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

Isn't life full of certainties?

Your IndiaFirst Life Insurance Plan

IndiaFirstLife
PROMOTED BY
बैंक ऑफ़ बड़ौदा
Bank of Baroda

www.indiafirstlife.com • Call us on 1800 209 8700

Disclaimer: 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 promoter M/s Bank of Baroda is used by IndiaFirst Life Insurance Co. Ltd under License

BEWARE OF SPURIOUS AND FICTITIOUS/ FRAUDULENT PHONE CALLS!

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

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 XXXX
Address 1,
Address 2.
Pin code – xxx xxx

DD/MM/YYYY

IndiaFirst Life Super Protection Plan – UIN: 143N075V01
Non-Linked, Non-Participating Life, Individual Pure Risk, Savings 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. Kindly also refer to the Customer Information (CIS) enclosed with this Policy document for key information regarding Your Policy.

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 or conditions, You shall have the option to return the Policy to us for cancellation, stating the reasons for your objection, provided no claim has been made under the Policy. In such an event, irrespective of the reason for cancellation, 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 and stamp duty charges.

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. 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 - 400063. 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,

IndiaFirstLife

Authorised Signatory

Insurance Intermediary/ Agent Details

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

IndiaFirst Life Super Protection Plan
Non-Linked, Non-Participating Life, Individual Pure Risk, Savings Plan
(UIN: 143N075V01)

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 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:	
Email Address:	
Life Assured's Name:	
Age	
Date of Birth:	DD|MM|YY
Client ID:	
Gender:	
Life Assured's Address:	
Telephone No./ Mobile No:	
Email Address	

II. Policy Details

Company Name:	IndiaFirst Life Insurance Company Limited
Product Name:	IndiaFirst Life Super Protection Plan
UIN:	143N075V01
Policy Number:	
Proposal Form Number:	
Policy Commencement Date:	DD|MM|YY
Risk Commencement Date	DD|MM|YY
Maturity Date:	DD|MM|YY

III. Base Premium and Benefit Details

Plan Option	<< *Option 1: Life Option / Option 2: Life with Return of Premium Option* >>
Chosen Sum Assured on Death:	Policy Term:
Sum Assured on Death at Inception:	
<< *Maturity Benefit:* *(in case Return of Premium Option is chosen)*	Waiver of Premium Benefit*: <Yes/No>
>> Payout Option: << *Lumpsum Payout %:* *(in case any of the Lumpsum and Level Income option)* >>	Joint Life Option*: <Yes/No> << *Sum Assured for Secondary Life Assured (spouse):* >>
Premium Paying Term (in years):	Premium Frequency: << *Limited Premium/ Single Premium* >>
Premium Payment Mode: < Yearly/ Half Yearly/Monthly/Quarterly/ Single >	Next Premium Due Date: DD|MM|YY|
Due Date for Payment of Last Premium: DD|MM|YY|	Annualized Premium (in INR):
Installment Premium (in INR):	Extra Premium, if any:
Applicable Taxes (in INR):	Total Premium (including Applicable Taxes) in INR:

*Applicable only for Option 1: Life Option

IV. Rider Premium & Benefit details

Rider Name: <IndiaFirst Life Accidental Death Benefit Rider>	Rider UIN: < >
Rider Policy Term:	Rider Premium Paying Term:
Rider Sum Assured (in INR):	
Installment Rider Premium (in INR): <>	
Annualized Rider Premium (in INR): <>	Extra Rider Premium, if any: (in INR) <>
Applicable Taxes (in INR): <>	Total Rider Premium (including Applicable Taxes) in INR: <>
Rider Policy Commencement date < DD|MM|YY >	Rider Maturity date < DD|MM|YY >
Rider Name: <IndiaFirst Life Total and Permanent Disability Rider>	Rider UIN: < >
Rider Policy Term:	Rider Premium Paying Term:
Rider Sum Assured (in INR):	
Installment Rider Premium (in INR): <>	
Annualized Rider Premium: (in INR): <>	Extra Rider Premium, if any: (in INR) <>
Applicable Taxes (in INR): Rs <>	Total Rider Premium (including Applicable Taxes) in INR: <>
Rider Policy Commencement date < DD|MM|YY >	Rider Maturity date < DD|MM|YY >

The Rider Premium depicted above is inclusive of first year discounts, if applicable. A discount of 10% will be applicable for eligible policies (only on first year rider premium for IndiaFirst Life Accidental Death Benefit Rider & IndiaFirst Life Total and Permanent Disability Rider)

For Employees and their family members of IndiaFirst Life, Bank of Baroda, Union Bank of India and its associated Banks

V. Nominee(s) 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	Appointee's Name*

*If any of the Nominee(s) is a minor, then, the Appointee will be the person named by the Policy Holder as the Appointee and whose name is mentioned in the Policy Schedule and will be entitled to receive the Death Benefit from us for and on behalf of the Nominee(s) under this Policy.

Appointee's Name	DOB	Age	Gender	Relationship with Nominee	Appointee's Address

VI. Insurance Intermediary Details

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

VII. 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 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.
Annualized Premium	Annualized Premium shall be the Premium amount payable in a year excluding taxes, rider premiums, underwriting extra premiums and loadings for Modal Premiums.
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 Policyholder can assign the rights and benefits under the Policy to any other person / entity by virtue of an assignment under section 38 of the Insurance Act, 1938 as amended from time to time.
Beneficiary/Claimant	The person entitled to receive the Policy benefits as per the terms and conditions of the Policy and applicable laws, and includes the Policyholder, Nominee(s) (if valid nomination is effected), Assignee(s) or their heirs, legal representatives or holders of a succession certificates in case Nominee(s) or Assignee(s) is/are not alive at the time of claim
Customer Information Sheet (CIS)	To ensure that policyholders are well-informed about their coverage, rights, and responsibilities, the Company has provided a detailed document known as the "Customer Information Sheet" along with this Policy Document.
Extra Premium	An additional amount payable by You, which is determined by Us in accordance with our 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. e.g. We may charge an Extra Premium in case of a Life Assured who is a smoker.
Free Look Period	A period of 30 days from the date of receipt of the Policy whether electronically or otherwise.
First Unpaid Premium (FUP) Date	Date from where the Premium is due however not paid by the Policyholder.
Grace Period	A period of 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 with the risk cover without any interruption, as per terms and conditions of the Policy.
Guaranteed Surrender Value	The minimum amount payable by us on Surrender of this Policy for Return Of Premium option as specified in PART D.
Installment Premium	An amount that you pay us during the Premium Paying Term 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.
Lapse	State of Policy upon non-payment of premium within the Grace Period, provided Policy has not acquired any paid-up value.
Life Assured	The person on whose life this Policy has been issued by Us.
Maturity Benefit	This is the amount you receive on the Maturity Date, if any, provided the Life Assured is alive, as specified in PART C of this Policy Document.
Modal Factor	A factor used by us for calculating the Installment Premium payable by You under this Policy, if you have opted to pay the Premium other than yearly mode.
Nominee(s)	Nominee(s) is the person nominated by the Life Assured under this Policy in terms of Section 39 of the Insurance Act, 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.

Word	Meaning
Policy	This IndiaFirst Life Super Protection 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 specified in the Policy Schedule on which the Policy commences.
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 for securing the benefits under this Policy. This is specified in the Policy Schedule.
Premium Paying Term	The period during which you need to pay your Premiums 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.
Reduced Paid-up Policy	If we have received all the due Premiums from you for the first full Policy Year then, this Policy will not terminate but continue as Reduced Paid-up Policy.
Rider	Rider means the insurance cover(s) added to a base product for additional premium or charge. These are optional benefits which are in addition to basic benefits under the Policy.
Rider benefit	An amount of benefit payable on occurrence of a specified event covered under the rider(s) purchased by you, and is an additional benefit to the benefit under the base product. The Rider(s) purchased by you, if any, is mentioned in the Policy Schedule.
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 (IRDAI) 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	means restoration of the policy, which was discontinued due to the nonpayment of premium, by the insurer 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 or 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	means the period of five consecutive complete years from the date of first unpaid premium.
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.

Plan option specific Definitions - Details of the benefits are provided in Part C	
Accident	An accident is a sudden, unforeseen and involuntary event caused by external and visible means.
Accidental Total Permanent Disability	Accidental Total Permanent Disability means disablement of the Life Assured as a result of an accident during the term of the policy, which meets one or both of the two definitions: Definition 1: Loss of use of limbs or visual loss As a result of accidental bodily injury the Life Assured has suffered • Loss of the use of both limbs; or • Loss of the sight in both eyes (Blindness) ; or • Loss of the use of one limb and the sight of one eye The loss of a limb means the physical separation of a limb, at or above the wrist or ankle level as a result of injury. This will include medically necessary amputation necessitated by injury. The separation has to be permanent without any chance of surgical correction. Loss of a limb resulting directly or indirectly from self-inflicted injury, alcohol or drug abuse is excluded. The loss of use of the particular limb must be certified by a relevant Medical Practitioner and documented for an uninterrupted period of at least six months. 1. The total loss of vision in one eye means total, permanent and irreversible loss of all vision in an eye as a result of accident. 2. Loss of sight in both eyes – (Blindness) evidenced by: I. Total, permanent and irreversible loss of all vision in both eyes as a result of accident i. corrected visual acuity being 3/60 or less in both eyes or; ii. the field of vision being less than 10 degrees in both eyes II. The diagnosis of blindness or the total loss of vision in one eye must be confirmed and must not be correctable by aids or surgical procedure Definition 2: Loss of independent living Permanent Loss of ability through an injury caused solely by an accident, to do at least 3 of the 6 tasks listed below ever again. Total and Permanent Disability should occur within Ninety 90 days of the accident independent of any other causes. For the purpose of this benefit, the word "permanent" shall mean beyond the scope of recovery with current medical knowledge and technology. The insured person must need the help or supervision of another person and be unable to perform the task on their own, even with the use of special equipment routinely available to help and having taken any appropriate prescribed medication. Loss of independent living must be medically documented for an uninterrupted period of at least six months. The tasks are: i. Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means; ii. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances; iii. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa; iv. Mobility: the ability to move indoors from room to room on level surfaces v. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene; vi. Feeding: the ability to feed oneself once food has been prepared and made available

Medical Practitioner	Medical Practitioner means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within its scope and jurisdiction of license. The Medical practitioner should not be: - • the Policyholder/insured person (Life Assured) himself/herself; or • an authorized insurance intermediary (or related persons) involved with selling or servicing the insurance contract in question; or • employed by or under contractual engagement with the insurance company; • related to the Policyholder/insured person by blood or marriage.
Terminal Illness	A Life Assured shall be regarded as Terminally Ill only if that Life Assured is diagnosed as suffering from a condition which, in the opinion of two independent medical practitioners specializing in treatment of such illness, is highly likely to lead to death within 6 months. The Terminal Illness must be diagnosed and confirmed by medical practitioners registered with the Indian Medical Association and approved by the Company. The Company reserves the right for independent assessment.
Critical Illnesses Covered	1. Cancer of specified severity I. A malignant tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukemia, lymphoma and sarcoma. II. The following are excluded – i. All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN - 2 and CIN-3. ii. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond; iii. Malignant melanoma that has not caused invasion beyond the epidermis; iv. All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0 v. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below; vi. Chronic lymphocytic leukaemia less than RAI stage 3 vii. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification, viii. All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs; 2. Open Chest CABG I. The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breast bone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist. II. The following are excluded: i. Angioplasty and/or any other intra-arterial procedures 3. 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 **4. 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. **5. Primary (Idiopathic)Pulmonary Hypertension** I. An unequivocal diagnosis of Primary (Idiopathic) Pulmonary Hypertension by a Cardiologist or specialist in respiratory medicine with evidence of right ventricular enlargement and the pulmonary artery pressure above 30 mm of Hg on Cardiac Cauterization. There must be permanent irreversible physical impairment to the degree of at least Class IV of the New York Heart Association Classification of cardiac impairment. II. The NYHA Classification of Cardiac Impairment are as follows: i. Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms. ii. Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest. III. Pulmonary hypertension associated with lung disease, chronic hypoventilation, pulmonary thromboembolic disease, drugs and toxins, diseases of the left side of the heart, congenital heart disease and any secondary cause are specifically excluded **6. 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. **7. Major Organ/ 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 **8. 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.

	9. Benign Brain Tumour I. Benign brain tumor is defined as a life threatening, non-cancerous tumor in the brain, cranial nerves or meninges within the skull. The presence of the underlying tumor must be confirmed by imaging studies such as CT scan or MRI. II. This brain tumor must result in at least one of the following and must be confirmed by the relevant medical specialist. i. Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or ii. Undergone surgical resection or radiation therapy to treat the brain tumor. III. The following conditions are excluded: Cysts, Granulomas, malformations in the arteries or veins of the brain,hematomas, abscesses, pituitary tumors, tumors of skull bones and tumors of the spinal cord. **10. 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. **11. End Stage Liver Disease** I. Permanent and irreversible failure of liver function that has resulted in all three of the following: i. Permanent jaundice; and ii. Ascites; and iii. Hepatic encephalopathy. II. Liver failure secondary to drug or alcohol abuse is excluded. **12. End Stage Lung Disease** I. End stage lung disease, causing chronic respiratory failure, as confirmed and evidenced by all of the following: i. FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart; and ii. Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and iii. Arterial blood gas analysis with partial oxygen pressure of 55mmHg or less (PaO2 < 55mmHg); and iv. Dyspnea at rest. **13. 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. **14. 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

	15. Third Degree Burns I. There must be third-degree burns with scarring that cover at least 20% of the body's surface area. The diagnosis must confirm the total area involved using standardized, clinically accepted, body surface area charts covering 20% of the body surface area **16. Major Head Trauma** I. Accidental head injury resulting in permanent Neurological deficit to be assessed no sooner than 3 months from the date of the accident. This diagnosis must be supported by unequivocal findings on Magnetic Resonance Imaging, Computerized Tomography, or other reliable imaging techniques. The accident must be caused solely and directly by accidental, violent, external and visible means and independently of all other causes. II. The Accidental Head injury must result in an inability to perform at least three (3) of the following Activities of Daily Living either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons. For the purpose of this benefit, the word "permanent" shall mean beyond the scope of recovery with current medical knowledge and technology. III. The Activities of Daily Living are: i. Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means; ii. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances; iii. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa; iv. Mobility: the ability to move indoors from room to room on level surfaces; v. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene; vi. Feeding: the ability to feed oneself once food has been prepared and made available. IV. The following are excluded: i. Spinal cord injury; **17. Permanent Paralysis of limbs** Total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist medical practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months. **18. 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. **19. Multiple Sclerosis with Persistent Symptoms** I. The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following: i. investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and ii. there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months. II. Neurological damage due to SLE is excluded **20. Deafness** I. Total and irreversible loss of hearing in both ears as a result of illness or accident. This diagnosis must be supported by pure tone audiogram test and certified by an Ear, Nose and Throat (ENT) specialist. Total means "the loss of hearing to the extent that the loss is greater than 90decibels across all frequencies of hearing" in both ears.

	21. Loss of Speech I. Total and irrecoverable loss of the ability to speak as a result of injury or disease to the vocal cords. The inability to speak must be established for a continuous period of 12 months. This diagnosis must be supported by medical evidence furnished by an Ear, Nose, Throat (ENT) specialist **22. Surgery to Aorta** Undergoing of a laporotomy or thoracotomy to repair or correct an aneurysm, narrowing, obstruction or dissection of the aortic artery. For this definition, aorta means the thoracic and abdominal aorta but not its branches. Surgery performed using only minimally invasive or intra-arterial techniques such as percutaneous endovascular aneurysm repair are excluded **23. Apallic Syndrome** Universal necrosis of the brain cortex with the brain stem remaining intact. The definite diagnosis must be confirmed by a consultant neurologist and this condition has to be medically documented for at least one (1) month with no hope of recovery **24. Loss of Independent Existence** Loss of the physical ability through an illness or injury to do at least 3 of the 6 tasks listed below ever again. The relevant specialists must reasonably expect that the disability will last throughout life with no prospect of improvement, irrespective of when the cover ends or the insured person expects to retire. The company's appointed doctor should also agree that the disability will last throughout life with no prospect of improvement, irrespective of when the cover ends or the insured person expects to retire. The insured person must need the help or supervision of another person and be unable to perform the task on their own, even with the use of special equipment routinely available to help and having taken any appropriate prescribed medication. The tasks are **i. Washing:** the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means; **ii. Dressing:** the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances; **iii. Transferring:** the ability to move from a bed to an upright chair or wheelchair and vice versa; **iv. Mobility:** the ability to move indoors from room to room on level surfaces; **v. Toileting:** the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene; **vi. Feeding:** the ability to feed oneself once food has been prepared and made available Loss of independent living must be medically documented for an uninterrupted period of at least six months. Proof of the same must be submitted to the Company while the Person Insured is alive and permanently disabled. The company will have the right to evaluate the insured person to confirm total and permanent disability. Loss of Independent Existence due to an injury should occur independently of any other causes within ninety (90) days of such injury. Coverage for this impairment will cease at age sixty-six (66) or on maturity data/expiry date, whichever is earlier. **25. Cardiomyopathy** The unequivocal diagnosis by a Consultant Cardiologist of Cardiomyopathy causing permanent impaired left ventricular function with an ejection fraction of less than 25%. This must result in severe physical limitation of activity to the degree of class IV of the New York Heart Classification and this limitation must be sustained over at least six months when stabilized on appropriate therapy. Cardiomyopathy directly related to alcohol or drug misuse is excluded. New York Heart Classification Class I. Patients with cardiac disease but without resulting limitation of physical activity. Ordinary physical activity does not cause undue fatigue, palpitation, dyspnea, or anginal pain.

	Class II. Patients with cardiac disease resulting in slight limitation of physical activity. They are comfortable at rest. Ordinary physical activity results in fatigue, palpitation, dyspnea, or anginal pain. Class III. Patients with cardiac disease resulting in marked limitation of physical activity. They are comfortable at rest. Less than ordinary activity causes fatigue, palpitation, dyspnea, or anginal pain. Class IV. Patients with cardiac disease resulting in inability to carry on any physical activity without discomfort. Symptoms of heart failure or the anginal syndrome may be present even at rest. If any physical activity is undertaken, discomfort increases. 26. Brain Surgery The actual undergoing of surgery to the brain under general anaesthesia during which a craniotomy is performed. Keyhole surgery is included however, minimally invasive treatment where no surgical incision is performed to expose the target, such as irradiation by gamma knife or endovascular neuroradiological interventions such as embolizations, thrombolysis and stereotactic biopsy are excluded. Brain surgery as a result of an accident is also excluded. The procedure must be considered necessary by a qualified specialist." 27. 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. Psychiatric illnesses and alcohol related brain damage are excluded. Coverage for this impairment will cease at age sixty-six (66) or on maturity data/expiry date, whichever is earlier. 28. Muscular dystrophy Muscular Dystrophy is a disease of the muscle causing progressive and permanent weakening of certain muscle groups. The diagnosis of muscular dystrophy must be made by a consultant neurologist, and confirmed with the appropriate laboratory, biochemical, histological, and electromyographic evidence. The disease must result in the permanent inability of the insured to perform (whether aided or unaided) at least three (3) of the five (5) "Activities of Daily Living". 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

29. Parkinson`s Disease

The unequivocal diagnosis of idiopathic Parkinson's Disease by a consultant neurologist. This diagnosis must be supported by all of the following conditions:

1) The disease cannot be controlled with medication; and

2) There are objective signs of progressive deterioration; and

3) There is an inability of the Life Assured to perform (whether aided or unaided) at least 3 of the following five (5) "Activities of Daily Living" for a continuous period of at least 6 months:

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.

Drug-induced or toxic causes of Parkinsonism are excluded.

Coverage for this impairment will cease at age sixty-six (66) or on maturity data/expiry date, whichever is earlier

30. Medullary Cystic Disease

Medullary Cystic Disease is a disease where the following criteria are met:

1. The presence in the kidney of multiple cysts in the renal medulla accompanied by the presence of tubular atrophy and interstitial fibrosis;

2. Clinical manifestations of anaemia, polyuria and progressive deterioration in kidney function; and

3. The diagnosis of medullary cystic disease is confirmed by renal biopsy.

Isolated or benign kidney cysts are specifically excluded from this benefit

31. Systemic Lupus Erythematosus

The unequivocal diagnosis by a consultant physician of systemic lupus erythematosus (SLE) with evidence of malar rash, discoid rash, photosensitivity, multi-articular arthritis, and serositis. There must also be hematological and immunological abnormalities consistent with the diagnosis of SLE. There must also be a positive antinuclear antibody test. There must also be evidence of central nervous system or renal impairment with either

a) Renal involvement is defined as either persistent proteinuria greater than 0.5 grams per day or a spot urine showing 3+ or greater proteinuria

b) Central nervous system involvement with permanent neurological dysfunction as evidenced with objective motor or sensory neurological abnormal signs on physical examination by a neurologist and present for at least 3 months. Seizures, headaches, cognitive and psychiatric abnormalities are not considered under this definition as evidence of "permanent neurological dysfunction".

Discoid lupus and medication induced lupus are excluded

32. Aplastic Anaemia

Aplastic Anemia is chronic persistent bone marrow failure. A certified hematologist must make the diagnosis of severe irreversible aplastic anemia. There must be permanent bone marrow failure resulting in bone marrow cellularity of less than 25% and there must be two of the following:

1. Absolute neutrophil count of less than 500/mm^3

2. Platelets count less than 20,000/mm^3

3. Reticulocyte count of less than 20,000/mm^3

The insured must be receiving treatment for more than 3 consecutive months with frequent blood product transfusions, bone marrow stimulating agents, or immunosuppressive agents or the insured has received a bone marrow or cord blood stem cell transplant.

Temporary or reversible aplastic anemia is excluded and not covered in this policy.

	33. Poliomyelitis The occurrence of Poliomyelitis where the following conditions are met: • Poliovirus is identified as the cause; and • Paralysis of the limb muscles or respiratory muscles must be present and persist for at least 3 months as confirmed by a consultant neurologist. Other causes of paralysis such as Guillain-Barre syndrome are specifically excluded **34. Bacterial Meningitis** Bacterial meningitis is a bacterial infection of the meninges of the brain causing brain dysfunction. There must be an unequivocal diagnosis by a consultant physician of bacterial meningitis that must be proven on analysis of the cerebrospinal fluid. There must also be permanent objective neurological deficit that is present on physical examination at least 3 months after the diagnosis of the meningitis infection **35. Encephalitis** Severe inflammation of the brain substance (cerebral hemisphere, brainstem or cerebellum) caused by viral infection and resulting in permanent neurological deficit. This diagnosis must be certified by a consultant neurologist and the permanent neurological deficit must be documented for at least 6 weeks. **36. Progressive Supra nuclear Palsy** Progressive supranuclear palsy occurring independently of all other causes and resulting in permanent neurological deficit, which is directly responsible for a permanent inability to perform at least two (2) of the Activities of Daily Living. The diagnosis of the Progressive Supranuclear Palsy must be confirmed by a registered Medical Practitioner who is a neurologist **37. Severe Rheumatoid Arthritis** The unequivocal diagnosis of Rheumatoid Arthritis must be made by a certified medical consultant based on clinically accepted criteria. There must be imaging evidence of erosions with widespread joint destruction in three or more of the following joint areas: hands, wrists, elbows, knees, hips, ankle, cervical spine or feet. There must also be typical rheumatoid joint deformities. Degenerative osteoarthritis and all other forms of arthritis are excluded. There must be history of treatment or current treatment with disease-modifying anti-rheumatic drugs, or DMARDs. Non-steroidal anti-inflammatory drugs such as acetylsalicylic acid are not considered a DMARD drug under this definition. **38. Creutzfeldt- Jakob Disease** Creutzfeldt-Jacob disease is an incurable brain infection that causes rapidly progressive deterioration of mental function and movement. A neurologist must make a definite diagnosis of Creutzfeldt-Jacob disease based on clinical assessment, EEG and imaging. There must be objective neurological abnormalities on exam along with severe progressive dementia **39. Fulminant Viral Hepatitis** A submassive to massive necrosis of the liver by any virus, leading precipitously to liver failure. This diagnosis must be supported by all of the following: • rapid decreasing of liver size; • necrosis involving entire lobules, leaving only a collapsed reticular framework; • rapid deterioration of liver function tests; • deepening jaundice; and • hepatic encephalopathy. Acute Hepatitis infection or carrier status alone, does not meet the diagnostic criteria **40. Pneumonectomy** The undergoing of surgery on the advice of a consultant medical specialist to remove an entire lung for any physical injury or disease

Degenerative Diseases covered	1. 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. 2. Permanent Paralysis of limbs Total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist medical practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months. 3. 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. Psychiatric illnesses and alcohol related brain damage are excluded. Coverage for this impairment will cease at age sixty-six (66) or on maturity data/expiry date, whichever is earlier. 4. Parkinson`s Disease The unequivocal diagnosis of idiopathic Parkinson's Disease by a consultant neurologist. This diagnosis must be supported by all of the following conditions: 1) The disease cannot be controlled with medication; and 2) There are objective signs of progressive deterioration; and 3) There is an inability of the Life Assured to perform (whether aided or unaided) at least 3 of the following five (5) "Activities of Daily Living" for a continuous period of at least 6 months: 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. Drug-induced or toxic causes of Parkinsonism are excluded. Coverage for this impairment will cease at age sixty-six (66) or on maturity data/expiry date, whichever is earlier 5. Any other form of Dementia Dementia is a syndrome – usually of a chronic or progressive nature – in which there is deterioration in cognitive function (i.e. the ability to process thought) beyond what might be expected from normal ageing. It affects memory, thinking, orientation, comprehension, calculation, learning capacity, language, and judgement. Consciousness is not affected. The impairment in cognitive function is commonly accompanied, and occasionally preceded, by deterioration in emotional control, social behavior, or motivation.

PART C

<< For Life Option>>

1. Benefits under the Policy

1.1 Death Benefit

On Death during the policy term when the policy is in force, the death benefit is paid, and the policy terminates.

Death Benefit will be

1. For Limited Pay Policies is

Maximum of

- 10 times of Annualized Premium or
- an absolute amount, which is the Sum Assured prevailing at the time of death
- 105% of Total Premiums Paid (TPP)

2. For Single Pay Policies is

Maximum of

- 1.25 times of Single Premium or
- an absolute amount, which is the Sum Assured prevailing at the time of death

where the Sum Assured prevailing at the time of death is the Sum Assured chosen by the policyholder at inception

1.2 Survival benefit

There is no survival benefit payable under this Policy.

1.3 Maturity benefit

There is no maturity benefit payable under this Policy.

1.4 Life Stage Benefit

- This benefit is only applicable only under Life Option.
- Sum Assured can be increased without any medical underwriting on any of the below specified events during the life of the Life Assured. The total increase in Sum Assured shall be subject to overall limit of 100% of initial Sum Assured.

Events	Maximum additional % of Base SA	Maximum Additional SA allowed
Marriage (only one instance during Policy Term)	50%	50 Lakh
Birth/ Legal adoption of 1st child	25%	25 Lakh
Birth/ Legal adoption of 2nd child	25%	25 Lakh
Home loan taken by Life Assured (only one instance during Policy Term)	50% or loan amount (whichever is lower)	50 Lakh

- The option to increase Sum Assured can be availed within a period of six months from the date of the specified events provided no claim has been made under the policy for Option Waiver of Premium. The increase in Sum Assured will be effective from the annual policy anniversary falling immediately after the date of notification and an additional premium will be charged for an increase in the Sum Assured.
- This option is not allowed in Single Premium policies.
- To exercise the above options life assured's proposal should have been underwritten at standard rate at policy inception, the policy should be premium paying at the time of exercising the option and age of the policyholder must be less than 45 years.
- The premium rate corresponding to the additional Sum Assured shall be based on the age attained and outstanding policy term on the prevailing premium rates at the time of the exercise of this benefit. This shall be subject to the minimum premium paying term available under the product at the time of exercising this option.

1.5 Option to Decrease Sum Assured

- Sum Assured can be reduced in future if it had been increased under option Life Stage Benefit and post attaining age 45 years
- The decrease will be allowed to the extent of Sum Assured increased under the specified event in the life of the Life Assured.
- 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 by the policyholder during the last 5 policy years.
- Once sum assured is decreased it cannot be increased in future.

The written request for reduction in Sum Assured should be sent at least two months prior to the annual policy anniversary.

1.6 Pay-out Options

You have to select any of the below given payout options at the inception of the policy.

A. Lumpsum Option

The benefit on death or diagnosis of terminal illness, whichever is earlier, is payable as lumpsum and the policy terminates.

B. Lumpsum and Level Income Option

On death or diagnosis of terminal illness, whichever is earlier, the policyholder can choose 10% to 50%, in multiple of 10%, of the applicable death benefit to be paid immediately as lumpsum and the balance amount to be paid in arrears as equal monthly instalments over a period of 5 years. The lumpsum percentage has to be chosen at the inception of the policy. In case of instalment payment of death benefit, the monthly 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. The interest rate used to determine annuity factor is {5-year G-Sec rate less 2.00%, rounded down to the nearest 25 bps}, where the 5-year G-Sec is at the beginning of the financial year. The applicable interest rate for FY 24-25 is 5% p.a. (i.e. ~7.18% (5-year G-Sec rate) less 2.00%).

Any change in the methodology for calculating the instalment benefit amount shall be subject to prior approval from the Authority. Once the instalment payment starts, this payment remains level throughout the instalment period.

1.7 Waiver of Premium Benefit

This option is available only for Life Option provided the policy has been underwritten on standard terms. This option has to be selected by the policyholder at the inception of the policy. A fixed additional premium will be charged for this option. Waiver of all future premiums if the Life Assured is diagnosed with any of the listed 40 CI's or ATPD. If Joint Life Option is chosen along with this option, then WOP is applicable only on the primary life assured.

In case of critical illness, a waiting period of 180 days will be applicable.

Critical Illness Covered are as below:

Sr. No.	Critical Illness
1	Cancer of specified severity
2	Open Chest CABG
3	Kidney Failure requiring regular dialysis
4	Permanent paralysis of limbs
5	Primary (Idiopathic) Pulmonary Hypertension
6	Myocardial Infarction (First Heart Attack Of Specific Severity)
7	Stroke Resulting in Permanent Symptoms
8	Major organ / bone marrow transplant
9	Multiple Sclerosis with persisting symptoms
10	Surgery to Aorta
11	Apallic Syndrome
12	Benign Brain Tumour
13	Coma of specified severity
14	End Stage Liver Failure
15	End Stage Lung Failure
16	Open Heart Replacement or Repair of Heart Valves
17	Loss of Limbs
18	Blindness
19	Third degree Burns
20	Major Head Trauma
21	Loss of Independent Existence
22	Cardiomyopathy
23	Brain Surgery
24	Alzheimer's Disease
25	Motor Neurone Disease with permanent symptoms
26	Muscular Dystrophy
27	Parkinson's Disease
28	Deafness
29	Loss of Speech
30	Medullary Cystic Disease
31	Systemic Lupus Erythematosus
32	Aplastic Anaemia
33	Poliomyelitis
34	Bacterial Meningitis
35	Encephalitis
36	Progressive Supra nuclear Palsy
37	Severe Rheumatoid Arthritis
38	Creutzfeldt – Jakob Disease
39	Fulminant Viral Hepatitis
40	Pneumonectomy

1.8 Joint Life Option

This option is available only with Life Option.

If this option is chosen, an additional cover of 50% of Primary Life's SA will be offered on death of the spouse up to a max of Rs. 1Cr cover. An additional premium will be charged for this option where a discount of 2% will be offered on premium of second life. Cover as chosen commences for both the Life Assureds at inception of policy. In case of claim on any one of the life the cover for the other life will continue.

If Joint Life Option along with WOP option is chosen then WOP is applicable only on the primary life assured.

2. Rider benefits

You can avail 2 riders under this plan for more comprehensive coverage, subject to terms and conditions of the respective rider: –

1. IndiaFirst Life Accidental Death Benefit Rider (UIN: 143B019V01)
2. IndiaFirst Life Total and Permanent Disability Rider (UIN: 143B021V01)

Please refer to rider brochure & policy document for more details on rider benefits.

3. Paid-Up benefits

Unexpired Risk Premium gets acquired immediately upon payment of premium in case of Single Pay and upon payment upon payment of premiums for at least 1 full year and after completion of first policy year in case of Limited Pay.

For details on Unexpired Risk Premium, please refer Section 5.

4. Surrender Benefit

There is no Surrender benefit payable under this Policy.

5. Discontinuance of Premium Payment

Policy will lapse after the expiry of the grace period from the date of first unpaid premium and all the benefits will cease after expiry of the grace period from the date of first unpaid premium.

If the policyholder has not revived the policy during the revival period, the Unexpired Risk Premium Value will be payable as below:

Unexpired Risk Premium Value under single premium is allowed after the completion of one policy year. The Unexpired Risk Premium Value for single premium mode will be calculated as below.

50% * Total Premiums Paid * (Unexpired Term#/ Total Term)

Unexpired Risk Premium Value under limited premium is allowed after the completion of premium paying term or after ten policy years whichever is lower provided all due premiums have been paid. The Unexpired Risk Premium Value for limited premium mode will be calculated as below.

30% * Total Premiums Paid * (Unexpired Term#/ Total Term)

#Unexpired Term will be calculated as on the date of first unpaid premium or on the date on request of termination of the policy, whichever is earlier.

6. Grace Period

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 the Life Assured's death during the Grace Period, we will pay the benefit after deducting the unpaid due Premium(s) till the date of death. During the Grace Period the Policy will be considered in-force.

7. Discount on Advance Premium (Renewal)

Collection of renewal premium in advance shall be allowed within the same financial year for the premium due in that financial year. Provided, the premium due in one financial year may be collected in advance in earlier financial year for a maximum period of three months in advance of the due date of the premium. No discount will be offered if premium is paid within one month prior to premium due date. The discount rate applicable for the quarter will be calculated on 5-year G-Sec bond yield (rounded to nearest 5 bps) as at beginning of the quarter. The same discount rate will be applicable to all the advance premiums being paid by the policyholder during that quarter. Any change in the said methodology for the calculation of discount on advance premium is subject to approval of the Authority. The discount rate will be calculated from advance premium paid date to premium payment due date (in complete months).

PART C

<< For Return of Premium Option>>

1. Benefits under the Policy

1.2 Death Benefit

On Death during the policy term when the policy is in force, the death benefit is paid, and the policy terminates.

Death Benefit will be

1. For Limited Pay Policies is

Maximum of

- 10 times of Annualized Premium or
- an absolute amount, which is the Sum Assured prevailing at the time of death
- 105% of Total Premiums Paid (TPP)

2. For Single Pay Policies is

Maximum of

- 1.25 times of Single Premium or
- an absolute amount, which is the Sum Assured prevailing at the time of death

where the Sum Assured prevailing at the time of death is the Sum Assured chosen by the policyholder at inception

1.2 Survival benefit

There is no survival benefit payable under this Policy.

1.3 Maturity benefit

On survival up to the end of policy term provided the policy is in force, 100% of Total Premiums Paid will be payable as Maturity Benefit.

1.4 Pay-out Options

You have to select any of the below given payout options at the inception of the policy.

A. Lumpsum Option

The benefit on death or diagnosis of terminal illness, whichever is earlier, is payable as lumpsum and the policy terminates.

B. Lumpsum and Level Income Option

On death or diagnosis of terminal illness, whichever is earlier, the policyholder can choose 10% to 50%, in multiple of 10%, of the applicable death benefit to be paid immediately as lumpsum and the balance amount to be paid in arrears as equal monthly instalments over a period of 5 years. The lumpsum percentage has to be chosen at the inception of the policy. In case of instalment payment of death benefit, the monthly 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. The interest rate used to determine annuity factor is {5-year G-Sec rate less 2.00%, rounded down to the nearest 25 bps}, where the 5-year G-Sec is at the beginning of the financial year. The applicable interest rate for FY 24-25 is 5% p.a. (i.e. ~7.18% (5-year G-Sec rate) less 2.00%).

Any change in the methodology for calculating the instalment benefit amount shall be subject to prior approval from the Authority. Once the instalment payment starts, this payment remains level throughout the instalment period.

2. Rider benefits

You can avail 2 riders under this plan for more comprehensive coverage, subject to terms and conditions of the respective rider: –

1. IndiaFirst Life Accidental Death Benefit Rider (UIN: 143B019V01)
2. IndiaFirst Life Total and Permanent Disability Rider (UIN: 143B021V01)

Please refer to rider brochure & policy document for more details on rider benefits.

3. Paid-Up benefits

Policy will acquire paid-up value after expiry of grace period from the date of first unpaid premium after completion of first policy year provided one full year premium has been paid, and subsequent due premiums have not been paid.

Benefits payable under Paid-Up policy:

On death during the policy term when policy is in paid-up status, Paid-up Death Benefit will be payable:

Paid-Up Death Benefit will be higher of

- Sum Assured on death * (Total numbers of premiums paid) / (Total Number of premiums payable over the policy term)
- 105% of total premiums paid

On Maturity, 100% of Total premiums paid will be payable as maturity benefit.

4. Surrender Benefit

Surrender Value will be higher of Guaranteed Surrender Value (GSV) and Special Surrender Value (SSV).

For Single Premium: Surrender value will be available immediately from the date of issuance of the policy.

For Limited Pay: The policy shall acquire a Guaranteed Surrender Value on payment of premium for at least two consecutive years. However, Special Surrender Value shall become payable after completion of first policy year provided one full year premium has been received.

The surrender value shall not exceed 100% of Total Premiums Paid till the date of surrender.

<u>Guaranteed Surrender Value (GSV)</u>

GSV = GSV factor * total premiums paid

<u>Special Surrender Value (SSV)</u>

Special Surrender Value reflects the notional asset share, guaranteed maturity or survival benefits under the policy.

The SSV will be calculated as follows:

Expected present value of paid-up Maturity Benefit

Plus

Expected present value of paid-up Death Benefit

Where paid-up Maturity Benefit and Paid-up Death Benefit are as defined above.

Basis for SSV calculation

Interest Rate: 7.68% p.a.

It is derived using the following approach:

7.68% = 7.18% [(1+7.05%/2)2 -1] plus spread of 50 bps

where 7.05% p.a. is the 10 year G-sec rate (convertible half yearly) as at the end of the financial year ending 31st March 2024.

Mortality:

42% of IALM 2012-14 with mortality improvement of 3% p.a.

SSV factor at time "t" is A(x+t:n-t).

The applicable SSV shall be reviewed annually based on the prevailing yield on 10 Year G-Sec and the underlying experience.

5. Discontinuance of Premium Payment

Policy will lapse after the expiry of the grace period from the date of first unpaid premium and all the benefits will cease after expiry of the grace period from the date of first unpaid premium.

6. Grace Period

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 the Life Assured's death during the Grace Period, we will pay the benefit after deducting the unpaid due Premium(s) till the date of death. During the Grace Period the Policy will be considered in-force.

7. Discount on Advance Premium (Renewal)

Collection of renewal premium in advance shall be allowed within the same financial year for the premium due in that financial year. Provided, the premium due in one financial year may be collected in advance in earlier financial year for a maximum period of three months in advance of the due date of the premium. No discount will be offered if premium is paid within one month prior to premium due date. The discount rate applicable for the quarter will be calculated on 5-year G-Sec bond yield (rounded to nearest 5 bps) as at beginning of the quarter. The same discount rate will be applicable to all the advance premiums being paid by the policyholder during that quarter. Any change in the said methodology for the calculation of discount on advance premium is subject to approval of the Authority. The discount rate will be calculated from advance premium paid date to premium payment due date (in complete months).

PART D

8. Premium Payment

Premiums can be paid in monthly/ quarterly/ half yearly/ yearly/ single payment mode. The Premiums should be paid on or before the due dates to avoid any lapsation.

The mode of Premium payment and frequency will also impact the Premium amount. The following Premium frequency factors will apply on the yearly Premium to get instalment premium.

Premium Frequency

Premium Frequency	Factor To Be Applied To Yearly Premium
Monthly	0.0870
Quarterly	0.2590
Half Yearly	0.5119
Yearly	1

1. You should not pay the Premium through cash or bearer instrument to IndiaFirst Life insurance Advisors /Employees/ Insurance Agents. IndiaFirst Life Insurance Advisors/ Employees / Insurance Agents are not authorised to receive the Premium in cash or bearer instrument. Handing over cash or bearer instrument to any IndiaFirst Life Insurance Advisor / Employee/ Insurance Agents is solely at your own risk and the Company in no way be held responsible for any loss in this regard.
2. Insurance Premium cheques must be drawn only in favour of IndiaFirst Life Insurance Company Ltd. (Proposal No. for first Premium or Policy No. for renewal Premium should be written behind the cheque). Any Cheque payment made shall be deemed to be received by IndiaFirst Life Insurance only when the same has been received by any office of IndiaFirst Life Insurance and after an official receipt is issued by the Company.

9. Reviving your Lapsed Policy (Revival)

You may revive the Lapsed Policy within 5 years from the due date of First Unpaid Premium but before the Maturity Date by:

i. submitting a written request for Revival of the Lapsed Policy.

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

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

A Lapsed Policy will only be revived 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.

10. Free Look Period

You have a free look period of 30 days from the date of receipt of the Policy document, whether electronically or otherwise, 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 cancellation, provided that no claim has been made under the Policy. In such an event, irrespective of the reasons for cancellation 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 7 days of receipt of the request.

11. Loan

Policy Loan will be available for "Option 2: Life with Return of Premium Option" subject to the following term and conditions.

- The loan amount will be subject to 80% of the surrender value.
- The minimum loan amount should be Rs. 1,000.
- For in-force and fully paid-up policies, if the outstanding loan along with interest exceeds 90% of the surrender value, company will send a notice to the policy holder to repay the loan partially or completely. If loan is not repaid subsequent to receipt of the notice, then we will adjust the outstanding loan along with interest before any payment of benefits. After recovering the outstanding loan along with interest, remaining benefit, if any, will be payable.
- For other than in-force and fully paid-up policies, as and when the outstanding loan along with interest exceeds 90% of the surrender value for paid-up cases, company will send a notice to the policyholder to repay the loan partially or completely. If loan is not repaid within a stipulated period, the policy will be compulsorily surrendered and the outstanding loan along with interest will be recovered from the surrender proceeds or paid-up value.
- The basis used for the calculation of interest rate on loan is 10-year G-Sec rate as at the end of last financial year plus the absolute margin of 250 basis points rounded up to the nearest 50 basis points. The derived interest rate will be applicable in the succeeding financial year. Currently, the interest rate on loan for FY 2024-25 is 10.00% p.a. (simple). It is arrived at by adding a margin of 250 basis points on the effective annual 10-year G-Sec and rounding up to the nearest 50 basis points (10.00% ~ 7.18% + 2.50%).
- Any change in the methodology of calculating the loan interest rate shall be subject to prior approval from the authority.

PART E

12. Charges

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

PART F

13. Making a Claim

In order to process a claim under this Policy, we will need a written intimation about the claim, upon the death of the Life Assured during the Policy Term or for processing a claim for maturity benefits under this Policy. This is the first step towards processing your claim. The written intimation should also be accompanied with all the required documents as mentioned below:

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 completely filled and signed by claimant/nominee.
iii. Valid QR code Scannable 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 proof of the Nominee(s)/Claimant (e.g. driving license, PAN card, passport, Voter ID card etc.)
vii. Self-attested copy of bank pass book of Nominee(s)/ Claimant along with cancelled cheque with Printed Nominee name, Ac no and IFSC code available on the same.

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

Incase of unnatural death

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

i. Clear readable copies of Medico Legal Certificate, First Information Report, Panchnama, Inquest report Final Viscera Report, Final Police investigation closure 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).
ii. All Hospitalization documents including discharge summary Admission Notes and all investigation reports (only mandatory 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.

Claims can be intimated through

Courier – Intimation with supporting documents can be sent to the claims department at head office by courier to the below address.

Claims Department, IndiaFirst Life Insurance Company Ltd, 12th Floor, North {C} wing, Tower 4, Nesco IT Park, Nesco Center, Western Express Highway, Goregaon (East), Mumbai – 400063

Email – Intimation with supporting documents can be sent to claims.support@indiafirstlife.com

Website - Visit IndiaFirst website for online claim intimation at https://www.indiafirstlife.com/claims/register-claim-online and follow few simple steps to complete the claim intimation.

WhatsApp – Say Hi on +91 22 6274 9898 and follow few simple steps to complete the claim intimation

14. 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 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.

15. Nomination shall be governed as per section 39 of the Insurance Act, 1938 as amended from time to time. A simplified version of Section 39 of the Insurance Act is provided below:

Nomination of a life insurance Policy is as below in accordance with Section 39 of the Insurance Act, 1938, as amended by Insurance Laws (Amendment) Act, 2015 or any other Regulation as specified by the Authority. The extant provisions in this regard are as follows:

1) The policyholder of a life insurance on his own life shall nominate a person or persons to whom money secured by the policy shall be paid in the event of his death. Nomination is mandatory to facilitate payment of claim amount in case of death of life assured
2) Where the nominee is a minor, the policyholder shall appoint any person in the manner laid down by the insurer to receive the money secured by the policy in the event of policyholder's death during the minority of the nominee.
3) 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.
4) Nomination can be changed at any time before policy matures, by an endorsement or a further endorsement or a will as the case may be.
5) A notice in writing of Change of nomination must be delivered to the insurer Otherwise, insurer will not be liable for any payment under the policy made bonafide by the insured to the nominee unless it is mentioned in the text of the policy or in the registered records of the insurer.
6) Fee for registering change in the nomination may require to be paid to the insurer which shall not exceed Rs. 100 (Rs. One hundred only) or as may be specified by the Authority.
7) On receipt of notice with fee, the insurer should grant a written acknowledgement to the policyholder of having registered a nomination or change thereof.
8) 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.

9) 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.

10) 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.

11) In case nominee(s) survive the person whose life is insured, the amount secured by the policy shall be paid to such survivor(s).

12) Where the policyholder whose life is insured nominates his (a) parents or (b) spouse or (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 title.

13) 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.

17) 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. Policyholders are advised to refer to Insurance Laws (Amendment) Act, 2015 dated 23.03.2015 and any other applicable Regulation/Circulars issued by the Authority for complete and accurate details]

16. 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 and any other applicable Regulation/Circulars issued by the Authority. 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 for granting a written acknowledgement of the receipt of notice of assignment or transfer assignment may require to be paid to the insurer which shall not exceed Rs. 100 (Rs. One hundred only) or as may be specified by the Authority.

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. Policyholders are advised to refer to Insurance Laws (Amendment) Act, 2015 dated 23.03.2015 and any other applicable Regulation/Circulars issued by the Authority for complete and accurate details.]

17. 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 acceptance of free look request cancellation request; or

iv. on the expiry of the Revival Period provided we have not received the due unpaid Premiums from you before the expiry of such period.

v. On completion of the Policy Term.

18. 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.

19. Fraud and Misstatement

The Company shall deal with fraud and misstatement in accordance with provisions of Section 45 of the Insurance Act, 1938, as amended from time to time, which provisions are reproduced below.

The Age of the Life Assured is derived basis the declaration in the Proposal Form. Due to misstatement of Age if You have paid less Premium(s) than what was payable for the correct Age, We will charge and You the difference in Premium since the Policy Commencement Date without interest or deduct the same from the policy benefit payable. If the date of birth of the Life Assured has been misstated resulting in higher Premium(s) paid by You than what was payable for the correct Age, We will refund the excess Premiums without any interest. If at the correct Age, the Life Assured was not insurable according to our requirements, We reserve the right to refund the Premiums paid till date post deduction of any relevant cost, expenses or charges as applicable and terminate the Policy in accordance with 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:

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

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.]

20. 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 applicable regulations.

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	
Full Surrender	7 Days
Freelook Cancellation	7 Days
Request for Refund of Proposal Deposit	15 days
Refund of outstanding proposal deposit	30 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	15 Days
Death claim decision with Investigation requirement	45 Days

23. 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 of a duplicate Policy Document, the original Policy Document will cease to have any legal effect.

PART G

24. Policy Servicing & Grievance Handling Mechanism

You may contact us in case of any grievance at any of our branches or at Customer Care, IndiaFirst Life Insurance Company Ltd, 12th & 13th Floor, North [C] Wing, Tower 4, NESCO IT Park, Nesco Center, Western Express Highway, Goregaon (East), Mumbai - 400063.

Contact No.: 1800 209 8700, Email id: customer.first@indiafirstlife.com. IRDAI Regn No. 143. CIN: U66010MH2008PLC183679

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

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

However, if you are not satisfied with our resolution provided or have not received any response within 14 days, then, you may approach our Grievance Officer at any of our branches or you may write to our Grievance Redressal Officer at grievance.redressal@indiafirstlife.com.

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

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

IRDAI Grievance Call Centre (IGCC) 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:

Policyholder Protection & Grievance Redressal Department (PPGR),

Insurance Regulatory and Development Authority of India,

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

Gachibowli, Hyderabad- 500032 Telangana

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 above.

The complaint should be made in writing and the same should be duly signed by the complainant or by his legal heir(s), nominee(s) 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.

All grievances arising out of or in relation to claims/issues arising out this Policy shall only be raised via the grievance redressal mechanism available on the website of the Company and / or agreed in this Policy. It is clarified that no grievances shall be entertained in case the same are addressed to the personal email ids of the CEO/board of directors of the Company. Rather any such unwarranted emails would be classified as spam and the Company may take appropriate legal actions against such acts of spamming.

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 promoter M/s Bank of Baroda is used by IndiaFirst Life Insurance Co. Ltd under License

Annexure B – 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. Annex, 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, Faizabad, Amethi,Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur,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 - 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 - 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 Annex, 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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