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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.

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 Critical Illness Rider is the name of the rider available 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 Critical Illness Rider (UIN 143B002V01). 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. Advt. Ref. No.: IndiaFirst Life Group Critical Illness Rider/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 Critical Illness Rider - UIN: 143B002V01

(Non Linked Non Participating Group Rider)

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 corporate.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 Critical Illness Rider
(Non-Linked Non-Participating Group Rider)
UIN [143B002V01]

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 Critical Illness Rider 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

Master Policyholder Name:	
Address:	
Master Policy Number:	

II. Policy Details <<as per the Base Policy>>

III. Rider Details

Rider Name:	IndiaFirst Life Group Critical Illness Rider
UIN:	143B002V01
Benefit Option Opted:	<< 1. Critical Illness (CI) Benefit with 40 conditions 2. Critical Illness (CI) Benefit with 20 conditions 3. Critical Illness (CI) Benefit with 5 conditions>>

Rider Name (Benefit Option)	Total number of members covered	Risk Commencement Date	Free Cover Limit	Total Rider Sum Insured (in INR)	Rider Cover Term	Rider Premium Paying Term	Rider Premium Payment Mode	Rider Premium (in INR)	Applicable Taxes (in INR)	Total Rider Premium (including Applicable Taxes) in INR

IV. Insurance Distributor Details

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

V. 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, excluding Extra 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.
Beneficiary	Beneficiary means the Nominee/Legal Heir/Assignee specified by the Member as the Beneficiary under the base 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
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
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	Grace period means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of pre-existing diseases. If a valid claim has occurred during grace period, then rider Sum Assured will be paid after deducting due premium. Grace period terms and conditions will be applicable under Regular/ Limited premium payment options. The grace period will be same as per the base policy.
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.
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

Word	Meaning
Policy	The IndiaFirst Life Group Critical Illness Rider 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 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 Policy Term.
Premium	An amount that you pay us either as Single Premium or as Regular Premiums for securing the benefits under this Policy.
Premium Paying Term	The time period during which you need to pay your Premiums regularly to us 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 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 Period	The Revival period shall be same as the base policy to which the rider is attached 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 Policy.
We or us or our or Insurer or Company	IndiaFirst Life Insurance Company Limited.
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	
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.</p> <p>The Medical practitioner should not be the policyholder/insured person himself/herself; or an authorized insurance intermediary (or related persons) involved with selling or servicing the insurance contract in question; or employed by or under contractual engagement with the insurance company; related to the policyholder/insured person by blood or marriage</p>
Pre-Existing disease	<p>Pre-Existing disease means 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. <p>After completion of 48 months from date of issuance or reinstatement, as the case may be, pre-existing disease exclusion clause will not be applicable.</p>

Word	Meaning
Definitions with disease specific exclusions of Critical Illness are given below. Details of the benefits are provided in Part C	
Waiting Period	There will be a waiting period of 90 days from policy or membership inception or from any subsequent reinstatement, whichever is later. The waiting period for this benefit is defined as the effective date of policy or membership or date of reinstatement, if any during which no critical illness benefits are payable.
Survival Period	There will be a survival period of 28 days applicable from the date of diagnosis of a critical illness for eligibility of critical illness benefit payment.
Cancer of Specified Severity	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. II. The following are excluded - 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	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. II. The following are excluded: I. Angioplasty and/or any other intra-arterial procedures
Myocardial Infarction (First Heart Attack of specific severity)	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: 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. II. The following are excluded: 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
Open Heart Replacement or repair of heart valves	I. The actual undergoing of open-heart valve surgery is to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease affected cardiac valve(s). The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of surgery has to be confirmed by a specialist medical practitioner. Catheter based techniques including but not limited to, balloon valvotomy / valvuloplasty are excluded.

Word	Meaning
Primary (Idiopathic) Pulmonary Hypertension	<p>I. An unequivocal diagnosis of Primary (Idiopathic) Pulmonary Hypertension by a Cardiologist or specialist in respiratory medicine with evidence of right ventricular enlargement and the pulmonary artery pressure above 30 mm of Hg on Cardiac Cauterization. There must be permanent irreversible physical impairment to the degree of at least Class IV of the New York Heart Association Classification of cardiac impairment.</p> <p>II. The NYHA Classification of Cardiac Impairment are as follows:</p> <ul style="list-style-type: none"> i. Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms. ii. Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest. <p>III. Pulmonary hypertension associated with lung disease, chronic hypoventilation, pulmonary thromboembolic disease, drugs and toxins, diseases of the left side of the heart, congenital heart disease and any secondary cause are specifically excluded</p>
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>
Major Organ/ Bone Marrow Transplant	<p>I. The actual undergoing of a transplant of:</p> <ul style="list-style-type: none"> i. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or ii. Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner. <p>II. The following are excluded:</p> <ul style="list-style-type: none"> i. Other stem-cell transplants ii. Where only islets of langerhans are transplanted
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.
Benign Brain Tumour	<p>I. Benign brain tumor is defined as a life threatening, non-cancerous tumor in the brain, cranial nerves or meninges within the skull. The presence of the underlying tumor must be confirmed by imaging studies such as CT scan or MRI.</p> <p>II. This brain tumor must result in at least one of the following and must be confirmed by the relevant medical specialist.</p> <ul style="list-style-type: none"> i. Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or ii. Undergone surgical resection or radiation therapy to treat the brain tumor. <p>III. The following conditions are excluded: Cysts, Granulomas, malformations in the arteries or veins of the brain, hematomas, abscesses, pituitary tumors, tumors of skull bones and tumors of the spinal cord.</p>
Coma of specified severity	<p>I. A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following:</p> <ul style="list-style-type: none"> i. no response to external stimuli continuously for at least 96 hours; ii. life support measures are necessary to sustain life; and iii. permanent neurological deficit which must be assessed at least 30 days after the onset of the coma. <p>II. The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse is excluded.</p>

Word	Meaning
End Stage Liver Disease	<p>I. Permanent and irreversible failure of liver function that has resulted in all three of the following:</p> <ul style="list-style-type: none"> i. Permanent jaundice; and ii. Ascites; and iii. Hepatic encephalopathy. <p>II. Liver failure secondary to drug or alcohol abuse is excluded.</p>
End Stage Lung Disease	<p>I. End stage lung disease, causing chronic respiratory failure, as confirmed and evidenced by all of the following:</p> <ul style="list-style-type: none"> i. FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart; and ii. Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and iii. Arterial blood gas analysis with partial oxygen pressure of 55mmHg or less (PaO₂ < 55mmHg); and iv. Dyspnea at rest.
Loss of Limbs	<p>The physical separation of two or more limbs, at or above the wrist or ankle level limbs as a result of injury or disease. This will include medically necessary amputation necessitated by injury or disease. The separation has to be permanent without any chance of surgical correction. Loss of Limbs resulting directly or indirectly from self-inflicted injury, alcohol or drug abuse is excluded.</p>
Blindness	<p>I. Total, permanent and irreversible loss of all vision in both eyes as a result of illness or accident.</p> <p>II. The Blindness is evidenced by:</p> <ul 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. <p>III. The diagnosis of blindness must be confirmed and must not be correctable by aids or surgical procedure</p>
Third Degree Burns	<p>I. There must be third-degree burns with scarring that cover at least 20% of the body's surface area. The diagnosis must confirm the total area involved using standardized, clinically accepted, body surface area charts covering 20% of the body surface area</p>
Major Head Trauma	<p>I. Accidental head injury resulting in permanent Neurological deficit to be assessed no sooner than 3 months from the date of the accident. This diagnosis must be supported by unequivocal findings on Magnetic Resonance Imaging, Computerized Tomography, or other reliable imaging techniques. The accident must be caused solely and directly by accidental, violent, external and visible means and independently of all other causes.</p> <p>II. The Accidental Head injury must result in an inability to perform at least three (3) of the following Activities of Daily Living either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons. For the purpose of this benefit, the word "permanent" shall mean beyond the scope of recovery with current medical knowledge and technology.</p> <p>III. The Activities of Daily Living are:</p> <ul 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>IV. The following are excluded:</p> <ul style="list-style-type: none"> I. Spinal cord injury;
Permanent Paralysis of limbs	<p>Total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist medical practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months.</p>

Word	Meaning
Motor Neurone Disease with Permanent Symptoms	Motor neuron disease diagnosed by a specialist medical practitioner as spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis. There must be progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurons. There must be current significant and permanent functional neurological impairment with objective evidence of motor dysfunction that has persisted for a continuous period of at least 3 months.
Multiple Sclerosis with Persistent Symptoms	I. The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following: i. investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and ii. there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months. II. Neurological damage due to SLE is excluded
Deafness	I. Total and irreversible loss of hearing in both ears as a result of illness or 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	I. Total and irrecoverable loss of the ability to speak as a result of injury or disease 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.
Surgery to Aorta	Undergoing of a laporotomy or thoracotomy to repair or correct an aneurysm, narrowing, obstruction or dissection of the aortic artery. For this definition, aorta means the thoracic and abdominal aorta but not its branches. Surgery performed using only minimally invasive or intra-arterial techniques such as percutaneous endovascular aneurysm repair are excluded
Apallic Syndrome	Universal necrosis of the brain cortex with the brain stem remaining intact. The definite diagnosis must be confirmed by a consultant neurologist and this condition has to be medically documented for at least one (1) month with no hope of recovery
Loss of Independent Existence	Loss of the physical ability through an illness or injury to do at least 3 of the 6 tasks listed below ever again. The relevant specialists must reasonably expect that the disability will last throughout life with no prospect of improvement, irrespective of when the cover ends or the insured person expects to retire. The company's appointed doctor should also agree that the disability will last throughout life with no prospect of improvement, irrespective of when the cover ends or the insured person expects to retire. 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. The tasks are 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 Loss of independent living must be medically documented for an uninterrupted period of at least six months. Proof of the same must be submitted to the Company while the Person Insured is alive and permanently disabled. The company will have the right to evaluate the insured person to confirm total and permanent disability. Loss of Independent Existence due to an injury should occur independently of any other causes within ninety (90) days of such injury. Coverage for this impairment will cease at age sixty-six (66) or on maturity date/expiry date, whichever is earlier.

Word	Meaning
Cardiomyopathy	<p>The unequivocal diagnosis by a Consultant Cardiologist of Cardiomyopathy causing permanent impaired left ventricular function with an ejection fraction of less than 25%. This must result in severe physical limitation of activity to the degree of class IV of the New York Heart Classification and this limitation must be sustained over at least six months when stabilized on appropriate therapy. Cardiomyopathy directly related to alcohol or drug misuse is excluded.</p> <p>New York Heart Classification</p> <p>Class I. Patients with cardiac disease but without resulting limitation of physical activity. Ordinary physical activity does not cause undue fatigue, palpitation, dyspnea, or anginal pain.</p> <p>Class II. Patients with cardiac disease resulting in slight limitation of physical activity. They are comfortable at rest. Ordinary physical activity results in fatigue, palpitation, dyspnea, or anginal pain.</p> <p>Class III. Patients with cardiac disease resulting in marked limitation of physical activity. They are comfortable at rest. Less than ordinary activity causes fatigue, palpitation, dyspnea, or anginal pain.</p> <p>Class IV. Patients with cardiac disease resulting in inability to carry on any physical activity without discomfort. Symptoms of heart failure or the anginal syndrome may be present even at rest. If any physical activity is undertaken, discomfort increases.</p>
Brain Surgery	<p>The actual undergoing of surgery to the brain under general anaesthesia during which a craniotomy is performed. Keyhole surgery is included however, minimally invasive treatment where no surgical incision is performed to expose the target, such as irradiation by gamma knife or endovascular neuroradiological interventions such as embolizations, thrombolysis and stereotactic biopsy are excluded. Brain surgery as a result of an accident is also excluded. The procedure must be considered necessary by a qualified specialist."</p>
Alzheimer`s Disease	<p>Progressive and permanent deterioration of memory and intellectual capacity as evidenced by accepted standardised questionnaires and cerebral imaging. The diagnosis of Alzheimer's disease must be confirmed by an appropriate consultant and supported by the Company's appointed doctor. There must be significant reduction in mental and social functioning requiring the continuous supervision of the life assured. There must also be an inability of the Life Assured to perform (whether aided or unaided) at least 3 of the following 5 "Activities of Daily Living" for a continuous period of at least 6 months:</p> <p>Activities of Daily Living are defined as:</p> <ol style="list-style-type: none"> 1. 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; 2. Dressing - the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances; 3. Transferring - the ability to move from a bed to an upright chair or wheelchair and vice versa; 4. Toileting - the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene; 5. Feeding - the ability to feed oneself once food has been prepared and made available. <p>Psychiatric illnesses and alcohol related brain damage are excluded.</p> <p>Coverage for this impairment will cease at age sixty-six (66) or on maturity date/expiry date, whichever is earlier.</p>
Muscular dystrophy	<p>Muscular Dystrophy is a disease of the muscle causing progressive and permanent weakening of certain muscle groups. The diagnosis of muscular dystrophy must be made by a consultant neurologist, and confirmed with the appropriate laboratory, biochemical, histological, and electromyographic evidence. The disease must result in the permanent inability of the insured to perform (whether aided or unaided) at least three (3) of the five (5) "Activities of Daily Living".</p> <p>Activities of Daily Living are defined as:</p> <ol style="list-style-type: none"> 1. 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; 2. Dressing - the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances; 3. Transferring - the ability to move from a bed to an upright chair or wheelchair and vice versa; 4. Toileting - the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene; 5. Feeding - the ability to feed oneself once food has been prepared and made available

Word	Meaning
Parkinson`s Disease	<p>The unequivocal diagnosis of idiopathic Parkinson’s Disease by a consultant neurologist. This diagnosis must be supported by all of the following conditions:</p> <ol style="list-style-type: none"> 1) The disease cannot be controlled with medication; and 2) There are objective signs of progressive deterioration; and 3) There is an inability of the Life Assured to perform (whether aided or unaided) at least 3 of the following five (5) “Activities of Daily Living” for a continuous period of at least 6 months: <p>Activities of Daily Living are defined as:</p> <ol style="list-style-type: none"> 1. 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; 2. Dressing - the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances; 3. Transferring - the ability to move from a bed to an upright chair or wheelchair and vice versa; 4. Toileting - the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene; 5. Feeding - the ability to feed oneself once food has been prepared and made available. <p>Drug-induced or toxic causes of Parkinsonism are excluded. Coverage for this impairment will cease at age sixty-six (66) or on maturity data/expiry date, whichever is earlier</p>
Medullary Cystic Disease	<p>Medullary Cystic Disease is a disease where the following criteria are met:</p> <ol style="list-style-type: none"> 1. The presence in the kidney of multiple cysts in the renal medulla accompanied by the presence of tubular atrophy and interstitial fibrosis; 2. Clinical manifestations of anaemia, polyuria and progressive deterioration in kidney function; and 3. The diagnosis of medullary cystic disease is confirmed by renal biopsy. <p>Isolated or benign kidney cysts are specifically excluded from this benefit</p>
Systemic Lupus Erythematosus	<p>The unequivocal diagnosis by a consultant physician of systemic lupus erythematosus (SLE) with evidence of malar rash, discoid rash, photosensitivity, multi-articular arthritis, and serositis. There must also be hematological and immunological abnormalities consistent with the diagnosis of SLE. There must also be a positive antinuclear antibody test. There must also be evidence of central nervous system or renal impairment with either</p> <ol style="list-style-type: none"> a) Renal involvement is defined as either persistent proteinuria greater than 0.5 grams per day or a spot urine showing 3+ or greater proteinuria b) Central nervous system involvement with permanent neurological dysfunction as evidenced with objective motor or sensory neurological abnormal signs on physical examination by a neurologist and present for at least 3 months. Seizures, headaches, cognitive and psychiatric abnormalities are not considered under this definition as evidence of “permanent neurological dysfunction”. <p>Discoid lupus and medication induced lupus are excluded</p>
Aplastic Anaemia	<p>Aplastic Anemia is chronic persistent bone marrow failure. A certified hematologist must make the diagnosis of severe irreversible aplastic anemia. There must be permanent bone marrow failure resulting in bone marrow cellularity of less than 25% and there must be two of the following:</p> <ol style="list-style-type: none"> 1. Absolute neutrophil count of less than 500/mm³ 2. Platelets count less than 20,000/mm³ 3. Reticulocyte count of less than 20,000/mm³ <p>The insured must be receiving treatment for more than 3 consecutive months with frequent blood product transfusions, bone marrow stimulating agents, or immunosuppressive agents or the insured has received a bone marrow or cord blood stem cell transplant. Temporary or reversible aplastic anemia is excluded and not covered in this policy.</p>
Poliomyelitis	<p>The occurrence of Poliomyelitis where the following conditions are met: Poliovirus is identified as the cause; and Paralysis of the limb muscles or respiratory muscles must be present and persist for at least 3 months as confirmed by a consultant neurologist. Other causes of paralysis such as Guillain-Barre syndrome are specifically excluded</p>

Word	Meaning
Bacterial Meningitis	Bacterial meningitis is a bacterial infection of the meninges of the brain causing brain dysfunction. There must be an unequivocal diagnosis by a consultant physician of bacterial meningitis that must be proven on analysis of the cerebrospinal fluid. There must also be permanent objective neurological deficit that is present on physical examination at least 3 months after the diagnosis of the meningitis infection
Encephalitis	Severe inflammation of the brain substance (cerebral hemisphere, brainstem or cerebellum) caused by viral infection and resulting in permanent neurological deficit. This diagnosis must be certified by a consultant neurologist and the permanent neurological deficit must be documented for at least 6 weeks.
Progressive Supra nuclear Palsy	Progressive supranuclear palsy occurring independently of all other causes and resulting in permanent neurological deficit, which is directly responsible for a permanent inability to perform at least two (2) of the Activities of Daily Living. The diagnosis of the Progressive Supranuclear Palsy must be confirmed by a registered Medical Practitioner who is a neurologist
Severe Rheumatoid Arthritis	The unequivocal diagnosis of Rheumatoid Arthritis must be made by a certified medical consultant based on clinically accepted criteria. There must be imaging evidence of erosions with widespread joint destruction in three or more of the following joint areas: hands, wrists, elbows, knees, hips, ankle, cervical spine or feet. There must also be typical rheumatoid joint deformities. Degenerative osteoarthritis and all other forms of arthritis are excluded. There must be history of treatment or current treatment with disease-modifying anti-rheumatic drugs, or DMARDs. Non-steroidal anti-inflammatory drugs such as acetylsalicylic acid are not considered a DMARD drug under this definition.
Creutzfeldt- Jakob Disease	Creutzfeldt-Jacob disease is an incurable brain infection that causes rapidly progressive deterioration of mental function and movement. A neurologist must make a definite diagnosis of Creutzfeldt-Jacob disease based on clinical assessment, EEG and imaging. There must be objective neurological abnormalities on exam along with severe progressive dementia
Fulminant Viral Hepatitis	A submassive to massive necrosis of the liver by any virus, leading precipitously to liver failure. This diagnosis must be supported by all of the following: rapid decreasing of liver size; necrosis involving entire lobules, leaving only a collapsed reticular framework; rapid deterioration of liver function tests; deepening jaundice; and hepatic encephalopathy. Acute Hepatitis infection or carrier status alone, does not meet the diagnostic criteria
Pneumonectomy	The undergoing of surgery on the advice of a consultant medical specialist to remove an entire lung for any physical injury or disease

PART C

1. Benefits under the policy

1.1 Risk Cover Benefit

Under IndiaFirst Life Group Critical Illness Rider there are 3 benefit options, as mentioned below. Master policyholder / Member can choose any one benefit option at inception of cover commencement. The rider will provide only those benefit cover options which are not available in the base cover. Rider Sum Insured cannot exceed the Base Death Benefit Cover.

- I. Critical Illness (CI) Benefit with 40 conditions
- II. Critical Illness (CI) Benefit with 20 conditions
- III. Critical Illness (CI) Benefit with 5 conditions

Benefits payable are as below:

I. Critical Illness Benefit with 40 conditions

If the member is diagnosed with any one of the covered critical illnesses out of 40 conditions mentioned below during the term of the rider, the member would receive a lump sum benefit equal to rider Sum Insured. The conditions covered are as below:

Sr. No.	Critical Illness
1	Cancer of specified severity
2	Open Chest CABG
3	Kidney Failure requiring regular dialysis
4	Permanent paralysis of limbs
5	Primary (Idiopathic) Pulmonary Hypertension
6	Myocardial Infarction (First Heart Attack Of Specific Severity)
7	Stroke Resulting in Permanent Symptoms
8	Major organ / bone marrow transplant
9	Multiple Sclerosis with persisting symptoms
10	Surgery to Aorta
11	Apallic Syndrome
12	Benign Brain Tumour
13	Coma of specified severity
14	End Stage Liver Failure
15	End Stage Lung Failure
16	Open Heart Replacement or Repair of Heart Valves
17	Loss of Limbs
18	Blindness
19	Third degree Burns
20	Major Head Trauma
21	Loss of Independent Existence
22	Cardiomyopathy
23	Brain Surgery
24	Alzheimer's Disease
25	Motor Neurone Disease with permanent symptoms

26	Muscular Dystrophy
27	Parkinson's Disease
28	Deafness
29	Loss of Speech
30	Medullary Cystic Disease
31	Systemic Lupus Erythematosus
32	Aplastic Anaemia
33	Poliomyelitis
34	Bacterial Meningitis
35	Encephalitis
36	Progressive Supra nuclear Palsy
37	Severe Rheumatoid Arthritis
38	Creutzfeldt - Jakob Disease
39	Fulminant Viral Hepatitis
40	Pneumonectomy

II. Critical Illness Benefit with 20 conditions

If the member is diagnosed with any one of the covered critical illnesses out of 20 conditions as mentioned below during the term of the rider, the member would receive a lump sum benefit equal to rider Sum Insured. The conditions covered are as below:

Sr. No.	Critical Illness
1	Cancer of specified severity
2	Open Chest CABG
3	Kidney Failure requiring regular dialysis
4	Permanent paralysis of limbs
5	Primary (Idiopathic) Pulmonary Hypertension
6	Myocardial Infarction (First Heart Attack Of Specific Severity)
7	Stroke Resulting in Permanent Symptoms
8	Major organ / bone marrow transplant
9	Multiple Sclerosis with persisting symptoms
10	Surgery to Aorta
11	Apallic Syndrome
12	Benign Brain Tumour
13	Coma of specified severity
14	End Stage Liver Failure
15	End Stage Lung Failure
16	Open Heart Replacement or Repair of Heart Valves
17	Loss of Limbs
18	Blindness
19	Third degree Burns
20	Major Head Trauma

III. Critical Illness Benefit with 5 conditions

If the member is diagnosed with any one of the covered critical illnesses out of 5 conditions as mentioned below during the term of the rider, the member would receive a lump sum benefit equal to rider Sum Insured. The conditions covered are as below:

Sr. No.	Critical Illness
1	Cancer of specified severity
2	Open Chest CABG
3	Kidney Failure requiring regular dialysis
4	Stroke Resulting in Permanent Symptoms
5	Myocardial Infarction (First Heart Attack Of Specific Severity)

There will be a waiting period of 90 days from effective date of policy or membership or from date of reinstatement, if any, whichever is later.

There will be a survival period of 28 days applicable from the date of diagnosis of a critical illness for eligibility of critical illness benefit payment.

In case of credit linked policies, rider benefit will be applicable for primary life or main borrower under 100% first claim for joint life cover and both co-borrowers under loan sharing basis, subject to the rider Sum Assured and premium being less than the base policy. In case rider term expires and minimum outstanding base policy term is more than minimum rider term then this rider will be available at the time of renewal.

In case of a CI claim for the first life under co-sharing arrangement, CI cover for the member for whom the CI benefit has already been paid, will not be renewed further. However, CI benefit cover for remaining co-borrower(s) will continue as per terms and conditions of the rider policy.

Please note that detailed definition of Critical Illnesses are provided above in Part B.

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 Benefit

- For Yearly Renewable Policy: There is no surrender value.
- For Long Term Policy:
 - Single Premium: Surrender value is acquired immediately. The surrender value for Single Premium in respect of an individual member or master policy holder will be calculated as $50\% \times \text{Single Premium} \times \{1 - M/P\}$; Where M = Elapsed months since inception & P = Cover term in month
 - Limited Premium: Termination / Surrender value is acquired immediately. The termination / surrender value for Limited Premium in respect of an individual member will be calculated as $50\% \times \text{Premiums Paid} \times \{1 - M/P\} \times (\text{Premiums Paid} / \text{Total Premiums payable under the policy})$
 - Regular premium: There is no surrender value.

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 renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of pre-existing diseases. If a valid claim has occurred during grace period, then rider Sum Assured will be paid after deducting due premium. Grace period terms and conditions will be applicable under Regular/ Limited premium payment options. The grace period will be same as per the base policy.

PART D

5. Premium Payment

Regular Premiums can be paid to us either by monthly/ quarterly/ half yearly/ yearly payment mode, as selected by you for the base Policy. The Premium Payment mode shall be same as the Base Policy to which the rider is attached. Grace period terms and conditions will be applicable under Regular/ Limited premium payment options.

6. Reviving your Lapsed Policy

You may revive the lapsed rider within Revival Period from the due date of first unpaid regular premium by:

- i. submitting a written request for revival of the lapsed rider;
- ii. paying all unpaid due Premiums without any interest; and
- iii. providing a declaration of good health and undergoing a medical examination at your own cost, if needed.

A lapsed rider will only be revived along with all its benefits in accordance with our board approved underwriting policy. If rider is lapsed and not revived within revival period or rider is opted out from base policy, then inclusion of the rider shall be as per Board Approved Underwriting Policy. The rider will terminate and you will not be entitled to receive any benefits, if the lapsed rider is not revived before the expiry of the Revival Period. The revival period will be same as per the base 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.

8. Loan

No Loan available under this policy.

PART E

9. Charges

This is a non-linked non-participating group rider. 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.

On diagnosis of a covered Critical Illness of the Member, the claimant should intimate the Company in within 90 days from the date of diagnosis.

If the claim is not notified to us within the time period specified above, then we shall be provided the 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.

The Life Insurer 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 Critical Illness Rider:

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

11. Exclusions

A. 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);
After completion of 48 months from date of issuance or reinstatement, as the case may be, pre-existing disease exclusion clause will not be applicable.
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, 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. Any external congenital anomaly.
Congenital Anomaly which is in the visible and accessible parts of the body and present since birth, and which is abnormal with reference to form, structure or position is called External Congenital Anomaly.
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

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

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

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

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

14. Rider Benefit Ceases/ Ends/ Terminates

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

- On the date of receipt of free-look cancelation request from the Member / Master Policyholder to the company

- On payment of rider Sum Assured against a valid claim
- Once a claim is repudiated for a particular Critical Illness (CI) due to material non-disclosure, then the rider policy will be null and void. However, if a CI claim is rejected due to any other terms & conditions, then the CI rider will continue for any of the remaining Critical Illnesses
- On non-payment of due Limited/ Regular premium for base policy/ rider, within the grace period as applicable
- On the expiry of the Revival Period for the member
- On the expiry of rider term for Member / Master Policyholder
- On the maturity of the base policy or the date on which the base policy is surrendered or is terminated by member/Master Policyholder
- On the expiry of Policy Term of the base policy. At the time of rider attachment to the base policy, rider Cover Term/Premium Paying Term would be aligned to the outstanding term/Premium Paying Term of the base policy.
- On receipt of written request for cancellation / surrender of this rider, effective from the next Rider Premium due date provided no surrender / termination value has been paid.
- On cancellation/termination of this rider 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

Section 45 of Insurance Act, 1938 as amended from time to time:

- 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.

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
 - 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.
 - 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	
Full Surrender	15 Days
Freelook Cancellation	15 Days
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

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;
- disputes over premium paid or payable in terms of insurance policy;
- misrepresentation of policy terms and conditions at any time in the policy document or policy contract;
- legal construction of insurance policies in so far as the dispute relates to claim;
- policy servicing related grievances against insurers and their agents and intermediaries;
- issuance of life insurance policy, general insurance policy including health insurance policy which is not in conformity with the proposal form submitted by the proposer;
- non issuance of insurance policy after receipt of premium in life insurance and general insurance including health insurance; and

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

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

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

List of Ombudsmen

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

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



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