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PROMOTED BY



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

Disclaimers: IndiaFirst Life Insurance Company Limited, IRDAI Regn No.143, CIN: U66010MH2008PLC183679, Address: 12th & 13th floor, North [C] Wing, Tower 4, Nesco IT Park, Nesco Center, Western Express Highway, Goregaon (East), Mumbai - 400 063. www.indiafirstlife.com, SMS <LIFE> to 5667735 SMS Charges apply. Toll free No - 1800 209 8700. Trade logo displayed above belongs to our promoters M/s Bank of Baroda and M/s Union Bank of India and are used by IndiaFirst Life Insurance Co. Ltd under License. Adv. Ref. No. : IndiaFirst Life Group Living Benefits 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.
IRDAI Regn No. 143. CIN: U66010MH2008PLC183679.

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

DD/MM/YYYY

IndiaFirst Life Group Living Benefits Plan - UIN: 143N040V01

(A Non-Linked, Non-Participating, Group Fixed Benefit Health 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 Living Benefits Plan
(A Non-Linked, Non-Participating, Group Fixed Benefit Health Insurance Plan)
UIN [143N040V01]

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 Living Benefits 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 other supporting 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 Scheme	

II. Policy Details

Company Name	IndiaFirst Life Insurance Company Limited	
Product Name:	IndiaFirst Life Group Living Benefits Plan	
UIN:	143N040V01	
Scheme Type	<< Compulsory/ Voluntary>>	
Group Type	Individual Members / Family Floater (only in case of DHCB)	
Policy Commencement Date:		
Policy Period:	<<12 months>>	
Coverage Option	<<Chosen options to be displayed>> <ul style="list-style-type: none"> ▪ Daily Hospitalization Cash Benefit (DHCB) ▪ Broken Bones Cover ▪ Disability Cover (Accidental Total Permanent Disability (ATPD) & Accidental Permanent Partial Disability (APPD)) ▪ Cancer Cover ▪ Vector Borne Diseases Cover ▪ Coronavirus Cover 	
Sum Insured (in INR):	Cover Option	Sum Insured (in Rs.)
	Daily Hospital Cash Benefit (DHCB)	
	Broken Bones Cover	
	Disability Cover	
	Cancer Cover	
	Vector Borne Diseases Cover	
	Coronavirus Cover	
	Total	
Premium (in INR):	Cover Option	Premium (in Rs.)
	Daily Hospital Cash Benefit (DHCB)	
	Broken Bones Cover	
	Disability Cover	
	Cancer Cover	
	Vector Borne Diseases Cover	
	Coronavirus Cover	
	Total	
Premium Payment Frequency:	<<Yearly/ Half Yearly/ Quarterly/ Monthly>>	
Eligibility Conditions:	<<Minimum age at Entry:18 years (as on last birthday), 91 days for child (only allowed in DHCB option)>> <<Maximum age at Entry:65 years (as on last birthday), 24 years (as on last birthday) for child (only allowed in DHCB option)>> <<Maximum cover ceasing age: 80 years, 66 years (as on last birthday) for Cancer Cover and Coronavirus Cover >>	

III. Insurance Distributor Details

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

IV. Special Conditions

NIL	
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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 notice any mistake, then, you may contact us for correction of the same. The Premium payable under this Policy may differ on the basis of the Extra Premiums, if any, the Premium payment mode chosen by you and the applicable Modal Factor. Please read the terms and conditions of this Policy carefully to understand the terms referred to in this Policy Schedule.

PART B

Definitions

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

Word	Meaning
Age	Age of the member as at the last birthday on the Policy Commencement Date and on any subsequent Policy Anniversary.
Annexure	Any annexure, endorsement attached to this Policy as changed/ modified and issued by us from time to time.
Annualized Premium	An amount which is payable in a Policy Year, 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.
Beneficiary	Beneficiary means the Nominee/Legal Heir/Assignee specified by the Member 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.
Claimant	Claimant means either the Life Insured or the Policyholder or the Nominee or the legal heir of the Nominee/Policyholder as the case may be.
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.
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	Grace period means the specified period of time immediately following the premium due date during which a payment can be made to continue a policy. If a valid claim has occurred during grace period, then the chosen benefit will be paid after deducting due premium. 15 days of grace period will be allowed under monthly premium mode and 30 days for all other premium modes. In case of renewal of the policy 30 days grace period is allowed by the Master policyholder/member in force without loss of continuity benefits such as waiting periods. If a claim has occurred during this grace period (i.e the grace period between previous policy end date and renewal policy commencement date), then the chosen benefit will not be paid.
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.
Insurance Act	Insurance Act, 1938 and as amended from time to time.
Lapse	Non-payment of premium within the expiry of grace period.
Master Policyholder	Master Policyholder is the trustee or organization that effects this Policy for the benefit of its Members. The Master Policyholder holds the Master Policy.
Medical Practitioner	Medical Practitioner means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within its scope and jurisdiction of license. The Medical practitioner should not be i. the policyholder/insured person himself/herself; or ii. an authorized insurance intermediary (or related persons) involved with selling or servicing the insurance contract in question; or iii. employed by or under contractual engagement with the insurance company; related to the policyholder/insured person by blood or marriage

Word	Meaning	
Modal Factor	A factor used by us for calculating the Premium payable by You under this Policy, if you have opted to pay the Premium through half yearly Premium payment mode or quarterly Premium payment mode or monthly Premium payment mode.	
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.	
Pre-Existing Disease	Pre-Existing disease is defined as any condition, ailment, injury or disease: a. That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement b. 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 issued by the insurer or its reinstatement The above pre-existing exclusion is not under permanent exclusion. Hence, after completion of 48 months from date of issuance or reinstatement, as the case may be, pre-existing exclusion clause will not be applicable.	
Policy	The IndiaFirst Life Group Living Benefits Plan which includes this Policy wording (as may be changed/ modified by us subject to receipt of prior approval of the Regulatory Authority, from time to time), the Proposal Form, Annexures, the Policy Schedule, any tables, information and documents which form a part of this Policy. This Policy includes the entire contract of insurance between you and us.	
Policy Commencement Date	The date on which this Policy is issued by us. This is specified in the Policy Schedule.	
Policy Period	The period as chosen by the Master Policyholder/ Member during which the cover under this policy is applicable.	
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.	
Premium	An amount that you pay us either as Single Premium or as Regular Premiums for securing the benefits under this Policy.	
Proposal Form	The proposal form completed and submitted by you based on which we have issued this Policy to you.	
Risk Commencement Date	The date on which the insurance coverage starts under this Policy. This is specified in the Policy Schedule.	
Regulatory Authority	The Insurance Regulatory and Development Authority of India or such other authority or authorities, as may be designated/ appointed under the applicable laws and regulations as having the authority to oversee and regulate life insurance business in India.	
Revival	Revival/ reinstatement is the process of restoring the benefits under the Policy which are otherwise not available due to the nonpayment of premiums on due dates, resulting in the Policy getting lapsed. Revival is not available under this policy.	
Waiting Period	No claims would be admitted within the initial waiting period as specified below from the date of commencement of risk. Waiting period under different cover options is applicable as follows:	
	Cover Option/ Event	Waiting Period (in days)
	Daily Hospitalization Cash Benefit (DHCB)	30 (not applicable on hospitalization due to accident)
	Broken Bones Cover	Not Applicable
	Disability Cover	Not Applicable
	Cancer Cover	180
	Vector Borne Diseases Cover	30
	Coronavirus Cover	15
Waiting Period is not applicable from second policy period onwards in case of continuous renewal of the policy.		
We or us or our or Insurer or Company	IndiaFirst Life Insurance Company Limited.	

Word	Meaning
You or your or Policyholder or Proposer	The person named as the Policyholder in the Policy Schedule, who has taken this Policy from us.
Definitions for Daily Hospitalization Cash Benefit	
You or your or Policyholder or Proposer	The person named as the Policyholder in the Policy Schedule, who has taken this Policy from us.
Plan option specific Definitions - Details of the benefits are provided in Part C	
Family Floater	<p>Family Floater option is available only for DHCB.</p> <p>The member can include his /her legally wedded spouse, dependent unemployed children between 91 days to the age of 24 years (as on last birthday), unmarried daughters including divorcee and widowed daughters. The maximum number of persons to be covered under the family floater option will be 4 including the member and the combinations possible are:</p> <ol style="list-style-type: none"> 1) 1 Adult(A) + 1 Child(C) 2) 1A + 2C 3) 2A + 1C 4) 2A + 2C 5) 2A <p>DHCB chosen will be applicable for all the members covered in the family.</p>
Hospital	<p>A hospital means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under Clinical Establishments (Registration and Regulation) Act 2010 or under enactments specified under the Schedule of Section 56(1) and the said act Or complies with all minimum criteria as under:</p> <ol style="list-style-type: none"> i) has qualified nursing staff under its employment round the clock; ii) has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places; iii) has qualified medical practitioner(s) in charge round the clock; iv) has a fully equipped operation theatre of its own where surgical procedures are carried out; v) maintains daily records of patients and makes these accessible to the insurance company's authorized personnel;
Hospitalization	Hospitalization means admission in a Hospital for a minimum period of 24 consecutive 'In-patient Care' hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.
Inpatient Care	Inpatient care means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.
Intensive Care Unit	Intensive care unit means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated Medical Practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.
Quarantine	Quarantine shall mean isolation which is prescribed by the Central or the State Government or local authority; and in a place arranged and approved as a Quarantine centre by the Central or State Government or Local Authority
Definitions for Disability Cover	
Accident	An accident is a sudden, unforeseen and involuntary event caused by external and visible means
Injury	Injury means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a Medical Practitioner

Word	Meaning
Medical Practitioner	<p>Medical Practitioner means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within its scope and jurisdiction of license. The Medical practitioner should not be</p> <ol style="list-style-type: none"> i. the policyholder/insured person himself/herself; or ii. an authorized insurance intermediary (or related persons) involved with selling or servicing the insurance contract in question; or iii. employed by or under contractual engagement with the insurance company; iv. related to the policyholder/insured person by blood or marriage
Total and Permanent Disability	<p>Total and Permanent Disability should occur within 90 days of the accident independent of any other causes from the date of the Accident. IndiaFirst Life will have the right to evaluate the insured to confirm total and permanent disability.</p> <p>Loss of use of limbs or visual loss As a result of accidental bodily injury the Life Insured has suffered</p> <ul style="list-style-type: none"> ▪ Loss of the use of both limbs; or ▪ Loss of the sight in both eyes (Blindness); or ▪ Loss of the use of one limb and the sight of one eye <p>The loss of a limb means the physical separation of two or more limbs, at or above the wrist or ankle level limbs as a result of injury. This will include medically necessary amputation necessitated by injury. The separation has to be permanent without any chance of surgical correction. Loss of a limb resulting directly or indirectly from self-inflicted injury, alcohol or drug abuse is excluded. The loss of use of the particular limb must be certified by a relevant Medical Practitioner and documented for an uninterrupted period of at least six months.</p> <ol style="list-style-type: none"> 1. The total loss of vision in one eye means total, permanent and irreversible loss of all vision in an eye as a result of accident. 2. Loss of sight in both eyes - (Blindness) evidenced by: <ol style="list-style-type: none"> I. Total, permanent and irreversible loss of all vision in both eyes as a result of accident <ol style="list-style-type: none"> i. corrected visual acuity being 3/60 or less in both eyes or; ii. the field of vision being less than 10 degrees in both eyes II. The diagnosis of blindness or the total loss of vision in one eye must be confirmed and must not be correctable by aids or surgical procedure <p>Loss of independent living Permanent Loss of ability through an injury caused solely by an accident, to do at least 3 of the 6 tasks listed below ever again. Total and Permanent Disability should occur within Ninety 90 days of the accident independent of any other causes. For the purpose of this benefit, the word "permanent" shall mean beyond the scope of recovery with current medical knowledge and technology. The insured person must need the help or supervision of another person and be unable to perform the task on their own, even with the use of special equipment routinely available to help and having taken any appropriate prescribed medication. Loss of independent living must be medically documented for an uninterrupted period of at least six months.</p> <p>The tasks are:</p> <ol style="list-style-type: none"> i. Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means; ii. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances; iii. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa; iv. Mobility: the ability to move indoors from room to room on level surfaces v. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene; vi. Feeding: the ability to feed oneself once food has been prepared and made available <p>Proof of the same must be submitted to the Insurer while the Person Insured is alive and permanently disabled. The relevant specialist Medical Practitioner and the Insurer's appointed Medical Practitioner, both must reasonably expect that the disability will last throughout life with no prospect of improvement, irrespective of when the cover ends. The Insurer will have the right to evaluate the insured person to confirm total and permanent disability.</p>

Word	Meaning
Accidental Permanent Partial Disability	<p>A member shall be regarded as being partially & permanently disabled, only if that life, as a result of an accident is subject to the following Permanent Partial Disabilities:</p> <ul style="list-style-type: none"> - Loss of sight in one eye: Total, permanent and irreversible loss of all vision in an eye as a result of accident. it is evidenced by: <ul style="list-style-type: none"> i. corrected visual acuity being 3/60 or less in the affected eye or ; ii. the field of vision being less than 10 degrees in the affected eye. The diagnosis of loss of sight must be confirmed and must not be correctable by aids or surgical procedure - Loss of Hearing: Total and irreversible loss of hearing in both ears as a result of accident. This diagnosis must be supported by pure tone audiogram test and certified by an Ear, Nose and Throat (ENT) specialist. Total means “the loss of hearing to the extent that the loss is greater than 90decibels across all frequencies of hearing” in both ears. - Loss of Speech: Total and irrecoverable loss of the ability to speak as a result of injury to the vocal cords. The inability to speak must be established for a continuous period of 12 months. This diagnosis must be supported by medical evidence furnished by an Ear, Nose, Throat (ENT) specialist. All psychiatric related causes are excluded. - Loss of hand or foot: The physical separation of hand or foot at or above the wrist or ankle level limbs as a result of injury. This will include medically necessary amputation necessitated by injury. The separation has to be permanent without any chance of surgical correction. <p>In order for opted benefit to be payable under APPD, such disability must have persisted for a period of at least 180 days and must in opinion of a specialized medical practitioner, appointed by the company, be deemed permanent. If the Partial & Permanent Disability is due to accident/injury, then claim needs to be admitted within 90 days of accident/injury. However, if there is valid reason of late claim reporting then same may be verified on case to case basis and will honour the claim accordingly. In case of physical severance of the hand at or above the wrist or foot at or above the ankle joint the 180 days deferment period shall not be applicable.</p>
Definitions for Cancer Cover	
Early Stage Cancer	<p>Early Stage Cancer shall mean the presence of one of the following malignant conditions:</p> <ul style="list-style-type: none"> ▪ Prostrate tumour histologically described as TNM Classification T1a or T1b or T1c or of another equivalent or lesser classification. ▪ Chronic Lymphocytic Leukaemia classified as RAI Stage I or II; ▪ Hodgkin’s Lymphoma Stage I ▪ Papillary Carcinoma of the thyroid histologically classified as T1aNOM0/T1bNOM0 according to the TNM classification. The benefit will be paid only when total thyroidectomy is performed to treat this condition. <p>The diagnosis must be established by histopathological evidence and confirmed by a Pathologist. Pre-malignant lesions and conditions, unless listed above, are excluded</p>
Advanced Stage Cancer	<p>Advanced stage cancer means all Stage IV malignant tumour with the presence of distant metastasis. A spread to lymph nodes only is not covered under this definition. The diagnosis of malignancy must be confirmed by histological evidence.</p>
Definitions for Vector Borne Diseases Cover	
Malaria	<p>Malaria which is confirmed by a medical practitioner with confirmatory tests indicating presence of Plasmodium falciparum/ vivax/ malaria in the his/her blood by laboratory examination countersigned by a pathologist/microbiologist in peripheral blood smear or positive rapid diagnostic test (antigen detection test).</p>
Dengue	<p>Dengue Fever which is confirmed by Medical Practitioner along with laboratory examinations results countersigned by a Pathologist/microbiologist indicating 1. Decreasing platelet levels- less than 100,000 cells/mm³; and 2. Immunoglobulins /Polymerase Chain Reaction (PCR) test showing positive results for Dengue 3. Concurrent to the above two conditions the final diagnosis should be confirmed as Dengue Fever</p>
Filariasis	<p>Filariasis commonly known as elephantiasis must be confirmed by a Medical Practitioner with laboratory examination with presence of microfilariae in a blood smear by microscopic examination and along with any two of the following Clear and visible manifestation of the disease: 1. lymphoedema, 2. elephantiasis and 3. scrotal swelling 4. Concurrent to the above three conditions the final diagnosis should be confirmed as Filariasis. If the Insured Person is already infected with Filariasis prior to first Policy inception then this benefit will not be extended for lifetime 2. Once the Sum Insured is paid for any Insured Person, no other claim for this particular condition shall be paid to the Insured Person in his/her entire lifetime.</p>

Word	Meaning
Kala Azar	Kala Azar with the diagnosis of Visceral Leishmaniosis, also known as kala-azar which is characterized by irregular bouts of fever, substantial weight loss, swelling of the spleen and liver and anaemia and same must be confirmed by a Medical Practitioner by parasite demonstration in bone marrow/spleen/lymph node aspiration or in culture medium as the confirmatory diagnosis or positive serological tests for kala azar indicating presence of this disease
Japanese Encephalitis	Japanese Encephalitis is characterized by rapid onset of high fever, headache, neck stiffness, disorientation, coma, seizures, spastic paralysis and same must be confirmed by a Medical Practitioner by positive serological test for Japanese Encephalitis by immunoglobulin M (IgM) antibody capture ELISA (MAC ELISA) for serum and cerebrospinal fluid (CSF).
Chikungunya	Chikungunya is characterized by an abrupt onset of fever with Joint pain. Other common signs and symptoms include muscle pain, headache, nausea, fatigue and rash and same must be confirmed by a Medical Practitioner and by Serological tests, such as enzyme-linked immunosorbent assays (ELISA), confirming the presence of IgM and IgG anti-chikungunya antibodies.

PART C

1. Benefits under the policy

1.1 Daily Hospitalization Cash Benefit

- If the life insured is Hospitalized during the policy term, for a minimum period of 24 'In-patient Care' hours then Daily Hospital Cash Benefit (DHCB) as selected at inception, will be payable irrespective of the actual hospitalization expenses incurred. The DHCB will be paid for each complete day (i.e. 24 hours) of such a hospitalization.
- On hospitalization for a minimum period of 24 'In-patient Care' hours in Intensive Care Unit (ICU) twice the DHCB amount as selected at inception will be payable per day.
- The member can avail this benefit for maximum 60 days during the policy year after which the cover will cease till renewal of the policy.
- Other than hospitalization due to accident there is a waiting period of 30 days from the member risk commencement date for eligibility of DHCB.
- The Member can opt for the Family Floater option available only for DHCB. The chosen Sum Insured will be applicable for all the members covered in the family. Such family members will be covered for maximum 60 days during the year after which the cover will cease till renewal of the policy. Refer PART-B for more details.
- Sum Insured will be reinstated in full at the beginning of next policy commencement date irrespective of the member having claimed the hospital cash benefit or not in the previous policy period. Waiting Period is not applicable from second policy period onwards in case of continuous renewal of the cover.

1.2 Benefits of Broken Bones Cover

- In case of any kind of accidental bodily injury resulting in any kind of fracture (hand, leg, etc.) sum insured under this cover option, as chosen at inception of policy is payable.
- The sum insured will be payable for maximum of two times during the policy year.
- The benefit payable on first claim will be 50% of sum insured and the remaining will be paid if claimed for the second time during the policy term.
- Sum Insured will be reinstated in full at the beginning of next policy commencement date irrespective of the member having claimed the benefit in the previous policy period.

1.3 Benefits of Disability Cover

The Disability Cover will include Accidental Total Permanent Disability (ATPD) as well as Accidental Permanent Partial Disability (APPD). The Master Policyholder may choose one of the benefit options.

The benefit will be payable, if the member is totally and permanently disabled as a result of an accident during the cover period or as Accidental Permanent Partial Disability (APPD), ie if the member is partially and permanently disabled as a result of an accident during the cover period, as chosen by the policyholder at the inception of policy.

- For ATPD, the master policyholder/member can choose disability benefit upto 125% of sum insured selected under this cover option, and for APPD the master policyholder/member can choose disability benefit upto 100% of sum insured selected under this cover option.
- The disability benefit will be payable only once during the policy year.

1.4 Benefits of Cancer Cover

- On diagnosis of early stage of cancer, 20% of sum insured under this cover option, chosen at inception of policy is payable and remaining 80% is payable on advanced stage during the policy term.

- If cancer is detected at advanced stage, then 100% of sum insured chosen is payable.
- There is a waiting period of 180 days from the member risk commencement date for eligibility of the benefit i.e. no benefit will be payable for diagnosis during this period.
- This benefit can be claimed only once and hence will terminate on payment of 100% of sum insured or policy term whichever is earlier.

1.5 Benefits of Vector Borne Diseases Cover

- On diagnosis of Malaria, Dengue, Filariasis, Kala-azar, Japanese Encephalitis or Chikungunya, sum insured as chosen at inception of policy under this cover option, is payable.
- The sum insured will be payable for maximum of two times during the policy year.
- The benefit payable on first claim will be 50% of sum insured and the remaining will be paid if claimed for the second time during the policy term.
- Sum Insured will be reinstated in full at the beginning of next policy commencement date irrespective of the member having claimed the benefit in the previous policy period.

1.6 Benefits of Coronavirus Cover

- On positive diagnosis of COVID-19 or SARS-COV-2 and being quarantined in the Government authorised Centers or hospitals specific to Coronavirus, Sum Insured applicable under this option shall be payable to the member. Member shall have the choice of opting the coverage details as per their requirement.
- The sum insured will be payable for maximum of two times during the policy year.
- The benefit payable on first claim will be 50% of sum insured and the remaining will be paid if claimed for the second time during the policy term.
- Sum Insured will be reinstated in full at the beginning of next policy commencement date irrespective of the member having claimed the benefit in the previous policy period
- Currently no benefit will be payable in case of home quarantine on positive diagnosis of COVID-19 or SARS-CoV-2. In future if home quarantine on positive diagnosis of COVID-19 or SARS-CoV-2 is prescribed and approved as a Quarantine centre by the Central or the State Government or Local Authority then applicable benefit as mentioned above will be payable.

Master Policyholder / Member / Family members can choose any one of the above options or combination of options at inception of cover commencement. If combination of options is chosen, then MPH/ member will need to select separate Sum Insureds for all selected benefit options, as per applicable benefit option limits.

Please note that the benefits under "Broken Bones Cover" and "Disability Cover" are payable independently on happening of the incidents covered subsequent to accident".

The Master Policyholder may be any of the following:

- Employees of any organization and/or micro Finance institution;
- Any associations, where the members represent a particular profession/trade/domestic worker/Anganwadi workers;
- Any Government Agencies;
- Any Co-operative Societies;
- Parents of School/College Students as members;
- Any other groups as may be approved by the Authority from time to time.

1.2 Death Benefit

No death benefit will be payable under this policy. If death occurs before registering the claim for any benefit eligible then the same will be paid as per the option chosen to the nominee/ appointee/ legal heir (as the case may be).

1.3 Maturity benefit

No maturity benefit will be payable under any of the coverage options in this policy.

2. Paid-Up benefits

No Paid-Up benefits will be payable under any of the coverage options under this policy.

3. Surrender Benefit

No surrender benefit will be payable under this policy. In case of surrender of group policy within the policy period, the individual member of the group on such surrendered group shall get an option to continue the policy as an individual policy till their coverage is terminated as per Certificate of Insurance.

4. Grace Period

Grace period means the specified period of time immediately following the premium due date during which a payment can be made to continue a policy. If a valid claim has occurred during grace period, then the chosen benefit will be paid after deducting due premium. 15 days of grace period will be allowed under monthly premium mode and 30 days for all other premium modes.

In case of renewal of the policy 30 days grace period is allowed by the Master policyholder/member in force without loss of continuity benefits such as waiting periods. If a claim has occurred during this grace period, then the chosen benefit will not be paid.

5. Premium Payment

Regular Premiums can be paid to us either by monthly/ quarterly/ half yearly/ yearly payment mode, as selected by you. 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. The Premiums should be paid on or before the due dates to avoid any lapsation. Grace period terms and conditions will be applicable under Regular premium payment options.

In case, the Master Policyholder(MPH) has collected the premium from the member before the completion of grace period and has not remitted the same to us (due to any reason), we will continue to provide coverage to that member if the member can prove that he/she had paid the premium and secured a proper receipt leading the member to believe that he/she was duly insured.

PART D

6. Reviving your Lapsed Policy

Revival/ reinstatement is not applicable under this policy. This is a yearly renewable group fixed benefit health policy.

7. 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 (if any), stamp duty and charges for medical examination, if any.

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.

8. Loan

No Loan available under this policy.

PART E

9. Charges

This is a Non-Linked, Non-Participating, Group Fixed Benefit Health Insurance Plan. There are no charges applicable under this Policy.

PART F

10. 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.

The Master Policyholder/ Member may submit the claims documents at any of our branches or at Claims Department, 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: health.first@indiafirstlife.com.

The claimant should intimate the Company within 60 days from the claim event. If the claim is not notified to us within the time period specified above, then we shall be provided with reasons for the delay. We shall condone such delay on merits where the delay has been proved to be for genuine reasons beyond the claimant's control.

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 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.

Documents required for Daily Hospitalization Cash Benefit claim:

1. Completely filled & signed claim intimation form along with the Copy of the Certificate of Insurance for the member.
2. True Copy attested by the treating hospital authority of Discharger Summary specifying the Date and Time of Admission and of Discharge, diagnosis, treatment given during the hospitalization.
3. True Copies attested by the treating hospital authority of the Final Hospital Bill along with the investigation reports.
4. In the case hospitalization arises due to an accident, copy of First Information Report, Post Mortem Report & Panchnama, duly attested by police officials or medico-legal certificate.
5. Copy of Life Insured's Photo ID Proof and Age Proof.
6. Copy of a personalized cheque or first page of the bank passbook with printed Name, Account Number and IFSC, of the personal savings bank account of the Life Insured.

Documents required for claim under Broken Bones and Disability Cover:

1. Completely filled & signed claim intimation form along with the Copy of the Certificate of Insurance for the member.
2. Disability certificate signed & issued by the civil surgeon
3. Discharge Card / Indoor consultation paper from the hospital along with the investigation reports confirming the diagnosis.
4. In case disability due to accident, copy of Medico-Legal Certificate (MLC) / First Information Report (FIR) duly attested by police officials.
5. Life Insured's photo, current address proof & photo ID proof
6. Life Insured's copy of bank passbook / statement with bank account details

Documents required for claim under Cancer Cover:

1. Completely filled & signed claim intimation form along with the Copy of the Certificate of Insurance for the member.

2. Health declaration form
3. Medical Certificate and Investigation Reports confirming the diagnosis of Cancer
4. A self-attested copy of the First Consultation Letter for the condition along with Follow-up Consultations leading to the diagnosis. Discharge Card / Indoor consultation paper from the hospital along with the investigation reports confirming the diagnosis.
5. Life Insured's photo, current address proof & photo ID proof
6. Life Insured's copy of bank passbook / statement with bank account details

Documents required for claim under Coronavirus Cover/ Vector Borne Diseases Cover:

1. Completely filled & signed claim intimation form along with the Copy of the Certificate of Insurance for the member.
2. True copy of the investigation report confirming the diagnosis of Coronavirus/ Vector Borne Disease
3. Copy of Life Insured's Photo ID Proof and Age Proof.
4. Copy of a personalized cheque or first page of the bank passbook with printed Name, Account Number and IFSC, of the personal savings bank account of the Life Insured.

Any other document or information that we may need to process the claim depending on the cause or nature of the claim such as but not limited to - Copies of Consultation Letter or Referral Letter leading to the Hospitalization claimed for, attested copies of Indoor Treatment Sheets of the Hospitalization, additional certificate by the Treating Consultant on the need for hospitalization, Diagnosis or Treatment Given or the Course in Hospital, alternate age proof of the Insured, certificate from the hospital confirming the hospital registration details, number of beds.

All copies to be self-attested by the Insured Member.

11. Exclusions

11.1 Hospitalization primarily for diagnostic / Evaluative procedures where no active regular treatment is given by a doctor or hospitalization for such treatments or procedures customarily and usually performed by Medical Practitioners in the Out Patient Departments or clinics and casualty settings. For Coronavirus the diagnosis done at unauthorized testing centers or inconclusive medical report shall not be considered for the claim under the policy.

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

A. Daily Hospitalization Cash Benefit:

1. Pre-Existing disease:

Pre-Existing disease is defined as any condition, ailment, injury or diseases:

- a. That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement or
- b. 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 issued by the insurer or its reinstatement

The above pre-existing exclusion is not a permanent exclusion. Hence, after completion of 48 months from date of issuance or reinstatement, as the case may be, pre-existing exclusion clause will not be applicable.

2. For any medical condition or medical procedure resulting directly or indirectly from self-inflicted injuries, attempted suicide, while sane or insane;

3. 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.

Any external congenital anomaly: Congenital anomaly which is in the visible and accessible parts of the body – Head, Face, Neck, Extremities, Back, Trunk, External Genitalia.

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

4. For any medical condition or any medical procedure arising from the donation of any of the life insured's organs;

5. 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;

6. For any medical condition or any medical procedure arising from 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;

7. Treatment for injury or illness caused by avocations or activities such as hunting, mountaineering, steeple-chasing, professional sports, racing of any kind, scuba diving, aerial sports, activities such as hand-gliding, ballooning, deliberate exposure to exceptional danger;

8. Participation by the life insured in a criminal or unlawful act with a criminal intent;

9. Taking part in any naval, military or air force operation during peace time;

10. 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, civil commotion, strikes;

11. Participation by the life insured 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.

12. Hospitalisation which is not medically necessary;

13. Any hospitalisation (except due to accident) during the waiting period;

14. Purely investigative procedure not resulting, during the same continuous hospitalization, in any treatment or Elective surgery or treatment which is not medically necessary;

15. Treatment for weight reduction or weight improvement regardless of whether the same is caused (directly or indirectly) by a medical condition;

16. Study and treatment of sleep apnoea;

17. Any dental care or surgery of cosmetic nature, extraction of impacted tooth/teeth, orthodontics or orthognathic surgery, or tempero-mandibular joint disorder except as necessitated by an accidental injury;

18. Treatment for infertility or impotency, sex change or any treatment related to it, abortion, sterilization and contraception including any complications relating thereto;

19. Hospitalisation for treatment arising from pregnancy and it's complications which shall include childbirth or miscarriage and ectopic pregnancy;

20. Hospitalisation primarily for diagnosis, X-ray examinations, general physical or medical check-up not followed by active treatment during the hospitalisation period;

21. Stay in hospital where no active treatment is given by specialist medical practitioner, where active treatment means

treatment which is Medically Necessary and is directed to the cure of the disease or injury;

22. Alternative therapies or experimental or unproven procedures or treatments, devices or pharmacological regimens of any description (not recognized by Indian Medical Council) or hospitalisation for treatment under any system other than allopathy;

23. Treatment at institutions that do not fall within the scope of hospitals which include places for rest cures, convalescence cures, custodial care in a sanatorium, Homes for persons declared incapable of managing their own affairs, homes for the aged, alcoholics, drug addicts, mentally-disturbed persons and persons in need of care;

24. Admission to a nursing home or home for the care of the aged unless related to the treatment of an acute medical condition;

25. Cosmetic or plastic surgery except to the extent that such surgery is necessary for the repair of damage caused solely by accidental injuries; treatment of xanthelesema, syringoma, acne and alopecia; circumcision unless necessary for treatment of a disease or necessitated due to an accident;

26. Deliberate exposure to exceptional danger (except in an attempt to save human life);

27. Any hospitalisation outside of Republic of India;

28. Removal of any material that was implanted in a former surgery before Date of Risk commencement of the continuous cover;

After completion of 48 months from date of issuance or reinstatement, as the case may be, pre-existing exclusion clause will not be applicable

29. Hospitalization for correction of birth defects, congenital anomalies

30. Rehabilitation or convalescent care or length beyond customary length of stay

B. For Disability Cover:

Disability occurring directly or indirectly due to or caused, occasioned, accelerated or aggravated by any of the following will not be covered:

1. Suicide or self-inflicted injury, whether the life insured is medically sane or insane.

2. War, terrorism, invasion, act of foreign enemy, hostilities, civil war, martial law, rebellion, revolution, insurrection, military or usurper power, civil commotion. War means any war whether declared or not.

3. Service in the armed forces, or any police organization, of any country at war or service in any force of an international body

4. Taking part in any naval, military or air force operation during peace time.

5. Committing an assault, a criminal offence, an illegal activity or any breach of law with criminal intent.

6. 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

7. Poison, gas or fumes (voluntary or involuntarily, accidentally or otherwise taken, administered, absorbed or inhaled).

8. 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.

9. Taking part in professional sport(s) or any adventurous pursuits or hobbies. "Adventurous Pursuits or Hobbies" includes any kind of racing (other than on foot or swimming), potholing, rock climbing (except on man-made walls), hunting,

mountaineering or climbing requiring the use of ropes or guides, any underwater activities involving the use of underwater breathing apparatus including deep sea diving, sky diving, cliff diving, bungee jumping, paragliding, hand gliding and parachuting.

10. 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.

C. For Vector Borne Disease Cover:

Any Treatment other than for vector borne diseases as listed in the Part C. Admission to hospital for less than 24 hours.

D. For Cancer Cover:

No benefit shall be payable under the policy in respect of Early Stage Cancer or Advanced Stage Cancer, resulting directly or indirectly from or caused or contributed by (in whole or in part):

1. Any pre-existing Cancer including Carcinoma in Situ
2. Nuclear, biological or chemical contamination (NBC)
3. The policy shall terminate and no benefit shall be payable under the policy if the diagnosis or signs or symptoms (related to the diagnosed Cancer) first occurred during the waiting period.

Pre-existing cancer means any condition as follows:

Pre-Existing disease is defined as any condition, ailment, injury or diseases

- That is / are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement
- 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 issued by the insurer or its reinstatement.
- The above pre-existing exclusion is not under permanent exclusion. Hence, after completion of 48 months from date of issuance or reinstatement, as the case may be, pre-existing exclusion clause will not be applicable

Diagnosis and treatment outside India

Suicide Exclusion: No suicide exclusion under this policy.

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.

13. 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.

14. Policy Benefit Ceases/ Ends/ Terminates

The policy benefit will terminate on the happening of the earliest of any of the following:

- On the date of receipt of free-look cancellation request from the Member/ Master Policyholder to the company
- Termination of contract with the Master Policyholder and member does not want to continue as individual member till end of term as per COI.
- Non-payment of regular premium during the grace period.
- Occurrence of death of the member. Member attains age 66 years as on last birthday for Cancer Cover or Coronavirus Cover and 80 years for other options.
- DHCB for the child on attaining age 25 years
- On cancellation/termination of this policy on grounds of misrepresentation, fraud or non-disclosure by member/Master Policyholder as per section 45 of Insurance Act (1938) as amended from time to time

15. 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.

16. Disclosures

Misrepresentation/Fraudulent Disclosures: shall be governed as per Section 45 of Insurance Act, 1938 as amended from time to time.

Extract of Section 45 of the Insurance Act 1938, as amended from time to time states

- 1) No policy of life insurance shall be called in question on any ground whatsoever after the expiry of three years from the date of the policy, i.e., from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later.
- 2) A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground of fraud: Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision is based.
- 3) Notwithstanding anything contained in sub-section (2), no insurer shall repudiate a life insurance policy on the ground of fraud if the insured can prove that the mis-statement of or suppression of a material fact was true to the best of his knowledge and belief or that there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of a material fact are within the knowledge of the insurer: Provided that in case of fraud, the onus of disproving lies upon the beneficiaries, in case the policyholder is not alive.
- 4) A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground that any statement of or suppression of a fact material to the expectancy of the life of the insured was incorrectly made in the proposal or other document on the basis of which the policy was issued or revived or rider issued: Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision to repudiate the

policy of life insurance is based: Provided further that in case of repudiation of the policy on the ground of misstatement or suppression of a material fact, and not on the ground of fraud, the premiums collected on the policy till the date of repudiation shall be paid to the insured or the legal representatives or nominees or assignees of the insured within a period of ninety days from the date of such repudiation.

- 5) Nothing in this section shall prevent the insurer from calling for proof of age at any time if he is entitled to do so, and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof that the age of the Life Insured was incorrectly stated in the proposal.

17. 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.

18. 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.

19. 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.

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

- We shall settle or reject a claim, as may be the case, within thirty days of the receipt of the last necessary document
 - o In the case of delay in the payment of a claim, we shall pay interest from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate
- However, where the circumstances of a claim warrant an investigation in our opinion, we shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, we shall settle the claim within 45 days from the date of receipt of last necessary document.
 - o In case of delay beyond stipulated 45 days we shall pay interest at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

Policy Servicing TAT's	
Freelook Cancellation	15 Days/ 30 days in case of electronic mode
Request for Refund of Proposal Deposit	15 days
Refund of outstanding proposal deposit	15 days

PART G

21. 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- 500032, Telangana

IRDAI TOLL FREE NO: 18004254732

- 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.

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 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;

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 Buddh 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 Buddh 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, 1st 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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