Loss of sight in one eye:

Total, permanent and irreversible loss of all vision in an eye as a result of illness or accident.

it is evidenced by:

- i. corrected visual acuity being 3/60 or less in the affected eye or;
- ii. the field of vision being less than 10 degrees in the affected eye.

The diagnosis of loss of sight must be confirmed and must not be correctable by aids or surgical procedure

Loss of Hearing:

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:

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. All psychiatric related causes are excluded.

Loss of hand or foot:

The physical separation of hand or foot 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.

Illness means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical treatment.

Accident:

An accident is a sudden, unforeseen and involuntary event caused by external, violent and visible means

Injury:

Injury means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a Medical Practitioner.

Medical Practitioner:

Medical Practitioner means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian

Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within its scope and jurisdiction of license.

The Medical practitioner should not be

- the policyholder/insured person himself/herself; or
- an authorized insurance intermediary (or related persons) involved with selling or servicing the insurance contract in question; or
- employed by or under contractual engagement with the insurance company;
- related to the policyholder/insured person by blood or marriage

You as a Master policyholder or your member can choose any one or both of the above options.

6. What is the sum insured in this policy?

The sum insured in the policy will be as decided by you or your member as per the need. However, the minimum sum insured would be the base plan's minimum sum insured or Rs. 10,000, whichever is lower of the two.

| Rider Option | Maximum per Life |
|------------------------------|--|
| ATPD | Base Life cover subject to max of 2 Cr |
| TPD (Accident &/ or illness) | Base Life cover subject to max of 2 Cr |
| PPD (Accident &/ or illness) | Base Life cover subject to max of 2 Cr |

Note:

*Rider benefit is limited to a maximum of 100% of Base Life cover

7. 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 cancelation requests by member/ Master Policyholder
- On payment of rider Sum Assured against a valid claim
- On the date of intimation of repudiation of claim
- 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/ terminated or canceled for any reason 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 term/PPT would be aligned to the outstanding term/PPT of the base policy.
- On receipt of written request for cancelation/surrender of this rider, effective from the next Rider Premium due date, provided no surrender/ termination value has been paid.
- On cancelation/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.

8. What do you receive at the end of the policy term?

There is no maturity benefit payable under this policy.

9. What are the tax benefits in this policy?

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.

10. Can I surrender this rider policy?

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

There is no surrender / termination value under regular premium option.

The surrender / termination value is calculated as -

Under One-year renewable Group Term insurance products there is no surrender/termination value.

Under Group Credit Life Insurance products:

- 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 month

- 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:

$$50\% \times \text{Premiums Paid} \times \left\{ 1 - \frac{M}{P} \right\} \times \left(\frac{\text{Premiums Paid}}{\text{Total Premiums payable under the policy}} \right)$$

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

11. Can I get a loan in this Rider policy?

No, loan is not allowed in this Rider policy.

12. 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.

13. What if you miss paying your premiums?

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.

What are your options to revive the

Rider policy?

The Revival period shall be a period of five years starting from the last premium due date. You can revive your policy within a Revival Period along with the base plan from the date of first unpaid premium subject to applicable Board approved underwriting. There is no revival charge or penal interest/Late fees on revival. If rider has lapsed and not is revived within Revival Period or rider is opted out from base policy, then it cannot be included in the future period of the policy. On revival, if allowed, all due unpaid premium will be collected without any interest/Late fees and cover continues subject to Board approved underwriting policy.

Are there any constraints to revive your Rider policy?

Yes. You can revive your policy as long as you do it within Revival Period as per base policy years from the due date of the first unpaid premium but before the maturity date. 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 will be same as per the base policy and 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

15. What is the Free Look Period available in your Rider policy?

Yes, you can return your policy 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 Rider policy 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 Rider 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. Is there any waiting period applicable under this policy?

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

The waiting period for this benefit is defined as the period starting from policy or membership inception or date of revival during which no Disability benefit due to illness are

payable.

Waiting period is not applicable for disability due to Accident.

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

Exclusions for ATPD:

Total and Permanent Disability (due to accident) shall not be paid if disability occurring directly or indirectly due to or caused, occasioned, accelerated or aggravated by any of the following:

1. Suicide or self-inflicted injury, whether the life assured is medically sane or insane.
2. War, terrorism, invasion, act of foreign enemy, hostilities, civil war, martial law, rebellion, revolution, insurrection, military or usurper power, civil commotion. War means any war whether declared or not.
3. Service in the armed forces, or any police organization, of any country at war or service in any force of an international body
4. Taking part in any naval, military or air force operation during peace time.
5. Committing an assault, a criminal offence, an illegal activity or any breach of law with criminal intent.
6. 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
7. Poison, gas or fumes (voluntary or involuntarily, accidentally or otherwise taken, administered,

absorbed or inhaled).

8. 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.
9. Taking part in professional sport(s) or any adventurous pursuits or hobbies. "Adventurous Pursuits or Hobbies" includes any kind of racing (other than on foot or swimming), potholing, rock climbing (except on man-made walls), hunting, mountaineering or climbing requiring the use of ropes or guides, any underwater activities involving the use of underwater breathing apparatus including deep sea diving, sky diving, cliff diving, bungee jumping, paragliding, hand gliding and parachuting.
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.

Exclusions for Partial and Permanent disability (Accident or Illness):

The life assured will not be entitled to any benefits directly or indirectly due to or caused, occasioned, accelerated or aggravated by any of the following:

1. Pre-Existing disease:

Pre-Existing disease is defined as any condition, ailment or injury

- 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

After completion of 36 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 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 refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.

External Congenital Anomaly which is in the visible and accessible parts of the body

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.

Exclusions for Total and Permanent disability (Accident or illness):

The life assured will not be entitled to any benefits directly or indirectly due to or caused, occasioned, accelerated or aggravated by any of the following:

1. Pre-Existing disease: Pre-Existing disease is defined as any condition, ailment or injury

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

After completion of 36 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 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 refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.

External Congenital Anomaly which is in the visible and accessible parts of the body

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.

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

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

20. 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

- 1) 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 prospectuses or tables of the insurer.

- 2) Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakhs rupees.

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, as amended from time to time. 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 the exact text 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.

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)
TOLLFREE NO:155255/18004254732

Email ID: 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.

Disclaimers: 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 SMS to 5667735 SMS Charges apply.

IndiaFirst Life Insurance Company Limited is only the name of the Life Insurance Company and IndiaFirst Life Group Disability Rider Plan is the name of the Group Rider 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 Disability Rider (UIN 143B004V02)

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BEWARE OF SPURIOUS PHONE CALLS AND FICTIOUS/ FRAUDULENT OFFERS

- 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.