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. Taxes are subject to change from time to time.

Disclaimer: IndiaFirst Life Insurance Company Limited, IRDAI Regn No.143, CIN: U66010MH2008PLC183679, Address: 12th & 13th floor, North [C] Wing, Tower 4, Nesco IT Park, Nesco Center, Western Express Highway, Goregaon (East), Mumbai – 400 063. www.indiafirstlife.com, SMS <LIFE> to 5667735 SMS Charges apply. Toll free No – 1800 209 8700. Trade logo displayed above belongs to our promoters M/s Bank of Baroda and is used by IndiaFirst Life Insurance Co. Ltd under License.

BEWARE OF SPURIOUS PHONE CALLS AND FICTIOUS / FRADULENT OFFERS

- IRDAI or its officials 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.

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 – 400 063. IRDAI Regn No.143, CIN: U66010MH2008PLC183679,

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

DD/MM/YYYY

IndiaFirst Life Group Micro Insurance Plan – UIN: 143N053V03

(A Non-Linked Non-Participating Group Micro Life Insurance Plan)

Dear Customer,

Congratulations!

You are now a step closer to helping your Members / employees secure their family's future and we are glad to be a 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 30 days from the date of receipt of the policy document whether received electronically or otherwise, to review the terms and conditions of the policy and in case you disagree to any of those terms and conditions, you shall have the option to return the policy to us for cancellation, stating the reason for your objection, then you shall be entitled to a refund of premium paid subject only to a deduction of stamp duty under the policy, proportionate risk premium for the period of cover and expenses incurred on medical examination, if any.

Such a request received by us for free look cancellation of the policy shall be processed and premium refunded within 7 days of receipt of the request, subject to applicable deductions.

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 corporate.service@indiafirstlife.com or contact us on 1800 209 8700.

Thank You once again for choosing IndiaFirst Life.

Yours truly,

Authorised Signatory

Insurance Intermediary Details

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

IndiaFirst Life Group Micro Insurance Plan
A Non-Linked Non-Participating Group Micro Life Insurance Plan
UIN [143N053V03]

XXX_____ (hereinafter called the "Master Policyholder") have by a written Proposal Form dated _____ requested the IndiaFirst Life Insurance Company Limited (hereinafter called the "Insurer") to grant the benefits of insurance cover under IndiaFirst Life Group Micro Insurance Plan and as per the Scheme Rules of the (.....name of the scheme....) Scheme of the Master Policyholder (certified copy of which has been furnished to the Insurer by the Master Policyholder) to the Members whose names have been recorded in the Membership Register maintained by the Master Policyholder.

The Master Policyholder has also furnished to the Insurer statements containing the age and other details of each Member which have been completed and signed by the Master Policyholder on behalf of the Members for whose benefit the Policy hereunder is being affected. The Master Policyholder and the Insurer have accepted and agreed that the said Proposal Form, certified copy of the Scheme Rules along with other statements signed by the Master Policyholder and reports or other documents leading to the issuance of this Policy shall be the basis of the contract of insurance.

If any of the details of the Member contained in the statement signed by the Master Policyholder on behalf of the Member are incomplete, false or incorrect, coverage in respect of such Member under the Policy shall be cancelled by us in accordance with Section 45 of the Insurance Act, 1938 as amended from time to time.

It is further hereby declared that every endorsement placed on the Policy by the Company shall be deemed part of the Policy.

Signed by and on behalf of

IndiaFirst Life Insurance Company Limited

Authorised Signatory

Annexure A
Policy Schedule

Policy Details

IndiaFirst Life Group Micro Insurance Plan is a non-linked, non-participating, group micro insurance product which provides life cover to members as per the Scheme Rules

I. Master Policyholder Details

Name:	
Address:	
Contact Number	
Master Policy Number:	
Name of the Micro Insurance Scheme	

II. Policy Details

Company Name:	IndiaFirst Life Insurance Company Limited
Product Name:	IndiaFirst Life Group Micro Insurance Plan
UIN:	143N053V03
Policy Commencement Date:	DD|MM|YY
Scheme Type	<< Compulsory/ Voluntary>>
Cover Type	<<OYRGTA/ Long Term Credit Life>>
Sum Assured Type Premium Payment Type	<<Reducing Sum Assured / Level Sum Assured>> <<OYRGTA/ Single / Limited / Regular>>
Premium Payment Frequency	<< Annual/ Half-Yearly/ Quarterly/ Monthly>>
Eligibility Conditions	Minimum age at Entry: 14 years Maximum age at Entry: 75 years Maximum age at Maturity: 76 years
Joint Life Coverage	<<Applicable/ Not Applicable>>
Coverage Option	<< Life Cover>> << Life Cover + Accidental Total Permanent Disability (ATPD)>> <<Life Cover + Critical Illness (CI)>> <<Life Cover + Accidental Total Permanent Disability (ATPD) + Critical Illness (CI)>>

III. Insurance Distributor Details

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

IV. Special Conditions

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, the Master Policyholder notice any mistake, then, you may contact us for correction of the same.

PART B

Definitions

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

Word	Meaning
Age	Age of member as on his/her last birthday on the Policy Commencement Date and on any subsequent Annual Renewal Date.
Accident	"Accident" means sudden, unforeseen and involuntary event caused by external, visible and violent means.
Annexure	Any annexure, endorsement attached to this Policy as changed/ modified and issued by Us from time to time.
Annualized Premium	Annualized Premium shall be the premium amount payable in a year, excluding the taxes, rider premiums, underwriting extra premiums and loadings for modal premiums, 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.
Assignment	Assignment is the process through which a Member can assign the rights and benefits under the policy to any other person / entity by virtue of the assignment clause under section 38 of the Insurance Act, 1938 as amended from time to time.
Beneficiary	Beneficiary means the Nominee/Legal Heir/Assignee specified by the Member as the Beneficiary under the Policy or a person directed by the Court of competent jurisdiction.
Certificate of Insurance	A document stating the benefits payable to the Member and other details pertaining to the Coverage of the Member under the Scheme
Cover	The coverage of risk of death / total permanent disability due to an accident / critical illness
Cover Commencement Date	The date on which the Coverage starts for Member as mentioned in Certificate of Insurance
Cover Ceasing Date	The date on which the Coverage ends for Member as mentioned in Certificate of Insurance
Cover Schedule	A schedule specific to each individual Member which shows the amount of Sum Assured which may vary from month to month starting from the Cover Commencement Date. This is a part of Certificate of Insurance.
Death Benefit	The benefit which is payable on death of the Member, as stated in the Certificate of Insurance.
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 member subject to Your consent.
Free Look Period	A period of 30 days 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 30 (Thirty) days from the due date for payment of Premium (without any penalty or fees) for yearly, half yearly and quarterly Premium Payment frequency and 15 (Fifteen) days for monthly Premium payment frequency. During this period the policy will be considered to be in-force.
Income Tax Act	Income Tax Act, 1961, as amended from time to time
Installment Premium	An amount that You pay Us during the Premium Paying Term at regular intervals for securing the benefits under this Policy. The Premium payable under this Policy will be determined by us on the basis of the Premium payment mode chosen by you and the applicable Modal Factor. Your Premium is specified in the Policy Schedule.

Word	Meaning
Insurance Act	Insurance Act, 1938 and as amended from time to time
Lapse	Non-payment of premium within the expiry of grace period and provided Policy has not acquired any Paid-Up value.
Level Cover	The cover type where Sum Assured remains same throughout the term of the cover as per Certificate of Insurance. Single, Limited and Regular premium payment options are available under this cover. Level cover would be applicable to either loan account holder or other Members of the Master Policyholder
Limited Premium	The premium payable by the Member at regular intervals for a specified term that is less than the Cover Term according to the amounts and frequency specified in the Certificate of Insurance.
Master Policyholder	Master Policyholder is the trustee or organization that effects this Plan for the benefit of its Members. The Master Policyholder holds the Master Policy.
Maturity Benefit	This is the amount you receive on the Maturity Date, provided the member is alive.
Member	Member (Life Assured) means the person or persons who meets the eligibility criteria specified in the Scheme Rules and whose name has been recorded under the Scheme as a Member effective from the Entry Date after due approval from the Company and on whose life the Life Insurance Cover under this Policy has been effected.
Nomination	Nomination is the process of nominating a person who is named as "Nominee" in the Member proposal form or subsequently included/changed with a revised Certificate of Insurance. This is as per Section 39 of the Insurance Act, 1938 as amended from time to time.
Nominee	Nominee is the person nominated by the Member 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 Document	This document which includes the 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 Document 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 specified in the Schedule (unless the Policyholder is informed otherwise by the Company) from which the risk cover of the Life Assured commences under the Policy.
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 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 Cover Term.
Premium	An amount that You pay Us for securing the benefits under this Policy.
Premium Paying Term	The time period, during which You or your Member(s) need to pay Premium regularly to Us for securing the benefits under this policy. Your Premium Paying Term is as specified in the Certificate of Insurance.
Proposal Form	The proposal form completed and submitted by You based on which We have issued this Policy to You.
Reducing Cover	The cover type where Sum Assured decreases over the term of the Policy, as per initial cover schedule mentioned in Certificate of Insurance. Single and limited premium payment options are available under this cover. The reducing cover (at Member level) will be the cover outstanding as on the monthiversary immediately preceding the date of occurrence of the covered event.
Regular Premium	The amount which is payable by you during the Cover Term at regular intervals as 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.
Regulated Entities	Regulated Entities shall mean to include - 1.1 Reserve Bank of India (RBI) Regulated Scheduled Commercial Banks (including Co-operative Banks). 1.2 NBFCs having Certificate of Registration from RBI. 1.3 National Housing Bank (NHB) Regulated Housing Finance Companies. 1.4 National Minority Development Finance Corporation (NMDFC) and its State Channelizing Agencies. 1.5 Small Finance Banks regulated by RBI 1.6 Mutually Aided Cooperative Societies formed and registered under the applicable State Act concerning such Societies. 1.7 Microfinance companies registered under section 8 of the Companies Act, 2013. 1.8 Any other category as approved by Insurance Regulatory and Development Authority of India (IRDAI).

Word	Meaning
Revival	Revival of a policy means restoration of a lapsed policy which was discontinued due to the non-payment of premium, by us with all the benefits mentioned in the policy document, with or without rider benefits if any, upon the receipt of all the premiums due and other charges/late fee, if any, during the revival period as per the terms and conditions of the policy, upon being satisfied as to the continued insurability of the insured or policyholder on the basis of the information, documents and reports furnished by the policyholder, in accordance with Board approved underwriting policy
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 Insurance Cover.
Scheme	Means a scheme framed / formulated by the Master Policyholder that provides life cover to its members.
Single Premium	This is a one-time premium to enjoy the benefits of the Scheme for the Cover Term as specified in the Certificate of Insurance.
Surrender / Termination	Surrender means complete withdrawal or termination of the entire policy contract
We or Us or our or Insurer or Company	IndiaFirst Life Insurance Company Limited.
You or Your or Policyholder	The Master Policyholder
Definitions	
Medical Practitioner	A medical practitioner is a person who holds a valid registration from the medical council of any state or Medical council of India or Council for Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction and is acting within the scope and jurisdiction of license. The Medical Practitioner / Specialist Medical Practitioner are independent of the Insurance Company. Such Independent Medical Practitioner shall not include: The Member's Spouse, Father (including step father) or Mother (including step mother), Son (including step son), Son's wife, Daughter, Daughter's husband, Brother (including step brother) and Sister (including step sister) or member under this policy
Pre-Existing disease	Pre-Existing disease is defined as 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 c. A condition for which any symptoms and or signs if presented and have resulted within three months of the issuance of the policy in a diagnostic illness or medical condition
Definition of Accidental Total Permanent Disability (ATPD) are given below. Details of the benefits are provided in Part C	
Accidental Total Permanent Disability (ATPD)	"Total and Permanent Disability" refers to a disability, which: a. is caused by Bodily Injury resulting from an accident, and b. occurs due to the said bodily injury, directly and independently of any other causes, and c. occurs within 180 days of the occurrence of such accident irrespective of the expiry of Cover Term provided date of accident is within the Cover Term For the purposes of this benefit, The loss of both arms, or of both legs, or of one arm and one leg, or of both eyes, shall be considered total and permanent disability, without prejudice to other causes of total and permanent disability. "Loss of an arm or a leg" shall mean physical severance of the arm at or above the wrist or physical severance of the leg at or above the ankle which: a. is caused by bodily injury resulting from an accident, and b. occurs due to the said bodily injury, directly and independently of any other causes, and c. occurs within 180 days of the occurrence of such accident irrespective of the expiry of Cover Term provided date of accident is within the Cover Term. "Loss of an eye" shall mean total and irrevocable loss of sight of an eye which: a. is caused by bodily injury resulting from an accident, and b. occurs due to the said bodily injury, directly and independently of any other causes, and c. occurs within 180 days of the occurrence of such accident irrespective of the expiry of Cover Term provided date of accident is within the Cover Term.

Word	Meaning
Definitions with disease specific exclusions of Critical Illness (CI) are given below. Details of the benefits are provided in Part C	
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;
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: Angioplasty and/or any other intra-arterial procedures
Myocardial Infarction (First Heart Attack of specific severity)	I. The first occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria: i. A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. typical chest pain) ii. New characteristic electrocardiogram changes iii. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers. 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
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 iii. Vascular disease affecting only the eye or optic nerve or vestibular functions
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

PART C

1. Benefits under the policy

This plan provides protection either against any type of loan and/or provides a protection to a member of the Master Policyholder through single/limited/regular premium policy and/or One Year Renewable Group Term Assurance (OYRGTA) scheme respectively.

1.1 Risk Cover Benefit

In the unfortunate event of the Member's demise/ accidental total permanent disability / first diagnosis of any of the covered Critical Illnesses, We will pay the Benefit as applicable.

The benefit shall be payable as under:

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

Please Note -

Regulated Entities shall mean to include:

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

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

1.1.1 The benefit in case of an unfortunate event will be payable as follows:

Cover Options	Level Cover	Reducing Cover (applicable only for credit life customers or loan account holders)
Life Cover	In case of death of the Life Assured or first death of either of the Life Assureds' (in case of joint life); Sum Assured as opted at the inception is payable.	In case of death of the Life Assured or first death of either of the Life Assureds' (in case of joint life); outstanding cover amount as per the cover schedule as at monthiversary immediately preceding the date of death of Member is payable.
Life Cover + Accidental Total Permanent Disability (ATPD)	In case of either death or total permanent disability due to an accident of the Life Assured or either of the Life Assureds' (in case of joint life); Sum Assured as opted at the inception is payable.	In case of either death or total permanent disability due to an accident of the Life Assured or either of the Life Assureds' (in case of joint life); outstanding cover amount as per the cover schedule as on the monthiversary immediately preceding the date of death or disability of Member is payable.
Life Cover + Critical Illness (CI)	In case of either death or first diagnosis of any of the covered critical illness of the Life Assured or either of the Life Assureds' (in case of joint life); Sum Assured as opted at the inception is payable.	In case of either death or first diagnosis of any of the covered critical illness of the Life Assured or either of the Life Assureds' (in case of joint life); outstanding cover amount as per the cover schedule as on the monthiversary immediately preceding the date of death of the Member or first diagnosis of any of the covered critical illness is payable.
Life Cover + Accidental Total Permanent Disability (ATPD) + Critical Illness (CI)	In case of either death or total permanent disability due to an accident or first diagnosis of any of the covered critical illness of the Life Assured or either of the Life Assureds' (in case of joint life); Sum Assured as opted at the inception is payable.	In case of death or total permanent disability due to an accident or first diagnosis of any of the covered critical illness of the Life Assured or either of the Life Assureds' (in case of joint life); outstanding cover amount as per the cover schedule as on the monthiversary immediately preceding the date of death or total permanent disability or first diagnosis of any of the covered critical illness is payable.

Note:

First Diagnosis means the diagnosis of the first Critical Illness in the lifetime of the member (or second member, if applicable in case of joint life).

The Company should be intimated about the diagnosis of the Critical Illness within 60 days from the date of its diagnosis. However, claims intimated even beyond such period will be considered if there are valid reasons for any delay. The diagnosis of Critical Illness is to be confirmed by an independent registered Medical Practitioner.

The member who has already contracted any Critical Illness shall not be offered cover option which includes CI benefit.

In case of Accidental Total Permanent Disability (ATPD) occurring within 180 days of accident, irrespective of the expiry of cover term, provided date of accident is within the cover term, we will pay the cover amount as per initial cover schedule on the date of accident plus any premiums, if any, paid from date of accident to date of disability.

1.1.2 Joint Life

A maximum of up to two joint borrowers for a particular loan can be covered under this Policy under a single Certificate of Insurance. In case of co-borrowing, the cover can be extended to both borrowers under this plan subject to eligibility criterion as well as similar Premium Payment Frequency for both borrowers and similar cover type i.e. either level or reducing. Person with insurable interest will be the co-borrower under this product. The relationship between co-borrowers such as spouses, siblings, parents or grand-parents etc is allowed.

Options available to joint borrowers

The joint borrowers shall have the following two options. The applicable option will be reflected in the Certificate of Insurance –

	First claim basis (100% of Loan)	Loan share percentage
Extent of cover	• Each of the joint borrowers is insured for 100 per cent of the outstanding loan amount.	• Each of the joint borrowers is insured up to his/her share of the loan as mentioned in the membership form
Any one or both the borrower's demise or total permanent disability due to an accident or first diagnosis of the covered critical illness	• In the unfortunate event of either or both of the two borrower's simultaneous demise or accidental total permanent disability or first diagnosis of any of the covered critical illness, the benefit is paid to the Member/ Nominee/ Appointee/ Legal Heir, through You, the Master Policyholder • In case of death or accidental total permanent disability or first diagnosis of any of the covered critical illness of one of the borrowers the cover for the other borrower ceases immediately.	• In the unfortunate event of either or both of the two borrower's simultaneous demise or accidental total permanent disability or first diagnosis of any of the covered critical illness, the benefit is paid to the Member/ Nominee/ Appointee/ Legal Heir, through You, the Master Policyholder – up to the affected borrower's share • In case of death or accidental total permanent disability or first diagnosis of any of the covered critical illness of one of the borrowers the cover for the other borrower continues.

1.2 Maturity benefit

No maturity benefit will be payable under this policy.

2. Paid-Up benefits

No Paid-Up benefits will be payable under this policy.

3. Surrender / Termination Benefit

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

Unexpired Risk Premium value is applicable for single Premium option and limited Premium option. There is no surrender value under regular premium option.

There is no unexpired risk premium value applicable if Policy is surrendered within 12 Policy months from Cover Commencement Date. Unexpired Risk Premium value will only be paid if Policy is surrendered after completion of 12 Policy months i.e 13th Policy month onwards.

The Surrender/unexpired risk premium value is calculated as –

	Reducing Cover	Level Cover
Regular premium	No surrender value is payable	No surrender value is payable
Limited premium – Unexpired Risk Premium value	50% X Premiums Paid X { 1 – M / P } X { Current SA / Original SA } X (Premiums Paid/ Total Premiums payable under the policy) Where M = Elapsed months since inception & P = Cover term in months; SA is Sum Assured	50% X Premiums Paid X { 1 – M / P } X (Premiums Paid/ Total Premiums payable under the policy) Where M = Elapsed months since inception & P = Cover term in months
Single premium – Unexpired Risk Premium value	50% X Single Premium X { 1 – M / P } X { Current SA / Original SA } Where M = Elapsed months since inception & P = Cover term in months; SA = Sum Assured	50% X Single Premium X { 1 – M / P } Where M = Elapsed months since inception & P = Cover term in months

Current Sum Assured will be the Sum Assured as per the details mentioned in the cover schedule of Certificate of Insurance:

- as on the monthiversary preceding the date of lapse or,
- as on the date of termination, incase of policies where all due premiums have been paid

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

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

Under limited premium payment, on the occurrence of any covered event, after expiry of the grace period and before completion of the revival period of 5 years, we will pay the applicable Benefit as the unexpired risk premium value

4. Grace Period

You, the Master Policyholder or the Member (as the case may be) are given a grace period of 15 days for monthly premium payment frequency and 30 days for all other premium payment frequencies under regular/limited payment mode. This period starts from the due date of each premium payment. All the policy benefits continue during this grace period. In case, the due premiums are not paid by the end of the grace period then the cover will lapse immediately on expiry of grace period.

In case of unfortunate event of the Member's demise or occurrence of any covered event as per the benefit option chosen during the Grace Period, the Benefit will be payable to the Member/ Nominee/ Legal Heirs/ Appointee, as applicable, through you, the Master Policyholder after deducting only due premium; before the date of occurrence of death or date of the covered event.

5. Premium Payment

Modes of premium permitted under Reducing cover type policy are Single Premium and Limited Premium with Annual, Half yearly, Quarterly and Monthly frequency.

Modes of premium permitted under Level cover type policy are Single Premium and Limited /Regular Premium with Annual, Half yearly, Quarterly and Monthly frequency.

Where Cover Term of member is not in complete year and is expressed in months, then only single premium or monthly mode will be available.

The Premiums should be paid on or before the due dates to avoid any lapsation. Under regular and limited premium paying policies, 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.

For reducing cover, the premium rate will depend on- age at entry, gender, loan term, premium term, commission rate, loan interest rate.

For level cover, the premium rate will depend on- age at entry, gender, loan term, premium term, commission rate etc.

New members are allowed to join the Scheme at any time, provided the application is accepted by the Insurer. Insurance cover for new members shall not commence before the receipt of premium.

We shall continue to provide coverage to the group members insured, in respect of the group policy in case of failure of the master policyholder to account for the business to us or if premium is collected by the master policyholder and for some reason the same does not reach us within grace period.

The cover will also continue to be provided in case the insured group member can prove that he had paid the premium and secured a proper receipt leading him to believe that he was duly insured, even after grace period.

PART D

6. Options in the plan

6.1 Multiple Loans

Fresh/ additional loan taken by the same Member from you, the Master Policyholder will be treated as new loan. The amount of the new loan will not be covered under the existing Cover. A fresh Cover and Certificate of Insurance may be issued for the new loan amount.

7. Reviving your Lapsed Policy

In case the premium is not paid by the end of grace period, the Policy goes into a lapse status. Revival is as per the Board Approved Underwriting policy of the company.

Under regular/Limited payment option: The Member/Master Policyholder may revive the policy by paying the arrear premiums without interest/ late fees within five years from the due date of first unpaid premium as per Board approved underwriting policy.

Under limited payment option, if Member/Master Policyholder has not revived the policy within revival period of five years, then on completion of revival period unexpired risk premium value will be paid to the Member/Master Policyholder and Policy or contract terminates for that Member.

8. Free Look Period

You have a free look period of 30 days from the date of receipt of the Policy Document / Certificate of Insurance whether received electronically or otherwise, to review the terms and conditions of the policy and in case you disagree to any of those terms and conditions, you shall have the option to return the policy to us for cancellation, stating the reason for your objection, then you shall be entitled to a refund of premium paid subject only to a deduction of stamp duty under the policy, proportionate risk premium for the period of cover and expenses incurred on medical examination, if any.

Such a request received by us for free look cancellation of the policy shall be processed and premium refunded within 7 days of receipt of the request, subject to applicable deductions.

9. Loan

No Loan available under this policy.

PART E

10. Charges

This is a non-linked non-participating group micro life insurance plan.
There are no charges applicable under this plan.

PART F

11. Making a Claim

You, the Master Policyholder or the Member/nominee/legal heir/appointee, as the case may be, will give us a written notice of the claim on the occurrence of the covered event. You need to give us all the relevant information in writing to enable us to process the claim as specified in the Policy.

The Master Policyholder/ Member may submit the claims documents at any of our branches or at Claims Department, 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 : claims.support@indiafirstlife.com.

In case of authorization provided by the Member to the Master Policyholder, at the time of Claim, the Master Policyholder will need to:

- Provide Member Form and Loan Account Statement in respect of the insured Member to whom/whose nominee or beneficiary the claim money are payable.
- Provide a confirmation that the Insured Member / Nominee / Beneficiary who had submitted the Claim discharge form is the same person who has been registered by Master Policyholder as the Insured Member / Nominee / Beneficiary under the Group Master Policy.

We shall audit or cause an audit into the accuracy of the Credit Account Statement(s) of the insured Member in respect of which claim was settled on the completion of every financial year.

Documents required for Death Claim:

Incase of natural death

1. Proof of Age of the Life Assured, if the Age of the life assured has not been admitted by us.
2. Claimant's statement and claim intimation report duly filled and signed by claimant/nominee.
3. Death certificate issued under section 12/17 of registration of Births and Deaths Act 1969 (only in case of death of the Member / Life Assured).
4. Loan Application form & Loan a/c statement
5. Member Form
6. Certificate of Insurance (Inforced, issued at the inception / renewal whichever is applicable).
7. Credit Account Statement with declaration duly filled by the Master Policyholder certifying the accuracy of the statement
8. 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).
9. Self-attested copy of photo-identity proof and address of the Nominee/Claimant (e.g. driving license, PAN card, passport, Voter ID card etc.)
10. Self-attested copy of bank pass book of Nominee/Claimant along with cancelled cheque.

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

Incase of un natural death

1. Proof of Age of the Life Assured, if the Age of the life assured has not been admitted by us.
2. Claimant's statement and claim intimation report duly filled and signed by claimant/nominee.
3. Death certificate issued under section 12/17 of registration of Births and Deaths Act 1969 (only in case of death of the Life Assured).
4. Loan Application form & Loan a/c statement
5. Member Form
6. Certificate of Insurance (Inforced, issued at the inception / renewal whichever is applicable).
7. Credit Account Statement with declaration duly filled by the Master Policyholder certifying the accuracy of the statement
8. Copies of Medico Legal Certificate, First Information Report, Panchnama, Inquest report and post mortem report, duly attested by the police (only in case of Accident leading to unnatural death or Permanent Disability of the Life Assured)).
9. Self-attested copy of photo-identity proof and address of the Nominee/Claimant (e.g. driving license, PAN card, passport, Voter ID card etc.)
10. Self-attested copy of bank pass book of Nominee/Claimant along with cancelled cheque.

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

Documents required for Accidental Total Permanent Disability Claim:

1. Completely filled & signed claim intimation form
2. Disability certificate signed & issued by the civil surgeon
3. Discharge Card / Indoor consultation paper from the hospital along with the investigation report.
4. In case disability due to accident, copy of First Information Report & Post Mortem Report, duly attested by police officials, in case of unnatural deaths including accidents, murder, suicide etc.
5. Member's photo, current address proof & photo ID proof
6. Member's copy of bank passbook / statement with bank account details

Documents required for Critical Illness Claims:

1. Completely filled & signed claim intimation form
2. Health declaration form
3. Medical Certificate confirming the diagnosis of Critical Illness
4. A certificate from an attending Medical Practitioner confirming that the claim does not relate to any Pre-existing disease or Injury or any Illness or Injury which was diagnosed within the first 90 days of the inception of the Policy.
5. Discharge Card / Indoor consultation paper from the hospital along with the investigation report.
6. First Consultation letter and subsequent prescriptions
7. In the case critical illness arises due to an accident, copy First Information Report & Post Mortem Report, duly attested by police officials or medico-legal certificate.
8. Member's photo, current address proof & photo ID proof

9. Member's copy of bank passbook / statement with bank account details
10. Specific documents listed under the respective critical illness

Any other document or information that we may need to process the claim depending on the cause or nature of the claim. All copies to be self-attested by the Master Policy Holder

12. Documents Required for Authorisation by Member for payment (of outstanding loan balance amount) to the master policyholder, in case of regulated entities

1. Authorisation Letter
2. Credit Account Statement

13. Exclusions

A. Suicide Exclusion

In case of death due to suicide, within 12 months from the date of inception of the cover commencement date of the member, the nominee of the life assured shall be entitled to 80% of the premiums paid excluding extra premium, if any, or from the date of revival or reinstatement of the cover by the member, the nominee of the life assured shall be entitled to the higher of 80% of the premiums paid or surrender/unexpired risk premium value, if any, as available on the date of death of the member. This is irrespective of whether the life assured, was sane or insane at the time death.

B. Exclusions for Accidental Total Permanent Disability Benefit:

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

1. Intentional self-inflicted injury, suicide or attempted suicide, while sane or insane;
2. Insured person being under the influence of drugs, alcohol, narcotics or psychotropic substances unless taken in accordance with the lawful directions and prescription of a registered medical practitioner;
3. War, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, mutiny, rebellion, terrorist act, revolution, insurrection, military or usurped power, riot or civil commotion, strikes;
4. Participation in any flying activity, except as a bonafide passenger in a commercially licensed aircraft.;
5. Participation by the insured person in a criminal or unlawful act;
6. Any Pre-existing disease. (refer PART B for details)
7. Any disability due to any kind of sickness or disease before and/or after the effective date of the cover; any existing external congenital anomaly will not be covered, and policy will not be issued for such members having external congenital anomaly. Other than external congenital anomaly all other congenital anomaly will be covered.

   Where External Congenital Anomaly means a condition, which is visible and accessible parts of the body and present since birth, and which is abnormal with reference to form, structure or position.
8. Engaging in or taking part in professional sport(s) or any hazardous pursuits, including but not limited to, diving or riding or any kind of race; underwater activities involving the use of breathing apparatus or not; martial arts; hunting; mountaineering; parachuting; bungee-jumping;
9. Nuclear Contamination; the radio-active, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature;
10. If full disclosure is given by the members and that particular members fall under any of the exclusion stated above at the time of sale then the policy will not be offered to such members.

C. Exclusions for Critical Illness benefit:

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

1. Pre-Existing disease (refer PART B for details)
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, riot or 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. Disability due to post-traumatic stress disorder, chronic fatigue, chronic pain, and fibromyalgia are excluded
10. Any 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.
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.

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

The extant provisions in this regard are as follows:

1) The policyholder of a life insurance on his own life may nominate a person or persons to whom money secured by the policy shall be paid in the event of his death.
2) Where the nominee is a minor, the policyholder may appoint any person to receive the money secured by the policy in the

event of policyholder's death during the minority of the nominee. The manner of appointment to be laid down by the insurer.

3) Nomination can be made at any time before the maturity of the policy.
4) Nomination may be incorporated in the text of the policy itself or may be endorsed on the policy communicated to the insurer and can be registered by the insurer in the records relating to the policy.
5) Nomination can be cancelled or changed at any time before policy matures, by an endorsement or a further endorsement or a will as the case may be.
6) A notice in writing of Change or Cancellation of nomination must be delivered to the insurer for the insurer to be liable to such nominee. Otherwise, insurer will not be liable if a bonafide payment is made to the person named in the text of the policy or in the registered records of the insurer.
7) Fee to be paid to the insurer for registering change or cancellation of a nomination can be specified by the Authority through Regulations.
8) On receipt of notice with fee, the insurer should grant a written acknowledgement to the policyholder of having registered a nomination or cancellation or change thereof.
9) A transfer or assignment made in accordance with Section 38 shall automatically cancel the nomination except in case of assignment to the insurer or other transferee or assignee for purpose of loan or against security or its reassignment after repayment. In such case, the nomination will not get cancelled to the extent of insurer's or transferee's or assignee's interest in the policy. The nomination will get revived on repayment of the loan.
10) The right of any creditor to be paid out of the proceeds of any policy of life insurance shall not be affected by the nomination.
11) In case of nomination by policyholder whose life is insured, if the nominees die before the policyholder, the proceeds are payable to policyholder or his heirs or legal representatives or holder of succession certificate.
12) In case nominee(s) survive the person whose life is insured, the amount secured by the policy shall be paid to such survivor(s).
13) Where the policyholder whose life is insured nominates his (a) parents or (b) spouse (c) children or (d) spouse and children (e) or any of them; the nominees are beneficially entitled to the amount payable by the insurer to the policyholder unless it is proved that policyholder could not have conferred such beneficial title on the nominee having regard to the nature of his If nominee(s) die after the policyholder but before his share of the amount secured under the policy is paid, the share of the expired nominee(s) shall be payable to the heirs or legal representative of the nominee or holder of succession certificate of such nominee(s).
14) The provisions of sub-section 7 and 8 (13 and 14 above) shall apply to all life insurance policies maturing for payment after the commencement of Insurance Laws (Amendment) Act, 2015 (i.e. 23.03.2015).
15) If policyholder dies after maturity but the proceeds and benefit of the policy has not been paid to him because of his death, his nominee(s) shall be entitled to the proceeds and benefit of the policy.
16) The provisions of Section 39 are not applicable to any life insurance policy to which Section 6 of Married Women's Property Act, 1874 applies or has at any time applied except where before or Insurance Laws (Amendment) Act, 2015, a nomination is made in favour of spouse or children or spouse and children whether or not on the face of the policy it is mentioned that it is made under Section 39. Where nomination is intended to be made to spouse or children or spouse and children under Section 6 of MWP Act, it should be specifically mentioned on the policy. In such a case only, the provisions of Section 39 will not apply.

[Disclaimer: This is not a comprehensive list of amendments of Insurance Laws (Amendment) Act, 2015 and only a simplified version prepared for general information. Policy Holders are advised to refer to Insurance Laws (Amendment) Act, 2015 dated 23.03.2015 for complete and accurate details.

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

Assignment or transfer of a policy should be in accordance with Section 38 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015 dated 23.03.2015. The extant provisions in this regard are as follows:

(1) This policy may be transferred/assigned, wholly or in part, with or without consideration.

(2) An Assignment may be effected in a policy by an endorsement upon the policy itself or by a separate instrument under notice to the Insurer.

(3) The instrument of assignment should indicate the fact of transfer or assignment and the reasons for the assignment or transfer, antecedents of the assignee and terms on which assignment is made.

(4) The assignment must be signed by the transferor or assignor or duly authorized agent and attested by at least one witness.

(5) The transfer or assignment shall not be operative as against an insurer until a notice in writing of the transfer or assignment and either the said endorsement or instrument itself or copy there of certified to be correct by both transferor and transferee or their duly authorised agents have been delivered to the insurer.

(6) Fee to be paid for assignment or transfer can be specified by the Authority through Regulations.

(7) On receipt of notice with fee, the insurer should Grant a written acknowledgement of receipt of notice. Such notice shall be conclusive evidence against the insurer of duly receiving the notice.

(8) If the insurer maintains one or more places of business, such notices shall be delivered only at the place where the policy is being serviced.

(9) The insurer may accept or decline to act upon any transfer or assignment or endorsement, if it has sufficient reasons to believe that it is (a) not bonafide or (b) not in the interest of the policyholder or (c) not in public interest or (d) is for the purpose of trading of the insurance policy.

(10) Before refusing to act upon endorsement, the Insurer should record the reasons in writing and communicate the same in writing to Policyholder within 30 days from the date of policyholder giving a notice of transfer or assignment.

(11) In case of refusal to act upon the endorsement by the Insurer, any person aggrieved by the refusal may prefer a claim to IRDAI within 30 days of receipt of the refusal letter from the Insurer.

(12) The priority of claims of persons interested in an insurance policy would depend on the date on which the notices of assignment or transfer is delivered to the insurer; where

there are more than one instruments of transfer or assignment, the priority will depend on dates of delivery of such notices. Any dispute in this regard as to priority should be referred to Authority.

(13) Every assignment or transfer shall be deemed to be absolute assignment or transfer and the assignee or transferee shall be deemed to be absolute assignee or transferee, except

a. where assignment or transfer is subject to terms and conditions of transfer or assignment OR

b. where the transfer or assignment is made upon condition that

i. the proceeds under the policy shall become payable to policyholder or nominee(s) in the event of assignee or transferee dying before the insured OR

ii. the insured surviving the term of the policy

Such conditional assignee will not be entitled to obtain a loan on policy or surrender the policy. This provision will prevail notwithstanding any law or custom having force of law which is contrary to the above position.

(14) In other cases, the insurer shall, subject to terms and conditions of assignment, recognize the transferee or assignee named in the notice as the absolute transferee or assignee and such person

a. shall be subject to all liabilities and equities to which the transferor or assignor was subject to at the date of transfer or assignment and

b. may institute any proceedings in relation to the policy

c. obtain loan under the policy or surrender the policy without obtaining the consent of the transferor or assignor or making him a party to the proceedings

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

[Disclaimer: This is not a comprehensive list of amendments of Insurance Laws (Amendment) Act, 2015 and only a simplified version prepared for general information. Policy Holders are advised to refer to Insurance Laws (Amendment) Act, 2015 dated 23.03.2015 for complete and accurate details.]

16. Insurance Cover Ceases/ Ends/ Terminates

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

1. Member attaining age 70 years (in case of joint life, any life attaining age 70 years) or on death or ATPD (if member avails this benefit) or CI (if member avails this benefit) whichever is earlier
2. Non-payment of premium under limited/regular premium during the grace period.
3. The end of Cover Term
4. Surrender/Termination of the contract by the member.
5. Death the first life in case of joint life coverage in case of first claim basis
6. On payment of 'free look' cancellation

17. 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.

18. Disclosures

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

Provisions regarding policy not being called into question in terms of Section 45 of the Insurance Act, 1938, as amended Insurance Laws (Amendment) Act, 2015 dated 23.03.2015are as follows:

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

   For this, the insurer should communicate in writing to the insured or legal representative or nominee or assignees of insured, as applicable, mentioning the ground and materials on which such decision is based.
3) Fraud means any of the following acts committed by insured or by his agent, with the intent to deceive the insurer or to induce the insurer to issue a life insurance policy:
   a. The suggestion, as a fact of that which is not true and which the insured does not believe to be true;
   b. The active concealment of a fact by the insured having knowledge or belief of the fact;
   c. Any other act fitted to deceive; and
   d. Any such act or omission as the law specifically declares to be fraudulent.
4) Mere silence is not fraud unless, depending on circumstances of the case, it is the duty of the insured or his agent keeping silence to speak or silence is in itself equivalent to speak.
5) No Insurer shall repudiate a life insurance Policy on the ground of Fraud, if the Insured / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of material fact are within the knowledge of the insurer. Onus of disproving is upon the policyholder, if alive, or beneficiaries.
6) Life insurance Policy can be called in question within 3 years on the ground that any statement of or suppression of a fact material to expectancy of life of the insured was incorrectly made in the proposal or other document basis which policy was issued or revived or rider issued. For this, the insurer should communicate in writing to the insured or legal representative or nominee or assignees of insured, as applicable, mentioning the ground and materials on which decision to repudiate the policy of life insurance is based.
7) In case repudiation is on ground of mis-statement and not on fraud, the premium collected on policy till the date of repudiation shall be paid to the insured or legal representative or nominee or assignees of insured, within a period of 90 days from the date of repudiation.
8) Fact shall not be considered material unless it has a direct bearing on the risk undertaken by the insurer. The onus is on insurer to show that if the insurer had been aware of the said fact, no life insurance policy would have been issued to the insured.
9) The insurer can call for proof of age at any time if he is entitled to do so and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof of age of life insured. So, this Section will not be applicable for questioning age or adjustment based on proof of age submitted subsequently.

[Disclaimer: This is not a comprehensive list of amendments of Insurance Laws (Amendment) Act, 2015 and only a simplified version prepared for general information. Policy Holders are advised to refer to Insurance Laws (Amendment) Act, 2015 dated 23.03.2015 for complete and accurate details.]

19. 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.

20. Force Majeure

If due to any act of God or State, strike, lock out, legislation or restriction by any government or any other authority or any other circumstances which are beyond our control and restricts our performance under this Policy, this Policy will be wholly or partially suspended only for such period, subject to prior approval of IRDAI

21. 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.

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

Policy Servicing TAT's	
Surrender / Termination	15 Days
Freelook Cancellation	7 Days
Request for Refund of Proposal Deposit	15 days
Refund of outstanding proposal deposit	15 days
Maturity/Survival/Death Claims	
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

* Please note there is no maturity / survival benefit payable under this plan.

23. Inspection of Books & Records

We shall conduct a surprise inspection of the books & records of the non- employer employee group Master Policyholder(s) at least once a year, to ensure total compliance to circular – IRDAI/LIFE/CIR/172/09/2019 or require a certificate of such compliance from the auditors of the Master Policyholder, at least once a year.

PART G

24. 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 will be sent to you within two weeks 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.

b. However, if you are not satisfied with our resolution provided or have not received any response within two weeks, 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.

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

c. If you are not satisfied with the response or do not receive a response from us two weeks, 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@irdai.gov.in

You can also register your complaint online at

https://bimabharosa.irdai.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 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 in clauses listed 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.

Disclaimers

Applicable taxes levied as per extant tax laws shall be deducted from the premium or from the allotted units as applicable. Taxes are subject to change from time to time.

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. www.indiafirstlife.com, SMS <LIFE> to 5667735 SMS Charges apply. Toll free No – 1800 209 8700. Trade logo displayed above belongs to our promoters M/s Bank of Baroda and is used by IndiaFirst Life Insurance Co. Ltd under License.

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@cioins.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 Email: bimalokpal.bhopal@cioins.co.in Area of Jurisdiction - Madhya Pradesh & Chhattisgarh
Office of the Insurance Ombudsman - Bhubaneshwar 62, Forest Park, BHUBNESHWAR – 751 009. Tel.: 0674 - 2596461 /2596455 Email: bimalokpal.bhubaneswar@cioins.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 Email: bimalokpal.chandigarh@cioins.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 Email: bimalokpal.chennai@cioins.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 Email: bimalokpal.delhi@cioins.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 Email: bimalokpal.guwahati@cioins.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 Email: bimalokpal.hyderabad@cioins.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 Email: bimalokpal.ernakulam@cioins.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 Email: bimalokpal.kolkata@cioins.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 Email: bimalokpal.lucknow@cioins.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@cioins.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: Bimalokpal.jaipur@cioins.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@cioins.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@cioins.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 Email: bimalokpal.mumbai@cioins.co.in Area of Jurisdiction – Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane
Office of the Insurance Ombudsman – Patna 2nd Floor, Lalit Bhawan, Bailey, Road PATNA – 800001 Tel No: 0612-2547068 Email id : bimalokpal.patna@cioins.co.in. Area of Jurisdiction - Bihar, Jharkhand	



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