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PROMOTED BY



**Tax exemptions are as per applicable tax laws from time to time.

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 Additional Benefit Rider Plan is the name of the Rider 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 Additional Benefit Rider (UIN 143B018V01). Trade logo displayed above belongs to our promoters M/s Bank of Baroda and M/s Union Bank of India and are used by IndiaFirst Life Insurance Co. Ltd under License. Advt. Ref. No.: IndiaFirst Life Group Additional Benefit Rider/Policy Document/ E/ 001.

BEWARE OF SPURIOUS / FRAUD PHONE CALLS

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

PART A

INDIAFIRST LIFE INSURANCE COMPANY LIMITED

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

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

DD/MM/YYYY

IndiaFirst Life Group Additional Benefit Rider - UIN: 143B018V01

(Non Linked Non Participating Group Rider)

Dear Customer,

Congratulations!

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

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

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

You the Master Policyholder / Member can return your policy document / certificate of insurance if you disagree with any of the terms and conditions within the first 15 days for all channels except Distance Marketing or electronic mode where it is 30 days from receipt of your policy document / certificate of insurance (COI), while stating your reasons for the same. We will refund your premium within 15 days of receipt of the request after deducting the pro rata risk premium, stamp duty and medical cost if any.

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

Thank you once again for choosing IndiaFirst.

Yours truly,

Authorised Signatory



Insurance Intermediary Details

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

IndiaFirst Life Group Additional Benefit Rider
(Non Linked Non Participating Group Rider)
UIN [143B018V01]

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

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

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

Signed by and on behalf of

IndiaFirst Life Insurance Company Limited

Authorised Signatory



Annexure A: Policy Schedule

I. Master Policyholder Details

Master Policyholder Name:	
Address:	
Master Policy Number:	

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

III. Rider Details

Rider Name:	IndiaFirst Life Group Additional Benefit Rider
UIN:	143B018V01
Benefit Option Opted:	<< 1.Term Rider Benefit 2.Spouse Cover Benefit >>

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

IV. Insurance Distributor Details

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

V. Special Conditions

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

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

PART B

Definitions

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

Word	Meaning
Age	Age of the member as at the last birthday on the Policy Commencement Date and on any subsequent Policy Anniversary.
Annexure	Any annexure, endorsement attached to this Policy as changed/ modified and issued by us from time to time.
Annualized Premium	An amount which is payable in a Policy Year, excluding Extra Premium, loadings for modal premiums and applicable taxes, cesses or levies, if any.
Appointee	The person appointed by you to receive the benefits under this Policy, if the Nominee is less than 18 (Eighteen) years of Age.
Beneficiary	Beneficiary means the Nominee/Legal Heir/Assignee specified by the Member as the Beneficiary under the base Policy or a person directed by the Court of competent jurisdiction.
Certificate of Insurance	A document stating the benefits payable to the Member and other details pertaining to the Coverage of the Member under the Scheme
Distance Marketing	Distance Marketing includes every activity of solicitation (including lead generation) and sale of insurance products through the following modes: (i) Voice mode, which includes telephone-calling; (ii) Short Messaging service (SMS); (iii) Electronic mode which includes e-mail, internet and interactive television (DTH); (iv) Physical mode which includes direct postal mail and newspaper & magazine inserts; and, (v) Solicitation through any means of communication other than in person
Extra Premium	An additional amount payable by you, which is determined by us in accordance with our board approved underwriting policy. This is determined on the basis of information provided by you in the Proposal Form or on the basis of any other information submitted to us or through medical examination of the member subject to your consent.
Free Look Period	A period of 15 days (30 days if the policy is sourced through distance marketing or electronic mode) from the date of receipt of the Policy, during this period you can return the policy if you disagree to any of the terms and conditions of your policy.
Grace Period	Grace period means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits. If a valid claim has occurred during grace period, then rider Sum Assured will be paid after deducting due premium. Grace period terms and conditions will be applicable under Regular/ Limited premium payment options. The grace period will be same as per the base policy.
Income Tax Act	Income Tax Act, 1961, as amended from time to time.
Installment Premium	An amount that you pay us during the Premium Paying Term at regular intervals for securing the benefits under this Policy.
Insurance Act	Insurance Act, 1938 and as amended from time to time
Lapse	Non-payment of premium within the expiry of grace period.
Master Policyholder	Master Policyholder is the trustee or organization that effects this Policy for the benefit of its Members. The Master Policyholder holds the Master Policy.
Modal Factor	A factor used by us for calculating the Premium payable by You under this Policy, if you have opted to pay the Premium through half yearly Premium payment mode or quarterly Premium payment mode or monthly Premium payment mode.
Nominee	Nominee is the person nominated by the member under this Policy who is authorized to receive the claim benefit payable under this Policy and to give a valid discharge to the Company on settlement of the claim

Word	Meaning
Policy	The IndiaFirst Life Group Additional Benefit Rider which includes this Policy wording (as may be changed/ modified by us subject to receipt of prior approval of the Regulatory Authority, from time to time), the Proposal Form, Annexures, the Policy Schedule, any tables, information and documents which form a part of this Policy. This Policy includes the entire contract of insurance between you and us.
Policy Anniversary	The annual anniversary of the Policy Commencement Date.
Policy Commencement Date	The date on which this Policy is issued by us. This is specified in the Policy Schedule.
Policy Schedule	The schedule attached to this Policy as Annexure A and if we have issued a revised Policy Schedule, then, such revised Policy Schedule.
Policy Year	A period of 12 (Twelve) consecutive months starting from the Policy Commencement Date and ending on the day immediately preceding its annual anniversary and each subsequent period of 12 (Twelve) consecutive months thereafter during the Policy Term.
Premium	An amount that you pay us either as Single Premium or as Regular Premiums for securing the benefits under this Policy.
Premium Paying Term	The time period during which you need to pay your Premiums regularly to us for securing the benefits under this Policy.
Proposal Form	The proposal form completed and submitted by you based on which we have issued this Policy to you.
Risk Commencement Date	The date on which the insurance coverage starts under this Policy. This is specified in the Policy Schedule.
Regulatory Authority	The Insurance Regulatory and Development Authority of India or such other authority or authorities, as may be designated/ appointed under the applicable laws and regulations as having the authority to oversee and regulate life insurance business in India.
Revival	Revival is the process of restoring the benefits under the Policy which are otherwise not available due to the nonpayment of premiums on due dates, resulting in the Policy getting lapsed.
Revival Period	The Revival period shall be same as the base policy to which the rider is attached during which you can pay the due unpaid premiums without any interest to us and comply with the conditions specified in Part D, as the case may be for reviving the Policy
We or us or our or Insurer or Company	IndiaFirst Life Insurance Company Limited.
You or your or Policyholder or Proposer	The person named as the Policyholder in the Policy Schedule, who has taken this Policy from us.

PART C

1. Benefits under the policy

1.1 Risk Cover Benefit

Under IndiaFirst Life Group Additional Benefit Rider there are 2 benefit options, as mentioned below. Master policyholder / Member can choose any one or both benefit option(s) at inception of cover commencement. Rider Sum Insured for below benefit options cannot exceed the Base Death Benefit Cover.

- I. Term Rider Benefit
- II. Spouse Cover Benefit

Benefits payable are as below:

I. Term Rider Benefit

In the event of the death of the member during the term of the rider, the beneficiary would receive a lump sum benefit equal to rider Sum Insured.

II. Spouse Cover Benefit

In the event of death of the spouse of the member during the term of the rider, the beneficiary would receive a lump sum benefit equal to rider Sum Insured. However, spouse cover is limited to a maximum of 50% of Member's Base Death cover.

In case of credit linked policies, rider benefit will be applicable for:

- i. primary life or main borrower under 100% first claim for joint life cover or
- ii. both co-borrowers under loan sharing basis. In case of a claim for the first life under co-sharing arrangement, rider cover for the member for whom the rider benefit has already been paid, will not be renewed further. However, rider cover for remaining co-borrower(s) will continue as per terms and conditions of the rider policy.

1.2 Maturity benefit

No maturity benefit will be payable under this policy.

2. Paid-Up benefits

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

3. Surrender Benefit

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

In case of surrender of the group master policy, the member will get an option to continue the cover as per original COI issued at inception of cover till the end of the rider term as mentioned in the certificate of insurance. This will be consistent with base policy.

4. Grace Period

Grace period means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits. If a valid claim has occurred during grace period, then rider Sum Assured will be paid after deducting due premium. Grace period terms and conditions will be applicable under Regular/ Limited premium payment options. The grace period will be same as per the base policy.

5. Premium Payment

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

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

PART D

6. Reviving your Lapsed Policy

You may revive the lapsed rider within the Revival Period which shall be same as the base policy to which the rider is attached, from the due date of first unpaid regular premium by:

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

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

7. Free Look Period

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

8. Loan

No Loan available under this policy.

PART E

9. Charges

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

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

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

Documents required for Term Rider:

Incase of natural death

1. Completely filled & signed claim intimation form
2. Death Certificate
3. Discharge Card / Indoor consultation paper from the hospital along with the investigation report in case of hospitalization.
4. Life Assured's current address proof & photo ID proof
5. Nominee's current address proof & photo ID proof
6. Nominee's copy of first page of bank passbook / statement with bank account details

Incase of un natural death

1. Completely filled & signed claim intimation form
2. Death Certificate
3. Copy of First Information Report, Post Mortem Report & Panchnama, duly attested by police officials, in case of unnatural deaths including accidents, murder, suicide etc.
4. Life Assured's current address proof & photo ID proof
5. Nominee's current address proof & photo ID proof
6. Nominee's copy of first page of bank passbook / statement with bank account details

Documents required for Spouse Cover Benefit:

Incase of natural death

1. Completely filled & signed claim intimation form
2. Death Certificate of the spouse
3. Discharge Card / Indoor consultation paper from the hospital along with the investigation report in case of hospitalization.
4. Life Assured's current address proof & photo ID proof
5. Nominee's current address proof & photo ID proof
6. Life Assured's / Nominee's copy of first page of bank passbook / statement with bank account details

Incase of un natural death

1. Completely filled & signed claim intimation form
2. Death Certificate of the spouse
3. Copy of First Information Report, Post Mortem Report & Panchnama, duly attested by police officials, in case of unnatural deaths including accidents, murder, suicide etc.
4. Life Assured's current address proof & photo ID proof
5. Nominee's current address proof & photo ID proof
6. Life Assured's / Nominee's copy of first page of bank passbook / statement with bank account details

Any other document or information that we may need to process the claim depending on the cause or nature of the claim. All copies to be self-attested by the Master Policy Holder

11. Suicide Exclusion

In case of death due to suicide within 12 months from the date of commencement of the 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 date of death or the surrender value available as on date of death whichever is higher, provided the policy is in force.

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

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

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

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

14. Rider Benefit Ceases/ Ends/ Terminates

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

- On the date of receipt of free-look cancellation request from the Member / Master Policyholder to the company
- On payment of rider Sum Assured against a valid claim
- On non-payment of due Limited/ Regular premium for base policy/ rider, within the grace period as applicable
- On the expiry of the Revival Period for the member
- On the expiry of rider term for Member / Master Policyholder
- On the maturity of the base policy or the date on which the base policy is surrendered or is terminated by member/Master Policyholder
- On the expiry of Policy Term of the base policy. At the time of rider attachment to the base policy, rider Cover Term/Premium Paying Term would be aligned to the outstanding term/Premium Paying Term of the base policy.
- On receipt of written request for surrender of this rider, effective from the next Rider Premium due date provided no surrender / termination value has been paid.
- On cancellation/termination of this rider on grounds of misrepresentation, fraud or non-disclosure by member/Master Policyholder as per section 45 of Insurance Act (1938) as amended from time to time

15. Change of Address

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

16. Disclosures

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

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

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

18. Force Majeure

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

19. Governing Law and Jurisdiction

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

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

Policy Servicing TAT's	
Full Surrender	15 Days
Freelook Cancellation	15 Days
Request for Refund of Proposal Deposit	15 days
Refund of outstanding proposal deposit	15 days
Maturity/Survival/Death Claims	
Raising claim requirements after lodging the Death claim	15 Days
Death claim decision without investigation requirement after receipt of last necessary document	30 Days
Death claim decision with Investigation requirement	Investigation should be completed not later than 90 days from the claim intimation date and the claim shall be settled within 30 days thereafter

PART G

21. Grievance Redressal

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

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

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

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

IRDAI Grievance Call Centre (IGCC) TOLL FREE NO: 155255
Email ID: complaints@irda.gov.in

You can also register your complaint online at <http://www.igms.irda.gov.in/>

Address for communication for complaints by fax/paper:
Consumer Affairs Department, Insurance Regulatory and Development Authority of India, Sy. No. 115/1, Financial District, Nanakramguda Gachibowli, Hyderabad- 500032, Telangana IRDAI TOLL FREE NO: 18004254732

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 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 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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