

IndiaFirst Money Back Health Insurance Plan

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IndiaFirst Money Back Health Insurance Plan

In this Plan, the investment risk in the investment portfolio is borne by you

Definitions

Below are some words/ expressions used in this Plan along with their meaning for your easy reference.

Word/ Expression	Meaning
Accident	An unexpected and unforeseen incident caused by violent, external and visible means which causes Injury.
Age	Age as on last birthday.
Allocation	Creating the Units at the prevailing NAV offered by us. This is applicable in case of Premium payment and Switches.
Annexure	Any Annexure attached to this Plan as changed/ modified from time to time.
Annual Sum Assured	Maximum benefit payable under the Plan towards all the Medical Expenses incurred during a Plan Year. The amount is mentioned in the Plan Schedule.
Application Form	The proposal form completed and submitted by you based on which we have issued this Plan to you.
Appointee	The person who receives the proceeds or the benefits under the Plan when the Nominee is less than 18 years of Age.
Benefit Illustration	An illustration of the benefits under the Plan provided to you at the time of application.
Business Day	Any usual working day of our corporate office in Mumbai.
Charges	Any fee that we may levy from time to time under this Plan with the prior approval of the Regulatory Authority and as stated in Annexure B.
Co-pay	The percentage of the admissible medical expenses (including pre and post hospitalization) payable by the Policyholder. We will pay the balance amount subject to the Annual Sum Assured.
Date of Risk Commencement	The date from which the Hospitalization Benefit is activated under the Plan as specified in the Plan Schedule.
Day Care Procedure	The course of medical treatment or surgical procedure carried out in a Hospital or specialized day care center, which is fully equipped with advanced technology and specialized infrastructure for the listed procedure. The procedure must require Hospitalization for less than 24 hours and must be based on written advice of a Medical Practitioner.
Death Benefit	The amount which is payable on the Primary Life Assured's death as specified in the Plan Document.
Discontinuance of Plan	Terminating or cancelling or stopping the Plan before the Plan Maturity Date. Discontinuance of a Plan will occur in case of non-payment of the premium due before the expiry of the Notice Period or if you wish to Discontinue the Plan. You need to write to us and inform us in this case. On Discontinuance, the value calculated as per point no.15 is payable.
Disease	An alteration in the state of the body or of some of its organs, interrupting or disturbing the performance of the functions, and causing or threatening pain and weakness or physical disorder and certified by a Medical Practitioner to that effect.
Family Members	You, your spouse, two children and parents are entitled for the benefits under this Plan and will be referred to as Members.
Family Floater	The Sum Assured may be used by any or all the members of the Plan for one or more claim during the Plan Term.
Financial Year	A period of 12 months, starting from 1 st April every calendar year and ending on 31 st March the following calendar year. Example: 1 st April, 2011 to 31 st March, 2012 is considered one Financial Year.

Annexure : List of Ombudsman

Office of the Ombudsman	Contact Details	Areas of Jurisdiction
AHMEDABAD	Insurance Ombudsman, Office of the Insurance Ombudsman, 2nd Floor, Ambica House, Nr. C.U. Shah College, Ashram Road, AHMEDABAD-380 014. Tel.: 079-27546840 Fax : 079-27546142 Email ins.omb@rediffmail.com	Gujarat , UT of Dadra & Nagar Haveli, Daman and Diu
BHOPAL	Insurance Ombudsman, Office of the Insurance Ombudsman, Janak Vihar Complex, 2 nd Floor, 6, Malviya Nagar, Opp. Airtel, Near New Market, BHOPAL(M.P.)-462 023. Tel.: 0755-2569201 Fax : 0755-2769203 Email bimalokpalbhopal@airtelmail.in	Madhya Pradesh & Chhattisgarh
BHUBANESHWAR	Insurance Ombudsman, Office of the Insurance Ombudsman, 62, Forest Park, BHUBANESHWAR-751 009. Tel.: 0674-2596455 Fax : 0674-2596429 Email ioobbsr@dataone.in	Orissa
CHANDIGARH	Insurance Ombudsman, Office of the Insurance Ombudsman, S.C.O. No.101-103, 2nd Floor, Batra Building. Sector 17-D, CHANDIGARH-160 017. Tel.: 0172-2706468 Fax : 0172-2708274 Email ombchd@yahoo.co.in	Punjab , Haryana, Himachal Pradesh, Jammu & Kashmir , UT of Chandigarh
CHENNAI	Insurance Ombudsman, Office of the Insurance Ombudsman, Fathima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, CHENNAI-600 018. Tel.: 044-24333668 /5284 Fax : 044-24333664 Email chennaiinsuranceombudsman@gmail.com	Tamil Nadu, UT– Pondicherry Town and Karaikal (which are part of UT of Pondicherry)
NEW DELHI	Shri Surendra Pal Singh, Insurance Ombudsman, Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Bldg., Asaf Ali Road, NEW DELHI-110 002. Tel.: 011-23239633 Fax : 011-23230858 Email iobdelraj@rediffmail.com	Delhi & Rajasthan
GUWAHATI	Shri D.C. Choudhury, Insurance Ombudsman, Office of the Insurance Ombudsman, "Jeevan Nivesh", 5 th Floor, Near Panbazar Overbridge, S.S. Road, GUWAHATI-781 001 (ASSAM). Tel.: 0361-2132204/5 Fax : 0361-2732937 Email ombudsmanghy@rediffmail.com	Assam , Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura
HYDERABAD	Insurance Ombudsman, Office of the Insurance Ombudsman, 6-2-46, 1 st Floor, Moin Court, A.C. Guards, Lakdi-Ka-Pool, HYDERABAD-500 004. Tel : 040-65504123 Fax: 040-23376599 Email insombudhyd@gmail.com	Andhra Pradesh, Karnataka and UT of Yanam – a part of the UT of Pondicherry
KOCHI	Insurance Ombudsman, Office of the Insurance Ombudsman, 2nd Floor, CC 27/2603, Pulinat Bldg., Opp. Cochin Shipyard, M.G. Road, ERNAKULAM-682 015. Tel : 0484-2358759 Fax : 0484-2359336 Email iokochi@asianetindia.com	Kerala , UT of (a) Lakshadweep , (b) Mahe – a part of UT of Pondicherry
KOLKATA	Ms. Manika Datta, Insurance Ombudsman, Office of the Insurance Ombudsman, 4th Floor, Hindusthan Bldg. Annexe, 4, C.R.Avenue, Kolkatta – 700 072. Tel: 033 22124346/(40) Fax: 033 22124341 Email:iombsbpa@bsnl.in	West Bengal , Bihar , Jharkhand and UT of Andaman & Nicobar Islands , Sikkim
LUCKNOW	Insurance Ombudsman, Office of the Insurance Ombudsman, Jeevan Bhawan, Phase-2, 6 th Floor, Nawal Kishore Road, Hazaratganj, LUCKNOW-226 001. Tel : 0522-2231331 Fax : 0522-2231310 Email insombudsman@rediffmail.com	Uttar Pradesh and Uttaranchal
MUMBAI	Insurance Ombudsman, Office of the Insurance Ombudsman, S.V. Road, Santacruz(W), MUMBAI-400 054. Tel : 022-26106928 Fax : 022-26106052 Email ombudsmanmumbai@gmail.com	Maharashtra , Goa

162	Excision of muscle	180	Excision reconstruction of joint
163	Repair of muscle	181	Fusion of joint of toe
164	Release of contracture of muscle	182	Primary open reduction of traumatic dislocation of joint
165	Excision of mandible	183	Primary closed reduction of traumatic dislocation of joint under GA
166	Fixation of mandible	184	Open operations on synovial membrane of joint
167	Decompression of fracture of spine	185	Open operations on semilunar cartilage
168	Denervation of spinal facet joint of vertebra	186	Stabilising operations on joint
169	Manipulation of spine	187	Release of contracture of joint
170	Extirpation of lesion of bone	188	Soft tissue operations on joint of toe
171	Angulation periarticular division of bone	189	Debridement and irrigation of joint
172	Primary open reduction of fracture of bone and intramedullary fixation	190	Therapeutic endoscopic operations on semilunar cartilage
173	Primary open reduction of fracture of bone and extramedullary fixation	191	Therapeutic endoscopic operations on cavity of knee joint
174	Secondary open reduction of fracture of bone	192	Amputation of toe
175	Closed reduction of fracture of bone and internal fixation	193	Radiotherapy delivery
176	Fixation of epiphysis	194	Delivery of chemotherapy for neoplasm
177	Skeletal traction of bone	195	Delivery of oral chemotherapy for neoplasm
178	Therapeutic puncture of bone		

Fund	Each specific and separate investment fund established, offered, operated and maintained by us.
Fund Value	The total value of the Units in all the Funds invested in by you at the Valuation Date. (Number of Units held by you in that Fund) X (Corresponding Unit Price of that Fund at the Valuation Date) The sum of the value of the Units in all the Funds that you have invested in as on the Valuation Date is the Fund Value.
Hospital	An institution in India established for the indoor medical care and treatment of patients as long as it - a) is registered and licensed as a hospital or nursing home with the appropriate local authorities and is under the supervision of a Doctor in attendance for 24 hours a day and is not, except incidentally, a clinic, nursing home, rest home, or convalescent home for the addicted, detoxification centre, sanatorium, home for the aged, mentally disturbed, remodelling clinic or similar institution; or b) has - 1. At least 10 in-patient beds 2. A fully equipped and functioning operating theatre 3. Qualified nursing staff (i.e. any person who holds a certificate issued by a recognized nursing council) in attendance 24 hours a day 4. A Doctor who is in attendance 24 hours a day 5. Maintains daily records for each of its patients
Injury	Bodily damage or harm caused solely and directly by an Accident.
Inpatient Hospitalization	Being hospitalized for a minimum of 24 hours on the recommendation of a registered Medical Practitioner to seek medical intervention due to disease or bodily Injury.
Intensive Care Unit	Specially designed facility of the Hospital that provides the highest level of medical care (intensive medical care) and which is restricted to those patients who are critically ill or injured.
Maturity Benefit	The amount you will get on the Plan Maturity Date.
Medical Condition	Any Injury, Illness or Disease
Medical Practitioner	Is a qualified allopathic (i.e. conventional) medical practitioner holding a valid and subsisting license, granted by the appropriate licensing authority, registered with the Medical Council of India, acting within his scope of license and who is neither the insured himself nor related to the insured by blood or marriage.
Medical Treatment Charges	The usual and customary costs of medically necessary treatment
Net Asset Value (NAV)	Value per Unit calculated in Rupees.
Network Hospitals	All such Hospitals/ Nursing Home, day care centers or other providers that we/ the TPA have mutually agreed with, to provide services like cashless access, to Policyholders. The list is available with us/ the TPA and is subject to change from time to time. We will provide you with the updated list of Network Hospitals on request.
Nominee	The person nominated by you to receive the Death Benefit.
Non - Network Hospitals	Any Hospitals/Nursing Home, day care center and other provider that is not part of the network recognized by the company.
Other Life Assured	Other family members listed as Life Assured(s) in the Schedule other than the Primary Life Assured. They may include your spouse, 2 children and your parents.
Partial Withdrawal	Any amount withdrawn by you during the Plan Term after completion of five plan years.
Plan	This IndiaFirst Money Back Health Insurance Plan which includes this Plan wording (as may be amended from time to time), the Application Form, the Benefit Illustration, Annexures, the Plan Schedule and any tables or unit statements (and if more than one, then the latest in time)

	which form a part of this Plan. The Plan is the entire contract of insurance between you and us.
Plan Commencement Date	The date on which the Plan starts as shown in the Plan Schedule in Annexure A.
Plan Maturity Date	The date on which the Plan Term expires as specified in the Plan Schedule.
Plan Schedule	The schedule attached to this Plan as Annexure A.
Plan Term	The period which commences on the Plan Commencement Date and ends on the Plan Maturity Date as specified in the Plan Schedule.
Plan Year	A period of 12 consecutive months starting from the Plan Commencement Date and ending on the day immediately preceding its annual anniversary and each subsequent period of 12 consecutive months thereafter during the Plan Term. Example: If the Plan Commencement Date is 18 th September, 2010 the first Plan Year would be - 18 th September, 2010 to 17 th September, 2011.
Policyholder	The proposer under the Plan or the owner of the Plan.
Post-Hospitalization Expenses	Medical Expenses incurred during the period of 60 days from the date of discharge from the Hospital, on the written advice of a Medical Practitioner. Any medical expenses not directly related to the specific illness or injury will not be included as a part of Post-Hospitalization Expenses and will not form a part of any claim under the Plan.
Pre-Existing Condition	Any condition for which the Life Assured had signs or symptoms of an Illness, prior to the Plan Commencement Date, whether or not the Life Assured was aware of such condition, and which would have caused any ordinary careful person to seek treatment, diagnosis or care; or in case any medical advice or treatment was recommended by or received from a Doctor; or if the Life Assured has undergone medical tests or investigations.
Pre-Hospitalization Expenses	Medical expenses incurred during the period of 30 days prior to the date of Hospitalization or Day Care Procedure, on the written advice of a Medical Practitioner. Any medical expenses not directly related to the specific illness or Injury will not be included as a part of Pre-Hospitalization Expenses and will not form part of any claim under the Plan.
Premium Paying Term	The number of years, during which you will pay the Regular Premium as specified in the Plan Schedule.
Primary Life Assured	The Policyholder under this Plan is the Primary Life Assured as named in the Plan Schedule. On the Primary Life Assured's death, the benefit is paid out by us and the Plan terminates.
Redemption	Encashing the Units at the prevailing NAV offered by the company where the process involves cancellation of Units. This is applicable in case of exercising Health Savings Benefit, Switches or in the case of payment on the Primary Life Assured's death.
Regular Premium	The amount which is payable by you during the Plan Term at regular intervals as specified in the Plan Schedule.
Regulations	The applicable laws as amended from time to time which are applicable to this Plan, its Funds, the valuation of investments and other assets.
Regulatory Authority	The Insurance Regulatory and Development Authority (IRDA) 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.
Settlement Option	The option to receive the Maturity Benefit in installments over a period of time instead of a lump sum amount on the Plan Maturity Date.
Single Premium	The amount that has been received by us as specified in the Plan Schedule before the Plan Commencement Date. This is a one-time payment made by you to enjoy the benefits of this Plan for the entire term.
Switch	The facility, under the Plan by which you can move some or all the Units from one or more Funds to another Fund.
Systematic Transfer of Fund Options	Transfer of Funds into Liquid Fund1, in a systematic/ regular manner

	gastrointestinal tract		
80	Therapeutic endoscopic operations on duodenum	121	Operations on epididymis
81	Artificial opening into jejunum	122	Operations on varicocele
82	Therapeutic endoscopic operations on jejunum	123	Extirpation of lesion of penis
83	Endoscopic extirpation of lesion of colon	124	Closed reduction of fracture of bone and internal fixation
84	Endoscopic extirpation of lesion of lower bowel using fiberoptic sigmoidoscope	125	Operations on Bartholin gland
85	Endoscopic extirpation of lesion of sigmoid colon using rigid sigmoidoscope	126	Extirpation of lesion of vulva
86	Manipulation of rectum	127	Extirpation of lesion of female perineum
87	Excision of lesion of anus	128	Excision of band of vagina
88	Destruction of lesion of anus	129	Extirpation of lesion of vagina
89	Excision of haemorrhoid	130	Operations on pouch of Douglas
90	Destruction of haemorrhoid	131	Excision of cervix uteri
91	Dilation of anal sphincter	132	Destruction of lesion of cervix uteri
92	Drainage through perineal region	133	Abdominal excision of uterus
93	Excision of pilonidal sinus	134	Dilatation and Curettage of uterus
94	Arteriovenous shunt	135	Therapeutic endoscopic operations on uterus
95	Combined operations on varicose vein of leg	136	Therapeutic endoscopic operations on ovary
96	Ligation of varicose vein of leg	137	Operations on broad ligament of uterus
97	Injection into varicose vein of leg	138	Microscopically controlled excision of lesion of skin
98	Transluminal operations on varicose vein of leg	139	Photodynamic therapy of skin
99	Therapeutic transluminal operations on vein	140	Curettage of lesion of skin
100	Therapeutic endoscopic operations on calculus of kidney	141	Photodestruction of lesion of skin
101	Percutaneous puncture of kidney	142	Flap operations to relax contracture of skin
102	Extracorporeal fragmentation of calculus of kidney	143	Split autograft of skin
103	Therapeutic ureteroscopic operations on ureter	144	Suture of skin of head or neck
104	Extracorporeal fragmentation of calculus of ureter	145	Extirpation of nail bed
105	Operations on ureteric orifice	146	Excision of nail
106	Percutaneous ureteric stent procedures	147	Partial excision of chest wall
107	Open drainage of bladder	148	Puncture of pleura
108	Endoscopic extirpation of lesion of bladder	149	Extirpation of lesion of fascia
109	Endoscopic operations to increase capacity of bladder	150	Division of fascia
110	Urethral catheterisation of bladder	151	Release of fascia
111	Vaginal operations to support outlet of female bladder	152	Excision of ganglion
112	Therapeutic endoscopic operations on outlet of female bladder	153	Re-excision of ganglion
113	Endoscopic resection of outlet of male bladder	154	Operations on bursa
114	Excision of urethra	155	Minimally Invasive tendon transposition
115	Repair of urethra	156	Excision of tendon
116	Therapeutic endoscopic operations on urethra	157	Primary repair of tendon
117	Operations on urethral orifice	158	Secondary repair of tendon
118	Extirpation of lesion of scrotum	159	Freeing of tendon
119	Extirpation of lesion of testis	160	Adjustment to length of tendon
161	Excision of sheath of tendon	179	Prosthetic interposition reconstruction of joint

Annexure D: List of Day Care Procedures

No	Name of the Procedure	No	Name of the Procedure
1	Therapeutic Drainage of spinal canal	40	Incision of iris
2	Operations on spinal nerve root	41	Extirpation of ciliary body
3	Excision of peripheral nerve	42	Extracapsular extraction of lens
4	Destruction of peripheral nerve	43	Incision of capsule of lens
5	Extirpation of lesion of peripheral nerve	44	Insertion of Prosthesis of lens
6	Microsurgical repair of peripheral nerve	45	Operations on vitreous body
7	Carpal tunnel release	46	Operations on retinal membrane
8	Canal of guyon release	47	Photocoagulation of retina for detachment
9	Cubital tunnel release	48	Destruction of lesion of retina
10	Neurostimulation of peripheral nerve	49	Fixation of retina
11	Excision of sympathetic nerve	50	Evaluation of retina
12	Chemical destruction of sympathetic nerve	51	Destruction of subretinal lesion
13	Radiofrequency controlled thermal destruction of sympathetic nerve	52	Operations on posterior segment of eye
14	Operations on thyroglossal tissue	53	Excision of external ear
15	Excision of parathyroid gland	54	Extirpation of lesion of external ear
16	Excision of Breast Space Occupying Lesion	55	Exenteration of mastoid air cells
17	Extirpation of lesion of orbit	56	Attachment of bone anchored hearing prosthesis
18	Incision of orbit	57	Repair of eardrum
19	Therapeutic operations on eyebrow	58	Drainage of middle ear
20	Therapeutic operations on canthus	59	Reconstruction of ossicular chain
21	Extirpation of lesion of eyelid	60	Extirpation of lesion of middle ear
22	Excision of redundant skin of eyelid	61	Therapeutic operations on septum of nose
23	Reconstruction of eyelid	62	Therapeutic operations on turbinate of nose
24	Correction of deformity of eyelid	63	Surgical arrest of bleeding from internal nose
25	Correction of ptosis of eyelid	64	Operations on unspecified nasal sinus
26	Incision of eyelid	65	Operations on adenoid
27	Operations on lacrimal gland	66	Therapeutic endoscopic operations on pharynx
28	Connection between lacrimal apparatus and nose	67	Microtherapeutic endoscopic operations on larynx
29	Operations on nasolacrimal duct	68	Therapeutic fiberoptic endoscopic operations on lower respiratory tract
30	Operations on muscles of eye	69	Partial excision of lip
31	Extirpation of lesion of conjunctiva	70	Extirpation of lesion of lip
32	Repair of conjunctiva	71	Dental operations as a result of accidents
33	Extirpation of lesion of cornea	72	Extirpation of lesion of tongue
34	Closure of cornea	73	Extirpation of lesion of palate
35	Incision of cornea	74	Excision of tonsil
36	Excision of sclera	75	Excision of salivary gland
37	Buckling operations for attachment of retina	76	Extirpation of lesion of salivary gland
38	Excision of iris	77	Open extraction of calculus from salivary duct
39	Filtering operations on iris	78	Fiberoptic endoscopic extirpation of lesion of oesophagus
79	Fiberoptic endoscopic extirpation of lesion of upper	120	Operations on hydrocele sac

	during the last 36 monthly anniversaries before maturity.
Third Party Administrator (TPA)	An agency which has been licensed by the IRDA to work as a TPA and whom we have engaged for a fee or remuneration to provide health benefit services to Member(s) under this Plan.
Total Sum Assured	The amount specified in the Plan Schedule.
Trauma	Any Injury - physically inflicted.
Unit	Your notional interest in a fund. Each Unit represents one undivided share in the assets of a Fund. You can have Units in more than one Fund.
Unit Linked Fund	The pool of premiums paid by the Policyholders and invested in a portfolio of assets to achieve the Fund objective. The price of each Unit in a Fund depends on how the investments in the Fund perform. The Fund is managed by us.
Unit Price	The price per Unit. It is calculated in Rupees as follows - (NAV (Net Asset Value) at the Valuation Date) / (Total number of Units held in the Fund as on the Valuation Date).
Valuation	The determination of the value of the underlying assets of the Unit Linked Funds.
Valuation Date	The date on which the Unit Price of the Fund is determined.
Waiting Period	The initial period from the Plan Commencement Date or Date of Revival of this Plan during which the Member is required to wait for the risk cover to start for the illnesses or treatments listed under point no.6. Any incidence of illness/ treatment listed under point no. 6, during the Waiting Period, will make the Member ineligible, forever, for the Benefit, due to the same illness.
We, Us or Our	IndiaFirst Life Insurance Company Limited.
You or Your	The person named as the Policyholder in the Plan Schedule.

Executive Summary

Key Features

- Reimbursement/ repayment of hospitalization expenses for you and your family.
- The cost of health cover will be guaranteed for the first year and thereafter will be reviewed every year.
- Reimbursement/ repayment of other medical expenses not covered in the hospitalization benefit within the first 5 years of the Plan by withdrawal from the Fund.
- You have the option to invest in five Funds across different asset classes, where you choose the proportion of your investment based on your risk appetite
- You can make the most of your investments by 'Switching' or 'redirecting your premium' from one Fund to another.
- Under Section 80D you can enjoy tax benefits on the morbidity charge deducted from the Fund and also get a benefit under Section 80C for Premium less morbidity charge amount. You can also get tax benefits on the benefits you receive at maturity of your Plan, under Section 10 (10D).

Risk Factors

- The Premiums paid in unit linked plans are subject to investment risks associated with capital markets.
- The value of the Units may go up or down based on the performance of the Fund.

- Other factors influencing the capital market affect the value of the Units. Hence you, as the Policyholder are responsible for all your decisions.
- None of our Funds offer a guaranteed or assured return.
- The past performance of our other Funds does not necessarily indicate the future performance of any of these Funds.
- Tax laws are subject to change from time to time.

Interpretation

This Plan is divided into numbered parts for ease of reference and reading only. Except as otherwise stated, these divisions and the corresponding headings do not limit the Plan or its interpretation in any way.

Words of one gender will include the other gender and the singular will include the plural and vice versa, unless the context otherwise requires.

1. About the IndiaFirst Money Back Health Insurance Plan In Brief

This Plan is a unit linked non - participating health Plan with a savings component attached to it. This Plan is available on a Regular or Single Premium basis as specified in the Plan Schedule. It provides an indemnity based health cover that can be availed by you and/ or your family. The benefits are also payable on maturity (Fund Value) or on the Primary Life Assured's death (Fund Value till date + the

proportionate morbidity charge for the uncovered period of the Plan year). You will participate only in the investment performance of the Funds chosen by you, to the extent of the Units allocated to you. This Plan does not give you any other rights to participate in our assets, surplus or profits in any manner whatsoever.

Application of Premiums

The Regular or Single Premium(s) minus the applicable Premium Allocation Charges are used to purchase Units in the Fund(s) selected by you and as specified in this Plan Schedule or as modified by you. Switches and Premium Redirections are also applied to the Funds as chosen by you.

Annual Statement and Charges

We will issue an Annual Statement at the end of each Plan Year, specifying the details of the Units you hold in your Fund(s). The statement will also include other particulars in respect of the Fund Value. We will deduct Charges as set out in Annexure B.

Plan Termination

This Plan will terminate immediately and automatically on payment of the Death Benefit of the Primary Life Assured or

the Maturity Benefit by us or on exhausting the maximum benefit payable. Please also refer point no.15 for termination conditions on Discontinuance of Plan.

2. Benefits under the Plan

We will pay the following benefits during the Plan Term subject to the terms and conditions mentioned below.

The Plan covers reasonable and customary medical expenses incurred towards hospitalization during the Plan Term for the disease, illness, medical condition or Injury contracted or sustained by the member(s) subject to terms, conditions, limitations and exclusions as mentioned below -

- Our total liability in a Plan year is limited to the Annual Sum Assured
- In case of hospitalization as an in-patient on the advice of a Medical Practitioner during the Plan Term because of an illness or accidental physical injury, for more than 24 continuous hours, we will reimburse the expenses incurred by you in the following manner. However, this is subject to the waiting period and exclusions.
- We will reimburse the actual medical expenses subject to a maximum reimbursement limit per member in a Plan year, if the hospitalization is due to one of the following illnesses/ procedures/ ailments/ group of illnesses -

Illness	Limit
Cataract	10% of the Annual Sum Assured or Rs. 20,000 whichever is lower.
Knee and joint replacement	50% of the Annual Sum Assured or Rs. 1,50,000 whichever is lower.
Ectopic Pregnancy	Actual expenses or Rs.30,000 whichever is lower.
Artificial limb	10% of the Annual Sum Assured or Rs. 25,000 whichever is lower provided the accident requiring the artificial limb happened within the Plan Term.

- We will pay 100 percent of the expenses if the treatment has been under taken in our Network Hospitals and in a room within the allowable rent limits.
- We will pay 80 percent of the expenses if treatment is under taken in a Non Network Hospital or in a room above the allowable rental limits. The balance 20 percent will have to be paid by you as Co-pay.

Cost Head	Limit
Room rent, boarding expenses	<ul style="list-style-type: none"> Daily limit of 1% of the Annual Sum Assured or Rs 5,000 for each day of non Intensive Care Unit hospitalization (whichever is lower) 2% of the Annual Sum Assured or Rs 10,000 for each day of Intensive Care Unit hospitalization (whichever is lower) The above limits are applicable if you are admitted to a Single Occupancy Room. They are waived off in case of Twin Sharing Rooms in all Network hospitals
Nursing care incurred for deployment of Qualified Nurse	<ul style="list-style-type: none"> Annual Sum Assured Based on the treating Doctor's advice and submission of receipt from the registered Nurse's Association
Surgeon, Anesthetists, Medical Practitioner, Consultants, Specialists and other doctors' fee	<ul style="list-style-type: none"> Maximum limit of 25% of the total medical expenses incurred on in-patient treatment of the member (Excluding all doctors' charges). Total medical expenses mean the total amount under final hospital bill submitted less the cost of inadmissible items as defined under exclusions clause and the charges which will include the consultation charges of all the doctors, surgeons, anesthetists, etc.
Anaesthesia, blood, oxygen, operation	Annual Sum Assured

Annexure C: List of Ombudsman

Office of the Ombudsman	Contact Details	Areas of Jurisdiction
AHMEDABAD	Insurance Ombudsman, Office of the Insurance Ombudsman, 2nd Floor, Ambica House, Nr. C.U. Shah College, Ashram Road, AHMEDABAD-380 014. Tel.: 079-27546840 Fax : 079-27546142 Email ins.omb@rediffmail.com	Gujarat , UT of Dadra & Nagar Haveli, Daman and Diu
BHOPAL	Insurance Ombudsman, Office of the Insurance Ombudsman, Janak Vihar Complex, 2 nd Floor, 6, Malviya Nagar, Opp. Airtel, Near New Market, BHOPAL(M.P.)-462 023. Tel.: 0755-2569201 Fax : 0755-2769203 Email bimalokpalbhopal@airtelmail.in	Madhya Pradesh & Chhattisgarh
BHUBANESHWAR	Insurance Ombudsman, Office of the Insurance Ombudsman, 62, Forest Park, BHUBANESHWAR-751 009. Tel.: 0674-2596455 Fax : 0674-2596429 Email ioobbsr@dataone.in	Orissa
CHANDIGARH	Insurance Ombudsman, Office of the Insurance Ombudsman, S.C.O. No.101-103, 2nd Floor, Batra Building. Sector 17-D, CHANDIGARH-160 017. Tel.: 0172-2706468 Fax : 0172-2708274 Email ombchd@yahoo.co.in	Punjab , Haryana, Himachal Pradesh, Jammu & Kashmir , UT of Chandigarh
CHENNAI	Insurance Ombudsman, Office of the Insurance Ombudsman, Fathima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, CHENNAI-600 018. Tel.: 044-24333668 /5284 Fax : 044-24333664 Email chennaiinsuranceombudsman@gmail.com	Tamil Nadu, UT- Pondicherry Town and Karaikal (which are part of UT of Pondicherry)
NEW DELHI	Shri Surendra Pal Singh, Insurance Ombudsman, Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Bldg., Asaf Ali Road, NEW DELHI-110 002. Tel.: 011-23239633 Fax : 011-23230858 Email iobdelraj@rediffmail.com	Delhi & Rajasthan
GUWAHATI	Shri D.C. Choudhury, Insurance Ombudsman, Office of the Insurance Ombudsman, "Jeevan Nivesh", 5 th Floor, Near Panbazar Overbridge, S.S. Road, GUWAHATI-781 001 (ASSAM). Tel.: 0361-2132204/5 Fax : 0361-2732937 Email ombudsmanghy@rediffmail.com	Assam , Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura
HYDERABAD	Insurance Ombudsman, Office of the Insurance Ombudsman, 6-2-46, 1 st Floor, Moin Court, A.C. Guards, Lakdi-Ka-Pool, HYDERABAD-500 004. Tel : 040-65504123 Fax: 040-23376599 Email insombudhyd@gmail.com	Andhra Pradesh, Karnataka and UT of Yanam – a part of the UT of Pondicherry
KOCHI	Insurance Ombudsman, Office of the Insurance Ombudsman, 2nd Floor, CC 27/2603, Pulinat Bldg., Opp. Cochin Shipyard, M.G. Road, ERNAKULAM-682 015. Tel : 0484-2358759 Fax : 0484-2359336 Email iokochi@asianetindia.com	Kerala , UT of (a) Lakshadweep , (b) Mahe – a part of UT of Pondicherry
KOLKATA	Ms. Manika Datta, Insurance Ombudsman, Office of the Insurance Ombudsman, 4th Floor, Hindusthan Bldg. Annexe, 4, C.R.Avenue, Kolkatta – 700 072. Tel: 033 22124346/(40) Fax: 033 22124341 Email:iombsbpa@bsnl.in	West Bengal , Bihar , Jharkhand and UT of Andaman & Nicobar Islands , Sikkim
LUCKNOW	Insurance Ombudsman, Office of the Insurance Ombudsman, Jeevan Bhawan, Phase-2, 6 th Floor, Nawal Kishore Road, Hazaratganj, LUCKNOW-226 001. Tel : 0522 -2231331 Fax : 0522-2231310 Email insombudsman@rediffmail.com	Uttar Pradesh and Uttaranchal
MUMBAI	Insurance Ombudsman, Office of the Insurance Ombudsman, S.V. Road, Santacruz(W), MUMBAI-400 054. Tel : 022-26106928 Fax : 022-26106052 Email ombudsmanmumbai@gmail.com	Maharashtra , Goa

- Under single premium policies: The charges are 1.2% of single premium per annum for first ten policy year subject to maximum of Rs.6000 p.a. and nil thereafter.

premium paying or not. The policy administration charges are guaranteed for the entire duration of the policy.

B.3. Premium Allocation Charges: We will charge the Premium Allocation Charges, as follows -
(a) For Regular Premium

These charges are levied on a monthly basis by cancellation of units. These charges are levied whether the contract is

Plan Year	Premium Allocation Charge
1	13%
2 onwards	2%

(b) For Single Premium - 2%

B.4. Fund Management Charges: We may levy a Fund Management Charge at the close of each Business Day before arriving at the Unit Price. The Fund Management Charge shall be 1.35% per annum for each Fund. The Fund Management Charge is calculated as a percentage of the market or fair value of the investments plus current assets minus current liabilities and provisions:

B.5. Switching Charges: There are presently no Switching Charges in effect under this Plan.

B.6. Surrender Charges: All Surrenders are subject to a Surrender Charge as per Our norms in force from time to time and with the prior approval of the Regulatory Authority. Currently the Surrender Charges applicable are as follows
No Surrender value is payable before completion of five Plan years although Surrender Value may accrue during this period. From fifth Plan year onwards, there will be no Surrender Charge irrespective of number of premiums paid

Where policy is discontinued during the policy year	Discontinuance charge for policies having annualized premium up to Rs.25000	Discontinuance charge for policies having annualized premium above Rs.25000
1	Lower of 20%*(AP or FV) subject to maximum of Rs.3000	Lower of 6%*(AP or FV) subject to maximum of Rs.6000
2	Lower of 15%*(AP or FV) subject to maximum of Rs.2000	Lower of 4%*(AP or FV) subject to maximum of Rs.5000
3	Lower of 10%*(AP or FV) subject to maximum of Rs.1500	Lower of 3%*(AP or FV) subject to maximum of Rs.4000
4	Lower of 5%*(AP or FV) subject to maximum of Rs.1000	Lower of 2%*(AP or FV) subject to maximum of Rs.2000
5 and onwards	Nil	Nil

The Surrender Charges will remain unchanged throughout the Plan Term.

B.7. Partial Withdrawal Charges: There are no Partial Withdrawals Charges applicable.

B.8. Premium Redirection Charges: There are presently no Premium Redirection Charges applicable under the Plan.

B.9. Revival Charges: There is no revival charge under the Plan.

B.10. Service Tax: Service Tax is applicable on all charges levied by Us and will be levied in addition to the above charges.

B.11 Any future taxes or levies imposed by Government or Statutory Authorities shall be borne by you. Any taxes or charges applied by the Hospitals shall not be reimbursed by us.

theatre charges, surgical appliances, medicines and drugs, diagnostic materials, dialysis, cost of pacemaker and similar expenses	
Investigation charges including pathology, radiology and other diagnostic tests during hospitalization	
Cancer treatment including chemotherapy and radiotherapy	

Minimum 24 hours inpatient hospitalization is not required in case of hospitalization due to any of the 195 Day Care Procedures mentioned in Annexure D which are subject to revision at the end of five years with prior approval from the IRDA. These expenses will be reimbursed in the same manner as mentioned above.

The treatments or procedures customarily and usually performed by Medical Practitioners in the OPD or clinic and casualty setting will not be payable even if performed as inpatient or Day Care Procedures.

Medical expenses incurred 30 days before and 60 days after hospitalization for the illness leading to hospitalization or the Day Care Procedure, on the recommendation of a Medical Practitioner will be reimbursed/ repaid. The maximum limit will be 3 percent of the admissible hospital expenses. Admissible hospital expenses mean the total claim amount payable after deducting all the non-medical expenses, co-payments, amount in excess of the sub limits, etc.

We will reimburse ambulance expenses up to Rs. 1,000 per Plan year. However, the ambulance should be needed for hospitalization of more than 24 continuous hours or for the listed Day Care Procedures.

Maximum Benefit Payable

Condition	Limit
Over a period of 12 months to you and your family (Family Floater)	Annual Sum Assured
Over the Plan Term	Annual Sum Assured X 5

The Plan will terminate with the payment of the Fund Value in case any member claims the Maximum Benefit Payable before the Plan Maturity Date.

3. Death Benefit

The Death Benefit is payable in case of the Primary Life Assured's death only.

Who is paid the Death Benefit?

We will pay the Fund Value as well as the proportionate morbidity charge for the uncovered period for the other surviving members to the Nominee in the unfortunate event of the Primary Life Assured's death after the Date of Risk

Medical expenses incurred before and after hospitalization for the illness leading to hospitalization or the Day Care Procedure, on the recommendation of a registered Medical Practitioner will be covered up to the 'defined' maximum limit. This is based on the inpatient hospitalization or Day Care Procedure claim being settled. Any medical expenses unrelated to the specific illness or Injury leading to the hospitalization will not be payable as pre and post hospitalization expenses. The coverage on investigatory procedures will be covered only if they are related to and lead to inpatient hospitalization or are covered as Day Care Procedure.

In case of any hospitalization spreading over two Plan Years including pre and post hospitalization as per limits mentioned, we will reimburse medical expenses up to the Annual Sum Assured for the year of admission. For example:

Plan Year: 1st January to 31st December, 2011
Annual Sum Assured: Rs. 3,00,000
Claims till 27th December, 2011: Rs. 2,50,000
Subsequent Hospital admission date: 28th December, 2011
Hospital discharge date: 5th January, 2012

Available Sum Assured for this subsequent admission: Rs. 50,000 (Rs. 3,00,000 - Rs. 2,50,000)
Any unutilized limit will not be carried forward to the next Plan Year.

Commencement and before the Plan Maturity Date. We will pay the Fund Value to the Appointee if the Nominee is under 18 years of Age.

In the unfortunate event of death of the Other Life Assured after the Date of Risk Commencement and before the Plan Maturity Date, the Plan will continue to be in force for the remaining insured members and the proportionate morbidity charge for the uncovered period will be added back to the Fund.

Calculation of Death Benefit

The Death Benefit payable on the Primary Life Assured's death is the Fund Value as well as the proportionate

morbidity charge for the uncovered period as on the date we receive intimation of the Primary Life Assured's death.

Death benefit is not payable, in case of the unfortunate demise of Other Life Assured. The proportionate morbidity charge on the deceased Other Life Assured, for the uncovered period will be added back to the Fund.

4. Maturity Benefit

We will pay you the Maturity Benefit if the Primary Life Assured is alive and the Plan is in force on the Plan Maturity Date.

Calculation of Maturity Benefit

The Maturity Benefit is the Fund Value on the Plan Maturity Date.

Payment options on maturity

On maturity you may choose to -

- Receive the entire Fund Value as a lump sum payment or
- Buy a new Plan from us with the Maturity Benefit amount subject to the terms and conditions applicable to that Plan or
- Exercise the Settlement Option by writing to us at least three months before the Plan Maturity Date. You will receive the Maturity Benefit in installments over a fixed period of time (the Settlement Period) if the Settlement Option is chosen. During this period the Fund Management Charges and the applicable Charges will be levied.

Settlement Option

Commencement and Frequency of Settlement Option

The Settlement Period will start from the Plan Maturity Date, if you have chosen to exercise the Settlement Option. You need to specify the amount and the frequency of the installments (six monthly or yearly) and the duration of the Settlement Period (a maximum period of five years is allowable under this Plan).

The investment risk during the Settlement Period will be borne entirely by you. During settlement period there will be no health benefit cover and so there will be no deduction of morbidity charges. The Fund Value can be withdrawn in case of hospitalization /other need. All Plan transaction options (such as Partial Withdrawals and Switches) available under the Plan will automatically end once the Settlement Period starts. If the Life Assured dies during the Settlement Period, only the Fund Value as on the date of intimation of the Life Assured's death will be payable.

Discontinuing the Installments

You may write to us to discontinue the periodic installments and to withdraw all remaining units as a lump sum at once any time during the Settlement Period before the date of the next installment. The Plan then terminates.

5. Rider Benefits

No riders are available under this Plan.

6. Free Look Period

You can return the Plan to us within 15 days (Free Look Period) of receipt of the Plan Document, if you disagree with any of the terms and conditions, stating your reasons for the same. We will refund an amount equal to the:

Premium Paid

Less:

- Pro-rata Morbidity Charge
- Any Stamp Duty Paid
- Expenses Incurred on Medical Examination, if any

This amount is adjusted by the fund performance between the date of receipt of premium and the date of cancellation.

7. Addition/ Removal of Member

Addition of Member

You, the Policyholder may opt to convert your Plan to a Family Floater Cover or add a Family Member to an existing Family Floater Cover. Inclusion of a new family member will be allowed only under specific circumstances. Spouse will be allowed to be included only in the event of marriage and a child will be allowed to be included in the event of birth or legal adoption. This change will be carried out once we receive proof of the event having taken place and will be subject to the fulfillment of the underwriting norms in this regard. The cover for the new "Other Life Assured" will be effective for the purpose of this Plan from the next Plan Anniversary date. We will deduct additional Insurance Charges for the new Family Member(s) from the date of addition of the member to the Plan. You may have to pay additional premium on addition of a Family Member as determined by us.

Any inclusion will be effected through endorsement in the schedule.

Removal of Member

The removal of a Family Member can occur due to death of the Insured Person(s) other than the Primary Life Assured or on divorce or on subsequent ineligibility of cover due to Age. Such revision will be carried out once we receive proof of the event having occurred and will be subject to the fulfillment of the norms in this regard. Such a change will be effective from the next premium due date and no charge will be deducted from the renewal premium towards the removed member.

The above changes (exclusions) will be effected through endorsement in the schedule.

8. Waiting Period

'Waiting Period' is a period of 30 days from the Plan Commencement Date or 30 days from the date of revival of the Plan, if there has been a break in cover and the Plan has been revived.

While the Plan is in force, no Hospitalization Insurance Benefit will be payable for any claim which occurs or where the signs or the symptoms of Disease or Injury and/ or condition for the Event has occurred during the Waiting Period.

The Waiting Period shall not be applicable where the claim occurs due to Injuries caused by an Accident.

The following diseases will have a two years Waiting Period

Charges, Morbidity charges will be calculated on the basis of annual sum assured. Morbidity charge will depend on age as on last birthday at the beginning of the Plan Year for the primary life insured and other members if family floater is taken. Morbidity charge for every member will be calculated for the full sum assured and added for getting total morbidity charge. The total annual morbidity charge will be deducted from the fund by way of cancellation of units at the beginning of each policy year. For full family floater the morbidity charge will be calculated by applying a rebate of 35% for any additional life.

The morbidity premiums/charges are annually reviewable. We will set new morbidity premiums/charges on an annual basis which will apply to the entire portfolio of insured lives. The current rates do not account for the expected cost of future medical inflation and will increase each year to take account for this. We will also review the rates annually based on, but not limited to, the experience on this or similar products in the Indian market including changes to the cost of providing medical cover and utilization of benefits or any other aspect of the product affecting the expected cost of providing insurance cover.

Morbidity charges per 1000 SA for principal life

Age Band/SA in years	150000	200000	250000	300000	350000	400000	450000	500000	600000	700000	800000	900000	1000000
0 - 5	15.5282	14.7846	14.5046	14.1949	13.7934	13.3923	13.265	12.9877	12.6154	12.4923	12.2442	11.9026	10.8185
6 - 10	9.7026	9.2385	9.0585	8.8667	8.6154	8.3654	8.2872	8.1108	7.8795	7.8022	7.6481	7.4342	6.7569
11 - 15	10.2051	9.7154	9.5262	9.3231	9.0593	8.7962	8.7145	8.5323	8.2872	8.2044	8.0423	7.8188	7.1062
16 - 20	11.1282	10.6	10.4	10.1795	9.8901	9.6	9.5111	9.3108	9.0436	8.956	8.7769	8.5333	7.7554
21 - 25	12.7282	12.1231	11.8954	11.641	11.3099	10.9769	10.8752	10.6492	10.3436	10.2418	10.0385	9.759	8.8692
26 - 30	14.2051	13.5308	13.2738	12.9897	12.6198	12.25	12.1368	11.8831	11.541	11.4286	11.2019	10.8889	9.8969
31 - 35	14.5643	13.8858	13.6114	13.333	12.9576	12.7061	12.5574	12.32989	11.9786	11.8526	11.6262	11.2759	10.2463
36 - 40	14.8615	14.1692	13.8892	13.6051	13.222	12.9654	12.8137	12.5815	12.2231	12.0945	11.8635	11.506	10.4554
41 - 45	18.6667	17.7769	17.4215	17.0718	16.5758	16.2731	16.106	15.7785	15.3333	15.1692	14.8654	14.441	13.1262
46 - 50	25.3333	24.6	24.1046	23.6513	23.178	22.7385	22.4991	22.28	21.8436	21.6242	21.2038	20.5812	18.72
51 - 56	30.7487	29.8462	29.2677	28.6923	28.1363	27.5731	27.3026	27.0338	26.5077	26.2352	25.725	24.9812	22.7077
57 - 60	42.3795	41.1538	40.3385	39.5436	38.7736	38.0077	37.6342	37.2708	36.5359	36.1758	35.4558	34.4239	31.3077
61 - 65	60.5744	58.8231	57.6554	56.5231	55.4286	54.3346	53.8017	53.2738	52.2154	51.7033	50.6981	49.2188	44.7446
66 - 68	72.8513	70.7154	69.3292	67.9795	66.6286	65.3385	64.6906	64.0462	62.7923	62.1648	60.9538	59.1726	53.7923
69 - 71	81.5795	79.2077	77.6431	76.1179	74.633	73.1846	72.4376	71.7354	70.3256	69.622	68.2712	66.2752	60.2492
72 - 75	99.0564	96.1846	94.2831	92.4308	90.6242	88.8654	87.9624	87.1077	85.3974	84.5407	82.9019	80.4769	73.16

Morbidity Charge per 1000 SA for additional lives

Age Band/SA in years	150000	200000	250000	300000	350000	400000	450000	500000	600000	700000	800000	900000	1000000
0 - 5	10.0933	9.6100	9.4280	9.2267	8.9657	8.7050	8.6223	8.4420	8.2000	8.1200	7.9587	7.7367	7.0320
6-10	6.3067	6.0050	5.8880	5.7634	5.6000	5.4375	5.3867	5.2720	5.1217	5.0714	4.9713	4.8322	4.3920
11-15	6.6333	6.3150	6.1920	6.0600	5.8885	5.7175	5.6644	5.5460	5.3867	5.3329	5.2275	5.0822	4.6190
16 - 20	7.2333	6.8900	6.7600	6.6167	6.4286	6.2400	6.1822	6.0520	5.8783	5.8214	5.7050	5.5466	5.0410
21 - 25	8.2733	7.8800	7.7320	7.5667	7.3514	7.1350	7.0689	6.9220	6.7233	6.6572	6.5250	6.3434	5.7650
26 - 30	9.2333	8.7950	8.6280	8.4433	8.2029	7.9625	7.8889	7.7240	7.5017	7.4286	7.2812	7.0778	6.4330
31 - 35	9.4668	9.0258	8.8474	8.6665	8.4224	8.2590	8.1623	8.0144	7.7861	7.7042	7.5570	7.3293	6.6601
36 - 40	9.6600	9.2100	9.0280	8.8433	8.5943	8.4275	8.3289	8.1780	7.9450	7.8614	7.7113	7.4789	6.7960
41 - 45	12.1334	11.5550	11.3240	11.0967	10.7743	10.5775	10.4689	10.2560	9.9666	9.8600	9.6625	9.3867	8.5320
46 - 50	16.4666	15.9900	15.6680	15.3733	15.0657	14.7800	14.6244	14.4820	14.1983	14.0557	13.7825	13.3778	12.1680
51 - 56	19.9867	19.4000	19.0240	18.6500	18.2886	17.9225	17.7467	17.5720	17.2300	17.0529	16.7213	16.2378	14.7600
57 - 60	27.5467	26.7500	26.2200	25.7033	25.2028	24.7050	24.4622	24.2260	23.7483	23.5143	23.0463	22.3755	20.3500
61 - 65	39.3734	38.2350	37.4760	36.7400	36.0286	35.3175	34.9711	34.6280	33.9400	33.6071	32.9538	31.9922	29.0840

B.2. Plan Administration Charges:

- Under regular premium policies: The charges are 1.8%

of first year's premium per annum inflating by 5% every policy year subject to maximum of Rs.6000 p.a.

to do so, and no Plan shall be deemed to be called in question merely because the terms of the Plan are adjusted on subsequent proof that the age of the life insured was incorrectly stated in the proposal.

Making untrue/ incorrect statements or withholding information

If you or the Nominee or anyone acting on your or their behalf advances any claim knowing the claim to be false, dishonest or fraudulent, then this Plan shall be void and any amounts paid or potentially payable under the Plan shall be forfeited.

False disclosure about Age

The Life Assured's Age has been admitted on the basis of the declaration made by the Life Assured/ proposer in the Application Form and/or in any statement or declaration to the Application Form based on which this Plan has been issued. If the Life Assured's Age is found to be different from that declared, we may, at any time during the Plan Term, adjust the Charges or any benefits applicable under the Plan as We deem fit. If the Life Assured's Age at the Date of Commencement is found to be higher than the maximum, or lower than the minimum entry Age that was permissible under the Plan at the time of its issue the Plan shall be voidable at our option.

Prohibition of Rebate: Section 41 of the Insurance Act, 1938 states:

No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the Plan, nor shall any person taking out or renewing or continuing a Plan accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer. Provided that acceptance by an insurance agent of commission in connection with a policy of life insurance taken out by himself on his own life shall not be deemed to be acceptance of a rebate of premium within the meaning of this sub-section if at the time of such acceptance the insurance agent satisfies the prescribed conditions establishing that he is a bona fide insurance agent employed by the insurer.

Any person making default in complying with the provisions of this section shall be punishable with a fine which may extend to five hundred rupees.

22. General Conditions

Our rights to review, revise, delete or alter the terms and conditions of the Plan

We may review, revise, delete and/ or alter any of the terms and conditions of the Plan - with the prior approval of the Regulatory Authority by sending you prior written notice of 30 days.

What happens in case of loss of a Plan Document

If the Plan Document is lost or misplaced, you need to send us a written request for a duplicate Plan Document stating the reason of the loss. On being satisfied that the Plan Document is lost, we will issue you a duplicate Plan document. On the issue of the duplicate Plan Document, the original Plan

Document immediately and automatically ceases to have any validity.

You agree to indemnify us and hold us free and harmless from any costs, expenses, claims, awards or judgments arising out of or in relation to the original Plan Document.

Issuing Notices

We also have the discretion to issue either individual notices to you or publish general notices on our website.

23. Governing Laws and Jurisdiction

All claims, disputes or differences arising under or in connection with this Plan will be governed by and construed in accordance with Indian law and determined by the Indian Courts.

24. Grievance Redressal

You may contact us at any of the following touch points in case of any grievance or complaint.

Customer Care

301, B Wing, The Qube, Infinity Park

Dindoshi- Filmcity Road, Malad (East)

Mumbai - 400097

Contact No.: 1800-209-8700

Email Id: customer.first@indiafirstlife.com

A written communication giving reasons of either redressing or rejecting the complaint will be sent within 14 days of receipt of the complaint.

In case you are not satisfied with the resolution provided or have not received any response within 14 days, you may email us at grievance.redressal@indiafirstlife.com OR write to our 'Grievance Officer' at the above address.

An acknowledgment to all complaints received will be sent within 3 working days of receipt of the complaint/grievance.

In case however, you are not satisfied with our decision/ resolution, you may approach the nearest Ombudsman from the list of Ombudsman mentioned in Annexure C below, if your grievance pertains to -

- An insurance claim that has been rejected or dispute of a claim on legal construction of the Plan.
- Delay in settlement of claim.
- Dispute with regard to premium.
- Non-receipt of Your insurance document.

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

As per provision 13(3) of the Redressal of Public Grievances Rules 1998, the complaint to the Ombudsman can be made -

- Only if the grievance has been rejected by Our Grievance Redressal Machinery .
- Within a period of one year from the date of rejection by Us.
- If it is not simultaneously under any litigation.

Annexure B: Charges

Charges in effect as of the Plan Commencement Date are as follows:

B.1. Morbidity Charges: In determining the Morbidity

from the Plan Commencement Date -

1. Deviated Nasal Septum/ Nasal & Paranasal Sinus Disorders
2. Diseases of Tonsils / Adenoids
3. Surgery of Thyroid Gland excluding Malignancy
4. All types of Hernia
5. Hydrocoele /Varicocele / Spermatocele
6. Piles / Fissure / Fistula-in-Ano / Rectal Prolapse
7. Benign Prostatic Hypertrophy
8. Gynaecological disorders or procedure such as Menstrual Irregularities, Dysfunctional Uterine Bleeding, Hysterectomy (excluding for the reason of Malignancy), Uterine Fibroid, etc.
9. Calculus Diseases
10. Prolapsed Intervertebral Disc
11. Retinopathy / Retinal Detachment
12. Peripheral Vascular Disease due to Diabetes / Diabetic Foot
13. Renal Failure due to Diabetes
14. Osteoporosis / Pathological Fracture
15. Cataract
16. Treatment for degenerative joint conditions
17. Blood pressure disorders
18. Treatment for benign breast disorders like fibroadenoma, fibrocystic disease etc
19. Treatment for Carpal tunnel syndrome
20. Treatment for Peripheral Vascular disease including varicose veins

9. Exclusions

Unless stated otherwise, we are not liable to make any payment for any claim in respect of any Insured Person, when that claim is directly or indirectly caused by or arises from or is in any way related to any of the following -

1. Pre-Existing Medical Conditions (unless the Pre-Existing Medical Condition has been declared to and accepted by us at the time of application) until the Insured Person has been continuously insured for a period of 48 months after which time Pre-Existing Conditions will be covered by the Plan. If exclusion in respect of a specific condition has been imposed, such exclusion will remain in-force until removed by us.
2. Hospitalization/ Medical Expenses not directly related to the specific Illness or injury for which hospitalization took place and the expenses which are not approved by the attending doctor. The requirement of approval of expenses by the attending doctor relates to exclusion of the medical expenses incurred by the insured but not prescribed by the attending doctor for the particular cause of hospitalization.
3. Any treatment not performed by a Medical Practitioner.
4. Expenses which are not actual, necessary and reasonable expenses incurred in the treatment of the Illness or Physical Injury, or any elective surgery or treatment which is not medically necessary.
5. Sterility, treatment whether to effect or to treat infertility, any fertility, sub fertility or assisted conception procedure, surrogate or vicarious pregnancy, birth control, contraceptive supplies or services including complication arising due to supplying services.
6. Any diagnosis or treatment arising from or traceable to pregnancy or child birth, miscarriage, abortion or complications of any of these including caesarean section,

medical termination of pregnancy and/or any treatment related to pre and post natal care of the mother or the new born. However, this exclusion will not apply to Ectopic pregnancy proved by diagnostic means and certified to be life threatening by the attending Medical Practitioner.

7. Hospitalization for correction of birth defects or congenital anomalies.
8. Any sexually transmitted diseases or any condition directly or indirectly caused by or associated with Human Immune Deficiency Virus (HIV) or any Syndrome or condition of a similar kind commonly referred to as AIDS (Acquired Immune Deficiency Syndrome).
9. Dental treatment or surgery of any kind unless necessitated by an Accident.
10. Cost of spectacles, contact lenses, hearing aids and the cost of treatment for vision correction.
11. Self affected injuries or conditions (attempted suicide) and or the treatment directly or indirectly arising from alcoholism or drug abuse and any Illness or Physical Injury which may be suffered after consumption of intoxication liquors or drugs.
12. Non-allopathic methods of surgery and treatment.
13. Hospitalization for donation of an organ.
14. Medical or surgical treatment for weight reduction or weight improvement regardless of whether the same is caused (directly or indirectly) by a medical condition.
15. Psychiatric, mental disorders (including mental health treatments), Parkinson and Alzheimer's disease, general debility or exhaustion (run-down conditions): stem cell implantation or surgery, or growth hormone therapy.
16. Medical expenses relating to any Hospitalization primarily for diagnostic, X-ray or any other investigations.
17. Any experimental or unproven procedures or treatments, devices or pharmacological regimens of any description (not recognized by the Indian Medical Council).
18. Hospitalization for domestic reason where no active regular treatment is provided by a doctor.
19. Charges for services received in convalescent home and nursing homes, nature cure clinics and similar establishments.
20. Circumcision unless necessary for treatment due to an accident.
21. Plastic surgery or cosmetic surgery unless necessary as a part of medically necessary treatment certified by the attending Medical Practitioner for reconstruction, following an Accident or Illness.
22. Any treatment related to sleep disorder or sleep apnea syndrome.
23. Medical Expenses incurred due to Ventral/ Incisional Hernia unless the Company has paid for the first operation.
24. Expenses for any routine or prescribed medical check-up or examination, external and or durable Medical/ Non-medical equipment of any kind used for diagnosis and/or treatment and/or monitoring and/or maintenance and/ or support including CPAP, CAPD, Infusion pump, oxygen concentrator etc., ambulatory devices that is walker, crutches, belts, collars, caps, splints, stings, braces, stockings, gloves, hand soaps etc. of any kind, diabetic footwear, glucometer/ thermometer and similar related items and also any medical equipment, which are subsequently used at home.
25. Any kind of service charges, surcharges, admission fees, registration charges etc. levied by the Hospital.
26. Any natural peril (including but not limited to avalanche, earthquake, volcanic eruptions, or any kind of natural hazard),

nuclear disaster, radioactive contamination and/or release of nuclear or atomic energy.

27. War, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, terrorism, rebellion, active participation in strikes, riots or civil commotion, revolution, insurrection or military or usurped power, and full-time service in any of the armed forces.

28. Naval or military operations (including duties of peace time) of the armed forces or air force and participation in operation requiring the use of arms or which are ordered by military authorities for combating terrorists, rebels and the like.

29. Participation in any hazardous activity or sports including but not limited to racing scuba diving, aerial sports, bungee jumping or mountaineering, activities such as hang-gliding, ballooning, and any other hazardous activities or sports unless agreed by special endorsement.

30. Expenses incurred for procurement of a replacement organ, transportation costs of the replacement organ and associated administration costs and all others costs incurred by the donor.

31. Any Insured Person committing or attempting to commit a criminal or illegal act - whether sane or insane.

32. Expenses for services or treatment which are paid for by any other party or which are claimable under workmen's compensation insurance. In such case, we will pay back the difference between the expenses that would have been repayable by the Company had there been no other insurer or workmen's compensation insurance involved and the amount already re-paid or re-payable by any other party or by the workmen's compensation insurance.

33. Non-medical expenses including personal comfort and convenience items or services such as telephone, television, personal attendant or barber or beauty services, diet charges, food, cosmetics, napkins, toiletry items, guest services and similar incidental expenses or services.

34. Expenses associated with the failure of seeking timely medical advice.

35. Any hospitalization or medical expenses incurred outside the Republic of India.

36. Only one coronary angiography is payable in a Plan Year except in cases where a Coronary Intervention has been undergone after the first angiography.

We will, at the end of five years, have the right to revise the above exclusions by way of inserting new conditions or by altering or deleting existing conditions subject to prior approval from the IRDA.

The Policy shall be subject to and be governed by this Policy document and the Terms and Conditions of the Schedule enclosed herewith including every endorsement by the Company and shall together form single Contract.

10. Nomination

Appointing a Nominee

You may at any time during the Plan Term and while the Plan is force, nominate a Nominee to receive the Death Benefit, if you and the Primary Life Assured are the same person.

If there is no Nominee or all Nominees have pre-deceased the Life Assured, the Death Benefit will be payable to your legal heirs or legal representatives.

If the Nominee is a minor

You may appoint an Appointee to receive the Death Benefit and to hold the Death Benefit in a trust until the Nominee attains 18 years of Age, if your Nominee is less than 18 years old.

Changing Your Nominee during term of the Plan

You may write to us to nominate or change a Nominee. The nomination or change will become effective only after we have accepted the nomination or change by way of an endorsement to the Plan Schedule.

Our liability in a nomination

In accepting or recording a nomination or a change of Nominee, we do not accept any responsibility or express any opinion as to its validity or legality.

11. Premiums: Allocations, Missed Premiums and Lapsed Plan

Allocation of Premiums to Funds

We will allocate the total Premium received (net of Premium Allocation Charges) into the Funds in the proportion specified in the Plan Schedule.

In case installment premium under regular premium contract is not sufficient to deduct morbidity or other charges then insurance company will advise the policyholder to increase the premium and if policyholder does not agree to increase the premium then the policy will be foreclosed and the amount of fund, if any will be paid as per terms of the product.

Missing Your Premiums

In case you miss paying your Regular Premium on or before the due date -

- You have a Grace Period of 30 days for payment of all Premiums under six monthly and yearly mode,
- In the unfortunate event of the Primary Life Assured's death during the grace period, the Nominee will receive the Death Benefit

If you miss paying your Premiums before the end of the grace period, you are entitled to exercise one of the following options -

- Option 1: Revival/ reinstatement of the plan, or
- Option 2: Complete withdrawal from the plan without any health cover

In case you have not paid your Premiums, we will send you a notice within a period of 15 days from the last day of your grace period (date of discontinuance of the Plan) and ask you to exercise the options mentioned above, within a period of 30 days. We will consider that you have exercised the second option of complete withdrawal from the Plan without any health cover, if you do not exercise any of the options within the specified period of 30 days. This will be treated as discontinuance of your Plan.

Hence, you will have a maximum period of 45 days from the last day of your grace period to exercise the above options. If we have not received any communication from your end within 45 days from the last day of the grace period, we will consider it as your decision to exercise the second option for complete withdrawal from Plan without any health cover.

the medical expenses as mentioned in Section 2 subject to the primary life insured providing or causing to be provided to the company within 60 days of discharge from the hospital, any and all information and documentation as required by the Company.

Documents to be submitted at the time of making a claim

The following documents need to be submitted to Us at the time of making a claim -

- Copies of the policy schedule.
- Signed claim form
- First consultation letter
- Original final bill with detailed breakdown of various billing categories
- Original and complete discharge card/death summary mentioning duration of ailment and duration of other disorders/cause of death
- Original investigation reports with corresponding prescription/request
- Pharmacy bill if supplied by hospital with corresponding prescription/request
- Copies of identity and age proofs
- Pre/post hospitalization bills with corresponding prescription/request, if any

The above documents are essential for settling your claim.

All the documents must be duly attested by the Policy Holder

How do we apply Charges?

Fund Management Charges	Are recovered by deduction or accrual before arriving at the Unit Price.
Allocation Charges	Are recovered by deduction from the amount of the premium received.
Other Charges	Are recovered by cancelling the required number of Units from the respective Funds at the prevailing Unit Price.

20. Portability

If at any point you would like to opt out of this Plan and invest into another Unit Linked Plan¹ offered by us, we give you flexibility to do so.

This option is available to you after completion of five Plan years from the Date of Commencement of Risk. Under this option, you can transfer your Plan benefits to buy new contract, upon maturity or by surrendering/terminating the contract, without any allocation charges and no commission payable i.e. without involving any intermediary. The new contract will be under a Plan wherein portability option is available. This option must be exercised at least 30 days before the date of the receipt of maturity benefit or surrender benefit under the Plan. The terms and conditions as specified in the Plan document of the Plan opted by you will apply. The new Plan will be offered only on your life or on the life of the Life Assured under the existing Plan.

Plans

The terms and conditions for opting for Portability may be defined by us from time to time. Please contact us for details of the process when you wish to use this option.

21. Disclosures

¹ Only applicable on Plans where this option is available; not applicable on pension Plans.

or Insured Person.

In the event of any doubt regarding the appropriateness or correctness of the Diagnosis, We will have the right to call for an examination of the Insured Person(s) by a Medical Specialist appointed by the Company. The expenses incurred for the medical examination of the Insured Person(s) for the purpose of this clause shall be solely borne by Us. The evidence used from such examination, and the opinion of such Medical Practitioner as to such Diagnosis shall be considered binding on both the Policyholder and the Company.

Payment of benefits in India Rupees

All benefits and other sums under this Plan shall be payable in India and in Indian Rupees.

19. Charges

The Charges applicable under this Plan are listed below and described in Annexure B.

- Morbidity Charges
- Plan Administration Charges
- Premium Allocation Charges
- Fund Management Charges
- Switching Charges
- Charge on Discontinuance
- Partial Withdrawal Charges
- Premium Redirection Charges
- Revival/Reinstatement Charges

Misrepresentation/ Fraudulent Disclosures

In issuing this Plan, we have relied on the truth, accuracy and completeness of information provided in the Application Form and the statements and declarations made by you which form a part of and are the basis of this Plan. If the information provided is found to be incorrect, the Plan will become void and the premium amount after deduction of any payouts will be refunded to you.

Provisions of Section 45, Insurance Act, 1938

The Plan is subject to the provisions of Section 45 of the Insurance Act 1938 which states as follows -

No Plan of life insurance effected after the coming into force of this Act shall, after the expiry of two years from the date on which it was effected, be called in question by an insurer on the ground that a statement made in the proposal for insurance or in any report of a medical officer, or referee, or friend of the insured, or in any other document leading to the issue of the Plan, was inaccurate or false, unless the insurer shows that such statement was on a material matter or suppressed facts which it was material to disclose and that it was fraudulently made by the Policyholder and that the Policyholder knew at the time of making it that the statement was false or that it suppressed facts which it was material to disclose. Provided that nothing in this section shall prevent the insurer from calling for proof of age at any time if he is entitled

Minimum Partial Withdrawal	Rs. 5,000
Maximum Partial Withdrawal for Regular Premium mode of payment	Up to 25% of the Fund Value (Only if your balance Fund Value is at least equal to 110% of the first annual Premium after the withdrawal)
Maximum Partial Withdrawal for Single Premium mode of payment	Not applicable

Charges for Partial Withdrawals

Partial Withdrawals are not subject to any Charges.

16. Loan

Loan benefits under the Plan

Before completion of 5 years

You do have the facility of taking a loan under this Plan. However, the maximum loan amount will not exceed 40 percent of the surrender value in those Plans where equity accounts for more than 60 percent of the total share and will not exceed 50 percent of the surrender value of those Plans where debt instrument accounts for more than 60 percent of the total share. In case the surrender value at any time is less than the loan outstanding plus accrued interest, the Plan terminates. The company is allowed to charge interest rate on such loan and the basis of interest rate will be SBI base rate plus 7.00%.

On or after completion of 5 years:

Loan is not allowed under this product.

17. Discontinuing Your Plan

Your Plan will discontinue if:

- You miss your premiums and choose not to revive your plan; or
- You wish to discontinue your plan

However, we strongly advise you not to discontinue the plan.

In case of discontinuance the following conditions will apply:

Discontinuance within first 5 years of the Plan

- You miss your premiums and choose to revive your plan

If you miss paying your premiums, the Fund Value of the Plan will be credited to the Discontinuance Fund after deducting discontinuance charges on the date of discontinuance and after adding the proportionate morbidity charges for the uncovered period. However, the discontinuance fund can be withdrawn in case of hospitalization /other health related needs. In addition to discontinuance charges, Fund Management Charges @ 50 bps per annum will be deducted from the Discontinuance Fund.

The minimum return on the fund will be equal to the interest rates on savings bank account offered by State Bank of India or as prescribed by IRDA from time to time. You may choose to revive your plan within 2 years from the date of discontinuance but before completion of first 5 plan years subject to submission of evidence of health to our satisfaction. Depending on evidence of health as

required by the company, we shall have the right to refuse your request for revival or put such conditions or extra charges as may be deemed fit. In order to revive the plan, you need to pay all due premiums that have been missed along with any charges that was due. Upon revival of the plan, the discontinuance charges already deducted shall be added back to the discontinuance fund and units shall be allotted on such amount added back at the NAV as on the date of revival.

b. You wish to discontinue your plan
If you opt for complete withdrawal from the plan without any risk cover, the Fund Value of the Plan will be credited to the Discontinued Plan Fund. The amount of the discontinued fund will be refunded only upon the completion of the fifth Plan Year after deducting discontinuance charges on the date of discontinuance. The minimum return on the fund will be equal to the interest rates on savings bank account offered by State Bank of India or as prescribed by IRDA from time to time. The income earned on the Fund Value will also be apportioned to the Discontinued Plan Fund.

In case of the Life Assured's death after the Fund Value is credited to the Discontinued Plan Fund but before payment of the proceeds of the discontinued Plan, the Discontinuance Plan Fund Value as on the date of receiving intimation of death will be paid and the Plan will terminate.

Discontinuance after first 5 years of the Plan

If you opt for complete withdrawal from the plan after five plan years, the Fund Value plus the proportionate morbidity charges for the uncovered period as on the date of discontinuance will be payable to you.

18. Making a Claim

You will have the option to avail cash less service facility in network hospitals as specified by the company / Third Party Administrator (TPA). In case of a planned hospitalisation of any member, You have to seek pre-authorization from the Third Party Administrator (TPA) or from Us prior to taking admission at any network hospital and in case of emergency hospitalisation, You have to notify the TPA or to Us in writing within 24 hours of the hospitalisation of the member. However, if You do not wish to avail cash less facility or the member is hospitalized in any hospital other than the specified network hospitals or cash less facility has been disapproved by the company/TPA, the primary life insured or member has to notify the company in writing, within 7 days of the hospitalisation of the member. The company will reimburse

During this period your Plan will be in force and morbidity and other charges will continue to be deducted. In case of the Primary Life Assured's death during this period (i.e. before exercising any of the above options) the Nominee will receive the Death Benefit as per point no. 3.

At any point of time if the Fund Value becomes insufficient to pay for the charges the Plan will terminate with immediate effect.

Your options to revive the Plan

You may choose to revive your plan within 2 years from the date of discontinuance but before completion of first 5 plan years subject to submission of evidence of health to our satisfaction. Depending on evidence of health as

required by the company, we shall have the right to refuse your request for revival or put such conditions or extra charges as may be deemed fit. In order to revive the plan, you need to pay all due premiums that have been missed. Upon revival of the plan, the discontinuance charges already deducted shall be added back to the discontinuance fund and units shall be allotted on such amount added back at the NAV as on the date of revival.

You may revive your Plan by paying Rs. 500 as revival charge, Premium Allocation Charges and any medical costs.

12. Our Funds

Funds offered by us

Below is a brief description of the Funds offered by us under this Plan as at the Plan Commencement Date and the investment objective of each Fund as specified in the Plan Schedule.

Fund Name	Investment Objective	Deployment of Funds
Debt 1 Fund ULIF010010910DEBT01FUND143	To provide security and moderate growth.	Between 70% and 100% of the available funds will be invested in debt and debt related instruments and the balance in money market instruments.
Balanced 1 Fund ULIF011010910BALAN1FUND143	To provide higher growth with reasonable security	Between 50% and 70% of the available funds will be invested in equity and equity related instruments, 30%- 50% in debt securities and debt related instruments and the balance in money market instruments .
Equity 1 Fund ULIF009010910EQUITY1FUND143	To provide high growth opportunities	Between 80% and 100% of the available funds will be invested in equity and equity related instruments and the balance in money market instruments.
Liquid 1 Fund ULIF014010910LIQUID1FND143	To provide security and low growth.	Between 0% and 20% of the available funds will be invested in debt and debt related instruments and the balance in money market instruments.
Value Fund ULIF013010910VALUEFUND0143	To provide high growth opportunities	Between 70% and 100% of the available funds will be invested in equity and equity related instruments and 0% to 30% in money market instruments.
Index Tracker Fund ULIF012010910INDTRAFUND143	To provide high growth opportunities	Between 90% and 100% of the available funds will be invested in equity and equity related instruments and 0% to 10% in money market instruments.

The Liquid1 Fund is only available for the Settlement Options and for the Systematic Transfer of Fund Option.

Investments under each Fund

We will invest each Fund as per the Fund's investment objectives and formulate the investment policies that guide our investments, subject to the applicable Regulations.

Ownership of Investments

We have the legal beneficial ownership of all investments and assets in the Funds; though you may own the Units that participate in these investments.

Addition of new Funds:

We may from time to time add new Funds and offer the same to you, with the approval of the Regulatory Authority.

Discounting Existing Funds

We may, at our discretion and with the prior approval of the Regulatory Authority, close or discontinue any Fund because of any event, which, in our opinion, may require the Fund to be closed or discontinued.

Notice in case of Discontinuation

We will give you at least three months prior written notice in case we decide to close or discontinue any Fund.

Automatic Switching to a Fund

In case, you do not switch your Units to another Fund before to the end of the aforesaid notice period, we may, at our discretion, at any time thereafter switch your Units to another Fund. Our decision in selecting the Fund will be final and

binding. In such cases, we will not levy any penalty or switching charges for such a switch to another Fund.

Modifying the proportion of Funds available to asset classes

We may, modify the proportions of available Funds to be invested in bonds and equity/ property in respect of any of the above Funds, depending upon the existing and expected investment environment and the applicable regulations. We will give you a prior notice of 30 days in the above scenario (with the approval of the Regulatory Authority).

Risks of investment in the Funds

You, the Policyholder invest in the Units of the Funds chosen by you. Please note the following - -

- a. The investment risk in the investment portfolio is borne by you.
- b. IndiaFirst Money Back Health Insurance Plan is only the name of the Plan and does not in any way indicate the quality of the Plan or its future prospects or returns.
- c. Equity1, Debt1, Balanced1, Liquid1, Index Tracker and Value Fund are the names of the Funds and do not in any manner indicate the quality of the Fund, their future prospects or returns.
- d. The investments in the Units are subject to market and other risks. Hence, there is no assurance that the objectives of any of the Funds will be achieved.
- e. The Fund Value of each of the Funds can go up or down depending on the factors and forces affecting the financial and debt markets from time to time and may also be affected by changes in the general level of interest rates.
- f. The past performance of other Funds of the Company is not necessarily indicative of the future performance of any of these Funds.
- g. The Funds do not offer a guaranteed or assured return at any point of time during the Plan Term.
- h. All benefits payable under the Plan are subject to the tax laws and other financial enactments that exist from time to time.
- i. The Premiums paid in unit linked plans are subject to investment risks associated with capital markets.

Unit Transactions

- We value the Funds and determine a Unit Price on all days that the financial markets are open. The Net Asset Value (NAV) is published in the relevant print media and is also available on our website. The NAV is updated daily on all Business Days in accordance with the Regulations.
- The Unit Price is computed based on whether we are purchasing (Appropriation Price) or selling (Expropriation Price) assets in order to meet the day to day transactions of Unit allocations and Unit redemptions.

- The NAV will be calculated on all Business Days in accordance with the Regulatory Authority's guidelines in force from time to time. As per the prevailing guidelines of the Authority, NAV will be calculated as follows -
 Unit Price = (Market value of the investment held by the fund
 Plus: value of current assets
 Less: value of current liabilities and provisions, if any,)

Divided by the number of units existing on the valuation date (before creation/redemption of units).

- Our calculation of the Unit Price is final and binding except in cases where there has been a clear error. The valuation of the assets of the Funds will be determined in accordance with the applicable Regulations and our valuation norms in effect from time to time.
- We reserve the right to value less frequently than every day in the event of following circumstance:
 - When one or more stock exchanges which provide a basis for valuation for a substantial portion of the assets of the Fund are closed otherwise than for ordinary holidays.
 - a) When, as a result of political, economic, monetary or any circumstances out of the control of the Company, the disposal of the assets of the Fund are not reasonable or would not reasonably be practicable without being detrimental to the interests of the remaining Policyholders.
 - b) During periods of extreme market volatility during which Surrenders and switches would, in the opinion of the Company, be detrimental to the interests of the remaining Policyholders.
 - c) In the case of natural calamities, strikes, war, civil unrest, riots and bandhs.
 - d) In the event of any disaster or any situation beyond our control that affects the normal functioning of the Company.
 - e) If so directed by the IRDA

Time of receipt of payment and Unit Price

- The Unit Price applicable for the allocation of Units will be determined in accordance with the table below based on the time when the payments are received in the form of cash or local cheques or demand drafts or when a written request for Switch in is received.
- The Unit Price applicable for the redemption of Units will be determined in accordance with the table below based on the time of the receipt of a written request for Surrender, Partial Withdrawal or Switch out or the receipt of notification of the Life Assured's death.

Timing of receipt of payment or request	Allocations	Redemptions
If received before 3:00 pm on a Business Day	The closing Unit Price of that day will apply to the transaction.	The closing Unit Price of that day will apply to the transaction.

If received after 3:00 pm on a Business Day	The closing Unit Price of the following Business Day will apply to the transaction.	The closing Unit Price of the following Business Day will apply to the transaction.
If payment is received in the form of an outstation cheque	The closing Unit Price of the Business Day on which the outstation cheques are cleared shall apply to the transaction.	

Benefit Payments and Unit Cancellations

The payment of the Death Benefit or the Maturity Benefit will be made by cancellation of the required number of Units from the respective Funds at the current Unit Price. If more than one Fund has been invested in, the cancellation of Units will be effected to the extent feasible in the same proportion as the aggregate value of the Units held in each Fund, unless specified otherwise by you and accepted by us in writing.

13. Switching and Premium Redirection Moving from one Fund to another

Yes, you can move from one Fund to another either by

Minimum Switching Amount	Rs. 5, 000/-
Maximum Switching Amount	No limit

Charges for Switching

Currently, no Switching Charges are applicable under the Plan for any switches made. You are allowed only 2 free-switches every month, i.e., 24 free-switches a Plan Year. However, the unused free-switches cannot be carried forward to the next month. We may change the present terms and conditions applicable to Switches with the prior approval of the Regulatory Authority.

When are Switches not available?

- Switches will not be affected if -
- The Plan has lapsed; or
 - The Settlement Period has commenced.

Premium Redirection

Under the Premium Redirection option, you may write to us after start of the second Plan Year to redirect your future investments towards a different Fund or set of Funds which will be applicable from the next premium due date. However, under this option your past allocation of all premium does not change.

14. Systematic Transfer of Funds Securing your investments from market fluctuations (Systematic Transfer of Funds)

You may choose to secure your investments from market fluctuations by opting to move the Units in all your Funds to the Liquid1 Fund by giving us a written request at least three months prior to the start of the last 36 months of the Plan Term. The Systematic Transfer of Funds will be affected from the start of the last 36 months of the Plan Term and will be applicable in each of these 36 months.

How does the transfer of investments to the Liquid1 Fund actually happen?

switching or by redirecting your Premium.

Switching

Switching is the option under which you can move some or all your Units from an existing Fund into one or more Funds at the respective Unit Price on the day the Switch is affected by writing to us for the same.

Limits for switching

All Switches under this Plan are subject to the minimum and maximum limits specified in the in the table below.

The transfer of the existing Units in the Funds to the Liquid1 Fund takes place through an automated switching of 3 percent of the Fund Value in each of the last 36 months before the Plan Maturity Date.

Does the allocation of Regular Premium change during the Systematic Transfer at Maturity?

No. When we transfer your Funds to the Liquid1 Fund, the proportion in which Regular Premium is allocated into the Funds as specified in the Plan Schedule does not change.

15. Partial Withdrawals Are Partial Withdrawals allowed?

Yes. You can make Partial Withdrawals after the start of the sixth Plan Year if you have paid all your Regular Premiums for the first 5 Plan Years,

Partial Withdrawals are not allowed during the first 5 years under regular and single premium Plans

However in case of any hospitalization or day care benefit that exceeds the sum assured - eligible or ineligible - the balance amount or applicable amount can be taken from the Fund Value up to a maximum of 10 percent of Fund Value in a year.

This will be treated as normal benefit under the Plan but not as a partial withdrawal.

Note: Partial withdrawals are allowed only for Plans that are in force.

Limits on Partial Withdrawals

After five years, partial withdrawal request can only be made if the Plan is still in force. You may either request for a specific amount to be withdrawn or for the redemption of specified number of Units, subject to the following limits -