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Your IndiaFirst Life Insurance Plan

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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.



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Please note that PART E is not applicable for Group Products and hence is not mentioned in the document.

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

PART A

IndiaFirst Pradhan Mantri Jeevan Jyoti Bima Yojana - Master Plan No.: xxxxxxxx

Dear Customer,

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

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

We have provided you the relevant information about your plan in this plan document. This document is simple to understand and carries important information about your plan and its features. Please read it carefully to ensure that this plan meets your requirement.

You can cancel your plan if you disagree with any of the terms and conditions within the first 15 days (free look period) for all channels except Distance Marketing where it is 30 days from receipt of your plan document. You can return the plan to us, while stating your reasons for the same. We will refund your contribution after deducting the stamp duty, pro rata risk premium and charges incurred by the Company on the medical examination, if any.

Please contact us on 1800-209-8700 or email us at group.ops@indiafirstlife.com any information or assistance. Our customer care executives will be happy to help you.

Thank you once again for choosing IndiaFirst.

Yours truly,



Managing Director & CEO
IndiaFirst Life Insurance



XXX _____ (hereinafter called the "Master Policyholder") have by a written Proposal Form dated _____ requested the IndiaFirst Life Insurance Company Limited (hereinafter called the "Insurer") to grant the benefits of Life Insurance Cover and deposit administration, under IndiaFirst Pradhan Mantri Jeevan Jyoti Bima Yojana and as per the Scheme Rules of the (Pradhan Mantri Jeevan Jyoti Bima Yojana) 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 Plan hereunder is being effected. The Master Policyholder and the Insurer have accepted and agreed that the said Proposal Form, Trust Deed, certified copy of the Scheme Rules along with other statements signed by the Master Policyholder and reports or other documents leading to the issuance of this Plan 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 Plan shall cancel the membership immediately by paying the surrender value subject to market value reduction, if any, subject to the fraud or misrepresentation being established by us in accordance with Section 45 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015.

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



Managing Director & CEO
IndiaFirst Life Insurance



Annexure A - Master Plan Schedule

I. Plan Details

Product Name: IndiaFirst Pradhan Mantri Jeevan Jyoti Bima Yojana	Product UIN : 143G025V01
Policy Holder Name:	
Address:	
Master Plan No	
Plan Commencement Date	
Date of Member Risk Commencement	

Coverage Details

Type of Cover:	Annually Renewable Term Cover
Benefit Type	
Plan Period	
Mode of Premium	Yearly Premium
Premium Rate per thousand of Sum insured (Excluding Service Tax)	Age Rate
Sum Assured	
Rs.	200,000/-
Total number of members covered	

Consolidated Stamp Duty of Rs.----- /- paid vide Mudrank Receipt No: 00000000 dated XXXX
IndiaFirst Life Insurance Company Ltd reserves the right to refuse the coverage benefits or grant a reduced benefit in respect of a particular member where the Company is not satisfied with the evidence of health of that member.

Authorized Signatory

IndiaFirst Life Insurance Company Limited.

Date : XX/XX/XXXX

Place : Mumbai

PART B

1. Definitions

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

Word/ Expression	Meaning
Age	The Member's Age as on his/her last birthday.
Application Form	The proposal form completed and signed by you, the Master Policyholder based on which we have issued this Plan.
Appointee	The person who receives the proceeds or the benefits under the Plan when the Nominee is less than 18 years of Age.
Annexure	Any Annexure attached to this Plan as amended/ revised from time to time
Business Day	Any usual working day of our corporate office in Mumbai.
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
Charges	Any fee that may be levied by us from time to time under this Plan with the prior approval of the Regulatory Authority, if required.
Contribution/ Premium	The amount payable by the Master Policyholder to cover their Members
Cover or Coverage	The Coverage of risk of the Member's unfortunate demise under the Scheme.
Date of Member Risk Commencement	The date from which the Death Benefit for a Member is activated under the Plan.
Death Benefit	The amount which is payable on the Member's unfortunate demise.
Entry Date	The date on which the Member joins the scheme. This may or may not be the same as the Scheme Commencement Date.
Financial Year	A period of 12 months, starting from 1st April every calendar year and ending on 31st March the following calendar year. Example: 1st April, 2014 to 31st March, 2015 is considered as one Financial Year.
Master Policyholder	Master Policyholder is the trustee or organization that effects this Plan for the benefit of its Members. The Master Policyholder holds the Master Plan.
Member	A person who meets the eligibility criteria specified in the Scheme Rules and whose name has been recorded under the Scheme as a Member effective from the Entry Date after due approval from the Company and on whose life the Life Insurance Cover under this Plan has been effected. The cover is on the Member's life.
Membership Year	The year commencing on the Entry Date of the Member and on the date corresponding numerically with the Entry Date of the Member in each subsequent year.
Life Cover Premium	Life Cover Premium means the premium for securing the Death Benefit.
Nominee	The person nominated by the Member to receive the Death Benefit, through you the Master Policyholder.

Word/ Expression	Meaning
Plan Commencement Date	The date on which the Plan starts as shown in the Plan Schedule in Annexure A.
Plan Document	The IndiaFirst Pradhan Mantri Jeevan Jyoti Bima Yojana. It is the entire insurance contract between the Master Policyholder and us. In this document, Plan Document will mean Policy Document and may be used interchangeably.
Plan Term	A period of one year starting from the Scheme Commencement Date or the Annual Renewal Date, as the case may be
Plan Schedule	The Schedule to this Plan attached as Annexure A.
Regulations	The applicable laws as amended from time to time which are applicable to this Plan.
Regulatory Authority	The Insurance Regulatory and Development Authority of India (IRDAI) or such other authority or authorities, as may be designated/ appointed under the applicable laws and Regulations as having the authority to oversee and regulate life insurance business in India.
Scheme	The IndiaFirst Pradhan Mantri Jeevan Jyoti Bima Yojana Scheme covering members of the Master Policyholder or Members of an organized group. This scheme is yearly renewable.
Sum Assured	The life insurance Cover provided on each Member's life and as specified in the Certificate of Insurance
Surrender	Terminating or cancelling or withdrawing the Plan prior to the expiry of the Plan Term
We, Us or Our	IndiaFirst Life Insurance Company Limited.
You or Your	The Master Policyholder.

PART C: CORE BENEFITS

2. Plan Description

- The Plan is issued under a non-linked, non-participating, yearly renewable group term assurance plan.
- The Master Policyholder shall hold the Plan and all benefits payable in accordance with the Scheme Rules and shall be for the benefit of the Member or the Beneficiary and the Policyholder shall have no beneficial interest.
- In case of death of the Member, when no Beneficiary has been nominated or all nominated Beneficiaries have predeceased the Member, then benefit under Section 1 below shall be payable to the legal heirs of the Member.
- The Policy does not in any way confer any right

whatsoever on the Policyholder to otherwise share in the profits or surplus of the business of the Company.

3. Benefits Payable Under this Plan

i. Death Benefit

On death of a Member due to any reason, provided the membership is not surrendered as per Section 3 below, the Sum Assured with respect to that Member shall be payable and the membership of the Member shall terminate.

ii. Maturity Benefit

There is no maturity benefit applicable under this plan.

iii. Surrender Benefit

You, the Master Policyholder can Surrender the Plan anytime. However, the individual member of the group on such surrendered group shall give an option to continue the policy as an individual policy till their coverage is terminated as mentioned in the Certificate of Insurance. No surrender or paid-up value is payable under this Plan.

iv. Rider Benefits

There are no Riders available with this Plan.

v. Loans

No Loans are available under this Plan.

4. Termination of the Benefit

The assurance on the life of the member shall terminate on any of the following events and no benefit will become payable there under:

- a) On attaining age 55 years (age nearest birth day) subject to annual renewal up to that date (entry, however, will not be possible beyond the age of 50 years).
- b) Closure of account with the Bank or insufficiency of balance to keep the insurance in force.
- c) In case a member is covered under PMJJBY with IndiaFirst / other company through more than one account and premium is received by IndiaFirst / other company inadvertently, insurance cover will be restricted to Rs. 2 Lakh and the premium shall be liable to be forfeited.
- d) If the insurance cover is ceased due to any technical reasons such as insufficient balance on due date or due to any administrative issues, the same can be reinstated on receipt of full annual premium and a satisfactory statement of good health.
- e) Participating Banks shall remit the premium to insurance companies in case of regular enrolment on or before 30th of June every year and in other cases in the same month when received.

5. Eligibility

a) The savings bank account holders of the participating banks aged between 18 years (completed) and 50 years (age nearest birthday) who give their consent to join / enable auto-debit, as per the enrolment modality, will be enrolled into the scheme. In case of multiple saving bank accounts held by an individual in one or different banks, the person would be eligible to join the scheme through one savings bank account only. Aadhar would be the primary KYC for the bank account

b) Individuals who join after the initial enrollment period extending up to 31st August 2015 or 30th November 2015, as the case may be, will be required to give a self-certification of good health and that he / she does not suffer from any of the critical illnesses as mentioned in the applicable Consent cum Declaration form as on date of enrollment or earlier.

c) Any variations in the Plan Terms and Conditions effected hereunder and in respect of membership, after the Plan Commencement Date, shall be given effect only by endorsements and by a signature of a duly authorized officer of the Company. Any amendment made by the Govt in this scheme from time to time will also be made by IndiaFirst without fail.

Enrolment Modality: The cover shall be for the one year period stretching from 1st June to 31st May for which option to join / pay by auto-debit from the designated savings bank account on the prescribed forms will be required to be given by 31st May of every year, with the exception as above for the initial year. Delayed enrollment with payment of full annual premium for prospective cover may be possible with submission of a self certificate of good health.

Individuals who exit the scheme at any point may re-join the scheme in future years by submitting a declaration of good health in the prescribed proforma.

In future years, new entrants into the eligible category or currently eligible individuals who did not join earlier or discontinued their subscription shall be able to join while the scheme is continuing, subject to submission of self-certificate of good health on discretion of Insurer.

Enrolment Period: Initially on launch for the cover period 1st June 2015 to 31st May 2016, subscribers will be required to enroll and give their auto-debit consent by 31st May 2015. Late enrollment for prospective cover will be possible up to 31st August 2015, which may be extended by Govt. of India for another three months, i.e. up to 30th of November, 2015. Those joining subsequently may be able to do so with payment of full annual premium for prospective cover, with submission of a self-certificate of good health in the prescribed proforma

The Age limits for a Member are -	
Minimum Age at Entry	18 years (last birthday)
Maximum Age at Entry	50 years (nearest birthday)
Maximum Age at Maturity	55 years (nearest birthday)

6. Payment of Premium

- a) This is an annually renewable Group Term Plan.
- b) Premiums in respect of all Members are payable on Entry Date or within the Grace Period allowed. Premium will be auto debited from the savings bank account.

Where the due Premiums have not been paid even during the Grace Period, in respect of a Member, the membership under the Plan shall cease. 30 days of grace period will be allowed from due date. If death occurs during the grace period full year's due premium will be recovered before payment of death benefit to the nominee.

- c) In case the Member is included/ chooses to participate in the Scheme in between the Plan Term, the full annual premium will be applicable along with submission of Declaration of Good Health (DGH) at the discretion by Us.
- d) You, the Master Policyholder may choose to offer a voluntary Cover wherein the Member may choose to participate in the Plan and pay Premiums accordingly

7. Modifications to the Plan

The provision of this Plan cannot be changed or varied by the Policyholder except with the concurrence of the Company and by a Policy endorsement signed by an officer of the Company authorized for the purpose. Any modification or amendment from time to time by the Govt will be applicable.

8. Free Look Period

For the Master Policyholder: Within 15 days, if the plan has been issued other than under the provisions of IRDA Guidelines on Distance Marketing of Insurance Products] and 30 days in case this Plan is issued under the provisions of IRDA Guidelines on Distance Marketing of Insurance Products] of the receipt of this Plan Document, the Policyholder may, if dissatisfied with any of the terms and conditions for any reason, give the Company a written notice of cancellation along with reasons for the same, and return the Plan Document and all the Certificate of Insurances to the Company, subject to which the Company shall send a refund comprising all Premiums less the proportionate life insurance premium for that period of cover and expenses incurred by the Company on the medical examination and the applicable stamp duty charges to the Policyholder .

For the Member: Within 15 days, if the plan has been issued other than under the provisions of IRDA Guidelines on Distance Marketing of Insurance Products] and 30 days in case this Plan is issued under the provisions of IRDA Guidelines on Distance Marketing of Insurance Products] of the receipt of the Certificate of Insurance, the Member may, if dissatisfied with any of the terms and conditions for any reason, give the Company a written notice of cancellation along with reasons for the same, and return the Certificate of Insurance to the Company, subject to which the Company shall send a refund comprising the Premium received for that Member less the proportionate life insurance premium for that period of cover and expenses incurred by the Company on the medical examination of the Member and the applicable stamp duty charges to the Member.

Part F

9. Nomination as per Section 39 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015

Appointing a Nominee to receive the Death Benefit

We are totally responsible to ensure that the claim payment is made in the name of the insured member or nominee/appointee/legal heir as the case may be even if the cheque is sent to the group master policyholder for administration convenience or through any other electronic mode of payment to the specific bank account of the member or nominee.

The Member, may at any time during the Plan Term and while the Cover is in force, appoint or change a Nominee. You will keep details of all such nominations in your record. The Death Benefit will be payable by us to nominee/appointee/legal heir. A notice in writing of Change or Cancellation of nomination must be delivered to us for we being liable to the nominee.

If the Nominee is a Minor

The Member may appoint an Appointee to receive and hold the Death Benefit until the Nominee attains 18 years of Age.

Making a Nomination

The Member may make or change a nomination by writing to you. You in turn need to keep in your record of any new nomination made or any change in nomination.

Our Liability in a Nomination

In accepting or recording a nomination or a change of nomination, we do not accept any responsibility or express any opinion as to its validity or legality.

Please refer to Section - 39 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015 for complete details.

10. Assignment of the Plan

You cannot assign this Plan as a statutory liability cannot be assigned.

11. Making a claim

Steps to be followed for making a claim

You, the Master Policyholder, will give us a written notice of the claim on the Member's demise. They need to give us all the relevant information in writing to enable us to process the claim as specified in the Plan.

Documents required at the time of making a claim

- Identity and proof of the Member's Age
- Date of joining and leaving the organization / Master Policyholder
- Claimant's statement
- Death certificate issued by the local health and medical authority
- Copies of First Information Report, Post Mortem Report, duly attested by police officials, in case of unnatural deaths including accidents etc.
- Hospitalization documents (discharge summary, all investigation reports) in case the Member was treated for any illness related to the cause of death
- Any other document or information that we may need to process the claim depending on the cause or nature of the claim

Payment of Benefits in Indian Rupees

- Death Benefit under this Plan is paid in India and in Indian Rupees.

12. Plan Ceases/ Ends/ Terminates

The assurance on the life of the member shall terminate on any of the following events and no benefit will become payable there under:

- a) On attaining age 55 years (age nearest birth day) subject to annual renewal up to that date (entry, however, will not be possible beyond the age of 50 years).
- b) Closure of account with the Bank or insufficiency of balance to keep the insurance in force.
- c) In case a member is covered under PMJJBY with IndiaFirst / other company through more than one account and premium is received by IndiaFirst / other company inadvertently, insurance cover will be restricted to Rs. 2 Lakh and the premium shall be liable to be forfeited.
- d) If the insurance cover is ceased due to any technical reasons such as insufficient balance on due date or due to any administrative issues, the same can be reinstated on receipt of full annual premium and a satisfactory statement of good health.
- e) Participating Banks shall remit the premium to insurance companies in case of regular enrolment on or before 30th of June every year and in other cases in the same month when received.

13. Notice of new Members and Members who cease their membership

You are required to inform us, in writing, about any new Members joining the Scheme and of Members leaving the group for any reason.

14. Endorsements

The terms and conditions of this Plan cannot be waived or changed except by an endorsement approved and signed by our authorized officials.

15. Change of address

You are requested to inform us in writing, about any change in your address. This will ensure that our correspondence reaches you without any delay.

16. Disclosures

i. Misrepresentation/Fraudulent Disclosures

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

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

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

- No policy of life insurance shall be called in question on any ground whatsoever after the expiry of three years from the date of the policy, i.e., from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later.
- A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival, of the policy or the date of the rider to the policy, whichever is later, on the ground of fraud: Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such

decision is based.

- Notwithstanding anything contained in sub-section (2), no insurer shall repudiate a life insurance policy on the ground of fraud if the insured can prove that the mis-statement of or suppression of a material fact was true to the best of his knowledge and belief or that there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of a material fact are within the knowledge of the insurer: Provided that in case of fraud, the onus of disproving lies upon the beneficiaries, in case the policyholder is not alive.

- A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground that any statement of or suppression of a fact material to the expectancy of the life of the insured was incorrectly made in the proposal or other document on the basis of which the policy was issued or revived or rider issued: Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision to repudiate the policy of life insurance is based: Provided further that in case of repudiation of the policy on the ground of misstatement or suppression of a material fact, and not on the ground of fraud, the premiums collected on the policy till the date of repudiation shall be paid to the insured or the legal representatives or nominees or assignees of the insured within a period of ninety days from the date of such repudiation.

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

ii. Prohibition of Rebate: Section 41 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015

- No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take or renew or continue an insurance

in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer.

- Provided that acceptance by an insurance agent of commission in connection with a policy of life insurance taken out by himself on his own life shall not be deemed to be acceptance of a rebate of premium within the meaning of this subsection if at the time of such acceptance the insurance agent satisfies the prescribed conditions establishing that he is a bonafide insurance agent employed by the insurer.
- Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees”

17. Right to Revise/ Delete/ Alter the Terms and Conditions of this Plan

We may revise, delete and/ or alter any of the terms and conditions of this Plan subject to receipt of the prior approval of the Regulatory Authority. We will intimate you by sending a prior notice of 30 (Thirty) days, before revising, deleting and/or altering any of the terms and conditions of this Plan.

18. Loss of Plan Document

If the Plan document is lost or misplaced, you should submit to us a request stating the fact and the reason for the loss. If we are satisfied that the Plan document is lost or misplaced, then, we will issue you a duplicate Plan document without any extra charge. Upon the issue of the duplicate Plan document, the original Plan document immediately and automatically ceases to have any validity.

You agree to indemnify us and hold us free and harmless from any costs, expenses, claims, awards or judgments arising out of or in relation to the original Plan document.

19. Electronic Transactions

You shall always adhere to and comply with all our terms and conditions in relation to electronic

transactions and will constitute a legally binding and valid transaction.

Such electronic transactions will include any transactions effected by you through internet, teleservice operations, short messaging services, electronic data interchange, call centres, or by means of electronic automated machines or through other means of telecommunications, established by us or on our behalf for and in relation to this Plan or our other products and services.

20. Force Majeure

If due to any act of God or State, strike, lock out, legislation or restriction by any government or any other authority or any other circumstances which are beyond our control, which restricts performance of our obligations under this Plan, then, this Plan will be wholly or partially suspended during the continuance of such force majeure conditions prior approval of IRDAI.

Once the force majeure conditions ceases to exist, then, we will resume our obligations under this Plan for such period during which the force majeure conditions existed.

21. Issuance of Notices

We also have the discretion to issue either individual notices to you or to publish general notices on our website www.indiafirstlife.com in relation to this Plan and/ or for services in relation to the same.

22. Taxes[#]

Under this Plan, we will deduct the applicable taxes in accordance with the applicable provisions of Indian tax laws. Any Contribution and benefit payable under this Plan is subject to applicable taxes, levies, cess, etc, which shall always be paid by you. You are liable to pay all applicable taxes, levies, cess etc. as levied by the Government/ statutory authorities from time to time.

You should consult your tax advisor for understanding the tax benefits and liabilities under this Plan. We do not accept any responsibility or express any opinion as to the validity or legality of tax benefits or liabilities as may be applicable to you.

23. Governing Law and Jurisdiction

All claims, disputes or differences arising under or in connection with this Plan will be governed by and construed in accordance with Indian laws and shall be subject to the jurisdiction of the Indian Courts.

PART G

24. Grievance Redressal

- a. You may contact us at any of the following touch points in case of any grievance or complaint Customer Care

IndiaFirst Life Insurance Company Limited
301, 'B' Wing, The Qube, Infinity Park, Dindoshi
- Film City Road, Malad (East),
Mumbai - 400 097.

Contact No.: 1800 209 8700

Email id: customer.first@indiafirstlife.com

- b. A written communication giving reasons of either redressing or rejecting the grievance/ complaint will be sent to you within 14 (Fourteen) days from the date of receipt of the grievance/ complaint. 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.

- c. However, if you are not satisfied with our resolution provided or have not received any response within 14 (Fourteen) days, then, you may email us at grievance.redressal@indiafirstlife.com or write to our 'Grievance Officer' at the above mentioned address.

- d. An acknowledgment to all grievances/ complaints received will be sent within 3 (Three) working days of receipt of the complaint/ grievance. 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

- e. If you are not satisfied with our decision/ resolution, and if your grievance is related to the

below mentioned issues, then, you may approach the nearest Ombudsman. The list of Ombudsmen is as attached below as Annexure B. The Ombudsman may receive complaint under Rule 13 of Insurance Ombudsman Rules, 2017 ("Rules") relating to:

- i. Delay in settlement of claims, beyond the time specified in the regulations, framed under the Insurance Regulatory and Development Authority 1999;
 - ii. any partial or total repudiation of claims by the life general insurer or health insurer;
 - iii. disputes over premium paid or payable in terms of insurance policy;
 - iv. misrepresentation of policy terms and conditions at any time in the policy document or policy contract;
 - v. legal construction of insurance policies in so far as the dispute relates to claim;
 - vi. policy servicing related grievances against insurers and their agents and intermediaries;
 - vii. 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;
 - viii. 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 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 (i) to (viii) above.
- f. 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.
- g. 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.

Annexure B – List of Ombudsmen

Office of the Ombudsman	Contact Details	Areas of Jurisdiction
Ahmedabad	Office of the Insurance Ombudsman, Jeevan Prakash Building , 06th Floor, Tilak Marg, Relief Road, AHMEDABAD- 380001 Tel. 079- 25501201/02/05/06 Email: bimalokpal.ahmedabad@ecoi.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu
Bengaluru	Office of the Insurance Ombudsman, 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	Karnataka
Bhopal	Office of the Insurance Ombudsman, 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	Madhya Pradesh & Chhattisgarh
Bhubaneswar	Office of the Insurance Ombudsman, 62, Forest Park, BHUBNESHWAR - 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@ecoi.co.in	Odisha
Chandigarh	Office of the Insurance Ombudsman, 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	Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh
Chennai	Office of the Insurance Ombudsman, 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	Tamil Nadu, -Pondicherry Town and Karaikal (which are part of Pondicherry)
New Delhi	Office of the Insurance Ombudsman, 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	Delhi
Guwahati	Office of the Insurance Ombudsman, 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	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura
Hyderabad	Office of the Insurance Ombudsman, 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	Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry

Office of the Ombudsman	Contact Details	Areas of Jurisdiction
Jaipur	Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, JAIPUR - 302 005. Tel.: 0141 - 2740363 Email: bimalokpal.jaipur@ecoi.co.in	Rajasthan
Ernakulam	Office of the Insurance Ombudsman, 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	Kerala, Lakshadweep, Mahe - a part of Pondicherry
Kolkata	Office of the Insurance Ombudsman, 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	West Bengal, Sikkim, Andaman & Nicobar Islands
Lucknow	Office of the Insurance Ombudsman, 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	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, Raebareilly, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
Mumbai	Office of the Insurance Ombudsman, 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 Email: bimalokpal.ernakulam@gbic.co.in	Kerala, Lakshadweep, Mahe - a part of Pondicherry
Pune	Office of the Insurance Ombudsman, 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	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region
Noida	Office of the Insurance Ombudsman, 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	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

Office of the Ombudsman	Contact Details	Areas of Jurisdiction
Patna	Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, PATNA - 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@ecoi.co.in	Rajasthan

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