

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

Isn't life full of certainties?



Your IndiaFirst Life Insurance Plan

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



PROMOTED BY



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

IndiaFirst Life Insurance Company Limited, IRDAI Regn No.143, CIN: U66010MH2008PLC183679, Address: 12th & 13th floor, North [C] Wing, Tower 4, Nesco IT Park, Nesco Center, Western Express Highway, Goregaon (East), Mumbai - 400 063. www.indiafirstlife.com, SMS <LIFE> to 5667735 SMS Charges apply. Toll free No - 1800 209 8700. Trade logo of promoters displayed above belongs to M/s Bank of Baroda and M/s Andhra Bank and used by IndiaFirst Life Insurance Co. Ltd. under license. Adv. Ref. No.: IndiaFirst New Corporate Benefit Plan for Leave Encashment/ Policy Document/E/002.

BEWARE OF SPURIOUS / FRAUD PHONE CALLS!

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

INDIAFIRST LIFE INSURANCE COMPANY LIMITED
12th & 13th floor, North [C] Wing, Tower 4, Nesco IT Park, Nesco Center, Western Express Highway,
Goregaon (East), Mumbai - 400 063.

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

09th April 2013

**IndiaFirst New Corporate Benefit Plan for Leave Encashment -UIN 143N022V02
(Participating, Non - Linked Plan)**

Dear Customer,

Congratulations! You are now a step closer to helping your employees secure their family's future and we are glad to be a part of this journey with you.

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

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

You the Master Policyholder / Member can return your policy document / certificate of insurance if you disagree with any of the terms and conditions within the first 15 days from receipt of your policy document / certificate of insurance, while stating your reasons for the same.

You are required to send us the original Policy document / Certificate of Insurance and a written request stating the reasons for cancellation, post which we will refund the monies directly to the respective account from where premiums/ contributions was received within 15 days of receipt of the request after deducting stamp duty paid and pro rata risk premium.

In case of any communication in respect of the policy; You may contact Us at IndiaFirst Life Insurance Company Ltd, 12th & 13th floor, North [C] Wing, Tower 4, Nesco IT Park, Nesco Center, Western Express Highway, Goregaon (East), Mumbai - 400 063. You can also write to Us at customer.first@indiafirstlife.com or contact us on 1800 209 8700.

Thank you once again for choosing IndiaFirst.

Yours truly,

Authorised Signatory



Insurance Intermediary Details

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

INDIAFIRST LIFE INSURANCE COMPANY LIMITED

12th & 13th floor, North [C] Wing, Tower 4, Nesco IT Park, Nesco Center, Western Express Highway,
Goregaon (East), Mumbai - 400 063.

Website: indiafirstlife.com. IRDA Registration No.: 143 Toll Free No.: 1800 209 8700
IndiaFirst New Corporate Benefit Plan UIN: 143N022V02 (Participating, Non - Linked Plan)

XXX _____ (hereinafter called the "Master Policyholder") have by a written Proposal Form dated _____ requested the IndiaFirst Life Insurance Company Limited (hereinafter called the "Insurer") to grant the benefits of Life Insurance Cover and deposit administration, under IndiaFirst New Corporate Benefit Plan for Leave Encashment and as per the Scheme Rules of the (.....name of the scheme.....) Scheme of the Master Policyholder (certified copy of which has been furnished to the Insurer by the Master Policyholder) to the Members whose names have been recorded in the Membership Register maintained by the Master Policyholder.

The Master Policyholder has also furnished to the Insurer statements containing the age and other details of each Member which have been completed and signed by the Master Policyholder on behalf of the Members for whose benefit the Policy hereunder is being effected. The Master Policyholder and the Insurer have accepted and agreed that the said Proposal Form, Trust Deed, certified copy of the Scheme Rules along with other statements signed by the Master Policyholder and reports or other documents leading to the issuance of this Policy shall be the basis of the contract of insurance. If any of the details of the Member contained in the statement signed by the Master Policyholder on behalf of the Member are incomplete, false or incorrect, coverage in respect of such Member under the Policy shall cancel the membership immediately by paying the surrender value, if any, subject to the fraud or misrepresentation being established by us in accordance with Section 45 of the Insurance Act, 1938.

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

Annexure A: Master Policy Schedule

| | |
|--|---|
| Product Name: IndiaFirst New Corporate Benefit Plan for Leave Encashment | Product UIN : 143N022V02 Policy (Participating, Non - Linked plan) |
| Policyholder Name: Address: | |
| Trustees Name | |
| Employer Name | |
| Master Policy No | |
| Type of Scheme | |
| Date of Commencement of the Policy | |
| Contribution Paid | |
| Current Policy Period | |
| Mode of Premium | |
| Total number of members covered | |

Consolidated Stamp Duty of Rs_____paid vide Mudrank Receipt No:_____dated_____

| | |
|-------------|-----|
| Agent Name | N.A |
| Agent Code | N.A |
| Broker Name | N.A |
| Contact No | N.A |
| E-mail ID | N.A |

Authorised Signatory

IndiaFirst Life Insurance Company Limited.

Date:

Place : Mumbai

Note: ON EXAMINATION OF THIS POLICY, if you notice any mistake, then, you may contact us for correction of the same. Please read the terms and conditions of this Policy carefully to understand the terms referred to in this Policy Schedule.

Part B

Definitions

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

| Word/ Expression | Meaning |
|----------------------------------|--|
| Age | The age of the Member as on his/her last birthday. |
| Application Form | The proposal form completed and signed by you, the Master Policyholder based on which we have issued this Policy. |
| Appointee | The person who receives the proceeds or the benefits under the Policy when the Nominee is less than 18 years of Age. |
| Annexure | Any Annexure attached to this Plan/Policy as amended/ revised from time to time |
| Charges | Any fee that may be levied by us from time to time under this Policy with the prior approval of the Regulatory Authority, if required. |
| Contribution / Premium | The Leave Encashment Contribution payable under this Policy as per Scheme rules. |
| Cover or Coverage | The Coverage of risk of the Member's unfortunate demise under the Scheme. |
| Date of Member Risk Commencement | The date from which the Death Benefit for a Member is activated under the Policy. |
| Death Benefit | The amount which is payable on the Member's unfortunate demise. |
| Financial Year | A period of 12 months, starting from 1st April every calendar year and ending on 31st March the following calendar year. Example: 1st April, 2013 to 31st March, 2014 is considered as one Financial Year. |
| Fund | The contributions under this Policy are invested as per non-linked Investment Regulations. The investment pattern of the fund is governed by the IRDA regulation on the controlled fund (Pension & General Annuity Fund) |
| Master Policyholder | Master Policyholder is the trustee or organization that effects this Policy for the benefit of its Members i.e. employees. The Master Policyholder holds the Master Policy. |
| Fund | Each specific and separate investment fund established, offered and managed by us as specified in the Plan. |
| Member | A new or existing employee associated with you, the Master Policyholder and who fulfils the eligibility criteria. The cover is on the Member's life. |
| Life Cover Premium | Life Cover Premium means the premium for securing the Death Benefit. |
| Nominee | The person nominated by the Member to receive the Death Benefit, through you the Master Policyholder. |
| Policy | The IndiaFirst New Corporate Benefit Plan for Leave Encashment. It is the entire insurance contract between the Master Policyholder and us. In this document, Plan will mean Policy and may be used interchangeably. |
| Commencement Date | The IndiaFirst Employee Benefit Plan. It is the entire insurance contract between Master Policyholder and us. In this document, Plan will mean Policy and may be used interchangeably |

| Word/ Expression | Meaning |
|--------------------------|---|
| Policy Schedule | The Schedule to this Plan attached as Annexure A |
| Regulations | The applicable laws as amended from time to time which are applicable to this Policy. |
| 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. |
| Scheme | The IndiaFirst New Corporate Benefit Plan for Leave Encashment, covering employees of the employer/ Master Policyholder or Members of an organized group. In this document, Policy will mean Scheme and may be used interchangeably. |
| Scheme Commencement Date | The date on which the Scheme starts as specified in the Policy Schedule. |
| Sum Assured | The life insurance Cover provided on each Member's life. |
| Surrender | Terminating or cancelling or withdrawing the Policy |
| We, Us or Our | IndiaFirst Life Insurance Company Limited. |
| You or Your | The Master Policyholder. |

Abbreviation

IRDA: Insurance Regulatory and Development Authority

Part C

1. Benefits under the Policy

1.1 Death Benefit

In case of death in service, the accumulated Leave Encashment Benefit will be payable to the nominee/ appointee/ legal heir as per the Scheme rules.

| Calculation of Death Benefit | |
|------------------------------|--|
| Death Benefit | In case of death in service, the accumulated Leave Encashment Benefit will be payable to the nominee/ appointee/legal heir as per the Scheme rules |
| Additional Death Benefit | This is equal to the fixed Sum Assured of Rs.5,000 per Member. |

The Life Cover ceases immediately on a Member leaving the Scheme.

1.2 Benefit payable on Retirement/ Resignations/ Early Termination

The lump sum Benefit payable from the Fund, on retirement/ resignation/ early termination of service is the accumulated Leave Encashment as per the Scheme rules. It will be paid as a lump sum to the Member through you, the Master Policyholder or can be paid directly to Members subject to prior authorization from you subject to availability of the fund in the scheme account.

There is a minimum guaranteed return of 0.5% per annum. This is guaranteed during the entire tenure of the Policy. Any additional returns over and above the minimum guaranteed return will be declared at the end of the financial year after adding guaranteed assured returns depending on the size of the fund through bonus. Bonus once declared and credited in the scheme account will be guaranteed and the account value will increase accordingly.

It may be nil, if the employee has served for less than five years (or depending on the Scheme rules). Your scheme rules will lay down the exact details of the benefits.

1.3 Benefit payable on Surrender

You can surrender the Policy at any time during the year. Surrender value should be determined by applying market value reduction if any to the account value. Market Value Reduction will also be applicable on Bulk Exit and complete surrender. If in any financial year the accumulated withdrawal amount is more than 25% of the fund at the beginning of that financial year then it will be considered as Bulk Exit. Market Value Reduction will be applicable on withdrawals over 25% of account value except in case of withdrawals due to death and retirement.

2. Rider Benefits

There are no riders available under this Policy.

2. Grace Period

Not applicable

Part D

4. Contribution/ Premiums Contribution/ Premium structure

This is a non linked participating Group Leave Encashment Plan. It enables you/ your trustees to secure your Member's Leave Encashment benefits by investing your Funds kept aside towards your Member's Leave Encashment benefits in a controlled Fund

Calculating the Contribution/ Premium

The Leave Encashment contribution payable under the Policy will be determined as per actuarial certificate and paid as per your Scheme rules. Additionally, the life cover premium will be charged at Re. 1 per 1000, per member per annum i.e. Rs. 5 and is same irrespective of the age and gender of the member

Discontinuance due to non payment of Contribution / Premium

Discontinuance of contribution can happen when the fund is over funded or in surplus as per Actuary's certificate submitted by you in accordance with the AS15 (Revised). In such cases, we will allow nil contributions/premiums under the Policy and the Policy shall not be treated as discontinued. Life cover premium shall be recovered on annual renewal date from the available account value to continue the cover. At any point of time if the fund value falls below life cover premium we will send a notice to you for payment of the contribution. In case you fail to contribute within 30 days from receipt of the notice then Policy terminates.

5. Reviving your Lapsed Policy

Not applicable

6. Free Look Period

You the Master Policyholder / Member can return this Policy document / Certificate of Insurance if you disagree with any of the terms and conditions of this Policy within the first 15 days from receipt of your Policy document / Certificate of Insurance. You are required to send us the original Policy document / Certificate of Insurance and a written request stating the reasons for cancellation, post which we will refund the monies directly to the respective account from where premiums/ contributions was received within 15 days of receipt of the request after stamp duty paid and pro rata risk premium.

6. Loan

No Loan available under this policy.

PART E

8. Charges

This is a Leave Encashment policy for members of a Group. There are no charges applicable under this policy.

PART F

9. Making a Claim

Steps to be followed while making a Claim

In order to process a claim under this Policy, we will need a written intimation about the claim, upon the death of the Member, wherever applicable. This is the first step towards processing your claim. The written intimation should also be accompanied with all the required documents as mentioned below

- Claim intimation Form duly filled and signed by Master policyholder.
- Letter from the Master Policyholder mentioning the amount of benefit required due to Death/ Resignation/ Retirement
- Death certificate issued under section 12/17 of registration of Births and Deaths Act 1969 (only in case of death of the Life Assured).
- Attested copy of Pan card of the Master policyholder
- Attested copy of Bank pass book or Cancelled cheque of the Master policyholder.

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

10. Suicide Exclusion

Suicide exclusion is not applicable under this policy.

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

A Leaflet containing the provisions of Section 39 is enclosed as an Annexure for reference.

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

A Leaflet containing the provisions of Section 38 is enclosed as an Annexure for reference

13. Change of Address

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

14. Disclosures

Misrepresentation/Fraudulent Disclosures: shall be governed as per Section 45 of Insurance Act, 1938 as amended from time to time. A Leaflet containing the provisions of Section 45 is enclosed as an Annexure for reference

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

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

15. Force Majeure

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

16. Governing Law and Jurisdiction

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

16. Governing Law and Jurisdiction

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

16. Governing Law and Jurisdiction

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

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

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

PART G

18. Insurance Cover Ceases/ Ends

There is an insurance Coverage under this Policy. As long as your account value is more than life cover premium, the Policy will continue.

Your Member benefit ceases immediately on the happening of any of the following -

- Member attaining retirement age
- Member's demise
- Termination of employment with the employer
- Resignation of the employee/ Member
- Termination of our contract with you
- Membership ceases due to any reason
- Surrendering the Policy

19. Grievance Redressal

You may contact us in case of any grievance or complaints at any of our branches or at Customer Care, IndiaFirst Life Insurance Company Ltd, 12th & 13th floor, North [C] Wing, Tower 4, Nesco IT Park, Nesco Center, Western Express Highway, Goregaon (East), Mumbai - 400 063, Contact No.: 1800 209 8700, Email id: customer.first@indiafirstlife.com.

a. A written communication giving reasons of either redressing or rejecting the grievance will be sent to you within 15(Fifteen) days from the date of receipt of the grievance. In case We don't receive a revert from You within 8 weeks from the date of Your receipt of Our response, We will treat the complaint as closed.

b. However, if you are not satisfied with our resolution provided or have not received any response within 15 (Fifteen) days, then, you may approach our Grievance Officer at any of our branches or you may write to our Grievance Redressal Officer at grievance.redressal@indiafirstlife.com.

An acknowledgment to all such grievances received will be sent within 3 (Three) working days of receipt of the grievance.

c. If you are not satisfied with the response or do not receive a response from us within 15 days, you may approach the Grievance Cell of the Insurance Regulatory and Development Authority of India (IRDAI) on the following contact details:

IRDAI Grievance Call Centre (IGCC) TOLL FREE NO: 155255

Email ID: complaints@irda.gov.in

You can also register your complaint online at

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

Address for communication for complaints by fax/paper:

Consumer Affairs Department

Insurance Regulatory and Development Authority of India

Sy. No. 115/1, Financial District

Nanakramguda, Gachibowli

Hyderabad - 500032, Telangana

IRDAI TOLL FREE NO: 18004254732

Insurance Ombudsman

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

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

- non issuance of insurance policy after receipt of premium in life insurance and general insurance including health insurance; and

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

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

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

List of Ombudsmen

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

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



Twins or
a single child,
parenthood
is a certainty

Arranged or love,
marriage
is a certainty.



Because life is full
of certainties.



Customer Care

☎ 1800-209-8700

✉ customer.first@indiafirstlife.com



Voluntary or
compulsory,
retirement
is a certainty.

Graduation or
post-graduation,
education
is a certainty.

