



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

Registered and Corporate Office

1, New Tank Street, Valluvar Kottam High Road, Nungambakkam,
Chennai - 600 034. ★ Phone : 044 - 28288800 ★ CIN : U66010TN2005PLC056649
Email : support@starhealth.in ★ Web : www.starhealth.in ★ IRDAI Regn. No. : 129



IndiaFirst Life Insurance Company Limited

Registered and Corporate Office

301, (B) Wing, The Qube, Infinity Park, Dindoshi - Film City Road, Malad (E),
Mumbai - 400 097, Web : www.indiafirstlife.com Email : customer.first@indiafirstlife.com
CIN: U66010MH2008PLC183679, IRDAI. Reg. No. 143,

Prospectus - STAR FIRST MICRO CARE

Unique Identification No.: SHAHLIP18033V021718

Protecting your family from any uncertainties of life has seen a shift from being a luxury to a basic need. We bring to you a special policy that offers a combination of Life and Health cover under a single roof. Now, you can ensure that no untoward event upsets the well-being of your loved ones not only in your absence but also in your presence.

The product provides for regular hospitalization benefits like any other medical insurance policy under Section 1 and provides for payment of lump-sum in the event of death under Section 2.

Coverage under Section 1 is provided by Star Health and Allied Insurance Company Limited and Coverage under Section 2 is provided by IndiaFirst Life Insurance.

❖ What are the benefits available under the insurance?

Section 1: Health Insurance Coverage

- A) Room, boarding, nursing expenses as provided by the Hospital / Nursing Home at 0.75% of Sum Insured either private room or shared accommodation.
- B) ICU charges upto Rs.2000/- per day subject to a maximum of Rs.10,000/- per hospitalization.
- C) Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees.
- D) Anesthesia, blood, oxygen, operation theatre charges, surgical appliances, medicines and drugs, diagnostic materials and X-ray, diagnostic imaging modalities, dialysis, chemotherapy, radiotherapy, cost of pacemaker, stent, similar expenses. With regard to coronary stenting, the company will pay such amount up to the extent of cost of bare metal stent/drug eluting cobalt-chromium stent/drug eluting stainless steel stent.
- E) Emergency ambulance charges up-to a sum of Rs.500/- per hospitalization and overall limit of Rs.1000/- per policy period for transportation of the insured person by private ambulance service when this is needed for medical reasons to go to hospital for treatment provided, there is an admissible claim under the policy.
- F) Relevant Pre-Hospitalization medical expenses incurred for a period not exceeding 30 days prior to the date of hospitalization, for the disease/illness, injury sustained following an admissible claim under the policy.
- G) Post-Hospitalization expenses incurred up to 60 days after discharge from the hospital. The amount payable shall not exceed the sum equivalent to 7% of the hospitalization expenses subject to a maximum of Rs.3000/- per hospitalization. For the purpose of calculation of the 7%, only nursing expenses, surgeon's / consultants fees, diagnostic charges and cost of drugs and medicines will be taken
- H) Hospital Cash Benefit: Will be paid at the rate of One Thousand Rupees per day of hospitalization subject to a maximum of 14 days, where the treatment was taken in Government Hospital. This will be paid only for covered surgeries done as in-patient, whether any claim is made on indemnity basis or not. Payment of claim under hospital cash benefit will not reduce the Sum Insured.

The expenses as above are payable only where the in-patient hospitalization is for a minimum period of 24 hours. However this time limit will not apply to the day-care treatments detailed elsewhere in the policy.

Section 2: Life Insurance Coverage

- ❖ Life Cover: This plan provides for lump sum in the event of death of the Primary Life Insured during the term of the plan and ensures that your loved ones are taken care of, even in your absence
- ❖ Flexibility to choose the Sum Assured from 7 options as per need
- ❖ Straight through process without medicals up to 50 years age

Note: 1. This policy does not acquire any maturity or surrender value.

2. The policyholder is not entitled to any loan under this plan

Who can take this insurance?

For Health benefits:

- ❖ Any person between 18 years and 65 years of age can take this insurance. Children can be covered from 2 years along with parents.
- ❖ This age limit of 65 years is for entry level into this scheme only. Beyond 65 years only renewals accepted. There is no capping on exit age. Lifelong renewal
- ❖ Family means Self, Spouse and dependent children up to 25 years of age.

For Life Insurance Benefit:

The person aged between 18 years to 60 years can be the life assured. The Life insurance benefit is offered only for the primary life insured. Medical

Underwriting will be applicable for eligible persons above 50 years of age. The Plan term is 5 years (fixed) and maximum age at the end of the plan term is 65 years.

Who is a Life Assured'?

Life assured is the person, on whose life the plan depends. The plan ends and the benefit is paid out on the life assured's death.

Who is a Policyholder?

A Policyholder is the person who holds the plan. The Policyholder may or may not be the primary life insured in this combi offering. A Policyholder must be at least 18 years old while applying for the plan. You can choose a nominee under than plan if you and the life assured are the same.

Who is a Nominee?

A nominee is the beneficiary under the plan who receives the death benefit in case of the life assured's demise. The nominee is appointed by you, the policyholder. The nominee can even be a minor (i.e. below 18 years of age).

Who is the Appointee?

An appointee is the person you can appoint at the time of buying the plan in case your nominee is a minor. The appointee receives the benefits under the plan and holds the same till the nominee attains 18 years of age.

What are the features of Health Insurance Section?

Section 1

Is there any Pre-Acceptance Medical screening?

- ❖ No pre-acceptance medical screening

What are the sum insured options available?

- ❖ The insurance is available for sum insured of Rs.1,00,000/- In case of 'Floater' policy, the Sum Insured will be common for the family and floats over all its covered members.

Is there any waiting period?

- ❖ 30 days general waiting period except for accidents
- ❖ 24 months waiting period for specified illness/diseases/treatment.
- ❖ 48 months waiting period for claims arising out of Pre Existing Diseases

Are there any sub-limits?

- ❖ There are sub-limits for specific diseases / illness as detailed below :-

Ailment	Limit of Indemnity per policy period
Medical Management (Major diseases)	Rs.15,000/-
Medical Management (Other diseases)	Rs.7,500/-
Cataract	Rs.8,500/-
Accidental grievous injuries(either surgery or medical management)	Rs.40,000/-
Major Surgeries	Rs.40,000/-
Other Surgeries	Rs.20,000/-

What are the exclusions under the policy?

Section 1:

1. Pre Existing Diseases as defined in the policy until 48 consecutive months of continuous coverage have elapsed; since inception of the first policy with any Indian Insurer. However the limit of the Company's liability in respect of claim for pre-existing diseases shall be limited to the sum insured under the first policy with any Indian Insurance Company.
2. Any disease contracted by the insured person during the first 30 days from the commencement date of the policy. This exclusion shall not apply in case of the insured person having been covered under any health insurance policy (Individual or Group insurance policy) with any of the Indian Insurance companies for a continuous period of preceding 12 months without a break.
3. During the first two years of continuous operation of insurance cover any expenses on
 - a) Cataract, Retinal detachment, Glaucoma, diseases of ENT, Mastoidectomy, Tympanoplasty, Stapedectomy, diseases related to Thyroid, Prolapse of intervertebral disc (other than caused by accident), varicose veins and varicose ulcers, all diseases of prostate, Stricture Urethra, all obstructive-uropathies,all types of hernia, varicocele, hydrocele, fistula / fissure in ano, Hemorrhoids, Pilonidal sinus and fistula, Rectal Prolapse, stress incontinence and Congenital Internal disease / defect
 - b) Gall bladder diseases and all treatments (conservative, interventional, laparoscopic and open) related to Hepato-pancreato-biliary including gall bladder and pancreatic calculi. All types of management for kidney and genitourinary tract calculi.
 - c) All treatments (conservative, interventional, laparoscopic and open) related to all diseases of uterus, fallopian tubes, cervix and ovaries, dysfunctional uterine bleeding, pelvic inflammatory diseases, benign breast diseases.
 - d) Conservative, operative treatment and all types of intervention for diseases related to tendon, ligament, fascia, bones and joint [other than caused by accident]

- e) Degenerative disc and vertebral diseases including replacement of bones and joints and degenerative diseases of the musculo-skeletal system
- f) Subcutaneous benign lumps, sebaceous cyst, dermoid cyst, lipoma, neurofibroma, fibroadenoma, ganglion and similar pathology
- g) Any transplant and related surgery

This waiting period shall not however apply in the case of the Insured person/s having been covered under any Individual health insurance scheme with any of the Indian Insurer for a continuous period of preceding 24 months without any break.

The claim for such illnesses/diseases/disabilities contracted/suffered if admitted will be processed as per the sum insured of the immediately preceding 24 months policy only. Where there is a change in the sum insured in the second continuous policy year the lower of the sum insured will apply.

If these are pre-existing at the time of proposal they will be covered subject to Exclusion No 1 above.

4. Circumcision, Inoculation or Vaccination (except for post-bite treatment and for medical treatment other than for prevention of diseases.)
5. Dental treatment or surgery unless necessitated due to accidental injuries and requiring hospitalization. (Dental implants are not payable)
6. Convalescence, general debility, run-down condition or rest cure, nutritional deficiency states, psychiatric, mental and behavioral disorders, congenital external disease or defects or anomalies, venereal disease and sexually transmitted diseases, intentional self injury and use of intoxicating drugs / alcohol, smoking and tobacco chewing
7. Injury/disease directly or indirectly caused by or arising from or attributable to war, invasion, act of foreign enemy, warlike operations (whether war be declared or not)
8. Injury or disease directly or indirectly caused by or contributed to by nuclear weapons/materials
9. All expenses arising out of any condition directly or indirectly caused due to or associated with Human T-cell Lympho Trophic Virus type III (HTLV-III) or Lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or Variations Deficiency Syndrome or any Syndrome or condition of a similar kind commonly referred to as AIDS. It is however made clear that such of those who are positive for HIV (Human Immuno Deficiency Virus) would be entitled for expenses incurred for treatment, other than for opportunistic infections and for treatment of HIV/AIDS, provided at the time of first commencement of insurance under this policy, their CD4 count is not less than 350.
10. Treatment arising from or traceable to pregnancy, childbirth, miscarriage, abortion or complications of any of these (other than ruptured ectopic gestation), family planning treatment and all types of treatment for infertility and its complications thereof.
11. Expenses incurred on weight control services including surgical procedures for treatment of obesity, medical treatment for weight control, treatment for metabolic, genetic and endocrine disorders
12. Expenses incurred on High Intensity Focused Ultra Sound, Uterine fibroid embolisation, Balloon Sinoplasty, Enhanced External Counter Pulsation Therapy and related therapies, Chelation therapy, Deep Brain Stimulation, Hyperbaric Oxygen Therapy, Rotational Field Quantum Magnetic Resonance Therapy, Photodynamic therapy and such other therapies similar to those mentioned herein under exclusion No12
13. Expenses incurred on Lasik Laser or Refractive Error Correction and its complications all treatment for disorders of eye requiring intra-vitreous injections and related procedures.
14. Charges incurred at Hospital or Nursing Home primarily for diagnostic, X-ray or laboratory examinations not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any ailment, sickness or injury, for which confinement is required at hospital/nursing home.
15. Expenses on vitamins and tonics unless forming part of treatment for injury or disease as certified by the attending Physician.
16. Naturopathy Treatment, unconventional, untested, unproven, experimental therapies.
17. Stem cell Therapy and related transplantation, Chondrocyte Implantation, Immunotherapy, Oral Chemo Therapy.
18. Hospital registration charges, admission charges, record charges, telephone charges and such other charges
19. Expenses incurred for treatment of diseases/illness/accidental injuries by systems of medicines other than Allopathy
20. Change of sex or cosmetic or aesthetic treatment of any description, plastic surgery (other than as necessitated due to an accident or as a part of any illness), all treatment for erectile dysfunctions.
21. Cost of spectacles and contact lens, hearing aids, Cochlear implants walkers and crutches, wheel chairs, CPAP, BIPAP, Continuous Ambulatory Peritoneal Dialysis, infusion pump and such other similar aids.
22. Any specific time-bound or life time exclusions applied, specified and accepted by the insured
23. Other expenses as detailed in the policy.

❖ **What are the special features of this insurance section?**

The insured person has the choice to continue with either section (Health / Life) and discontinue the other. The continuity of benefits under either section would be provided.

❖ **Can this policy be renewed?**

Section 1:

Renewal and Grace Period: The policy will be renewed except on grounds of misrepresentation / fraud committed. A grace period of 30 days from the date of expiry of the policy is available for renewal. If renewal is made within this 30 days period the continuity of benefits will be allowed. However the actual period of cover will start only from the date of payment of premium. In other words no protection is available between the policy expiry date and the date of payment of premium for renewal.

If the policy is to be renewed or ported from other Indian Insurance Company for enhanced sum insured then the waiting period as applicable to a fresh policy will apply to additional sum insured as if a separate policy has been issued for the difference. In other words the enhanced sum insured will not be available for an illness, disease, injury already contracted under the preceding policy period.

However in respect of any condition, ailment or injury or related condition (s) for which the insured had signs or symptoms, and / or were diagnosed, and / or received medical advice / treatment, the sum insured will be restricted to that policy sum insured when the signs or symptoms was diagnosed / received medical advice / treatment.

In the event of this policy being withdrawn / modified with revised terms and/or premium with the prior approval of the Competent Authority, the insured will be intimated three months in advance and accommodated in any other equivalent health insurance policy offered by the Company, if requested for by the Insured Person, at the relevant point of time.

What are the features and terms of the Life Insurance Cover offered in this plan?

Section 2

❖ Features of Life Insurance Plan

1. What are the premium paying modes available?

This is a Regular premium paying plan where the premium paying frequency is Yearly.

2. How much you need to pay?

Premium will depend on the life assured's age and the sum assured. A detailed rate chart is exhibited in the annexure at the end of this document.

3. What is the life cover under this plan?

The life cover is equal to the Sum Assured opted under the plan. However, you have the option to select your life cover as per your requirements.

Minimum life cover / sum assured	Rs. 3,00,000
Maximum life cover / sum assured	Rs. 15,00,000

*The life cover should be in multiples of Rs 1,00,000

1. What is the benefit payable in case of the life assured's demise?

In the event of the life assured's demise during the plan term, the nominee/appointee/legal heir will receive a lump sum amount equal to the sum assured.

2. What do you receive at the end of the plan term?

There is no maturity or survival benefit payable under this plan. This is a non-participating pure term insurance plan.

3. Your options if you miss paying premiums

Is there a grace period for missed premiums?

We provide you a grace period of 30 days. This period starts from the due date of each premium payment. All your plan benefits continue during this grace period. In case of death during the grace period we will pay the sum assured to the nominee/appointee/legal heir after deducting the due premium.

If you do not pay your premiums before the end of the grace period, your life cover ceases and your plan will lapse.

4. What are your options to revive the plan?

You can revive your plan within a specified period of two years from first unpaid premium, if you have been unable to pay premiums due to constraints by –

- Simply paying the pending premium amount without any interest
- Begin the regular payment of premiums

5. Are there any constraints to revive your plan?

Yes. You can revive your plan as long as you do it within two years from the due date of the first unpaid premium but before the maturity date. The revival is subject to satisfactory medical and financial requirements raised by the Company. The medical cost, if any to be borne by you.

6. Do you get any loan benefits under your plan?

No. Loan is not available under this plan.

7. What happens in case the life assured commits suicide?

There death benefit payable to the Nominee/ Appointee / Legal Heir, will be limited to 80% of the premium paid if the life assured commits suicide within 12 months from the date of risk commencement. This is irrespective of whether the life assured, was sane or insane at the time of death.

If the life assured commits suicide within 12 months from the date of revival/ re-instatement, the benefit payable will be equal to the higher of surrender value or 80% of total premium paid.

8. Can you surrender your plan?

No surrender value is payable under this plan.

What are the Tax Benefits?

Section 1

Relief under Sec 80D of Income Tax Act.

Insured Person is eligible for relief under Section 80-D of the IT Act in respect of the amount paid for Health Section by any mode other than cash.

Section 2:

Relief under Sec 80 C of Income Tax Act:

Tax deductions up to Rs 1,50,000/- on premiums paid under this plan as per section 80C of the Income Tax Act, 1961. Death benefits are also tax free under section 10 (10D) of the Income Tax Act, 1961. Please consult your financial advisor before investing.

Portability: (For Health section)

This policy is portable for Health benefits only and not applicable for Life Insurance benefit. If the insured is desirous of porting this policy to another Insurer towards renewal, application in the appropriate form should be made to the Company at least before 45 days from the date when the renewal is due.

Where the outcome of acceptance of portability is still waiting from the new insurer on the date of renewal, the existing policy will be extended on the request of the Insured person, for a period not less than one month on pro rata premium. Such extended cover will be cancelled only on the written request by the Insured Person, subject to a minimum pro rata premium for one month. If the Insured Person requests in writing to continue the policy with the Company without porting, it will be allowed by charging the regular premium with the same terms as per the expiring policy. In case of a claim made by the Insured person and admitted by the Company during such extension, the policy will be extended for the remaining period by charging the regular premium. Portability is not possible during the policy period. For details contact "portability@starhealth.in" or call Telephone No +91-044-28288869

When can a policy be cancelled?(For Health section)

The Company may cancel this policy on grounds of misrepresentation, fraud, moral hazard, non disclosure of material fact as declared in proposal form / at the time of claim, or non-co-operation by the insured person, by sending the insured 30 days notice by registered letter at the insured person's last known address and no refund of premium will be made. The insured may at any time cancel this policy and in such event the Company shall allow refund after retaining premium at Company's short period rate only (table given below) provided no claim has occurred up to the date of cancellation

PERIOD ON RISK	RATE OF PREMIUM TO BE RETAINED
Up to one month	1/3 rd of the annual premium
Up to three months	1/2 of the annual premium
Up to six months	3/4 th of the annual premium
Exceeding six months	full annual premium

❖ **Free Look Period (Applicable for both Health and Life Section) :** If the policyholder disagrees with the 'Terms and conditions' of the policy, the policy can be cancelled within 15 days from the date of receipt of the policy. In case Policyholder has bought this plan through distance marketing mode, he/she may cancel the Plan within 30 days from the date of receipt of the policy. However, the company reserves the right to deduct medical examination fees, cancellation fee*, stamp duty charges for issue of the policy and proportionate risk premium for the period concerned.

* Cancellation fee is not applicable for Pure Term Life Insurance Coverage

❖ **Withdrawal of tie-up :**

The tie-up between Star Health and Allied Insurance Company Ltd. and IndiaFirst Life Insurance Company Ltd may be withdrawn at any time with the prior approval of the Regulator. The insured will be intimated 90 days in advance about the withdrawal of tie-up. In such an event all policies issued will continue until renewal. Upon expiry the insured has the option of continuing with either of the Sections with the respective insurers. In so far as Health Section 1s concerned the continuity of benefits with reference to waiting periods stated will be available.

❖ **How to make a claim under the policy?**

Section 1:

Call the 24 hour help-line for assistance - **1800 425 2255 / 1800 102 4477**

Inform the ID number for easy reference

In case of planned hospitalization inform 24 hours prior to admission in the hospital

In case of emergency hospitalization information to be given within 24 hours after hospitalization

Cashless facility wherever possible

In non-network hospitals payment must be made up-front and then reimbursement will be effected on submission of documents

The claim under this section will be serviced and settled by Star Health and Allied Insurance Company Limited.

Section 2:

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

- Proof of Age of the Life Assured, if the Age of the Life Assured has not been admitted by us
- Claimant's statement and claim intimation report
- Death certificate issued by the local health and medical authority (only in case of death of the Life Assured)
- Copies of First Information Report, post mortem report, duly attested by the police (only in case of unnatural death of the Life Assured including accidental death etc.)
- Hospitalization documents including discharge summary, all investigation reports (only in case the Life Assured was treated for any illness related to the cause of death)
- Original Plan document
- A copy of photo-identity proof of the claimant and documents establishing the rights of claimant (e.g. driving license, PAN card, passport, Voter ID card etc.)
- Any other document or information that we may need for validating the claim and to process the claim

The death claim under this section will be serviced and settled by IndiaFirst Life Insurance Co. Ltd.

NOTE: The benefits and exclusions mentioned herein is only an outline of the policy. For complete details please contact our offices.

Section 45 of Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015:

This Plan is subject to the provisions of Section 45 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015 which states as follows:

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

Prohibition of rebates:

(Section 41 of the Insurance Act) 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 relation to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer.

Any person making default in complying with the provision of this section shall be liable for a penalty which may extend to ten lakh rupees.

For Health section:

Age (in years)	Sum Insured - Rs. 1 lakh					
	Plan					
	1A	1A+1C	1A+2C	2A	2A+1C	2A+2C
2-25	905	1,290	1,620	1,400	1,705	1,995
26-40	1,100	1,665	2,090	1,805	2,200	2,500
41-50	1,600	2,395	2,945	2,600	3,100	3,500
51-60	2,200	3,320	4,180	3,605	4,400	5,000
61-65	3,080	4,540	5,700	4,930	6,000	6,780
66-70	3,665	5,400	6,795	5,865	7,150	8,065
Above 70	4,290	6,320	7,955	6,865	8,370	9,440

* Tax Extra; A means Adult; C means Child; All options except 1A are on floater basis.

For Life Section: Premium for Female lives (Excluding Tax)

Age at entry	Sum Assured in Lakhs												
	3	4	5	6	7	8	9	10	11	12	13	14	15
18	1,170	1,560	1,950	2,340	2,730	3,120	3,510	3,360	1,496	1,632	1,768	1,904	2,040
19	1,170	1,560	1,950	2,340	2,730	3,120	3,510	3,360	1,496	1,632	1,768	1,904	2,040
20	1,170	1,560	1,950	2,340	2,730	3,120	3,510	3,360	1,496	1,632	1,768	1,904	2,040
21	1,170	1,560	1,950	2,340	2,730	3,120	3,510	3,360	1,496	1,632	1,768	1,904	2,040
22	1,179	1,572	1,965	2,358	2,751	3,144	3,537	3,389	1,528	1,667	1,806	1,944	2,083
23	1,185	1,580	1,975	2,370	2,765	3,160	3,555	3,412	1,553	1,694	1,835	1,976	2,117
24	1,191	1,588	1,985	2,382	2,779	3,176	3,573	3,429	1,572	1,715	1,858	2,001	2,143
25	1,194	1,592	1,990	2,388	2,786	3,184	3,582	3,442	1,587	1,731	1,875	2,019	2,164
26	1,197	1,596	1,995	2,394	2,793	3,192	3,591	3,453	1,599	1,744	1,890	2,035	2,180
27	1,200	1,600	2,000	2,400	2,800	3,200	3,600	3,464	1,610	1,756	1,903	2,049	2,195
28	1,206	1,608	2,010	2,412	2,814	3,216	3,618	3,474	1,622	1,769	1,916	2,064	2,211
29	1,209	1,612	2,015	2,418	2,821	3,224	3,627	3,487	1,635	1,784	1,933	2,081	2,230
30	1,212	1,616	2,020	2,424	2,828	3,232	3,636	3,503	1,653	1,803	1,953	2,104	2,254
31	1,218	1,624	2,030	2,436	2,842	3,248	3,654	3,523	1,675	1,827	1,980	2,132	2,284
32	1,227	1,636	2,045	2,454	2,863	3,272	3,681	3,549	1,703	1,858	2,013	2,168	2,323
33	1,236	1,648	2,060	2,472	2,884	3,296	3,708	3,581	1,739	1,897	2,055	2,213	2,371
34	1,248	1,664	2,080	2,496	2,912	3,328	3,744	3,621	1,783	1,945	2,107	2,269	2,431
35	1,263	1,684	2,105	2,526	2,947	3,368	3,789	3,669	1,836	2,002	2,169	2,336	2,503
36	1,281	1,708	2,135	2,562	2,989	3,416	3,843	3,726	1,899	2,071	2,244	2,416	2,589
37	1,302	1,736	2,170	2,604	3,038	3,472	3,906	3,794	1,973	2,152	2,332	2,511	2,690
38	1,323	1,764	2,205	2,646	3,087	3,528	3,969	3,872	2,059	2,247	2,434	2,621	2,808
39	1,737	2,316	2,895	3,474	4,053	4,632	5,211	2,094	2,304	2,513	2,723	2,932	3,142
40	1,770	2,360	2,950	3,540	4,130	4,720	5,310	2,201	2,421	2,641	2,861	3,081	3,301
41	1,806	2,408	3,010	3,612	4,214	4,816	5,418	2,323	2,555	2,787	3,020	3,252	3,484
42	1,848	2,464	3,080	3,696	4,312	4,928	5,544	2,464	2,710	2,956	3,203	3,449	3,696
43	1,899	2,532	3,165	3,798	4,431	5,064	5,697	2,626	2,889	3,152	3,414	3,677	3,940
44	1,956	2,608	3,260	3,912	4,564	5,216	5,868	2,814	3,096	3,377	3,658	3,940	4,221
45	2,022	2,696	3,370	4,044	4,718	5,392	6,066	3,030	3,333	3,636	3,939	4,242	4,545
46	2,097	2,796	3,495	4,194	4,893	5,592	6,291	3,286	3,614	3,943	4,271	4,600	4,928
47	2,181	2,908	3,635	4,362	5,089	5,816	6,543	3,573	3,930	4,287	4,644	5,002	5,359
48	2,280	3,040	3,800	4,560	5,320	6,080	6,840	3,898	4,287	4,677	5,067	5,457	5,847
49	3,009	4,012	5,015	6,018	7,021	8,024	9,027	4,466	4,913	5,359	5,806	6,252	6,699
50	3,129	4,172	5,215	6,258	7,301	8,344	9,387	4,865	5,352	5,838	6,325	6,811	7,298
51	3,261	4,348	5,435	6,522	7,609	8,696	9,783	5,310	5,841	6,372	6,903	7,435	7,966
52	3,402	4,536	5,670	6,804	7,938	9,072	10,206	5,780	6,358	6,936	7,514	8,092	8,670
53	3,552	4,736	5,920	7,104	8,288	9,472	10,656	6,276	6,903	7,531	8,159	8,786	9,414
54	3,708	4,944	6,180	7,416	8,652	9,888	11,124	6,795	7,474	8,154	8,833	9,513	10,192

For Life Section: Premium for Male lives (Excluding Tax)

Age at entry	Sum Assured in Lakhs												
	3	4	5	6	7	8	9	10	11	12	13	14	15
18	1,170	1,560	1,950	2,340	2,730	3,120	3,510	1,360	1,496	1,632	1,768	1,904	2,040
19	1,179	1,572	1,965	2,358	2,751	3,144	3,537	1,389	1,528	1,667	1,806	1,944	2,083
20	1,185	1,580	1,975	2,370	2,765	3,160	3,555	1,412	1,553	1,694	1,835	1,976	2,117
21	1,191	1,588	1,985	2,382	2,779	3,176	3,573	1,429	1,572	1,715	1,858	2,001	2,143
22	1,194	1,592	1,990	2,388	2,786	3,184	3,582	1,442	1,587	1,731	1,875	2,019	2,164
23	1,197	1,596	1,995	2,394	2,793	3,192	3,591	1,453	1,599	1,744	1,890	2,035	2,180
24	1,200	1,600	2,000	2,400	2,800	3,200	3,600	1,464	1,610	1,756	1,903	2,049	2,195
25	1,206	1,608	2,010	2,412	2,814	3,216	3,618	1,474	1,622	1,769	1,916	2,064	2,211
26	1,209	1,612	2,015	2,418	2,821	3,224	3,627	1,487	1,635	1,784	1,933	2,081	2,230
27	1,212	1,616	2,020	2,424	2,828	3,232	3,636	1,503	1,653	1,803	1,953	2,104	2,254
28	1,218	1,624	2,030	2,436	2,842	3,248	3,654	1,523	1,675	1,827	1,980	2,132	2,284
29	1,227	1,636	2,045	2,454	2,863	3,272	3,681	1,549	1,703	1,858	2,013	2,168	2,323
30	1,236	1,648	2,060	2,472	2,884	3,296	3,708	1,581	1,739	1,897	2,055	2,213	2,371
31	1,248	1,664	2,080	2,496	2,912	3,328	3,744	1,621	1,783	1,945	2,107	2,269	2,431
32	1,263	1,684	2,105	2,526	2,947	3,368	3,789	1,669	1,836	2,002	2,169	2,336	2,503
33	1,281	1,708	2,135	2,562	2,989	3,416	3,843	1,726	1,899	2,071	2,244	2,416	2,589
34	1,302	1,736	2,170	2,604	3,038	3,472	3,906	1,794	1,973	2,152	2,332	2,511	2,690
35	1,323	1,764	2,205	2,646	3,087	3,528	3,969	1,872	2,059	2,247	2,434	2,621	2,808
36	1,737	2,316	2,895	3,474	4,053	4,632	5,211	2,094	2,304	2,513	2,723	2,932	3,142
37	1,770	2,360	2,950	3,540	4,130	4,720	5,310	2,201	2,421	2,641	2,861	3,081	3,301
38	1,806	2,408	3,010	3,612	4,214	4,816	5,418	2,323	2,555	2,787	3,020	3,252	3,484
39	1,848	2,464	3,080	3,696	4,312	4,928	5,544	2,464	2,710	2,956	3,203	3,449	3,696
40	1,899	2,532	3,165	3,798	4,431	5,064	5,697	2,626	2,889	3,152	3,414	3,677	3,940
41	1,956	2,608	3,260	3,912	4,564	5,216	5,868	2,814	3,096	3,377	3,658	3,940	4,221
42	2,022	2,696	3,370	4,044	4,718	5,392	6,066	3,030	3,333	3,636	3,939	4,242	4,545
43	2,097	2,796	3,495	4,194	4,893	5,592	6,291	3,286	3,614	3,943	4,271	4,600	4,928
44	2,181	2,908	3,635	4,362	5,089	5,816	6,543	3,573	3,930	4,287	4,644	5,002	5,359
45	2,280	3,040	3,800	4,560	5,320	6,080	6,840	3,898	4,287	4,677	5,067	5,457	5,847
46	3,009	4,012	5,015	6,018	7,021	8,024	9,027	4,466	4,913	5,359	5,806	6,252	6,699
47	3,129	4,172	5,215	6,258	7,301	8,344	9,387	4,865	5,352	5,838	6,325	6,811	7,298
48	3,261	4,348	5,435	6,522	7,609	8,696	9,783	5,310	5,841	6,372	6,903	7,435	7,966
49	3,402	4,536	5,670	6,804	7,938	9,072	10,206	5,780	6,358	6,936	7,514	8,092	8,670
50	3,552	4,736	5,920	7,104	8,288	9,472	10,656	6,276	6,903	7,531	8,159	8,786	9,414
51	3,708	4,944	6,180	7,416	8,652	9,888	11,124	6,795	7,474	8,154	8,833	9,513	10,192
52	3,876	5,168	6,460	7,752	9,044	10,336	11,628	7,334	8,067	8,800	9,534	10,267	11,000
53	4,047	5,396	6,745	8,094	9,443	10,792	12,141	7,891	8,680	9,469	10,258	11,047	11,836
54	4,224	5,632	7,040	8,448	9,856	11,264	12,672	8,488	9,337	10,186	11,035	11,884	12,732
55	4,407	5,876	7,345	8,814	10,283	11,752	13,221	9,100	10,010	10,920	11,830	12,740	13,650

IMPORTANT

“IRDAI OR ITS OFFICIALS DO NOT INVOLVE IN ACTIVITIES LIKE SALE OF ANY KIND OF INSURANCE OR FINANCIAL PRODUCTS NOR INVEST PREMIUMS. IRDAI DOESNOT ANNOUNCE ANY BONUS. THOSE RECEIVING SUCH PHONE CALLS ARE REQUESTED TO LODGE A POLICE COMPLAINT ALONG WITH DETAILS OF PHONE CALL AND NUMBER”.



THIS PAGE IS LEFT BLANK INTENTIONALLY



THIS PAGE IS LEFT BLANK INTENTIONALLY

