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Disclaimer: IndiaFirst Life Insurance Company Limited, IRDAI Regn No.143, CIN: U66010MH2008PLC183679, Address: 12th & 13th floor, North [C] Wing, Tower 4, Nesco IT Park, Nesco Center, Western Express Highway, Goregaon (East), Mumbai - 400 063. Toll free No - 18002098700. IndiaFirst Life Insurance Company Limited is only the name of the Life Insurance Company and IndiaFirst Life Group Loan Protect Plan is the policy and does not in any way indicate the quality of the contract, its future prospects, or returns. For more details on risk factors and terms and conditions, please read the sales brochure carefully before concluding the sale. IndiaFirst Life Group Loan Protect Plan (UIN 143N055V01). The trade logo mentioned herein above belongs to IndiaFirst Life Insurance Co Ltd. Advt. Ref. No.: IndiaFirst Life Group Loan Protect Plan/Policy Document/ E/ 001.

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• 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 Loan Protect Plan- UIN: 143N055V01

(A Non-Linked, Non-Participating, Group Credit Linked Insurance Plan)

Dear Customer,
Congratulations!

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

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

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

You the <<Master Policyholder / Member>> can return your Policy Document / Certificate Of Insurance if you disagree with any of the terms and conditions within the first 15 days for all channels except Distance Marketing or electronic mode where it is 30 days from receipt of Your Policy Document / Certificate Of Insurance, while stating your reasons for the same. We will refund Your premium within 15 days of receipt of the request after deducting the pro rata risk premium, stamp duty and medical cost if any.

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

Thank you once again for choosing IndiaFirst.

Yours truly,

Authorised Signatory



Insurance Intermediary Details

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

IndiaFirst Life Group Loan Protect Plan
(A Non-Linked, Non-Participating, Group Credit Linked Insurance Plan)
UIN [143N055V01]

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 Loan Protect Plan and as per the Scheme Rules of the (.....name of the scheme....) Scheme of the Master Policyholder (certified copy of which has been furnished to the Insurer by the Master Policyholder) to the Members whose names have been recorded in the Membership Register maintained by the Master Policyholder.

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

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

Signed by and on behalf of

IndiaFirst Life Insurance Company Limited

Authorised Signatory



Annexure A: Policy Schedule

I. Master Policyholder Details

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

II. Policy Details

Company Name:	IndiaFirst Life Insurance Company Limited
Product Name:	IndiaFirst Life Group Loan Protect Plan
UIN:	143N055V01
Policy Commencement Date:	DD MM YY
Loan Type	<<Housing>> <<Education>> <<Vehicle>> <<Personal>> <<Business>> <<Microfinance>>
Moratorium Period	
Scheme Type	<< Compulsory/ Voluntary>>
Cover Type	<<Decreasing Cover (Fixed)/ (Floating)>> <<Level Cover>>
Sum Assured Type	<<Decreasing Sum Assured / Level Sum Assured>>
Premium Payment Mode	<<Single / Limited 5/ Limited 7/ Limited 10/ Regular>>
Premium Payment Frequency	<< Annual/ Half-Yearly/ Quarterly/ Monthly>>
Eligibility Conditions	Minimum age at Entry: 14 years (for Life Cover or Life Cover + Family Income) (18 years in case of Life Cover + Accidental Total Permanent Disability (accelerated) or Life Cover + Critical Illness (accelerated) or Life Cover + Accidental Death) Maximum age at Entry: 75 years Maximum age at Maturity: 76 years
Joint Life Coverage	<<Applicable/ Not Applicable>>
Coverage Option	<< Life Cover>> << Life Cover + Accidental Total Permanent Disability (ATPD) (Accelerated)>> <<Life Cover + Critical Illness (CI) (Accelerated)>> <<Life Cover + Accidental Death (ADB)>> <<Life Cover + Family Income>>

Rider Option (To be displayed as selected by the Master Policyholder)	Option	Details
	IndiaFirst Life Group Critical Illness Rider (UIN: 143B002V01)	a. Critical Illness (CI) Benefit with 5 conditions b. Critical Illness (CI) Benefit with 20 conditions c. Critical Illness (CI) Benefit with 40 conditions
	IndiaFirst Life Group Additional Benefit Rider (UIN: 143B018V01)	Term Rider Benefit a. Term Rider Benefit b. Spouse Cover Benefit
	IndiaFirst Life Group Disability Rider (UIN: 143XXXXXXXX)	a. Accidental Total Permanent Disability Benefit (ATPD) b. Total Permanent Disability Benefit (TPD) due to accident and/ or illness c. Partial Permanent Disability Benefit (PPD) due to accident and/ or illness
	IndiaFirst Life Group Protection Rider (UIN: 143XXXXXXXX)	a. Accidental Death Benefit (ADB) b. Terminal Illness Benefit (TI)

III. Insurance Intermediary Details

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

IV. Special Conditions

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

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

PART B

Definitions

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

Word/ Term	Meaning
Age	The Member's Age as on his/her last birthday
Accident	"Accident" means sudden, unforeseen and involuntary event caused by external, visible and violent means. "Bodily Injury" means it is accidental bodily harm excluding illness or disease solely and directly caused by external, violent means which is verified and certified by a Medical Practitioner.
Appointee	The person who receives the proceeds or the benefits under the Policy, if any, when the Nominee is less than 18 years of Age.
Annexure	Any documents attached to this Policy as amended from time to time.
Application Form	The proposal form completed and signed by you, the Master Policyholder based on which we have issued this Policy.
Certificate of Insurance	A document stating the benefits payable to the Member and other details pertaining to the Coverage of the Member under the Scheme.
Cover	The coverage of risk of death / total permanent disability due to an accident/ critical illness
Cover Commencement Date	The date on which the Coverage starts for Member as mentioned in Certificate of Insurance
Cover Ceasing Date	The date on which the Coverage ends for Member as mentioned in Certificate of Insurance
Cover Schedule	A schedule specific to each individual Member which shows the amount of Sum Assured which may vary from month to month starting from the Cover Commencement Date. This is a part of Certificate of Insurance.
Death Benefit	The amount which is payable on the Member/ Member's death.
Decreasing Cover	Under this cover type, Sum Assured decreases over the term as per the cover schedule mentioned in Certificate of Insurance at inception of policy
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.
Grace Period	A period of one month but not less than 30 (Thirty) days from the due date for payment of Premium for yearly, half yearly and quarterly Premium payment mode, 15 (Fifteen) days for monthly Premium payment mode and 30 days for other premium payment modes. During this period the policy will be considered to be in-force.
Level Cover	Under this cover type, Sum Assured remains level as per the cover schedule mentioned in Certificate of Insurance at inception of the policy
Limited Premium	The premium payable by the Member at regular intervals for a specified term that is less than the Cover Term according to the amounts and frequency specified in the Certificate of Insurance.
Master Policyholder	The person named in the Policy Schedule as the owner/ holder of the Policy. It is the entity who owns the policy and who provides loan.
Member	A new or existing borrower of the Master Policyholder who has an outstanding loan as on the Cover Commencement Date. The borrower needs to fulfill and continue to fulfill the eligibility criteria and be covered under this Policy to be a Member. If there are four borrowers in respect of a single loan taken from the Master Policyholder, both borrowers may be Members.
Nominee	The person nominated by individual member to receive the Death Benefit
Policy	The arrangement made in the terms and conditions of this document. The COI and proposal form does not form a part of the policy. This policy consists only of this document.

Word	Meaning
Policy Commencement Date	The date on which the Policy starts for the Master Policyholder as shown in the Policy Schedule in Annexure A
Policy Schedule	The schedule to this Policy attached as Annexure A
Policy Term	The period which commences on the Cover Commencement Date and ends on the Cover End Date as specified in the Certificate of Insurance.
Premium	The amount payable by the Master Policyholder to cover its Members or paid by the Member for the coverage
Premium Paying Term	The number of years, during which You or your Member(s) will pay Premium as specified in the Certificate of Insurance. This may or may not be equal to the Cover Term.
Decreasing Cover	Under this cover type, Sum Assured reduces throughout the term of the cover as per certificate of insurance (COI) at inception of the policy
Regular Premium	The amount which is payable by you during the Policy Term at regular intervals as specified in the Policy Schedule.
Regulations	The applicable laws as amended from time to time which are applicable to this Policy
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.
Regulated Entities	<p>Regulated Entities shall mean to include -</p> <ol style="list-style-type: none"> 1.1 Reserve Bank of India (RBI) Regulated Scheduled Commercial Banks (including Co-operative Banks). 1.2 NBFCs having Certificate of Registration from RBI. 1.3 National Housing Bank (NHB) Regulated Housing Finance Companies. 1.4 National Minority Development Finance Corporation (NMDFC) and its State Channelizing Agencies. 1.5 Small Finance Banks regulated by RBI 1.6 Mutually Aided Cooperative Societies formed and registered under the applicable State Act concerning such Societies. 1.7 Microfinance companies registered under section 8 of the Companies Act, 2013. 1.8 Any other category as approved by the Authority. <p>Other Entities which shall mean the entities other than Regulated Entities as mentioned above.</p>
Revival	Revival is the process of restoring the benefits under the cover which are otherwise not available due to the nonpayment of premiums on due dates, resulting in the Insurance cover getting lapsed
Revival Period	The period of 5 (Five) consecutive years from the date of first nonpayment of premium during which you can pay the due unpaid Premiums without any interest/Late fees to us and comply with the conditions specified in Part D, as the case may be, for reviving the Insurance Cover
Scheme	The IndiaFirst Life Group Loan Protect Plan, covering members of the Master Policyholder. In this document, Policy will mean Scheme and may be used interchangeably.
Single Premium	This is a one-time premium to enjoy the benefits of the Scheme for the Cover Term as specified in the Certificate of Insurance.
Surrender / Termination	Terminating or cancelling or withdrawing the Policy prior to the expiry of the Cover Term based on the Master policyholders/Member/s request
We, Us or Our	IndiaFirst Life Insurance Company Limited.
You or Your	The Master Policyholder

Word	Meaning
Definitions	
Medical Practitioner	<p>A medical practitioner is a person who holds a valid registration from the medical council of any state or Medical council of India or Council for Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction and is acting within the scope and jurisdiction of license.</p> <p>The Medical Practitioner / Specialist Medical Practitioner are independent of the Insurance Company.</p> <p>Such Independent Medical Practitioner shall not include: The Member's Spouse, Father (including step father) or Mother (including step mother), Son (including step son), Son's wife, Daughter, Daughter's husband, Brother (including step brother) and Sister (including step sister) or member under this policy</p>
	<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 After completion of 48 months from date of issuance or reinstatement, as the case may be, pre-existing exclusion clause will not be applicable.
Definitions for Accidental Death are given below. Details of the benefits are provided in PART C.	
Accidental Death Benefit	<p>"Accidental Death" shall mean death:</p> <ol style="list-style-type: none"> which is caused by Bodily Injury resulting from an Accident and which occurs due to the said Bodily Injury solely, directly and independently of any other causes as verified and certified by Medical Practitioner and <p>which occurs within 180 days of the occurrence of such Accident irrespective of the expiry of cover term provided date of accident is within the cover term</p>
Definitions for Accidental Total Permanent Disability are given below. Details of the benefits are provided in PART C.	
Accidental Total Permanent Disability	<p>"Accidental Total and Permanent Disability or "Total and Permanent Disability due to an Accident" refers to a disability, which:</p> <ol style="list-style-type: none"> is caused by Bodily Injury resulting from an accident, and occurs due to the said bodily injury, directly and independently of any other causes, as verified and certified by Medical Practitioner and occurs within 180 days of the occurrence of such accident irrespective of the expiry of cover term provided date of accident is within the cover term <p>For the purposes of this benefit,</p> <p>The loss of both arms, or of both legs, or of one arm and one leg, or of both eyes, shall be considered total and permanent disability, without prejudice to other causes of total and permanent disability.</p> <p>"Loss of an arm or a leg" shall mean physical severance of the arm at or above the wrist or physical severance of the leg at or above the ankle which:</p> <ol style="list-style-type: none"> is caused by bodily injury resulting from an accident, and occurs due to the said bodily injury, directly and independently of any other causes, as verified and certified by Medical Practitioner and occurs within 180 days of the occurrence of such accident irrespective of the expiry of cover term provided date of accident is within the cover term <p>"Loss of an eye" shall mean total and irrevocable loss of sight of an eye which:</p> <ol style="list-style-type: none"> is caused by bodily injury resulting from an accident, and occurs due to the said bodily injury, directly and independently of any other causes, as verified and certified by Medical Practitioner and <p>occurs within 180 days of the occurrence of such accident irrespective of the expiry of cover term provided date of accident is within the cover term</p>

Word	Meaning																																										
Definitions for Critical Illness are given below. Details of the benefits are provided in PART C.																																											
Critical Illness	<p>If the member is diagnosed with any one of the covered critical illnesses as mentioned below during the cover term, the benefit will be paid as per cover schedule. We should be intimated about the diagnosis of the Critical Illness within 60 days from the date of its diagnosis. However, claims intimated even beyond such period will be considered if there are valid reasons for any delay. The diagnosis of any of the below Critical Illness is to be confirmed by an independent registered Medical Practitioner.</p> <p>The conditions covered are:</p> <table border="1" data-bbox="456 555 1469 1355"> <thead> <tr> <th>Sr. No.</th> <th>Critical Illness</th> </tr> </thead> <tbody> <tr><td>1</td><td>Cancer of specified severity</td></tr> <tr><td>2</td><td>Open Chest CABG</td></tr> <tr><td>3</td><td>Kidney Failure requiring regular dialysis</td></tr> <tr><td>4</td><td>Permanent paralysis of limbs</td></tr> <tr><td>5</td><td>Primary (Idiopathic) Pulmonary Hypertension</td></tr> <tr><td>6</td><td>Myocardial Infarction (First Heart Attack of Specific Severity)</td></tr> <tr><td>7</td><td>Stroke Resulting in Permanent Symptoms</td></tr> <tr><td>8</td><td>Major organ/ bone marrow transplant</td></tr> <tr><td>9</td><td>Multiple Sclerosis with persisting symptoms</td></tr> <tr><td>10</td><td>Surgery to Aorta</td></tr> <tr><td>11</td><td>Apallic Syndrome</td></tr> <tr><td>12</td><td>Benign Brain Tumour</td></tr> <tr><td>13</td><td>Coma of specified severity</td></tr> <tr><td>14</td><td>End Stage Liver Failure</td></tr> <tr><td>15</td><td>End Stage Lung Failure</td></tr> <tr><td>16</td><td>Open Heart Replacement or Repair of Heart Valves</td></tr> <tr><td>17</td><td>Loss of Limbs</td></tr> <tr><td>18</td><td>Blindness</td></tr> <tr><td>19</td><td>Third degree Burns</td></tr> <tr><td>20</td><td>Major Head Trauma</td></tr> </tbody> </table> <p>CI Definitions:</p> <p>1. Cancer of specified severity</p> <p>I. A malignant tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukemia, lymphoma and sarcoma.</p> <p>II. The following are excluded -</p> <p>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.</p> <p>ii. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;</p> <p>iii. Malignant melanoma that has not caused invasion beyond the epidermis;</p> <p>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</p> <p>v. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;</p> <p>vi. Chronic lymphocytic leukaemia less than RA1 stage 3</p> <p>vii. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,</p> <p>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;</p>	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
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Word	Meaning
	<p>2. Open Chest CABG</p> <p>I. The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breast bone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist.</p> <p>II. The following are excluded:</p> <p>i. Angioplasty and/or any other intra-arterial procedures</p> <p>3. Kidney Failure requiring regular dialysis</p> <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> <p>4. Permanent Paralysis of limbs</p> <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> <p>5. Primary (Idiopathic) Pulmonary Hypertension</p> <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 Catheterization. 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> <p>i. Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.</p> <p>ii. Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.</p> <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> <p>6. Myocardial Infarction (First Heart Attack of specific severity)</p> <p>I. The first occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria:</p> <p>i. A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. typical chest pain)</p> <p>ii. New characteristic electrocardiogram changes</p> <p>iii. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.</p> <p>II. The following are excluded:</p> <p>i. Other acute Coronary Syndromes</p> <p>ii. Any type of angina pectoris</p> <p>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</p> <p>7. Stroke resulting in Permanent symptoms</p> <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> <p>i. Transient ischemic attacks (TIA)</p> <p>ii. Traumatic injury of the brain</p> <p>iii. Vascular disease affecting only the eye or optic nerve or vestibular functions</p>

Word	Meaning
	<p>8. Major Organ/ Bone Marrow Transplant I. The actual undergoing of a transplant of: 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. II. The following are excluded: i. Other stem-cell transplants ii. Where only islets of langerhans are transplanted</p> <p>9. 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. Other causes of neurological damage such as SLE are excluded</p> <p>10. 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.</p> <p>11. 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</p> <p>12. Benign Brain Tumour 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. II. This brain tumor must result in at least one of the following and must be confirmed by the relevant medical specialist. 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. 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> <p>13. Coma of specified severity 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: 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. II. The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse is excluded.</p> <p>14. End Stage Liver Disease I. Permanent and irreversible failure of liver function that has resulted in all three of the following: i. Permanent jaundice; and ii. Ascites; and iii. Hepatic encephalopathy. II. Liver failure secondary to drug or alcohol abuse is excluded.</p>

Word	Meaning
	<p>15. End Stage Lung Disease I. End stage lung disease, causing chronic respiratory failure, as confirmed and evidenced by all of the following: 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.</p> <p>16. 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.</p> <p>17. Loss of Limbs 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> <p>18. Blindness I. Total, permanent and irreversible loss of all vision in both eyes as a result of illness or accident. II. The Blindness is evidenced by: 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. III. The diagnosis of blindness must be confirmed and must not be correctable by aids or surgical procedure.</p> <p>19. Third Degree Burns 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> <p>20. Major Head Trauma 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. 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. III. The Activities of Daily Living 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. IV. The following are excluded: i. Spinal cord injury; Please refer the rider policy document available on our website for details on covered rider conditions.</p>

PART C

1. Benefits under the policy

This policy provides cover either against any type of loan and/or provides a protection cover to a member of the Master Policyholder.

1.1 Risk Cover Benefit

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

The benefit shall be payable as under:

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

Please Note -

1.1 **Regulated Entities** shall mean to include -

1.2 Reserve Bank of India (RBI) Regulated Scheduled Commercial Banks (including Co-operative Banks).

1.3 NBFCs having Certificate of Registration from RBI.

1.4 National Housing Bank (NHB) Regulated Housing Finance Companies.

1.5 National Minority Development Finance Corporation (NMDFC) and its State Channelizing Agencies.

1.6 Small Finance Banks regulated by RBI

1.7 Mutually Aided Cooperative Societies formed and registered under the applicable State Act concerning such Societies.

1.8 Microfinance companies registered under section 8 of the Companies Act, 2013.

1.9 Any other category as approved by the Authority.

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

1.1.1 Joint Life

Options available to joint borrowers

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

	Each borrower will be covered for 100% of the loan amount (First claim basis - 100% of Loan)	Co-sharing (Loan share percentage)
	The cover can be extended to up to two borrowers	The cover can be extended to up to four borrowers subject to eligibility criterion/ similar premium frequency/ similar cover type (level or decreasing) for all 4 borrowers
Extent of cover	<ul style="list-style-type: none"> • Each of the joint borrowers is insured for 100% of the outstanding loan amount. 	<ul style="list-style-type: none"> • Each of the joint borrowers is insured up to his/her share of the loan as mentioned in the membership form
Any one or more borrower's demise or total permanent disability due to an accident or first diagnosis of the covered critical illness	<ul style="list-style-type: none"> • In the unfortunate event of either or both of the two borrower's simultaneous demise or accidental total permanent disability or first diagnosis of any of the covered critical illness, the benefit is paid to the Member/ Nominee/ Appointee/ Legal Heir, through You, the Master Policyholder • In case of death or accidental total permanent disability or first diagnosis of any of the covered critical illness of one of the borrowers the cover for the other borrower ceases immediately. 	<ul style="list-style-type: none"> • In the unfortunate event of one or more or all of the borrower's simultaneous demise or accidental total permanent disability or first diagnosis of any of the covered critical illness, the benefit is paid to the Member/ Nominee/ Appointee/ Legal Heir, through You, the Master Policyholder - up to the affected borrower's share • In case of death or accidental total permanent disability or first diagnosis of any of the covered critical illness of one of the borrowers the cover for the other borrower continues.

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

Cover Options	Level Term Cover	Decreasing Term Cover
Life Cover	In case of death of the Member; Sum Assured as opted at the inception is payable in lump sum or in equal monthly instalments of 1 to 5 years as chosen at inception and cover ceases	In case of death of the Member; outstanding cover amount as per the cover schedule as at monthiversary immediately preceding the date of death of Member is payable if fixed rate option is chosen or as per revised COI at the time of claim if floating rate option is chosen and cover ceases
Life Cover + Accidental Total Permanent Disability (ATPD) (Accelerated)	In case of death or total permanent disability due to an accident of the Member; Sum Assured as opted at the inception is payable in lump sum or in equal monthly instalments of 1 to 5 years as chosen at inception and cover ceases	In case of death or total permanent disability due to an accident of the Member; outstanding cover amount as per the cover schedule as at monthiversary immediately preceding the date of disability of Member if fixed rate option is chosen or as per revised COI at the time of claim if floating rate option is chosen and cover ceases.
Life Cover + Critical Illness (CI) (Accelerated)	In case of diagnosis of Critical Illness of the Member; the Benefit will be Original Sum Assured payable in lumpsum or in equal monthly instalments in 1 to 5 years as chosen at inception and cover ceases	In case of diagnosis of Critical Illness of the Member; the Benefit will be as per initial cover schedule mentioned in COI, as at monthiversary immediately preceding the date of CI of the Member if fixed rate option is chosen or as per revised COI at the time of claim if floating rate option is chosen and cover ceases
Life Cover + Accidental Death	In case of accidental death of the Member; additional benefit equal to Sum Assured as opted at the inception (ie 2x Original Sum Assured as per COI) is payable in lumpsum or in equal monthly instalments in 1 to 5 years as chosen at inception and cover ceases	In case of accidental death of the Member; an additional benefit equal to the outstanding cover amount as per the cover schedule as at monthiversary immediately preceding the date of death is payable. (ie 2x Outstanding Cover Amount as per COI) if fixed rate option is chosen or as per revised COI at the time of claim if floating rate option is chosen and cover ceases.
Life Cover + Family Income	In case of death of the Member; Sum Assured as opted at the inception is payable in lumpsum or in equal monthly instalments in 1 to 5 years as chosen at inception Plus An additional benefit of 5% p.a. of initial loan amount is paid as monthly income benefit for 5 years as chosen by the member at inception of the policy and cover ceases	In case of death of the Member; outstanding cover amount as per the cover schedule as at monthiversary immediately preceding the date of death is payable Plus An additional benefit of 5% p.a. of initial loan amount is paid as monthly income benefit for 5 years as chosen by the member at inception of the policy and cover ceases

Note:

1. Benefit amount to the member/ nominee/ appointee/ legal heir which is over and above the actual loan outstanding will be paid either as lump sum or as a level monthly instalment and instalment period of over 1 to 5 years as chosen by the member at inception of the cover.

For level cover, in case of monthly instalment payouts the benefit amount will be calculated as dividing lump sum amount (say, S) by annuity factor (i.e. $a(n)(12)$) i.e. $S/a(n)(12)$ where n is the instalment period of 1 to 5 years and S is the benefit payable to the nominee which is calculated as sum assured as per COI less amount payable to the master policyholder.

The prevailing SBI savings bank interest rate will be used to calculate the annuity factor. Once the monthly instalment payment starts, this payment remains level throughout the instalment period. The interest rate used to calculate annuity factor is subject to review at the end of every financial year and will be changed in case of change in SBI savings bank interest rate

2. Top-up or any additional enhancement amount of same loan account will be considered after paying additional premium for extra cover amount and outstanding term and modification of revised COI.

3. ATPD/ CI are accelerated benefits. ADB is an additional benefit.

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

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

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

6. Applicable tax charge will be levied on the premium. The level of this charge will be as per the rate of Applicable Tax on premium, declared by the Government from time to time.

7. In case of Accidental Total Permanent Disability occurring within 180 days of accident, provided date of accident is within the cover term, We will pay the applicable benefit on the date of accident plus any premiums, if any, paid from date of accident to date of disability.

1.1 Moratorium Period

Risk cover	<ul style="list-style-type: none"> The moratorium period allows for the risk Cover to start even before the actual loan repayment schedule begins
Payment of interest	<ul style="list-style-type: none"> Level cover during moratorium period: The Member can choose to pay interest during this period of moratorium. In this case the Sum Assured will remain constant till the start of the loan repayment even if a Decreasing Sum Assured has been opted for. Increasing cover during moratorium period: If the interest is not paid, the outstanding loan amount will increase every month to the extent of the unpaid interest till the repayment starts.

Note: In cases where the loan is disbursed in phases, for example: construction linked home loan, the Cover will start from the date of the first disbursement and will be equal to the total loan amount outstanding.

1.2 Maturity benefit

No maturity benefit will be payable under this policy.

1.3 Rider Benefit

Please refer to rider COI and annexure for details.

2. Paid-Up benefits

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

3. Surrender / Termination Benefit

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

	Decreasing Cover	Level Cover
Regular premium	No surrender value is payable	No surrender value is payable
Limited premium – Termination/ Surrender Value	$70\% \times \text{Premiums Paid} \times \{1 - M/P\} \times \{ \text{Current SA} / \text{Original SA} \} \times (\text{Premiums Paid} / \text{Total Premiums payable under the policy})$ Where M = Elapsed months since inception & P = Cover term in months; SA is Sum Assured	$70\% \times \text{Premiums Paid} \times \{1 - M/P\} \times (\text{Premiums Paid} / \text{Total Premiums payable under the policy})$ Where M = Elapsed months since inception & P = Cover term in months
Single premium – Surrender Value	$70\% \times \text{Single Premium} \times \{1 - M/P\} \times \{ \text{Current SA} / \text{Original SA} \}$ Where M = Elapsed months since inception & P = Cover term in months; SA = Sum Assured	$70\% \times \text{Single Premium} \times \{1 - M/P\}$ Where M = Elapsed months since inception & P = Cover term in months

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

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

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

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

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

4. Grace Period

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

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

5. Premium Payment

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

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

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

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

For decreasing cover, the premium rate will depend on: age at entry, gender, loan term, premium term, loan interest rate, loan type, type of financial institution, additional benefits, moratorium period and whether interest is paid or not during the moratorium period and any the rating factor as allowed under this policy.

For level cover, the premium rate will depend on: age at entry, gender, loan term, premium term, loan type, type of financial institution, additional benefits, and loan amount at entry and any the rating factor as allowed under this policy.

New members are allowed to join the Scheme at any time, provided the application is accepted by the Insurer. Insurance cover for new members shall not commence before the receipt of premium. In case, You the Master Policyholder (MPH) have collected the premium from the Member before the completion of grace period and have not remitted the same to Us (due to any reason), We will continue to provide coverage to that Member subject to confirmation from Master Policyholder of the collection of the premium and recovery of the premium from Master Policyholder.

PART D

6. Reviving your Lapsed Policy

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

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

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

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, stamp duty and charges for medical examination, if any.

Distance Marketing includes every activity of solicitation (including lead generation) and sale of insurance products through the following modes: (i) Voice mode, which includes telephone calling; (ii) Short Messaging service (SMS); (iii) Electronic mode which includes e-mail, internet and interactive television (DTH); (iv) Physical mode which includes direct postal mail and newspaper & magazine inserts; and, (v) Solicitation through any means of communication other than in person.

8. Loan

No Loan available under this policy.

PART E

9. Charges

This is a non-linked non-participating group credit linked insurance policy.
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.

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

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

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

Documents required for Death Claim:

In case of natural death

1. Proof of Age of the Member/ Life Assured, if the Age of the Member/ Life Assured has not been admitted by us.
2. Claim intimation report duly filled and signed by claimant/nominee.
3. Death certificate issued under section 12/17 of registration of Births and Deaths Act 1969 (only in case of death of the Member/ Life Assured).
4. Loan Application form & Loan a/c statement
5. Certificate of Insurance (Inforced, issued at the inception / renewal whichever is applicable).
6. Self-attested copy of photo-identity proof and address of the Nominee/Claimant (e.g. driving license, PAN card, passport, Voter ID card etc.)
7. Self-attested copy of bank pass book of Nominee/ Claimant along with cancelled cheque.

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

Additional documents required in case of un natural death

1. All Hospitalization documents including discharge summary Admission Notes and all investigation reports (only in case the Member/ Life Assured was treated for any illness related to the cause of death).
2. Copies of Medico Legal Certificate, First Information Report, Panchnama, Inquest report and post mortem report, duly attested by the police (only in case of Accident leading to unnatural death or Permanent Disability of the Life Assured)).

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

Documents required for Accidental Total Permanent Disability Claim:

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

Documents required for Critical Illness Claims:

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 disease or Injury or any Illness which was diagnosed within the first 48 months 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, duly attested by police officials or medico-legal certificate.
7. Member's photo, current address proof & photo ID proof
8. Member's copy 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

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

1. Authorization Letter
2. Credit Account Statement

11. Exclusions

A. Suicide Exclusion

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

B. Exclusions for Accidental Total Permanent Disability Benefit:

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

1. Intentional self-inflicted injury, suicide or attempted suicide, while sane or insane;
2. Insured person being under the influence of drugs, alcohol, narcotics or psychotropic substances unless taken in accordance with the lawful directions and prescription of a registered medical practitioner;
3. War, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, mutiny, rebellion, terrorist act, revolution, insurrection, military or usurped power, riot or civil commotion, strikes;
4. Participation in any flying activity, except as a bonafide passenger in a commercially licensed aircraft.;
5. Participation by the insured person in a criminal or unlawful act;
6. Policy for those specific members will not be issued if any disability due to accident that occurred before the effective date of the cover
7. Any disability due to any kind of sickness, disease before and/or after the effective date of the cover; any existing external congenital anomaly will not be covered, and policy will not be issued for such members having external congenital anomaly. Other than external congenital anomaly all other congenital anomaly will be covered.
Where External Congenital Anomaly means a condition, which is visible and accessible parts of the body and present since birth, and which is abnormal with reference to form, structure or position.
8. Engaging in or taking part in professional sport(s) or any hazardous pursuits, including but not limited to, diving or riding or any kind of race; underwater activities involving the use of breathing apparatus or not; martial arts; hunting; mountaineering; parachuting; bungee-jumping;
9. Nuclear Contamination; the radio-active, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature;
10. If full disclosure is given by the members and that particular members fall under any of the exclusion stated above at the time of sale then the policy will not be offered to such members.

C. Exclusions for Accidental Death benefit:

Accidental Death benefit shall not be paid on death of the insured person occurring directly or indirectly as a result of (any of the following):

1. Intentional self-inflicted injury, suicide or attempted suicide, while sane or insane;
2. Insured person being under the influence of drugs, alcohol, narcotics or psychotropic substances unless taken in accordance with the lawful directions and prescription of a registered medical practitioner;
3. War, invasion, act of foreign enemy, hostilities (whether war be declared or not), , civil war, mutiny, rebellion, terrorist act, revolution, insurrection, military or usurped power, civil commotion, strikes;
4. Participation in any flying activity, except as a bonafide passenger in a commercially licensed aircraft;

5. Participation by the insured person in a criminal or unlawful act;
6. Service in the armed forces, or any police organization, of any country at war or service in any force of an international body;
7. 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;
8. 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;

D. 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:
Pre-Existing disease means any condition, ailment, injury or disease:
 - a. That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or
 - b. For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy or its reinstatement

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

2. 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 will not be covered, and policy will not be issued for such members having external congenital anomaly.

Where External Congenital Anomaly means a condition, which is visible and accessible parts of the body and present since birth, and which is abnormal with reference to form, structure or position.

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.

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

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

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

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

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

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

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

Provided also that the nomination, which has been automatically cancelled consequent upon the transfer or assignment, the same nomination shall stand automatically revived when the policy is reassigned by the

assignee or retransferred by the transferee in favour of the policyholder on repayment of loan other than on a security of policy to the insurer.

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

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

- (7) Subject to the other provisions of this section, where the holder of a policy of insurance on his own life nominates his parents, or his spouse, or his children, or his spouse and children, or any of them, the nominee or nominees shall be beneficially entitled to the amount payable by the insurer to him or them under sub-section (6)

unless it is proved that the holder of the policy, having regard to the nature of his title to the policy, could not have conferred any such beneficial title on the nominee.

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

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

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

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

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

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

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

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

14. Insurance Cover Ceases/ Ends/ Terminates

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

1. Member attaining age 76 years (in case of joint life, any life attaining age 76 years) or on death or ATPD (if member avails this benefit) or CI (if member avails this benefit) whichever is earlier
2. Non-payment of premium under limited/regular premium during the grace period.
3. The end of cover term
4. Surrender of the contract by the member
5. Death the first life in case of joint life coverage in case of first claim basis
6. On payment of 'free-look' cancellation

15. Change of Address

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

16. Disclosures

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

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

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

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

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

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

18. Force Majeure

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

19. Governing Law and Jurisdiction

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

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

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

*Please note there is no maturity benefit payable under this policy.

21. Inspection of Books & Records

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

PART G

23. Grievance Redressal

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

- a. A written communication giving reasons of either redressing or rejecting the grievance will be sent to you within 15 (Fifteen) days from the date of receipt of the grievance. In case We don't receive a revert from You within 8 weeks from the date of Your receipt of Our response, We will treat the complaint as closed.
- b. However, if you are not satisfied with our resolution provided or have not received any response within 15 (Fifteen) days, then, you may approach our Grievance Officer at the nearest IndiaFirst Life Insurance's branch or you may write to our Grievance Redressal Officer at grievance.redressal@indiafirstlife.com.

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

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

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

Email ID: complaints@irda.gov.in

You can also register your complaint online at

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

Address for communication for complaints by fax/paper:

Consumer Affairs Department,

Insurance Regulatory and Development Authority of India,

Sy. No. 115/1, Financial District, Nanakramguda

Gachibowli, Hyderabad, Telangana- 500032 Toll Free No: 1800 425 4732

Insurance Ombudsman

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

- Delay in settlement of claims, beyond the time specified in the regulations, framed under the Insurance Regulatory and Development Authority Act, 1999;

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

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

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

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

List of Ombudsmen

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

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



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