You get married. You have children. You get them married. You retire.

Isn't life full of certainties?

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Applicable taxes levied as per extant tax laws shall be deducted from the premium or from the allotted units as applicable.

Disclaimer: IndiaFirst Life Insurance Company Limited, IRDAI Regn No.143, CIN: U66010MH2008PLC183679, Address: 12th & 13th floor, North Tower, Building 4, Nesco IT Park, Nesco Centre, Western Express Highway, Goregaon (East), Mumbai – 400 063. Toll free No – 18002098700. Email id: customer.first@indiafirstlife.com, Website: www.indiafirstlife.com. Fax No.: +912268570600. Trade logo displayed above belongs to our promoter M/s Bank of Baroda and is used by IndiaFirst Life Insurance Co. Ltd under License.

BEWARE OF SPURIOUS / FRAUD PHONE CALLS

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

PART A

INDIAFIRST LIFE INSURANCE COMPANY LIMITED

Regd. & Corporate Office: 12th & 13th Floor, North [C] Wing, Tower 4, NESCO IT Park, Nesco Center, Western Express Highway, Goregaon (East), Mumbai - 400063.
IRDAI Regn No. 143. CIN: U66010MH2008PLC183679.

To,
xxxx
Add 1,
Add 2.
Pin code – xxx xxx

IndiaFirst Life e-Term Plus Plan – UIN: 143N064V01

(Non-Linked, Non-Participating, Individual Pure Risk Premium, Life Insurance Plan)

Dear Customer,

Congratulations!

You have taken a step towards insuring your 'Happy Family' and we are glad to be part of this journey with you.

All our products have been designed to be simple and easy to understand, providing true value for money.

We have provided you the relevant information about your policy in this policy document. This document is simple to understand. Please read it carefully to ensure that this is the right policy for your financial needs.

You have a free look period of 15 days from the date of receipt of the policy document and a period of 30 days in case of electronic policies and policies obtained through Distance Marketing, to review the terms and conditions of the policy and in case you disagree to any of those terms or conditions, you shall have the option to return the policy to us for cancellation, stating the reasons for your objection, then you shall be entitled to a refund of the premium paid subject only to a deduction of a proportionate risk premium for the period of cover and the expenses incurred by us on medical examination of the life to be assured and stamp duty charges. Such a request received by us for free look cancellation of the policy shall be processed and premium refunded within 15 days of receipt of the request.

In case of any communication in respect of the policy; You may contact Us at 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. . You can also write to Us at customer.first@indiafirstlife.com or contact us on 1800 209 8700.

Thank you once again for choosing IndiaFirst.

Yours truly,

Authorised Signatory

Insurance Intermediary Details

Name:	
Intermediary Code:	
Telephone No.:	
Address:	
E-mail ID :	

IndiaFirst Life e-Term Plus Plan
(Non-Linked, Non-Participating, Individual Pure Risk Premium, Life Insurance Plan)
UIN [143N064V01]

The Policyholder and the Life Assured named in the Policy Schedule have submitted the Proposal Form together with a personal statement and paid the first instalment of Premium specified herein to the Company for grant of the benefits specified in the Policy Schedule. It is agreed by the Policyholder, the Life Assured and the Company that the Proposal Form and the personal statement together with any report or other documents shall form the basis for issuance of this Policy and that the grant of the benefits under this Policy is subject to due receipt of subsequent instalments of Premiums and due compliance with the terms and conditions contained in this document.

Subject to the terms and conditions of this Policy, the Company agrees that the benefits under this Policy shall become payable on the death of the Life Assured during the Policy Term or on occurrence of the covered event during the Policy Term, as the case may be.

It is further hereby declared that every endorsement issued on this Policy by the Company shall be deemed to be a part of this Policy.

Signed by and on behalf of

IndiaFirst Life Insurance Company Limited

Authorised Signatory

Annexure A - Policy Schedule

I. Policyholder and Life Assured Details

Policyholder's Name:	
Age:	
Date of Birth:	DD|MM|YY
Relationship with Life Assured	
Policyholder's Address:	
Telephone No./ Mobile No:	
Life Assured's Name:	
Date of Birth:	DD|MM|YY
Age admitted:	Yes / No
Client ID:	
Gender:	
Life Assured's Address:	
Telephone No./ Mobile No	

II. Policy Details

Company Name:	IndiaFirst Life Insurance Company Limited
Product Name:	IndiaFirst Life e-Term Plus Plan
UIN:	143N064V01
Policy Number:	
Proposal Form Number:	
Policy Commencement Date:	DD|MM|YY
Risk Commencement Date	DD|MM|YY
Maturity Date:	DD|MM|YY

III. Premium and Benefit Details

<<Sum Assured >>:	<<Sum Assured for Accidental Death (if chosen Accident Shield Benefit>>:
Coverage Option:	Number of years for Income: <<5 years>> (if Income Benefit, Disability Shield Benefit and Critical Illness Protector Benefit is chosen)
Disability/ Critical Illness Benefit Option: <<Lumpsum>> <<Income (5 years)>> (if Disability Shield Benefit and Critical Illness Protector Benefit is chosen)	Premium Break Option <<Yes>> <<No>>
Policy Term:	Premium Paying Term:
Premium Payment Mode: Annual/ Half Yearly/ Quarterly / Monthly / Single	Premium Due Dates: DD|MM|YY|
Due Date for Payment of Last Regular Premium: DD|MM|YY|	Annualized Premium:
Premium for First Year:	
Installment Premium (in INR):	Extra Premium, if any:
Applicable Taxes (in INR):	Total Premium (including Applicable Taxes) in INR:
Premium for Second Year onwards:	
Installment Premium (in INR):	Extra Premium, if any:
Applicable Taxes (in INR):	Total Premium (including Applicable Taxes) in INR:

IV. Nominee details as per Section 39 of the Insurance Act, 1938 as amended from time to time

Nominee Name	Percentage Share	Age of Nominee	Relationship of Nominee with the Life Assured	Gender of Nominee	Appointee's Name**	Gender of Appointee	Relationship of Appointee with the Life Assured

**If any of the Nominees is a minor, then, the Appointee will be the person named as the Appointee in the Proposal Form and shall be entitled to receive the death benefit from us for and on behalf of the Nominee under this Policy.

V. Insurance Distributor Details

Name:	
License Number:	
Telephone No.:	
Address:	
E-mail ID:	

VI. Special Conditions

NIL	

The stamp duty of INR_____ (Rupees in words only) paid by pay order, vide receipt no._____ dated _____.Government Notification Revenue and Forest Department No. Mudrank 2004/415/CR/690/M-1, dated 31.12.2004

Note: ON EXAMINATION OF THIS POLICY, if you notice any mistake, then, you may contact us for correction of the same. The Premium payable under this Policy may differ on the basis of the Extra Premiums, if any, the Premium payment mode chosen by you and the applicable Modal Factor. Please read the terms and conditions of this Policy carefully to understand the terms referred to in this Policy Schedule.

PART B

Definitions

We have listed below a few words, terms and phrases which have been used in this Policy along with their meaning for your easy reference.

Word	Meaning
Age	Age of the Life Assured as at the last birthday on the Policy Commencement Date and on any subsequent Policy Anniversary.
Annexure	Any annexure, endorsement attached to this Policy as changed/ modified and issued by us from time to time.
Annual Income	Annual income is yearly income as disclosed by you at the time of buying policy
Annualized Premium	An amount which is payable in a Policy Year, excluding Extra Premium, loadings for modal premiums and applicable taxes, cesses or levies, if any.
Appointee	The person appointed by you to receive the benefits under this Policy, if the Nominee is less than 18 (Eighteen) years of Age.
Assignee	Assignee is the person to whom the rights and benefits are transferred by virtue of an Assignment.
Assignment	Assignment is the process through which Policyholder can assign the rights and benefits under the policy to any other person / entity by virtue of an assignment clause under section 38 of the Insurance Act, 1938 as amended from time to time.
Distance Marketing	Distance Marketing includes every activity of solicitation (including lead generation) and sale of insurance products through the following modes: (i) Voice mode, which includes telephone-calling; (ii) Short Messaging service (SMS); (iii) Electronic mode which includes e-mail, internet and interactive television (DTH); (iv) Physical mode which includes direct postal mail and newspaper & magazine inserts; and, (v) Solicitation through any means of communication other than in person
Extra Premium	An additional amount payable by you, which is determined by us in accordance with our board approved underwriting policy. This is determined on the basis of information provided by you in the Proposal Form or on the basis of any other information submitted to us or through medical examination of the Life Assured subject to your consent.
Free Look Period	A period of 15 days (30 days if the policy is sourced through distance marketing or electronic mode) from the date of receipt of the Policy, during this period you can return the policy if you disagree to any of the terms and conditions of your policy.
Grace Period	A period of one month but not less than 30 (Thirty) days from the due date for payment of Premium for yearly, half yearly and quarterly Premium payment mode and 15 (Fifteen) days for monthly Premium payment mode. During this period the policy will be considered to be in-force.
Income Tax Act	Income Tax Act, 1961.
Installment Premium	An amount that you pay us during the Premium Paying Term at regular intervals for securing the benefits under this Policy. Your Premium is specified in the Policy Schedule.
Insurance Act	Insurance Act, 1938 and as amended from time to time
Lapse	Non-payment of premium within the expiry of grace period.
Life Assured	The person on whose life this Policy has been issued by us.
Modal Factor	A factor used by us for calculating the Premium payable by You under this Policy, if you have opted to pay the Premium through half yearly Premium payment mode or quarterly Premium payment mode or monthly Premium payment mode. The applicable Modal Factor for half yearly Premium Payment mode is 0.5119, for quarterly Premium payment mode is 0.2590 and for monthly Premium payment mode is 0.0870.
Nominee	Nominee is the person nominated by the Life Assured under this Policy who is authorized to receive the claim benefit payable under this Policy and to give a valid discharge to the Company on settlement of the claim
Policy	This IndiaFirst Life e-Term Plus Plan which includes this Policy wording (as may be changed/ modified by us subject to receipt of prior approval of the Regulatory Authority, from time to time), the Proposal Form, Annexures, the Policy Schedule, any tables, information and documents which form a part of this Policy. This Policy includes the entire contract of insurance between you and us.

Policy Anniversary	The annual anniversary of the Policy Commencement Date.
Policy Commencement Date	The date on which this Policy is issued by us. This is specified in the Policy Schedule.
Policy Schedule	The schedule attached to this Policy as Annexure A and if we have issued a revised Policy Schedule, then, such revised Policy Schedule.
Policy Term	The period which starts on the Policy Commencement Date and ends on the Maturity Date.
Policy Year	A period of 12 (Twelve) consecutive months starting from the Policy Commencement Date and ending on the day immediately preceding its annual anniversary and each subsequent period of 12 (Twelve) consecutive months thereafter during the Policy Term.
Premium	An amount that you pay us either as Single Premium or as Regular Premiums for securing the benefits under this Policy. This is specified in the Policy Schedule.
Premium Paying Term	The time period during which you need to pay your Premiums regularly to us for securing the benefits under this Policy. Your Premium Paying Term is specified in the Policy Schedule.
Proposal Form	The proposal form completed and submitted by you based on which we have issued this Policy to you.
Risk Commencement Date	The date on which the insurance coverage starts under this Policy. This is specified in the Policy Schedule.
Regulatory Authority	The Insurance Regulatory and Development Authority of India or such other authority or authorities, as may be designated/ appointed under the applicable laws and regulations as having the authority to oversee and regulate life insurance business in India.
Revival	Revival is the process of restoring the benefits under the Policy which are otherwise not available due to the nonpayment of premiums on due dates, resulting in the Policy getting lapsed.
Revival Period	The period of 5 (Five) consecutive years from the date of first nonpayment of premium during which you can pay the due unpaid Premiums without any interest to us and comply with the conditions specified in Part D, as the case may be for reviving the Policy
Sum Assured	The guaranteed amount payable on the Life Assured's death during the Policy Term provided we have received the due Premiums and this Policy is in force. The Sum Assured is specified in the Policy Schedule.
Surrender	Termination or cancellation of this Policy prior to the Maturity Date.
Surrender Value	The amount payable by us on Surrender of this Policy before the Maturity Date.
We or us or our or Insurer or Company	IndiaFirst Life Insurance Company Limited.
You or your or Policyholder or Proposer	The person named as the Policyholder in the Policy Schedule, who has taken this Policy from us.
Definitions of Accidental Total and Permanent Disability (ATPD) details of the benefit under ATPD is provided in Part C	
Accident	It is a sudden, unforeseen and involuntary event caused by external, visible means.
Accidental Total and Permanent Disability (ATPD)	ATPD means when the life assured is totally, continuously and permanently disabled and meets either of the two definitions below: • Unable to Work: Disability as a result of injury or accident and is thereby rendered totally incapable of being engaged in any work or any occupation or employment for any compensation, remuneration or profit and he/she is unlikely to ever be able to do so. • Physical Impairments: The life assured suffers an injury/accident due to which there is total and irrecoverable loss of: i. The use of two limbs; or ii. The sight of both eyes; or iii. The use of one limb and the sight of one eye; or iv. Loss by severance of two or more limbs at or above wrists or ankles; or v. The total and irrecoverable loss of sight of one eye and loss by severance of one limb at or above wrist or ankle. The disabilities as stated under "Unable to Work" and "Physical Impairments" must have lasted, without interruption, for at least 6 consecutive months and must, in the opinion of a medical practitioner be deemed permanent. The benefit will commence upon the completion of this uninterrupted period of 6 months. However, for the disabilities mentioned in (iv) and (v) under Part (2), such 6 months period would not be applicable, and the benefit will commence immediately.

Accidental Death	Accidental Death shall mean death: a. which is caused by Bodily Injury resulting from an Accident and b. which occurs due to the said Bodily Injury solely, directly and independently of any other causes and c. which occurs within 180 days of the occurrence of such Accident provided date of accident is within the policy term If death happens after date of maturity but within 180 days of the accident, the claim would still be admissible.
Injury	Injury means accidental physical bodily harm excluding illness or disease solely and directly caused by external, visible and evident means which is verified and certified by a Medical Practitioner.
Medical Practitioner	Medical practitioner is a person who holds a valid registration from the Medical Council of any state of India and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of his license and who is neither the life insured himself nor related to the life insured by blood or marriage.
For ADB & ATPD benefit, if the accident occurs even on the last day of the policy term, cover will be provided for 180 days, irrespective of termination of the risk cover.	
Definitions of Critical Illness given below, details of the benefit under CI is provided in Part C	
Waiting Period	• There will be a waiting period of 90 days from policy inception or from any subsequent reinstatement, whichever is later. • 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.
Survival Period	• There will be a survival period of 30 days applicable from the diagnosis of a critical illness for eligibility of critical illness benefit payment.
Cancer of Specified Severity	I. A malignant tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukemia, lymphoma and sarcoma. II. The following are excluded – i. All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN - 2 and CIN-3. ii. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond; iii. Malignant melanoma that has not caused invasion beyond the epidermis; iv. All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0 v. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below; vi. Chronic lymphocytic leukaemia less than RAI stage 3 vii. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification, viii. All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;
First Heart Attack of Specified Severity (Myocardial Infraction)	I. The first occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria: i. A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. typical chest pain) ii. New characteristic electrocardiogram changes iii. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers. II. The following are excluded: i. Other acute Coronary Syndromes ii. Any type of angina pectoris iii. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure
Open Chest CABG	I. The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breast bone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist. II. The following are excluded: • i. Angioplasty and/or any other intra-arterial procedures

Open Heart Replacement or Repair of Heart Valves	I. The actual undergoing of open-heart valve surgery is to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease affected cardiac valve(s). The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of surgery has to be confirmed by a specialist medical practitioner. • Catheter based techniques including but not limited to, balloon valvotomy / valvuloplasty are excluded.
Coma of specified Severity	I. A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following: i. no response to external stimuli continuously for at least 96 hours; ii. life support measures are necessary to sustain life; and iii. permanent neurological deficit which must be assessed at least 30 days after the onset of the coma. II. The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse is excluded.
Kidney Failure requiring regular dialysis	I. End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (haemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.
Stroke resulting in Permanent Symptoms	I. Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extracranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced. II. The following are excluded: i. Transient ischemic attacks (TIA) ii. Traumatic injury of the brain Vascular disease affecting only the eye or optic nerve or vestibular functions.
Major Organ or Bone Marrow Transplant	I. The actual undergoing of a transplant of: i. One of the following human organs: heart, lung, liver, kidney, pancreas ,that resulted from irreversible end-stage failure of the relevant organ, or ii. Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner. II. The following are excluded: i. Other stem-cell transplants ii. Where only islets of langerhans are transplanted
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 he 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 Symptoms	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.
Loss of Limbs	The physical separation of two or more limbs, at or above the wrist or ankle level limbs as a result of injury or disease. This will include medically necessary amputation necessitated by injury or disease. The separation has to be permanent without any chance of surgical correction. Loss of Limbs resulting directly or indirectly from self-inflicted injury, alcohol or drug abuse is excluded.
Blindness	I. Total, permanent and irreversible loss of all vision in both eyes as a result of illness or accident. II. The Blindness is evidenced by: i. corrected visual acuity being 3/60 or less in both eyes or ; ii. the field of vision being less than 10 degrees in both eyes. III. The diagnosis of blindness must be confirmed and must not be correctable by aids or surgical procedure

Alzheimer's Disease	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: Activities of Daily Living are defined as: 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; 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; 3. Transferring - the ability to move from a bed to an upright chair or wheelchair and vice versa; 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; 5. Feeding - the ability to feed oneself once food has been prepared and made available. Alcohol related brain damages are excluded. Coverage for this impairment will cease at age sixty-six (66) or on maturity data/expiry date, whichever is earlier.

PART C

1. Benefits under the policy

1.1 Risk Cover Benefit

In case of the Life Assured's untimely demise or any other covered event during the policy term provided the life cover is in force, Risk Cover Benefit will be payable to the Life Assured / Nominee(s) / Appointee / Legal Heir as per the Coverage Option opted for.

I. Life Benefit

- Under this option; death benefit of 100% of the Sum Assured is payable on death of the life assured as a lump sum during the term of the policy and policy terminates once the full amount of benefit is paid on occurrence of the specified event.
- At claims stage, the nominee will have an option to receive the sum assured either as lumpsum or in level monthly instalment^ over a period of 5 years.

II. Life Benefit with Voluntary Exit Advantage

- Under this option 100% of Sum Assured is paid on death of the life assured during the term of the policy and policy terminates once the full amount of benefit is paid on occurrence of the specified event.
- At claims stage, the nominee will have an option to receive the sum assured either as lumpsum or in level monthly instalment^ over a period of 5 years.
- An exit value, equal to total premiums paid, excluding any rate-up premium will be payable to policyholder on exercising the option of voluntary exit from the policy, provided all due premiums have been paid. The policyholder can exercise this option any time after:

  o Attainment of 65 years (age last birthday), or

  o Paying 25 full year premiums, whichever is earlier
- To avail the exit value, the policy has to be in-force at the exercise date. You have to send a written request to us for exercising this option. Policy will be terminated, once exit value is paid out.
- If you have opted for premium break option, but not availed any premium breaks during the term of the policy, the additional premium in respect of premium break option will also be payable, on exit from the policy.

III. Life Protect Benefit

There are 3 variants available under this option. Your benefits will depend on the variant you choose –

a. Increasing Cover Option

- Under this option, Sum Assured increases by 5% p.a. simple rate, from the start of 2nd policy year onwards, subject to a maximum increase of 100% of Base Sum Assured.
- Sum Assured as applicable on date of death is payable as a lump sum amount on the death of the life assured, during the term of the policy.
- At claims stage, the nominee will have an option to receive the applicable sum assured either as lumpsum or in level monthly instalment^ over a period of 5 years.
- This option can be taken only in Regular Premium policies.

b. Decreasing Cover Option

- Under this option, Sum Assured reduces by 5% p.a. simple rate, from the start of 2nd year onwards, subject to a maximum reduction of 50% of Base Sum Assured.
- Sum Assured as applicable on date of death is payable as a lump sum amount on the death of the life assured, during the term of the policy.
- At claims stage, the nominee will have an option to receive the applicable sum assured either as lumpsum or in level monthly instalment^ over a period of 5 years.
- This option can be taken only in Regular Premium policies.

c. Life Stage Balance Cover Option

- Under this option, Sum Assured increases by 5% p.a. simple rate, from the start of 2nd policy year onwards till 10th ,15th or 20th policy year for policy term 20, 30, and 40 years respectively, subject to a maximum increase of 100% of Base Sum Assured. Thereafter, the Sum assured will reduce by 5% p.a.(of Base Sum Assured) simple rate, till the end of policy term, subject to a maximum of 100% of Base Sum Assured (i.e. at no point during the term of the policy, the applicable Sum Assured will go above 200% or below 100% of the initial base sum assured).
- Sum Assured as applicable on date of death is payable as a lump sum amount on the death of the life assured, during the term of the policy.
- At claims stage, the nominee will have an option to receive the applicable sum assured either as lumpsum or in level monthly instalments^ over a period of 5 years as opted by nominee.
- This option can be taken only in Regular Premium policies.

IV. Income Benefit

- Under this option; death benefit of 10% of the Sum Assured is payable on death of the life assured as a lump sum.
- Remaining 90% of the Sum Assured will be paid as a level monthly income during 5 years (as mentioned in the schedule of the policy). The level monthly income may extend beyond the policy term.
- The policy terminates post the payment of both the lump sum and income benefit to the nominee.

V. Accident Shield Benefit

- Under this option; in case of death of the life assured, 100% of the Sum Assured is payable as a lump sum or
- In case of accidental death of the Life Assured; additional death benefit equal to Sum Assured chosen for Accidental Death is also payable to the nominee subject to a maximum of Rs. 1,00,00,000 and policy terminates once the full amount of benefit is paid on occurrence of the either of the specified events.
- The Sum Assured per life for additional Accidental Death Benefit will be capped at Rs. 1,00,00,000 across all IndiaFirst policies.

VI. Disability Shield Benefit

- Under this option; benefit is payable for either on death of the Life Assured or accidental total permanent disability of the Life Assured whichever occurs first during the term of the policy. No additional benefit is payable if death occur after accidental total permanent disability benefit payment has started.
- In case of Death of the Life Assured 100% of the Sum Assured is payable as a lump sum or.
- In case of Accidental Total and Permanent Disability of the Life Assured; 100% of the Sum Assured will be payable as level monthly income* over 5 years, as mentioned in the schedule of the policy and policy will be terminated. The level monthly income may extend beyond the policy term.
- The policy terminates after the payment of full benefits for either of the events.

- 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
- If life assured dies while receiving ATPD instalment benefits, then the same instalment benefit continues to be paid for outstanding term as applicable to nominee.
- Accidental Total and Permanent Disability is an accelerated benefit and not an additional benefit. If payout of ATPD installments start, then no separate benefit would be payable on death.

  Please refer the Definitions section for definition on Disability

VII. Critical Illness Protector Benefit

- This option offers coverage against death as well as diagnosis of any covered Critical Illness.
- In case of death of the life assured, 100% of the Sum Assured will be payable as a lump sum.
- In case Life Assured is diagnosed with any of the covered critical illness; 100% of Sum Assured will be payable as a lump sum or level monthly income* during 5 years as chosen by you at the inception.
- The policy terminates after the payment of full benefits for either of the specified events.
- If life assured dies while receiving Critical Illness instalment benefits, then the same instalment benefit will continue to be paid for outstanding duration as applicable to nominee.
- Critical Illness Protector Benefit is an accelerated benefit and not an additional benefit. If Critical Illness Benefit is paid in lump sum or the installments starts then no separate benefit would be payable on death

  Refer Definitions for definitions on Critical Illnesses. >>

  ^Level monthly instalments will be calculated as dividing the Sum Assured[S] by annuity factor [a(n)(12)], where n is the instalment period of 5 years. The prevailing SBI savings bank interest rate will be used to calculate the annuity factor. The interest rate used to calculate annuity factor is subject to review at the end of every financial year and will be changed in case of change in SBI savings bank interest rate.

  *In case of monthly instalment payment of benefit, the instalment benefit amount will be calculated as dividing lump sum amount (say, S) by annuity factor (i.e. a(n)(12)) i.e. S/a(n)(12) where n is the instalment period of 5 years as chosen at inception of the policy. The prevailing SBI savings bank interest rate will be used to calculate the annuity factor. Once the instalment payment starts, this payment remains level throughout the instalment period. The current prevailing rate is 2.7% and the interest rate used to calculate annuity factor is subject to review at the end of every financial year and will be changed in case of change in SBI savings bank interest rate.

  Note that detailed definitions of Accidental Death; Accidental Total Permanent Disability and Critical Illness is provided in Definitions Section, Part B above.

2. Premium Break Option

- Under this option, the policyholder is allowed to take a maximum of 3 Annual Premium breaks(holiday) as per the following terms and conditions:

Number of Premium Break/s Allowed	Applicable Policy Term
1	For Policy Terms 11 to 21
2	For Policy Terms 22 to 33
3	For Policy Terms 34 to 40

- First Premium break can be availed any time after completion of First 10 policy years, provided the policy is in-force
- Second premium break can be availed any time after completion of 21 policy years, provided the policy is in-force.
- Third premium break can be availed any time after completion of 33 policy years, provided the policy is in-force.
- During the premium break, policy will remain in-force with the risk cover as per the applicable terms and conditions.
- If the premium breaks are not availed by the policyholder, then the accumulated premium breaks would be adjusted against the premiums payable in the last few years, as applicable.

Eg: if 2 premium breaks are remaining to be availed, then premiums for last two policy years would be waived.

- The policyholder will opt for this option at the inception of the policy and pay additional premium for the same.
- Once the premium break is availed, it will continue for 12 consecutive policy months, i.e. one premium break shall mean 1 annual premium, 2 half yearly premiums, 4 quarterly premiums or 12 monthly premiums.
- The adjustment of the accumulated additional premiums has been done against the premiums that policyholder is liable to pay in the year in which the adjustment is being done. For example, policyholder has not availed two premium break options under its policy with policy term of 40 years, then the adjustment of the premium break will be done against the premiums for 39th and 40th policy years and policyholder is not liable to pay premium in 39th and 40th policy year.
- This option is available only for regular premium paying policy where there is no surrender value. If the policyholder stops paying the premium before availing the premium break options, then the additional premium collected will be paid to the policyholder after the completion of the revival period. If the policyholder stops paying the premium once the premium break option become effective, then the additional premium collected will be adjusted against the premium.
- If the policyholder places the request for surrender then the additional premium collected will be paid to the policyholder, provided he has not availed the premium break option.
- Similarly for death, if the policyholder dies before availing any premium break option, all the additional premium collected will be paid to the nominee.

3. Maturity benefit

There is no maturity benefit payable under this plan.

4. Rider benefits

There are no riders available under this plan.

5. Grace Period

You are provided a Grace Period of 15 days under monthly mode and one month but not less than 30 days for other premium payment modes, in case you miss your due premium on the due dates. In case of the Life Assured's death or occurrence of any covered event as per the benefit option chosen during the Grace Period, we will pay the benefit after deducting the unpaid due premiums till date of death or date of the covered event. During this period the policy will be considered to be in-force.

6. Premium Payment

Regular Premiums can be paid to us either by monthly/ quarterly/ half yearly/ yearly payment mode, as selected by you in the Proposal Form. The Premiums should be paid on or before the due dates to avoid any lapsation. You are provided a Grace Period of 15 days under monthly mode and 30 days for other premium payment modes, in case you miss your due premium on the due dates.

In case of Accidental Total and Permanent Disability; premium to be paid till the time it is established that the disability is permanent. Once the disability is established as a permanent disability, the premium paid, if any from the date of accident is refunded along with eligible disability benefit.

PART D

7. Option to Increase Sum Assured

- You can choose to increase your Sum Assured, without any medical underwriting, at specified life events, up to the age of 60 years, as specified below.
  - Own Marriage – 50% of initial Sum Assured maximum up to 1 Crore
  - 1st Child Birth or Adoption – 25% of initial Sum Assured maximum up to 50 Lacs
  - 2nd Child Birth or Adoption – 25% of initial Sum Assured maximum up to 50 Lacs
  - Home Loan – 50% of initial Sum Assured subject to maximum of Rs. 1 Crore.
- This option is only available for Life Benefit, Income Benefit and Accident Shield Benefit options
- Maximum increase in Sum Assured will be subject to overall limit of 100% of initial Sum Assured.
- You will have to pay the additional premium which will be based on attained age & outstanding policy term (subject to minimum policy term available under the product) at the time of exercising this option.
- To exercise this option Life Assured should be underwritten at standard rate at policy inception, as per Board Approved Underwriting Policy
- You have to send a written request for reduction in Sum Assured at least two months prior to the annual policy anniversary.
- Option to increase your Sum Assured will be available up to a time period of three months from the date of specified event. The increase in Sum Assured will be effective from the annual policy anniversary falling immediately after the date of notification.

8. Option to Decrease Sum Assured

- You can reduce your Sum Assured, to the equal extent of Sum Assured increased under the specified event in the life of the Life Assured, under Life Stage Benefit.
- Partial reduction of the increased Sum Assured is not allowed.
- The reduction in Sum Assured will be effective from the annual policy anniversary falling immediately after the date of notification and the premium will be decreased at the same time.
- The decrease in premium corresponding to the specified event of increase will be equal to the additional premium charged at the time of increase in Sum Assured benefit corresponding to that specific event as mentioned in the option to Increase Sum Assured.
- The option to decrease sum assured benefit cannot be availed during the last five policy years.
- Once sum assured is decreased it cannot be increased in future.
- You have to send a written request for reduction in Sum Assured at least two months prior to the annual policy anniversary.

9. Premium Guarantee

- The premium rates for the Critical Illness Protector Benefit are guaranteed for ten years only from the date of commencement of the policy.
- On or after completion of ten years from the date of commencement of the policy, the company reserves the right to carry out a general review of the experience from time to time and change the premium as a result of such review on approval of the IRDAI.
- Any revision in the premium rates shall be notified to you in writing.
- If you are not willing to continue the Policy with the revised premium rates, the Critical Illness Protector Benefit will be excluded, and the policy terminates.

10. Paid-Up benefits

There is no Paid-Up benefit payable under this plan.

11. Surrender Benefit

You may surrender your Policy during the Policy Term by submitting a written request to us.

If the Premium frequency chosen by you is Regular Premium and if you Surrender your policy during the policy Term, then, no Surrender Value will be payable to you.

If the Premium frequency chosen by you is Single Premium then, you are entitled to receive the Surrender Value after completion of three policy year which will be calculated by us in the following manner

The surrender value for single premium mode :

40% x Single Premium Paid x (Unexpired Policy Term*/ Total Policy Term).

*Unexpired Policy Term will be calculated as on date of surrender.

Please remember, you cannot revive your Policy once it is surrendered. Upon Surrender your Policy will terminate immediately.

12. Reviving your Lapsed Policy

You may revive the lapsed Policy within 5 years from the due date of first unpaid regular premium but before the Maturity Date by:

i.paying all unpaid due Premiums without any interest; and

ii.providing a declaration of good health and undergoing a medical examination at your own cost, if needed.

A lapsed Policy will only be revived along with all its benefits in accordance with our board approved underwriting policy. The Policy will terminate and you will not be entitled to receive any benefits, if the lapsed Policy is not revived till the expiry of the revival period.

13. Free Look Period

You have a free look period of 15 days from the date of receipt of the policy document and a period of 30 days in case of electronic policies and policies obtained through Distance Marketing, to review the terms and conditions of the policy and in case you disagree to any of those terms or conditions, you shall have the option to return the policy to us for cancellation, stating the reasons for your objection, then you shall be entitled to a refund of the premium paid subject only to a deduction of a proportionate risk premium for the period of cover and the expenses incurred by us on medical examination of the life to be assured and stamp duty charges. Such a request received by us for free look cancellation of the policy shall be processed and premium refunded within 15 days of receipt of the request.

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

14. Loan

No Loan available under this policy.

PART E

15. Charges

This is a non-linked, non-participating, individual pure risk premium, life insurance plan. There are no charges applicable under this plan.

PART F

16. Making a Claim

In order to process a claim under this Policy, we will need a written intimation about the claim, upon happening of the event (Death, Accidental Total and Permanent Disability or Critical Illness) of the Life Assured during the Policy Term. This is the first step towards processing your claim. The written intimation should also be accompanied with all the required documents as mentioned below:

For Death Claim –

Incase of natural death

i. Proof of Age of the Life Assured, if the Age of the life assured has not been admitted by us.
ii. Claimant's statement and claim intimation report duly filled and signed by claimant/nominee.
iii. Death certificate issued under section 12/17 of registration of Births and Deaths Act 1969 (only in case of death of the Life Assured).
iv. Original Policy document.
v. A self attested copy of Pan Card of Nominee/Claimant. In case Nominee/Claimant does not have a pan card issued on his/her name then please submit duly filled and signed Form 60.
vi. Self-attested copy of photo-identity proof and address of the Nominee/Claimant (e.g. driving license, PAN card, passport, Voter ID card etc.)
vii. Self-attested copy of bank pass book of Nominee/ Claimant along with cancelled cheque.
viii. Any other document or information that we may need for validating and processing the claim.

Incase of un natural death

In case of unnatural death, apart from above mentioned documents, we will need the following document

i. Copies of First Information Report, Panchnama, Inquest report and post mortem report (Only if Death), duly attested by the police (only in case of Accident leading to unnatural death or Permanent Disability of the Life Assured).
ii. All Hospitalization documents including discharge summary Admission Notes and all investigation reports (only in case the Life Assured was treated for any illness related to the cause of death).

Any other document or information that we may need for validating and processing the claim

For Accidental Total Permanent Disability –

i. Proof of Age of the Life Assured, if the Age of the life assured has not been admitted by us.
ii. Claimant's statement and claim intimation report for Disability.
iii. Attending Doctor's Certificate duly filled and signed in original.
iv. Disability Certificate issued by Attending Neuro physician/ Surgeon/Civil Surgeon etc, providing the detail of the Physical Severance and its Nature (Permanent/ Temporary)
v. First Information Report, Panchnama and Inquest report, duly attested by the police
vi. Copy of Driving License of the Life Assured, in case the Life Assured was driving
vii. All Hospitalization documents including discharge summary, Admission Notes and all investigation reports.
viii. Self attested Copy of bank pass book of Policy Holder along with cancelled cheque.
ix. Any other document or information that we may need for validating and processing the claim.

For Critical Illness Benefit –

i. Proof of Age of the Life Assured, if the Age of the life assured has not been admitted by us.
ii. Claimant's statement and claim intimation report for Critical Illness.
iii. Attending Doctor's Certificate duly filled and signed in original.
iv. First Information Report, Panchnama and Inquest report, duly attested by the police in case Life Assured suffers from Permanent Paralysis of Limbs / Loss of Limbs / Blindness due to accidental injuries
v. All Hospitalization documents including discharge summary, Admission Notes and all investigation reports
vi. Investigation/Diagnostic reports leading to the Diagnosis of the ailment suffered, in case of critical illness
vii. Self attested Copy of bank pass book of Policy Holder along with cancelled cheque.
viii. Any other document or information that we may need for validating and processing the claim.

IndiaFirst reserves the right to subject the Life Insured for Medical examination at IndiaFirst empaneled medical Centres in case of Accidental Total and Permanent Disability or Critical Illness claims, the cost of which would be borne by us.

17. Suicide Exclusion

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

18. Exclusions

A. Exclusions for Accidental Death Benefit

Policies will not be sold to individuals belonging to Armed Forces.

Accidental Death benefit shall not be paid on death of the insured person 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. Taking part in any naval, military or air force operation during peace time.
4. Committing an assault, a criminal offence, an illegal activity or any breach of law with criminal intent.
5. Poison, gas or fumes (voluntary or involuntarily, accidentally or otherwise taken, administered, absorbed or inhaled).
6. Service in the armed forces, of any country at war or service in any force of an international body
7. 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.

8. 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.
9. 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.

B. Exclusions for Accidental Total and Permanent Disability

Policies will not be sold to individuals belonging to Armed Forces

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

    Where External Congenital Anomaly means a condition, which is visible and accessible parts of the body and present since birth, and which is abnormal with reference to form, structure or position.
11. Nuclear Contamination; the radioactive, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature.

C. Critical Illness Exclusion

Any disease occurring within 90 days of the start of coverage (i.e. during the waiting period) or from the last revival. A 30 days survival period will be applicable between the diagnosis of a critical illness and eligibility for critical illness benefit payment.

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

1. Pre-Existing disease:

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

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

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

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

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

3. Alcohol or Solvent abuse or taking of Drugs, narcotics or psychotropic substances unless taken in accordance with the lawful directions and prescription of a registered medical practitioner.

4. War, invasion, act of foreign enemy, hostilities (whether war be declared or not), armed or unarmed truce, civil war, mutiny, rebellion, revolution, insurrection, military or usurped power, civil commotion, strikes.

5. Taking part in any naval, military or air force operation during 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 will not be covered, and policy will not be issued for such individuals having external congenital anomaly. Where External Congenital Anomaly means a condition, which is visible and accessible parts of the body and present since birth, and which is abnormal with reference to form, structure or position

10. Nuclear Contamination; the radioactive, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature

Please refer Definitions section to know more about the exclusions on Critical Illnesses.

19. Nomination shall be governed as per section 39 of the Insurance Act, 1938 as amended from time to time..

(1) The holder of a policy of life insurance on his own life may, when effecting the policy or at any time before the policy matures for payment, nominate the person or persons to whom the money secured by the policy shall be paid in the event of his death:

Provided that, where any nominee is a minor, it shall be lawful for the policyholder to appoint any person in the manner laid down by the insurer, to receive the money secured by the policy in the event of his death during the minority of the nominee.

(2) Any such nomination in order to be effectual shall, unless it is incorporated in the text of the policy itself, be made by an endorsement on the policy communicated to the insurer and registered by him in the records relating to the policy and any such nomination may at any time before the policy matures for payment be cancelled or changed by an endorsement or a further endorsement or a will, as the case may be, but unless notice in writing of any such cancellation or change has been delivered to the insurer, the insurer shall not be liable for any payment under the policy made bona fide by him to a nominee mentioned in the text of the policy or registered in records of the insurer.

(3) The insurer shall furnish to the policyholder a written acknowledgement of having registered a nomination or a cancellation or change thereof, and may charge such fee as may be specified by regulations for registering such cancellation or change.

(4) A transfer or assignment of a policy made in accordance with section 38 shall automatically cancel a nomination:

Provided that the assignment of a policy to the insurer who bears the risk on the policy at the time of the assignment, in consideration of a loan granted by that insurer on the security of the policy within its surrender value, or its reassignment on repayment of the loan shall not cancel a nomination, but shall affect the rights of the nominee only to the extent of the insurer's interest in the policy:

` Provided further that the transfer or assignment of a policy, whether wholly or in part, in consideration of a loan advanced by the transferee or assignee to the policyholder, shall not cancel the nomination but shall affect the rights of the nominee only to the extent of the interest of the transferee or assignee, as the case may be, in the policy:

Provided also that the nomination, which has been automatically cancelled consequent upon the transfer or assignment, the same nomination shall stand automatically revived when the policy is reassigned by the assignee or retransferred by the transferee in favour of the policyholder on repayment of loan other than on a security of policy to the insurer.

(5) Where the policy matures for payment during the lifetime of the person whose life is insured or where the nominee or, if there are more nominees than one, all the nominees die before the policy matures for payment, the amount secured by the policy shall be payable to the policyholder or his heirs or legal representatives or the holder of a succession certificate, as the case may be.

(6) Where the nominee or if there are more nominees than one, a nominee or nominees survive the person whose life is insured, the amount secured by the policy shall be payable to such survivor or survivors.

(7) Subject to the other provisions of this section, where the holder of a policy of insurance on his own life nominates his parents, or his spouse, or his children, or his spouse and children, or any of them, the nominee or nominees shall be beneficially entitled to the amount payable by the insurer to him or them under sub-section (6) unless it is proved that the holder of the policy, having regard to the nature of his title to the policy, could not have conferred any such beneficial title on the nominee.

(8) Subject as aforesaid, where the nominee, or if there are more nominees than one, a nominee or nominees, to whom sub-section (7) applies, die after the person whose life is insured but before the amount secured by the policy is paid, the amount secured by the policy, or so much of the amount secured by the policy as represents the share of the nominee or nominees so dying (as the case may be), shall be payable to the heirs or legal representatives of the nominee or nominees or the holder of a succession certificate, as the case may be, and they shall be beneficially entitled to such amount.

(9) Nothing in sub-sections (7) and (8) shall operate to destroy or impede the right of any creditor to be paid out of the proceeds of any policy of life insurance.

(10) The provisions of sub-sections (7) and (8) shall apply to all policies of life insurance maturing for payment after the commencement of the Insurance Laws (Amendment) Act, 2015.

(11) Where a policyholder dies after the maturity of the policy but the proceeds and benefit of his policy has not been made to him because of his death, in such a case, his nominee shall be entitled to the proceeds and benefit of his policy.

(12) The provisions of this section shall not apply to any policy of life insurance to which section 6 of the Married Women's Property Act, 1874, applies or has at any time applied: Provided that where a nomination made whether before or after the commencement of the Insurance Laws (Amendment) Act, 2015, in favour of the wife of the person who has insured his life or of his wife and children or any of them is expressed, whether or not on the face of the policy, as being made under this section, the said section 6 shall be deemed not to apply or not to have applied to the policy.

20. Assignment shall be governed as per section 38 of the Insurance Act, 1938 as amended from time to time.

1) A transfer or assignment of a policy of insurance, wholly or in part,

whether with or without consideration, may be made only by an endorsement upon the policy itself or by a separate instrument, signed in either case by the transferor or by the assignor or his duly authorised agent and attested by at least one witness, specifically setting forth the fact of transfer or assignment and the reasons thereof, the antecedents of the assignee and the terms on which the assignment is made.

(2) An insurer may, accept the transfer or assignment, or decline to act upon any endorsement made under sub-section (1), where it has sufficient reason to believe that such transfer or assignment is not bona fide or is not in the interest of the policyholder or in public interest or is for the purpose of trading of insurance policy.

(3) The insurer shall, before refusing to act upon the endorsement, record in writing the reasons for such

refusal and communicate the same to the policyholder not later than thirty days from the date of the policyholder giving notice of such transfer or assignment.

(4) Any person aggrieved by the decision of an insurer to decline to act upon such transfer or assignment may within a period of thirty days from the date of receipt of the communication from the insurer containing reasons for such refusal, prefer a claim to the Authority.

(5) Subject to the provisions in sub-section (2), the transfer or assignment shall be complete and effectual upon the execution of such endorsement or instrument duly attested but except, where the transfer or assignment is in favour of the insurer, shall not be operative as against an insurer, and shall not confer upon the transferee or assignee, or his legal representative, any right to sue for the amount of such policy or the moneys secured thereby until a notice in writing of the transfer or assignment and either the said endorsement or instrument itself or a copy thereof certified to be correct by both transferor and transferee or their duly authorised agents have been delivered to the insurer:

Provided that where the insurer maintains one or more places of business in India, such notice shall be delivered only at the place where the policy is being serviced.

(6) The date on which the notice referred to in sub-section (5) is delivered to the insurer shall regulate the priority of all claims under a transfer or assignment as between persons interested in the policy; and where there is more than one instrument of transfer or assignment the priority of the claims under such instruments shall be governed by the order in which the notices referred to in sub-section (5) are delivered:

Provided that if any dispute as to priority of payment arises as between assignees, the dispute shall be referred to the Authority.

(7) Upon the receipt of the notice referred to in sub-section (5), the insurer shall record the fact of such transfer or assignment together with the date thereof and the name of the transferee or the assignee and shall, on the request of the person by whom the notice was given, or of the transferee or assignee, on payment of such fee as maybe specified by the regulations, grant a written acknowledgement of the receipt of such notice; and any such acknowledgement shall be conclusive evidence against the insurer that he has duly received the notice to which such acknowledgement relates.

(8) Subject to the terms and conditions of the transfer or assignment, the insurer shall, from the date of the receipt of the notice referred to in sub-section (5), recognize the transferee or assignee named in the notice as the absolute transferee or assignee entitled to benefit under the policy, and such person shall be subject to all liabilities and equities to which the transferor or assignor was subject at the date of the transfer or assignment and may institute any proceedings in relation to the policy, obtain a loan under the policy or surrender the policy without obtaining the consent of the transferor or assignor or making him a party to such proceedings.

Explanation- Except where the endorsement referred to in sub-section (1) expressly indicates that the assignment or transfer is conditional in terms of subsection (10) hereunder, every assignment or transfer shall be deemed to be an absolute assignment or transfer and the assignee or transferee, as the case may be, shall be deemed to be the absolute assignee or transferee respectively.

(9) Any rights and remedies of an assignee or transferee of a policy of life insurance under an assignment or transfer effected prior to the commencement of the Insurance Laws (Amendment) Act, 2015 shall not be affected by the provisions of this section.

(10) Notwithstanding any law or custom having the force of law to the contrary, an assignment in favour of a person made upon the condition that—

(a) the proceeds under the policy shall become payable to the policyholder or the nominee or nominees in the event of either the assignee or transferee predeceasing the insured; or

(b) the insured surviving the term of the policy, shall be valid:

Provided that a conditional assignee shall not be entitled to obtain a loan on the policy or surrender a policy.

(11) In the case of the partial assignment or transfer of a policy of insurance under sub-section (1), the liability of the insurer shall be limited to the amount secured by partial assignment or transfer and such policyholder shall not be entitled to further assign or transfer the residual amount payable under the same policy.

21. Policy Ceases/ Ends/ Terminates

This Policy will cease immediately and automatically on the happening of the earliest of any of the following:

i. on the date of payment of the claim benefit; or
ii. on the date of intimation of rejection of claim by us; or
iii. on the date of payment of Surrender Value; or
iv. on the date of receipt of free look request; or
v. on the expiry of the revival period provided we have not received the due unpaid regular Premiums along with interest from you till the expiry of such period

22. Change of Address

You are required to inform us in writing, about any change in your/ Nominee(s)'s address with address proof. This will ensure that our correspondence reaches you/ the Nominee(s) without any delay. We will not be liable on account of your failure to up-date your current address in our records or registering an address with us which is incorrect.

23. Disclosures

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

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

1) No policy of life insurance shall be called in question on any ground whatsoever after the expiry of three years from the date of the policy, i.e., from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later.

2) A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground of fraud: Provided that the

insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision is based.

3) Notwithstanding anything contained in sub-section (2), no insurer shall repudiate a life insurance policy on the ground of fraud if the insured can prove that the mis-statement of or suppression of a material fact was true to the best of his knowledge and belief or that there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of a material fact are within the knowledge of the insurer: Provided that in case of fraud, the onus of disproving lies upon the beneficiaries, in case the policyholder is not alive.
4) A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground that any statement of or suppression of a fact material to the expectancy of the life of the insured was incorrectly made in the proposal or other document on the basis of which the policy was issued or revived or rider issued: Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision to repudiate the policy of life insurance is based: Provided further that in case of repudiation of the policy on the ground of misstatement or suppression of a material fact, and not on the ground of fraud, the premiums collected on the policy till the date of repudiation shall be paid to the insured or the legal representatives or nominees or assignees of the insured within a period of ninety days from the date of such repudiation.
5) Nothing in this section shall prevent the insurer from calling for proof of age at any time if he is entitled to do so, and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof that the age of the Life Insured was incorrectly stated in the proposal.

24. Right to Revise/ Delete/ Alter the Terms and Conditions of this Policy

We may revise, delete and/ or alter any of the terms and conditions of this Policy, by sending a prior written notice of 30 (Thirty) days, subject to receipt of prior approval of the Regulatory Authority.

25. Governing Law and Jurisdiction

All claims, disputes or differences under this Policy will be governed by Indian laws and shall be subject to the jurisdiction of Indian Courts.

26. Turn Around Time for various servicing request and claims processing are as mentioned below:

Policy Servicing TAT's	
Full Surrender	15 Days
Freelook Cancellation	15 Days
Request for Refund of Proposal Deposit	15 days
Refund of outstanding proposal deposit	15 days
Maturity/Survival/Death Claims	
Processing of Maturity claim / penal interest not paid	Due Date
Raising claim requirements after lodging the Death claim	15 Days
Death claim decision without investigation requirement	30 Days
Death claim decision with Investigation requirement	120 Days

27. Issue of duplicate Policy Document

If the Policy Document is lost or destroyed, then, the Policyholder can submit to us the filled in 'Indemnity Bond for Loss of Policy Document' form, which is available on our website.

We will issue a duplicate Policy Document duly endorsed to show that it is being issued following the loss or destruction of the original Policy Document.

The Company will not charge any additional fee for the issuance of duplicate Policy Document. Currently, only Stamp Duty fee (as applicable for the applicable State/Union-Territory) is being charged.

Upon the issue duplicate Policy Document, the original Policy Document will cease to have any legal effect.

PART G

28. Grievance Redressal

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.

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

b. However, if you are not satisfied with our resolution provided or have not received any response within 14 (Fourteen) days, then, you may email us at grievance.redressal@indiafirstlife.com or write to our 'Grievance Officer' at the above mentioned address.

c. An acknowledgment to all grievances/ complaints received will be sent within 3 (Three) working days of receipt of the complaint/grievance. If you are not satisfied with the response or do not receive a response from us within 15 days, 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

Email ID: complaints@irda.gov.in

You can also register your complaint online at

http://www.igms.irda.gov.in/

Address for communication for complaints by fax/paper:

Consumer Affairs Department,

Insurance Regulatory and Development Authority of India,

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

Gachibowli, Hyderabad,

Telangana - 500032

IRDAI TOLL FREE NO: 18004254732

Insurance Ombudsman

In case you are dissatisfied with the decision/resolution of the Company, you may approach the Insurance Ombudsman located nearest to you (please refer to Annexure of List of Ombudsmen or visit our website www.indiafirstlife.com) if your grievance pertains to :

- Delay in settlement of claims, beyond the time specified in the regulations, framed under the Insurance Regulatory and Development Authority Act, 1999;
- any partial or total repudiation of claims by the life insurer, general insurer or health insurer;
- disputes over premium paid or payable in terms of insurance policy;
- misrepresentation of policy terms and conditions at any time in the policy document or policy contract;
- legal construction of insurance policies in so far as the dispute relates to claim;
- policy servicing related grievances against insurers and their agents and intermediaries;
- issuance of life insurance policy, general insurance policy including health insurance policy which is not in conformity with the proposal form submitted by the proposer;
- non issuance of insurance policy after receipt of premium in life insurance and general insurance including health insurance; and

any other matter resulting from the violation of provisions of the Insurance Act, 1938 or the regulations, circulars, guidelines or instructions issued by IRDAI from time to time or the terms and conditions of the policy contract, in so far as they relate to issues mentioned above.

The complaint should be made in writing and the same should be duly signed by the complainant or by his legal heirs, nominee or assignee with full details of the complaint and the contact information of the complainant.

As per provision 14 of the Insurance Ombudsman Rules, 2017, the complaint to the Ombudsman can be made by you or the complainant, within a period of 1 (One) year from the date of rejection of the grievance by Us or after receipt of decision which is not to your satisfaction or after expiry of one month from the date of sending representation to Us if We fail to furnish reply to You provided the same dispute is not already decided by or pending before or disposed of by any court or consumer forum or arbitrator.

Insurance Ombudsman

In case you are dissatisfied with the decision/resolution of the Company, you may approach the Insurance Ombudsman located nearest to you (please refer to Annexure of List of Ombudsmen or visit our website www.indiafirstlife.com) if your grievance pertains to :

- Delay in settlement of claims, beyond the time specified in the regulations, framed under the Insurance Regulatory and Development Authority Act, 1999;
- any partial or total repudiation of claims by the life insurer, general insurer or health insurer;
- disputes over premium paid or payable in terms of insurance policy;
- misrepresentation of policy terms and conditions at any time in the policy document or policy contract;
- legal construction of insurance policies in so far as the dispute relates to claim;
- policy servicing related grievances against insurers and their agents and intermediaries;
- issuance of life insurance policy, general insurance policy including health insurance policy which is not in conformity with the proposal form submitted by the proposer;
- non issuance of insurance policy after receipt of premium in life insurance and general insurance including health insurance; and

any other matter resulting from the violation of provisions of the Insurance Act, 1938 as amended from time to time or the regulations, circulars, guidelines or instructions issued by IRDAI from time to time or the terms and conditions of the policy contract, in so far as they relate to issues mentioned above.

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List of Ombudsmen

Office of the Insurance Ombudsman - Ahmedabad Jeevan Prakash Building, 06th Floor, Tilak Marg, Relief Road, AHMEDABAD - 380001 Tel. 079- 25501201/02/05/06 Email: bimalokpal.ahmedabad@ecoi.co.in Area of Jurisdiction - Gujarat, Dadra & Nagar Haveli, Daman and Diu	Office of the Insurance Ombudsman - Bhopal Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, BHOPAL – 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@ecoi.co.in Area of Jurisdiction - Madhya Pradesh & Chhattisgarh
Office of the Insurance Ombudsman - Bhubaneshwar 62, Forest Park, BHUBNESHWAR – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 – 2596429 Email: bimalokpal.bhubaneswar@ecoi.co.in Area of Jurisdiction - Odisha	Office of the Insurance Ombudsman - Chandigarh S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, CHANDIGARH – 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 – 2708274 Email: bimalokpal.chandigarh@ecoi.co.in Area of Jurisdiction - Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh
Office of the Insurance Ombudsman - Chennai Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@ecoi.co.in Area of Jurisdiction - Tamil Nadu, –Pondicherry Town and Karaikal (which are part of Pondicherry)	Office of the Insurance Ombudsman – New Delhi 2/2 A, Universal Insurance Building, Asaf Ali Road, NEW DELHI – 110 002. Tel.: 011 - 23239633 / 23237532 Fax: 011 – 23230858 Email: bimalokpal.delhi@ecoi.co.in Area of Jurisdiction - Delhi
Office of the Insurance Ombudsman - Guwahati Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, GUWAHATI – 781001 (ASSAM). Tel.: 0361 - 2132204 / 2132205 Fax: 0361 – 2732937 Email: bimalokpal.guwahati@ecoi.co.in Area of Jurisdiction - Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh,Nagaland and Tripura	Office of the Insurance Ombudsman - Hyderabad 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, HYDERABAD - 500 004. Tel.: 040 - 65504123 / 23312122 Fax: 040 – 23376599 Email: bimalokpal.hyderabad@ecoi.co.in Area of Jurisdiction - Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry
Office of the Insurance Ombudsman - Ernakulam 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, ERNAKULAM - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 – 2359336 Email: bimalokpal.ernakulam@ecoi.co.in Area of Jurisdiciton - Kerala, Lakshadweep, Mahe – a part of Pondicherry	Office of the Insurance Ombudsman - Kolkata Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 – 22124341 Email: bimalokpal.kolkata@ecoi.co.in Area of Jurisdiction - West Bengal, Sikkim, Andaman & Nicobar Islands
Office of the Insurance Ombudsman - Lucknow 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, LUCKNOW - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 – 2231310 Email: bimalokpal.lucknow@ecoi.co.in Area of Jurisdiction - Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, Fatehpur, Pratapgarh, Jaunpur, Varanasi,Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli,Sravasti, Gonda, aizabad, Amethi,Kaushambi, Balrampur, Basti, Ambedkarnagar, ultanpur,Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar	Office of the Insurance Ombudsman - Noida Bhagwan Sahai Palace, 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, UTTAR PRADESH (U.P.) - 201301. Tel.: 0120-2514250 / 2514252 / 2514253 Email: bimalokpal.noida@ecoi.co.in Area of Jurisdiction - State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam Buddh Nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj,Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur

Office of the Insurance Ombudsman - Jaipur Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, JAIPUR - 302 005. Tel.: 0141 - 2740363 Email: bBimalokpal.jaipur@ecoi.co.in Area of Jurisdiction – Rajasthan	Office of the Insurance Ombudsman - Pune Jeevan Darshan Bldg., 3rd Floor, C.T.S. Nos. 195 to 198, N.C. Kelkar Road, Narayan Peth, PUNE – 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@ecoi.co.in Area of Jurisdiction - Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region
Office of the Insurance Ombudsman - Bengaluru Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, BENGALURU – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@ecoi.co.in Area of Jurisdiction – Karnataka	Office of the Insurance Ombudsman - Mumbai 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), MUMBAI - 400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 Email: bimalokpal.mumbai@ecoi.co.in Area of Jurisdiction – Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane
Office of the Insurance Ombudsman – Patna 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, PATNA – 800006 Tel No: 0612-2680952 Email id : bimalokpal.patna@ecoi.co.in. Area of Jurisdiction - Bihar, Jharkhand	

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