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Disclaimer: IndiaFirst Life Insurance Company Limited, IRDAI Regn No.143, CIN: U66010MH2008PLC183679, Address: 12th & 13th floor, North [C] Wing, Tower 4, Nesco IT Park, Nesco Center, Western Express Highway, Goregaon (East), Mumbai - 400 063. Toll free No - 18002098700. IndiaFirst Life Insurance Company Limited is only the name of the Life Insurance Company and IndiaFirst Life Group Micro Insurance Plan is the policy and does not in any way indicate the quality of the contract, its future prospects, or returns. For more details on risk factors and terms and conditions, please read the sales brochure carefully before concluding the sale. IndiaFirst Life Group Micro Insurance Plan (UIN 143N053V01). The trade logo mentioned herein above belongs to IndiaFirst Life Insurance Co Ltd. Advt. Ref. No.: IndiaFirst Life Micro Bachat Plan/Policy Document/ E/ 001.

BEWARE OF SPURIOUS / FRAUD PHONE CALLS

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

PART A

INDIAFIRST LIFE INSURANCE COMPANY LIMITED

Regd. & Corporate Office: 12th & 13th Floor, North [C] Wing, Tower 4, NESCO IT Park,
Nesco Center, Western Express Highway, Goregaon (East), Mumbai - 400063.

To,
XXXX XXXX
Address 1,
Address 2.
Pin code - xxx xxx

DD/MM/YYYY

IndiaFirst Life Group Micro Insurance Plan - UIN: 143N053V01
(A Non-Linked Non-Participating Group Micro Life Insurance Plan)

Dear Customer,
Congratulations!

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

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

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

You 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 for all channels except Distance Marketing or electronic mode where it is 30 days from receipt of Your Policy Document / Certificate of Insurance, while stating your reasons for the same. We will refund Your premium within 15 days of receipt of the request after deducting the pro rata risk premium, stamp duty and medical cost if any.

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 group.service@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 Group Micro Insurance Plan
A Non-Linked Non-Participating Group Micro Life Insurance Plan
UIN [143N053V01]

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

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

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

Signed by and on behalf of

IndiaFirst Life Insurance Company Limited

Authorised Signatory



Annexure A - Policy Schedule

I. Master Policyholder Details

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

II. Policy Details

Company Name:	IndiaFirst Life Insurance Company Limited
Product Name:	IndiaFirst Life Group Micro Insurance Plan
UIN:	143N053V01
Policy Commencement Date:	DD MM YY
Scheme Type	<< Compulsory/ Voluntary>>
Cover Type	<<OYRGTA/ Long Term Credit Life>>
Sum Assured Type	<<Reducing Sum Assured / Level Sum Assured>>
Premium Payment Type	<<OYRGTA/ Single / Limited / Regular>>
Premium Payment Frequency	<< Annual/ Half-Yearly/ Quarterly/ Monthly>>
Eligibility Conditions	Minimum age at Entry: 14 years Maximum age at Entry: 69 years Maximum age at Maturity: 70 years
Joint Life Coverage	<<Applicable/ Not Applicable>>
Coverage Option	<< Life Cover>> << Life Cover + Accidental Total Permanent Disability (ATPD)>> <<Life Cover + Critical Illness (CI)>> <<Life Cover + Accidental Total Permanent Disability (ATPD) + Critical Illness (CI)>>

III. Insurance Distributor Details

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

IV. Special Conditions

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The stamp duty of INR_____ (Rupees in words only) paid by pay order, vide receipt no._____ dated _____, Government Notification Revenue and Forest Department No. Mudrank 2004/415/CR/690/M-1, dated 31.12.2004

Note: ON EXAMINATION OF THIS POLICY, if you, the Master Policyholder notice any mistake, then, you may contact us for correction of the same.

PART B

Definitions

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

Word	Meaning
Age	The Member's Age as on his/her last birthday.
Accident	"Accident" shall mean an event or contiguous series of events, which are violent, unforeseen, involuntary, external and visible in nature, which causes Bodily Injury.
Annexure	Any annexure, endorsement attached to this Policy as changed/ modified and issued by Us from time to time.
Annualized Premium	An amount which is payable in a Policy Year, excluding Extra Premium, rider premium, loadings for modal premiums and applicable taxes, cesses or levies, if any.
Appointee	The person appointed by You to receive the benefits under this Policy, if the Nominee is less than 18 (Eighteen) years of Age.
Assignment	Assignment is the process through which a Member can assign the rights and benefits under the policy to any other person / entity by virtue of the assignment clause under section 38 of the Insurance Act, 1938 as amended from time to time.
Beneficiary	Beneficiary means the Nominee/Legal Heir/Assignee specified by the Member as the Beneficiary under the Policy or a person directed by the Court of competent jurisdiction.
Certificate of Insurance	A document stating the benefits payable to the Member and other details pertaining to the Coverage of the Member under the Scheme
Cover	The coverage of risk of death / total permanent disability due to an accident / critical illness
Cover Commencement Date	The date on which the Coverage starts for Member as mentioned in Certificate of Insurance
Cover Ceasing Date	The date on which the Coverage ends for Member as mentioned in Certificate of Insurance
Cover Schedule	A schedule specific to each individual Member which shows the amount of Sum Assured which may vary from month to month starting from the Cover Commencement Date. This is a part of Certificate of Insurance.
Critical Illness	The Critical Illnesses covered under this policy are mentioned below in the Section "Definitions with disease specific exclusions of Critical Illness (CI)" of PART B.
Death Benefit	The benefit payable on death of the Member, as specified in the Certificate of Insurance.
Distance Marketing	Distance Marketing includes every activity of solicitation (including lead generation) and sale of insurance products through the following modes: (i) Voice mode, which includes telephone-calling; (ii) Short Messaging service (SMS); (iii) Electronic mode which includes e-mail, internet and interactive television (DTH); (iv) Physical mode which includes direct postal mail and newspaper & magazine inserts; and, (v) Solicitation through any means of communication other than in person
Extra Premium	An additional amount payable by you, which is determined by Us in accordance with our board approved underwriting policy. This is determined on the basis of information provided by You in the Proposal Form or on the basis of any other information submitted to Us or through medical examination of the member subject to Your consent.
Free Look Period	A period of 15 days (30 days if the policy is sourced through distance marketing or electronic mode) from the date of receipt of the Policy, during this period you can return the policy if you disagree to any of the terms and conditions of your policy.
Grace Period	A period of 30 (Thirty) days from the due date for payment of Premium for yearly, half yearly and quarterly Premium Payment frequency and 15 (Fifteen) days for monthly Premium payment frequency. During this period the policy will be considered to be in-force.
Income Tax Act	Income Tax Act, 1961, as amended from time to time
Installment Premium	An amount that You pay Us during the Premium Paying Term at regular intervals for securing the benefits under this Policy.

Word	Meaning
Insurance Act	Insurance Act, 1938 and as amended from time to time
Lapse	Non-payment of premium within the expiry of grace period.
Level Cover	The cover type where Sum Assured remains same throughout the term of the cover as per Certificate of Insurance. Single, Limited and Regular premium payment options are available under this cover. Level cover would be applicable to either loan account holder or other Members of the Master Policyholder
Limited Premium	The premium payable by the Member at regular intervals for a specified term that is less than the Cover Term according to the amounts and frequency specified in the Certificate of Insurance.
Master Policyholder	Master Policyholder is the trustee or organization that effects this Plan for the benefit of its Members. The Master Policyholder holds the Master Policy.
Maturity Benefit	There is no Maturity Benefit applicable under this policy.
Member	Member (Life Assured) means the person or persons who meets the eligibility criteria specified in the Scheme Rules and whose name has been recorded under the Scheme as a Member effective from the Entry Date after due approval from the Company and on whose life the Life Insurance Cover under this Policy has been effected.
Nomination	Nomination is the process of nominating a person who is named as "Nominee" in the Member proposal form or subsequently included/changed with a revised Certificate of Insurance. This is as per Section 39 of the Insurance Act, 1938 as amended from time to time.
Nominee	Nominee is the person nominated by the Member under this Policy who is authorized to receive the claim benefit payable under this Policy and to give a valid discharge to the Company on settlement of the claim
Policy	The IndiaFirst Life Group Micro Insurance Plan opted by the Master Policyholder
Policy Anniversary	The annual anniversary of the Policy Commencement Date.
Policy Commencement Date	The date on which this Policy is issued by Us. This is specified in the Policy Schedule.
Policy Schedule	The schedule attached to this Policy as Annexure A and if we have issued a revised Policy Schedule, then, such revised Policy Schedule.
Policy Year	A period of 12 (Twelve) consecutive months starting from the Policy Commencement Date and ending on the day immediately preceding its annual anniversary and each subsequent period of 12 (Twelve) consecutive months thereafter during the Cover Term.
Premium	An amount that You pay Us either as Single Premium or as Limited Premium or as Regular Premium for securing the benefits under this Policy.
Premium Paying Term	The number of years, during which You or your Member(s) will pay Premium as specified in the Certificate of Insurance. This may or may not be equal to the Cover Term.
Proposal Form	The proposal form completed and submitted by You based on which We have issued this Policy to You.
Reducing Cover	The cover type where Sum Assured decreases over the term of the Policy, as per initial cover schedule mentioned in Certificate of Insurance. Single and limited premium payment options are available under this cover. The reducing cover (at Member level) will be the cover outstanding as on the monthiversary immediately preceding the date of occurrence of the covered event.
Regular Premium	The amount which is payable by you during the Cover Term at regular intervals as specified in the Policy Schedule.
Regulatory Authority	The Insurance Regulatory and Development Authority of India or such other authority or authorities, as may be designated/ appointed under the applicable laws and regulations as having the authority to oversee and regulate life insurance business in India.
Regulated Entities	Regulated Entities shall mean to include - 1.1 Reserve Bank of India (RBI) Regulated Scheduled Commercial Banks (including Co-operative Banks). 1.2 NBFCs having Certificate of Registration from RBI. 1.3 National Housing Bank (NHB) Regulated Housing Finance Companies. 1.4 National Minority Development Finance Corporation (NMDFC) and its State Channelizing Agencies. 1.5 Small Finance Banks regulated by RBI 1.6 Mutually Aided Cooperative Societies formed and registered under the applicable State Act concerning such Societies. 1.7 Microfinance companies registered under section 8 of the Companies Act, 2013. 1.8 Any other category as approved by the Authority.

Word	Meaning
Revival	Revival is the process of restoring the benefits under the cover which are otherwise not available due to the nonpayment of premiums on due dates, resulting in the Insurance cover getting lapsed
Revival Period	The period of 5 (Five) consecutive years from the date of first nonpayment of premium during which you can pay the due unpaid Premiums without any interest to us and comply with the conditions specified in Part D, as the case may be for reviving the Insurance Cover.
Scheme	The IndiaFirst Life Group Micro Insurance Plan, covering members of the Master Policyholder. In this document, Policy will mean Scheme and may be used interchangeably.
Single Premium	This is a one-time premium to enjoy the benefits of the Scheme for the Cover Term as specified in the Certificate of Insurance.
Surrender / Termination	Terminating or cancelling or withdrawing the Policy prior to the expiry of the Cover Term
We or Us or our or Insurer or Company	IndiaFirst Life Insurance Company Limited.
You or Your	The Master Policyholder
Definitions	
Medical Practitioner	<p>A medical practitioner is a person who holds a valid registration from the medical council of any state or Medical council of India or Council for Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction and is acting within the scope and jurisdiction of license.</p> <p>The Medical Practitioner / Specialist Medical Practitioner are independent of the Insurance Company.</p> <p>Such Independent Medical Practitioner shall not include: The Member's Spouse, Father (including step father) or Mother (including step mother), Son (including step son), Son's wife, Daughter, Daughter's husband, Brother (including step brother) and Sister (including step sister) or member under this policy</p>
Pre-Existing disease	<p>Pre-Existing disease is defined as any condition, ailment, injury or disease:</p> <ol style="list-style-type: none"> That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy or its reinstatement A condition for which any symptoms and or signs if presented and have resulted within three months of the issuance of the policy in a diagnostic illness or medical condition
Definition of Accidental Total Permanent Disability (ATPD) are given below. Details of the benefits are provided in Part C	
Accidental Total Permanent Disability (ATPD)	<p>"Total and Permanent Disability" refers to a disability, which:</p> <ol style="list-style-type: none"> is caused by Bodily Injury resulting from an accident, and occurs due to the said bodily injury, directly and independently of any other causes, and occurs within 180 days of the occurrence of such accident irrespective of the expiry of Cover Term provided date of accident is within the Cover Term <p>For the purposes of this benefit, The loss of both arms, or of both legs, or of one arm and one leg, or of both eyes, shall be considered total and permanent disability, without prejudice to other causes of total and permanent disability.</p> <p>"Loss of an arm or a leg" shall mean physical severance of the arm at or above the wrist or physical severance of the leg at or above the ankle which:</p> <ol style="list-style-type: none"> is caused by bodily injury resulting from an accident, and occurs due to the said bodily injury, directly and independently of any other causes, and occurs within 180 days of the occurrence of such accident irrespective of the expiry of Cover Term provided date of accident is within the Cover Term. <p>"Loss of an eye" shall mean total and irrevocable loss of sight of an eye which:</p> <ol style="list-style-type: none"> is caused by bodily injury resulting from an accident, and occurs due to the said bodily injury, directly and independently of any other causes, and occurs within 180 days of the occurrence of such accident irrespective of the expiry of Cover Term provided date of accident is within the Cover Term.

Word	Meaning
Definitions with disease specific exclusions of Critical Illness (CI) are given below. Details of the benefits are provided in Part C	
Cancer of Specified Severity	<p>I. A malignant tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukemia, lymphoma and sarcoma.</p> <p>II. The following are excluded –</p> <ul style="list-style-type: none"> i. All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -2 and CIN-3. ii. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond; iii. Malignant melanoma that has not caused invasion beyond the epidermis; iv. All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0 v. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below; vi. Chronic lymphocytic leukaemia less than Rai stage 3 vii. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification, viii. All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;
Open Chest CABG	<p>I. The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breast bone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist.</p> <p>II. The following are excluded: Angioplasty and/or any other intra-arterial procedures</p>
(First Heart Attack of specific severity)	<p>Myocardial Infarction</p> <p>I. The first occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria:</p> <ul style="list-style-type: none"> i. A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. typical chest pain) ii. New characteristic electrocardiogram changes iii. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers. <p>II. The following are excluded:</p> <ul style="list-style-type: none"> i. Other acute Coronary Syndromes ii. Any type of angina pectoris iii. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure
Stroke resulting in Permanent symptoms	<p>I. Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extracranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.</p> <p>II. The following are excluded:</p> <ul style="list-style-type: none"> i. Transient ischemic attacks (TIA) ii. Traumatic injury of the brain iii. Vascular disease affecting only the eye or optic nerve or vestibular functions
Kidney Failure requiring regular dialysis	<p>I. End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (haemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner</p>

PART C

1. Benefits under the policy

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

1.1 Risk Cover Benefit

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

The benefit shall be payable as under:

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

Please Note -

Regulated Entities shall mean to include:

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

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

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

Maturity benefit will be payable on survival up to the end of policy term provided the policy is in force and fully paid-up. Maturity benefit is Guaranteed Sum Assured at Maturity plus accrued simple reversionary bonus, if any plus terminal bonus, if any.

Where Guaranteed Sum Assured at Maturity is the sum assured chosen by the policyholder at inception of the policy.

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

Note:

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

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

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

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

1.1.2 Joint Life

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

Options available to joint borrowers

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

	First claim basis (100% of Loan)	Loan share percentage
Extent of cover	<ul style="list-style-type: none"> Each of the joint borrowers is insured for 100 per cent of the outstanding loan amount. 	<ul style="list-style-type: none"> Each of the joint borrowers is insured up to his/her share of the loan as mentioned in the membership form
Any one or both the borrower's demise or total permanent disability due to an accident or first diagnosis of the covered critical illness	<ul style="list-style-type: none"> In the unfortunate event of either or both of the two borrower's simultaneous demise or accidental total permanent disability or first diagnosis of any of the covered critical illness, the benefit is paid to the Member/ Nominee/ Appointee/ Legal Heir, through You, the Master Policyholder In case of death or accidental total permanent disability or first diagnosis of any of the covered critical illness of one of the borrowers the cover for the other borrower ceases immediately. 	<ul style="list-style-type: none"> In the unfortunate event of either or both of the two borrower's simultaneous demise or accidental total permanent disability or first diagnosis of any of the covered critical illness, the benefit is paid to the Member/ Nominee/ Appointee/ Legal Heir, through You, the Master Policyholder – up to the affected borrower's share In case of death or accidental total permanent disability or first diagnosis of any of the covered critical illness of one of the borrowers the cover for the other borrower continues.

1.2 Maturity benefit

No maturity benefit will be payable under this policy.

2. Paid-Up benefits

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

3. Surrender / Termination Benefit

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

Surrender value is applicable for single Premium option and surrender / termination value is applicable for limited Premium option. There is no surrender / termination value under regular premium option.

There is no surrender/ termination value applicable if Policy is surrendered within 12 Policy months from Cover Commencement Date. Surrender value will only be paid if Policy is surrendered after completion of 12 Policy months i.e 13th Policy month onwards.

The surrender / termination value is calculated as -

	Reducing Cover	Level Cover
Regular premium	Not applicable	No surrender / termination value is payable
Limited premium - Termination/ Surrender Value	$50\% \times \text{Premiums Paid} \times \{1 - M/P\} \times \{ \text{Current SA} / \text{Original SA} \} \times \text{X}$ (Premiums Paid/ Total Premiums payable under the policy) Where M = Elapsed months since inception & P = Cover term in months; SA is Sum Assured	$50\% \times \text{Premiums Paid} \times \{1 - M/P\} \times \text{X}$ (Premiums Paid/ Total Premiums payable under the policy) Where M = Elapsed months since inception & P = Cover term in months
Single premium - Surrender Value	$50\% \times \text{Single Premium} \times \{1 - M/P\} \times \{ \text{Current SA} / \text{Original SA} \} \times \text{X}$ Where M = Elapsed months since inception & P = Cover term in months; SA = Sum Assured	$50\% \times \text{Single Premium} \times \{1 - M/P\} \times \text{X}$ Where M = Elapsed months since inception & P = Cover term in months

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

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

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

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

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

4. Grace Period

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

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

5. Premium Payment

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

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

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

The Premiums should be paid on or before the due dates to avoid any lapsation. Under regular and limited premium paying policies, You are provided a Grace Period of 15 days under monthly mode and 30 days for other premium payment modes, in case You miss Your due premium on the due dates.

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

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

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

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

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

PART D

6. Options in the plan

6.1 Multiple Loans

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

7. Reviving your Lapsed Policy

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

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

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

8. 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 within the first 15 days for all channels except Distance Marketing or electronic mode where it is 30 days from receipt of your Policy Document / Certificate of Insurance. You are required to send us the Policy Document / Certificate of Insurance and a written request stating the reasons for cancellation, post which we will refund your Premium within 15 days of receipt of the request after deducting the pro rata risk Premium, stamp duty and charges for medical examination, if any.

9. Loan

No Loan available under this policy.

PART E

10. Charges

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

PART F

11. Making a Claim

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

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

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

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

Documents required for Death Claim:

Incase of natural death

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

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

Incase of un natural death

1. Proof of Age of the Life Assured, if the Age of the life assured has not been admitted by us.
2. Claimant's statement and claim intimation report duly filled and signed by claimant/nominee.

3. Death certificate issued under section 12/17 of registration of Births and Deaths Act 1969 (only in case of death of the Life Assured).
4. Loan Application form & Loan a/c statement
5. Member Form
6. Certificate of Insurance (Inforced, issued at the inception / renewal whichever is applicable).
7. Credit Account Statement with declaration duly filled by the Master Policyholder certifying the accuracy of the statement
8. Copies of Medico Legal Certificate, First Information Report, Panchnama, Inquest report and post mortem report, duly attested by the police (only in case of Accident leading to unnatural death or Permanent Disability of the Life Assured)).
9. Self-attested copy of photo-identity proof and address of the Nominee/Claimant (e.g. driving license, PAN card, passport, Voter ID card etc.)
10. Self-attested copy of bank pass book of Nominee/ Claimant along with cancelled cheque.

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

Documents required for Accidental Total Permanent Disability Claim:

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

Documents required for Critical Illness Claims:

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

10. Specific documents listed under the respective critical illness
Any other document or information that we may need to process the claim depending on the cause or nature of the claim. All copies to be self-attested by the Master Policy Holder

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

1. Authorisation Letter
2. Credit Account Statement

13. Exclusions

A. Suicide Exclusion

For Long Term Group Credit Life type policies:

In case of death due to suicide within 12 months from the date of commencement of risk under the policy or from the date of revival of the policy, as applicable, the nominee or beneficiary of the policyholder shall be entitled to at least 80% of the total premiums paid till the date of death or the surrender value available as on the date of death whichever is higher, provided the policy is in force.

For OYRGTA policies:

In case of death due to suicide within 12 months from the date of commencement of risk for a new member, the nominee or beneficiary of the policyholder shall be entitled to at least 80% of the total premiums paid till the date of death or the surrender value available as on the date of death whichever is higher, provided the policy is in force.

B. Exclusions for Accidental Total Permanent Disability Benefit:

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

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

Where External Congenital Anomaly means a condition, which is visible and accessible parts of the body and

present since birth, and which is abnormal with reference to form, structure or position.

8. Engaging in or taking part in professional sport(s) or any hazardous pursuits, including but not limited to, diving or riding or any kind of race; underwater activities involving the use of breathing apparatus or not; martial arts; hunting; mountaineering; parachuting; bungee-jumping;
9. Nuclear Contamination; the radio-active, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature;
10. If full disclosure is given by the members and that particular members fall under any of the exclusion stated above at the time of sale then the policy will not be offered to such members.

C. Exclusions for Critical Illness benefit:

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

1. Pre-Existing disease (refer PART B for details)
2. Intentional self-inflicted injury, attempted suicide while sane or insane.
3. Alcohol or Solvent abuse or taking of Drugs, narcotics or psychotropic substances unless taken in accordance with the lawful directions and prescription of a registered medical practitioner.
4. War, invasion, act of foreign enemy, hostilities (whether war be declared or not), armed or unarmed truce, civil war, mutiny, rebellion, revolution, insurrection, military or usurped power, riot or civil commotion, strikes.
5. Taking part in any naval, military or air force operation during peace time.
6. Participation by the insured person in any flying activity, except as a bona fide, fare-paying passenger, pilot, air crew of a recognized airline on regular routes and on a scheduled timetable
7. Participation by the insured person in a criminal or unlawful act with a criminal intent.
8. Engaging in or taking part in professional sport(s) or any hazardous pursuits, including but not limited to, diving or riding or any kind of race; underwater activities involving the use of breathing apparatus or not; martial arts; hunting; mountaineering; parachuting; bungee-jumping.
9. Disability due to post-traumatic stress disorder, chronic fatigue, chronic pain, and fibromyalgia are excluded
10. Any external congenital anomaly. Where External Congenital Anomaly means a condition, which is visible and accessible parts of the body and present since birth, and which is abnormal with reference to form, structure or position.
11. Nuclear Contamination; the radioactive, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature.

12. Nomination

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

- (1) The holder of a policy of life insurance on his own life may, when effecting the policy or at any time before the policy matures for payment, nominate the person or persons to whom the money secured by the policy shall be paid in the event of his death:

Provided that, where any nominee is a minor, it shall be lawful for the policyholder to appoint any person in the manner laid down by the insurer, to receive the money secured by the policy in the event of his death during the minority of the nominee.

- (2) Any such nomination in order to be effectual shall, unless it is incorporated in the text of the policy itself, be made by an endorsement on the policy communicated to the insurer and registered by him in the records relating to the policy and any such nomination may at any time before the policy matures for payment be cancelled or changed by an endorsement or a further endorsement or a will, as the case may be, but unless notice in writing of any such cancellation or change has been delivered to the insurer, the insurer shall not be liable for any payment under the policy made bona fide by him to a nominee mentioned in the text of the policy or registered in records of the insurer.

- (3) The insurer shall furnish to the policyholder a written acknowledgement of having registered a nomination or a cancellation or change thereof, and may charge such fee as may be specified by regulations for registering such cancellation or change.

- (4) A transfer or assignment of a policy made in accordance with section 38 shall automatically cancel a nomination:

Provided that the assignment of a policy to the insurer who bears the risk on the policy at the time of the assignment, in consideration of a loan granted by that insurer on the security of the policy within its surrender value, or its reassignment on repayment of the loan shall not cancel a nomination, but shall affect the rights of the nominee only to the extent of the insurer's interest in the policy:

Provided further that the transfer or assignment of a policy, whether wholly or in part, in consideration of a loan advanced by the transferee or assignee to the policyholder, shall not cancel the nomination but shall affect the rights of the nominee only to the extent of the interest of the transferee or assignee, as the case may be, in the policy:

Provided also that the nomination, which has been automatically cancelled consequent upon the transfer or assignment, the same nomination shall stand automatically revived when the policy is reassigned by the assignee or retransferred by the transferee in favour of the policyholder on repayment of loan other than on a security of policy to the insurer.

- (5) Where the policy matures for payment during the lifetime of the person whose life is insured or where the nominee or, if there are more nominees than one, all the nominees die before the policy matures for payment, the amount secured by the policy shall be payable to the policyholder or his heirs or legal representatives or the holder of a succession certificate, as the case may be.

- (6) Where the nominee or if there are more nominees than one, a nominee or nominees survive the person whose life is insured, the amount secured by the policy shall be payable to such survivor or survivors.

- (7) Subject to the other provisions of this section, where the holder of a policy of insurance on his own life nominates his parents, or his spouse, or his children, or his spouse and children, or any of them, the nominee or nominees shall be beneficially entitled to the amount payable by the insurer to him or them under sub-section (6) unless it is proved that the holder of the policy, having regard to the nature of his title to the policy, could not have conferred any such beneficial title on the nominee.

- (8) Subject as aforesaid, where the nominee, or if there are more nominees than one, a nominee or nominees, to whom sub-section (7) applies, die after the person whose life is insured but before the amount secured by the policy is paid, the amount secured by the policy, or so much of the amount secured by the policy as represents the share of the nominee or nominees so dying (as the case may be), shall be payable to the heirs or legal representatives of the nominee or nominees or the holder of a succession certificate, as the case may be, and they shall be beneficially entitled to such amount.

- (9) Nothing in sub-sections (7) and (8) shall operate to destroy or impede the right of any creditor to be paid out of the proceeds of any policy of life insurance.

- (10) The provisions of sub-sections (7) and (8) shall apply to all policies of life insurance maturing for payment after the commencement of the Insurance Laws (Amendment) Act, 2015.

- (11) Where a policyholder dies after the maturity of the policy but the proceeds and benefit of his policy has not been made to him because of his death, in such a case, his nominee shall be entitled to the proceeds and benefit of his policy.

- (12) The provisions of this section shall not apply to any policy of life insurance to which section 6 of the Married Women's Property Act, 1874, applies or has at any time applied:

Provided that where a nomination made whether before or after the commencement of the Insurance Laws (Amendment) Act, 2015, in favour of the wife of the person who has insured his life or of his wife and children or any of them is expressed, whether or not on the face of the policy, as being made under this section, the said section 6 shall be deemed not to apply or not to have applied to the policy.

16. Assignment

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

- (1) A transfer or assignment of a policy of insurance, wholly or in part, whether with or without consideration, may be made only by an endorsement upon the policy itself or by a separate instrument, signed in either case by the transferor or by the assignor or his duly authorised agent and attested by at least one witness, specifically setting forth the fact of transfer or assignment and the reasons thereof, the antecedents of the assignee and the terms on which the assignment is made.
- (2) An insurer may, accept the transfer or assignment, or decline to act upon any endorsement made under sub-section (1), where it has sufficient reason to believe that such transfer or assignment is not bona fide or is not in the interest of the policyholder or in public interest or is for the purpose of trading of insurance policy.
- (3) The insurer shall, before refusing to act upon the endorsement, record in writing the reasons for such refusal and communicate the same to the policyholder not later than thirty days from the date of the policyholder giving notice of such transfer or assignment.
- (4) Any person aggrieved by the decision of an insurer to decline to act upon such transfer or assignment may within a period of thirty days from the date of receipt of the communication from the insurer containing reasons for such refusal, prefer a claim to the Authority.
- (5) Subject to the provisions in sub-section (2), the transfer or assignment shall be complete and effectual upon the execution of such endorsement or instrument duly attested but except, where the transfer or assignment is in favour of the insurer, shall not be operative as against an insurer, and shall not confer upon the transferee or assignee, or his legal representative, any right to sue for the amount of such policy or the moneys secured thereby until a notice in writing of the transfer or assignment and either the said endorsement or instrument itself or a copy thereof certified to be correct by both transferor and transferee or their duly authorised agents have been delivered to the insurer:
 Provided that where the insurer maintains one or more places of business in India, such notice shall be delivered only at the place where the policy is being serviced.
- (6) The date on which the notice referred to in sub-section (5) is delivered to the insurer shall regulate the priority of all claims under a transfer or assignment as between persons interested in the policy; and where there is more than one instrument of transfer or assignment the priority of the claims under such instruments shall be governed by the order in which the notices referred to in sub-section (5) are delivered:
 Provided that if any dispute as to priority of payment arises as between assignees, the dispute shall be referred to the Authority.
- (7) Upon the receipt of the notice referred to in sub-section (5), the insurer shall record the fact of such transfer or assignment together with the date thereof and the name of the transferee or the assignee and shall, on the request of the person by whom the notice was given, or of the transferee or assignee, on payment of such fee as may be specified by the regulations, grant a written acknowledgement of the receipt of such notice; and any such acknowledgement shall be conclusive evidence against the insurer that he has duly received the notice to which such acknowledgement relates.
- (8) Subject to the terms and conditions of the transfer or assignment, the insurer shall, from the date of the receipt of the notice referred to in sub-section (5), recognize the transferee or assignee named in the notice as the absolute transferee or assignee entitled to benefit under the policy, and such person shall be subject to all liabilities and equities to which the transferor or assignor was subject at the date of the transfer or assignment and may institute any proceedings in relation to the policy, obtain a loan under the policy or surrender the policy without obtaining the consent of the transferor or assignor or making him a party to such proceedings.
 Explanation- Except where the endorsement referred to in sub-section (1) expressly indicates that the assignment or transfer is conditional in terms of subsection (10) hereunder, every assignment or transfer shall be deemed to be an absolute assignment or transfer and the assignee or transferee, as the case may be, shall be deemed to be the absolute assignee or transferee respectively.
- (9) Any rights and remedies of an assignee or transferee of a policy of life insurance under an assignment or transfer effected prior to the commencement of the Insurance Laws (Amendment) Act, 2015 shall not be affected by the provisions of this section.
- (10) Notwithstanding any law or custom having the force of law to the contrary, an assignment in favour of a person made upon the condition that—
 (a) the proceeds under the policy shall become payable to the policyholder or the nominee or nominees in the event of either the assignee or transferee predeceasing the insured; or
 (b) the insured surviving the term of the policy, shall be valid:
 Provided that a conditional assignee shall not be entitled to obtain a loan on the policy or surrender a policy.
- (11) In the case of the partial assignment or transfer of a policy of insurance under sub-section (1), the liability of the insurer shall be limited to the amount secured by partial assignment or transfer and such policyholder shall not be entitled to further assign or transfer the residual amount payable under the same policy.

16. Insurance Cover Ceases/ Ends/ Terminates

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

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

17. Change of Address

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

18. Disclosures

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

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

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

20. Force Majeure

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

21. Governing Law and Jurisdiction

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

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

Policy Servicing TAT's	
Surrender / Termination	15 Days
Freelook Cancellation	15 Days
Request for Refund of Proposal Deposit	15 days
Refund of outstanding proposal deposit	15 days
Maturity/Survival/Death Claims	
Raising claim requirements after lodging the Death claim	15 Days
Death claim decision without investigation requirement	30 Days
Death claim decision with Investigation requirement	120 Days

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

23. Inspection of Books & Records

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

PART G

24. Grievance Redressal

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

- a. A written communication giving reasons of either redressing or rejecting the grievance will be sent to you within 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 the nearest IndiaFirst Life Insurance's branch or you may write to our Grievance Redressal Officer at grievance.redressal@indiafirstlife.com.

An acknowledgment to all such grievances received will be sent 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, Telangana- 500032

IRDAI TOLL FREE NO: 18004254732

Insurance Ombudsman

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

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

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

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

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

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>	



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