

Bajaj Allianz Life Group Sampoorna Suraksha Kavach

A Traditional Micro Group Insurance Plan

UIN: 116N143V01

Policy Terms and Conditions

Group Policy No. _____

issued under

Bajaj Allianz Life Group Sampoorna Suraksha Kavach

for the

Members of the <name of the Policyholder's scheme> Scheme of

_____ **<Policyholder name>** _____

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Part A FORWARDING LETTER

Name of the Policyholder _____

Address _____

Dear _____

We would like to thank you for investing your faith in us.

_____, the Policyholder has by a written Proposal Form dated _____ requested the Company to grant the benefits under Bajaj Allianz Life Group Sampoorna Suraksha Kavach and as per the Scheme Rules of the _____, <name of the scheme> of the Policyholder to the Members whose names have been recorded in the Membership Register maintained by the Policyholder.

The Policyholder and the Company have accepted and agreed that the said Proposal Form, certified copy of the Scheme Rules along with other statements, reports or other documents leading to the issuance of this Policy shall be the basis of this Policy.

If any of the details of the Member contained in the Enrollment Form signed by the Member are incomplete, false or incorrect, Life Insurance Cover in respect of such Member under the Policy shall be void, subject to Section 45 of the Insurance Act, 1938, as amended from time to time.

Please find enclosed herewith your Policy Document, a copy of the Proposal Form and documents mentioned herein below, based on which your Policy has been issued. This Policy is issued subject to Section 45 of the Insurance Act, 1938, as amended from time to time. In case you have made any disclosures in respect of your Member to the agent/intermediary/Company, which has not been included in the Proposal Form, you are requested to intimate the same in writing to the Company within fifteen (15) days of the date of receipt of this Policy, failing which it shall be inferred that the disclosures made in the Proposal Form are full, complete and according to your instructions wherein nothing has been concealed.

Document Type	Specification of Documents provided	Identification No.
Proposal Form	Proposal Form	
Scheme Rules		
Others(if any)		

Within fifteen (15) days from the date of receipt of the Policy you have the option to review the Policy Terms and Conditions, and if you disagree to any of them, you can give the Company a written notice of cancellation along with the reasons for the objections and return the Policy to the Company. You shall be entitled to a refund of the Regular Premium / Single Premium paid (excluding applicable taxes), subject to deduction of the stamp duty expenses, the proportionate risk premium, if any, for the period the Member/s was/were on cover and the expenses incurred on medical expenses, if any.

Please read policy document, especially following clauses on

Benefits	Mode of payment of Claim
When the Life Insurance Cover ceases for a Member	

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PREAMBLE

The Company has received Proposal Form, Scheme Rules, declaration and the Regular Premium/Single Premium from the Policyholder as named in this Schedule.

This Policy is issued on the basis of the information given and declaration made by the Policyholder in the Proposal Form, which is incorporated herein and forms the basis of this Policy.

SCHEDULE

Traditional Group Micro Insurance Plan

Name of the Policyholder _____

Address _____

Address _____

Address _____

Pin code _____

Policy Number	
Product Name	Bajaj Allianz Life Group Sampoorna Suraksha Kavach
UIN	116N143V01
Name of the Policyholder	
Registered Office Address	
Policy Commencement Date	
Variant	

On Examination of the Policy, if the Policyholder notices any mistake in the above Schedule, the Policy is to be returned for correction to the Company.

Dated at PUNE this ___ Day of _____ 20__

For and on behalf of Bajaj Allianz Life Insurance Company Limited (Company)

To whom the Benefits are Payable: The Benefits are payable to the Claimant. The Members will have the facility of nominating the person to whom the Policy proceeds will be payable by the Company through the Policyholder.

The Policy shall be subject to and governed by the terms of the Policy Document along with the Schedule contained herein and endorsements, if any, made from time to time and all these shall together form a single agreement.

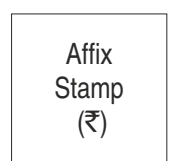
All taxes, including GST, either existing or those that may apply in future (including enhancements of existing taxes) will be charged extra. Payment of such taxes shall be the responsibility of the Policyholder/Member.

The Company does not provide any warranty or assurance that the Policyholder will be, by virtue of purchasing this Policy, eligible for any income tax or other tax rebate or relief.

Signed on behalf of Bajaj Allianz Life Insurance Company Limited for Policy No. _____

Issued on <date>

Authorised Signatory:



Bajaj Allianz Life Group Sampoorna Suraksha Kavach

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Part B Policy Document

1. Definitions & Abbreviations		
In this Policy, where the context so admits, the singular includes the plural and the masculine shall include the feminine, and the following expressions shall, unless repugnant to the context, have the following meanings;		
a)	Accidental Permanent Total Disability	means disability of a Member as a result of bodily injury caused by an accident and is being subject to one of the following impairments within 180 days of the date of Accident: <ul style="list-style-type: none">• Total and irrecoverable loss of entire sight in both eyes or• Amputation of both hands at or above the wrists or• Amputation of both feet at or above the ankles or• Amputation of one hand at or above the wrist and one foot at or above the ankle Loss of sight means total, permanent and irreversible loss of all vision in both eyes as a result of Accident (as applicable). The diagnosis must be clinically confirmed by a Medical Practitioner. The blindness must not be correctable by aides or surgical procedures. APTD benefit will be payable if the Accident occurs within Policy Term of Member but APTD occurs after expiry of policy term of member, but within 180 days of the Accident.
b)	Accident	means sudden, unforeseen and involuntary event caused by external, visible and violent means
c)	APTD	means Accidental Permanent Total Disability
d)	Certificate of Insurance	means certificate issued by the Company on the basis of the details mentioned in the Member's Enrolment Form to each Member as an evidence of acceptance of Life Insurance Cover on the life of the Member under the Policy.
e)	CI	means Critical Illness.
f)	Claimant	shall mean the Member or, in case of death of the Member, the person who has been appointed as nominee and whose name has been entered in the Membership Register maintained by the Policyholder as being eligible under the Scheme Rules to receive the benefits payable under the Policy.
g)	Company	shall mean and refer to the Bajaj Allianz Life Insurance Company Limited.
h)	Critical Illness	means Cancer of Specified severity; First Heart Attack – of specified severity; Open Chest CABG; Kidney Failure requiring regular dialysis; Stroke resulting in permanent symptoms; Major Organ/ bone marrow transplant; Permanent paralysis of limbs; Multiple Sclerosis with persisting symptoms; Aortic Surgery; Primary Pulmonary Hypertension; Alzheimer's Disease, all as defined in Annexure K below.
i)	Date of Commencement of Risk	means the Entry Date as mentioned in the Certificate of Insurance from which the Life Insurance Cover of the Member commences under the Policy.
j)	First Diagnosis of CI	means the diagnosis of the first CI in the lifetime of the Member.
k)	Grace Period	shall mean a period of fifteen (15) days for monthly Premium Payment Frequency for Regular Premium payment and thirty (30) days for other Premium Payment Frequency for Regular Premium payment, following the Premium Due Date, allowed for the payment of Regular Premium, and after which the Life Insurance Cover will lapse, if due Regular Premium remains unpaid.
l)	Goods and Service Tax	is charged based on type of policy communication address of Policy Holder. This may change subject to change in rate/state in address of the Policy Holder as on date of adjustment.
m)	GST	means Goods and Service Tax.
n)	IRDAI	means Insurance Regulatory and Development Authority of India
o)	Life Insurance Cover	shall mean the risk cover provided against the risk of death and/or APTD, as applicable, and/or CI, as applicable, to the Member under this Policy, and shall be deemed to commence on the Date of Commencement of Risk of the Member.

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p)	Maturity Date	is the date as recorded in the Membership Register on which the Life Insurance Cover on the life of the Member under the Policy expires and the membership terminates automatically.
q)	Member	shall mean a person (and his spouse, if applicable) who meets the eligibility criteria specified in the Scheme Rules, and whose name has been recorded in the Membership Register as a Member effective from the Date of Commencement of Risk of the Member, after due approval from the Company, and on whose life the Life Insurance Cover under this Policy has been effected.
r)	Member Anniversary Date	shall mean the date corresponding numerically with the Date of Commencement of Risk of Member in each subsequent Policy Year.
s)	Membership Register	is a record of Members maintained by the Policyholder, which contains information about Member including-but-not-limited to any unique identification number of Member, name, age, gender, Claimant, Sum Assured, level/reducing cover, Date of Commencement of Risk, Regular Premium / Single Premium, Premium Due Date, Premium Payment Term, Policy Term of Member and Maturity Date, if any.
t)	Policy Term of Member	means the period between the Date of Commencement of Risk of a Member and his Maturity Date.
u)	Policy	means the arrangements established by the Policy Terms and Conditions.
v)	Policyholder	means the person or entity who has been named as the Policyholder in the Schedule.
w)	Policy Commencement Date	shall mean the date, as mentioned in the Schedule, from which this Policy takes effect.
x)	Policy Terms and Conditions	means this Policy wording, the Schedule (which is attached herewith and forms part of this Policy and if revised then the latest one), any Annexure and the Proposal Form submitted by or on behalf of the Policyholder for the purpose of obtaining this Policy and any other information or documentation provided to the Company for that purpose and based upon which this Policy has been issued.
y)	Policy Year	is the year commencing on the Policy Commencement Date or an anniversary thereof.
z)	Premium	shall mean the Regular Premium or Single Premium, as applicable under this Policy.
aa)	Premium Due Date	shall mean the date as mentioned in the Membership Register and on which the due Regular Premium has to be paid for each respective Member under Regular Premium option.
bb)	Premium Payment Term	shall mean the term as recorded in the Membership Register during which the Regular Premiums due for the Members under the Policy are to be paid, in order to secure the Benefits as given in Section 3 below.
cc)	Regular Premium	shall mean the amount that is payable by the Policyholder at Date of commencement of Risk and on each subsequent Premium Due Dates during the Premium Payment term to continue the Life Insurance Cover and secure the Benefits as per Section 3 below for each Member, in case of Regular Premium option under this Policy.
dd)	Schedule of Insurance	shall mean a schedule specific to each Member who has opted for reducing cover which is a part of this Policy and which shows the amount of Sum Assured, for which the Member is assured against the risk of death or APTD (based on the Variant chosen in the Policy) or diagnosis of CI (based on the Variant chosen in the Policy), whichever occurs first.
ee)	Scheme Rules	shall mean the rules adopted by the Policyholder and approved by the Company to run this Policy to provide the Life Insurance Cover to the Member, as a pre-requisite to the issuance of this Policy. A certified copy of the Scheme Rules has to be furnished to the Company by the Policyholder.
ff)	Single Premium	shall mean the amount that is payable by the Policyholder at Date of Commencement of Risk of each Member to secure Benefits as per Section 3 below in case Single Premium payment option has been chosen by the Member under this Policy.
gg)	Sum Assured	shall mean: gg.1. The amount of Life Insurance Cover to each Member who has opted for level cover effective as on the date of death, APTD or CI, as applicable. gg.2. The amount of Life Insurance Cover as per the Schedule of Insurance to each Member who has opted for reducing cover effective as on the date of death, APTD or CI, as applicable.
hh)	Variant	means the plan variant chosen in the Policy and as mentioned in the Schedule.

The terms 'Herein' 'Herein After' 'Hereafter' 'Hereof' 'Hereto' and 'Hereunder' used wherever in this Policy refer to the Policy in its entirety.

Part C

2. Policy Description

- a) The Policy is issued under a non-linked, non-participating group micro term insurance plan with option to pay Single Premium or Regular Premium.
- b) The Policy is available on single life and joint life basis – single life will be on the Member only and joint life will be on the Member & spouse.
- c) The Policyholder shall hold the Policy and all benefits payable, in accordance with the Scheme Rules, and shall be for the benefit of the Claimant and the Policyholder shall have no beneficial interest.
- d) The product has four (4) Variants, whose details are as given in Section 3.1 below. The Variant has to be chosen by the Member at the Date of Commencement of Risk and cannot be changed during the Policy Term of Member.
- e) The Policy does not in any way confer any right whatsoever on the Policyholder to otherwise share in the profits or surplus of the business of the Company.
- f) In case of minor Members, the Policy will vest on the minor Member on attaining majority.

3. Benefits

- 3.1. Provided all due Premiums have been paid and the Life Insurance Cover of the Member has not been terminated, the Company shall be liable to pay the following benefits to the Claimant, subject to Section 8, section 10, Section 11, Section 18 and Section 22 below.

a) Variant 1 - Death Benefit

On death of the Member, the Sum Assured with respect to the Member shall be payable. On the payment of the death benefit, all the Life Insurance Cover of the Member shall be terminated.

In case of joint life, the Sum Assured will be payable on the first death of either of the joint life Members. On the payment of the death benefit, all the Life Insurance Cover of both the joint life Members shall be terminated.

b) Variant 2 - Death Benefit Plus Accelerated APTD Benefit

On the death or APTD of the Member (whichever occurs earlier), the Sum Assured with respect to that Member shall be payable. On the payment of the death or APTD benefit (as applicable) all the Life Insurance Cover of the Member shall be terminated.

In case of joint life, the Sum Assured will be payable on the first death or APTD (whichever occurs earlier) of either of the joint life Members. On the payment of the death or APTD benefit (as applicable), all the Life Insurance Cover of both the joint life Members shall be terminated.

c) Variant 3 - Death Benefit Plus Accelerated CI Benefit

On the death of a Member or the first diagnosis of any one of the CI's on the life of a Member, the Sum Assured shall be payable. On the payment of the death or CI benefit (as applicable), all the Life Insurance Cover of the Member shall be terminated.

In case of joint life, the Sum Assured will be payable on the first of death or First Diagnosis of CI of either of the joint life Members (whichever occurs earlier). On the payment of the death or CI benefit (as applicable), all the Life Insurance Cover of both the joint life Members shall be terminated.

d) Variant 4 - Death Benefit Plus Accelerated APTD Benefit Plus Accelerated CI Benefit

On the death of a Member or APTD of the Member or the First Diagnosis of CI on the life of a Member (whichever occurs earlier), the Sum Assured shall be payable. On the payment of the death or APTD or CI benefit (as applicable), all the Life Insurance Cover of the Member shall be terminated.

In case of joint life, the Sum Assured will be payable on the first of death or APTD or First Diagnosis of CI of either of the joint life Members (whichever occurs earlier). On the payment of the death or APTD or CI benefit (as applicable), all the Life Insurance Cover of both the joint life Members shall be terminated.

3.2. Maturity Benefit

No maturity benefit shall be payable on the survival of the Member to the Maturity Date.

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3.3. Surrender Benefit

a) Membership Surrender:

A Member, through the Policyholder, may surrender the Life Insurance Cover under the Policy. The following provision shall be applicable for surrender.

- (i) If the Premium is Regular Premium and the Sum Assured is level through-out the Policy Term, no Surrender Benefit shall be payable.
- (ii) If the Premium is Regular Premium and the Sum Assured is reducing through the Policy Term, the Surrender Benefit payable shall be as given below.
 - (1) During the Premium Paying Term of the Member – No Surrender Benefit shall be payable.
 - (2) After the Premium Paying Term of the Member, the Surrender Benefit payable shall be as below. The Surrender Benefit is the higher of Special Surrender Value (SSV) and Guaranteed Surrender Value (GSV).
 - (a) The Guaranteed Surrender Value is:
 $GSV \text{ Factor} * \text{Total Regular Premium paid till date of surrender}$
GSV factors as per Annexure I.1
 - (b) The Special Surrender Value is:
 $SSV1 \text{ Factor} * \text{Total Regular Premium paid till date of surrender}$
The prevailing SSV1 factors as per Annexure I.2
- (iii) If the Premium is Single Premium, the Member can, at any time, surrender his Life Insurance Cover under the Policy. Surrender Benefit is the higher of Special Surrender Value (SSV) and Guaranteed Surrender Value (GSV).
 - (a) Guaranteed Surrender Value (GSV) = $GSV \text{ Factor} * \text{Single Premium}$
GSV factors as per Annexure I.1
 - (b) The Proposed Special Surrender Value (SSV) is
 - I). Sum Assured is constant through-out the Policy Term: $SSV2 \text{ Factor} * \text{Single Premium}$
The prevailing SSV2 factors as per Annexure I.3
 - ii). Sum Assured is reducing through the Policy Term: $SSV3 \text{ Factor} * \text{Single Premium}$
The prevailing SSV3 factors as per Annexure I.4
- (iv) The Company shall have the right to revise the SSV1, SSV2, SSV3 Factors from time to time, subject to prior IRDAI approval.
- (v) On surrender of Membership, the Surrender Benefit, if any, will be payable as above and the Membership will terminate automatically.

b) Policy Surrender:

- (i) The Policyholder can surrender the Policy at any time. After surrender, no new Members can be enrolled under the Policy.
- (ii) The existing Members under the Policy will continue to be covered under the Policy (on payment of all due Premiums) and the Members will be directly serviced by the Company. The Policy will be endorsed to this effect and the Members will be intimated of the same.

3.4. Payments of Benefits

The Payment of Benefits for the type of Policyholders listed in "Guidelines on Claim Processing for Group Life Policies under lender-borrower group Insurance Schemes" dated 29.12.2014, and as amended from time to time, shall be regulated by the following provisions.

- (i) The Member may specifically authorize the Company to make payment to the extent of outstanding loan balance or sum assured as per Schedule of Insurance, whichever is lower, to the Policyholder by deducting from the Death Benefit or Accidental Permanent Total Disability (APTD) Benefit or Critical Illness Benefit, as applicable, which is payable on the happening of death, Accidental Permanent Total Disability (APTD) or Critical Illness respectively.
- (ii) Scheme Rules shall have an enabling clause laying down the procedure to be adopted for obtaining the authorization as referred to in Sub-Section i. above from the Members and also for allowing the Company to make Benefit payments in favor of Policyholder.
- (iii) The specific authorization is in consideration of

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- a. The Member having received a loan from the Policyholder and
 - b. Member's loan outstanding as on the date of Benefit payment
- (iv) The authorization may be obtained by the Policyholder from the Member at the time of becoming a Member under this Policy or at a later date.
- (v) In absence of authorization as mentioned in Sub-Section(i) above, the benefits under this Policy shall be paid to the Claimant through the Policyholder for the benefit of the Claimant and the Policyholder agrees to pass on those benefits to the Claimant.
- (vi) In case of death/APTD/CI (as applicable) of the Member, when no Claimant has been nominated in the Membership Register or all nominated Claimants have predeceased the Member, then, the benefit under Section 3 below shall be payable to the legal heirs of the Member.

Part D

4.Free Look Period

Within fifteen (15) days from the date of receipt of the Policy / Certificate of Insurance, the Policyholder / Member has the option to review the Policy Terms and Conditions, and if the Policyholder / Member disagrees to any of the Policy Terms & Conditions, give the Company, directly/through the Policyholder, a written notice of cancellation along with the reasons for the objections and return the Policy / Certificate of Insurance to the Company. The Policyholder / Member shall be entitled to a refund of the Regular Premium / Single Premium paid (excluding applicable taxes), subject to deduction of the stamp duty expenses, the proportionate risk premium, if any, for the period the Member/s was/were on cover and the expenses incurred on medical expenses, if any.

5.Eligibility

Every Member shall become entitled to the benefits under this Policy from the Date of Commencement of Risk and the terms of the Policy. Any variations in the Policy Terms and Conditions effected hereunder and in respect of Membership, shall be given effect only by endorsements and by a signature of a duly authorized officer of the Company.

6.Loans

No loans are available under this Policy.

7.Payment of Premium

- a) Premiums in respect of all the Members are payable on Policy Commencement Date and on each subsequent Premium Due Date or within the Grace Period allowed without there being any obligation on the Company to notify the Policyholder and/or the Member of the due dates.
- b) Where the Premiums have not been paid on the Premium Due Dates or even during the Grace Period, in respect of the Member, the Membership of such Member under the Policy shall lapse, subject to the Non Forfeiture condition as per Section 8 below.

8.Non-forfeiture

- a) In the event of non-payment of Regular Premium due in respect of Member under the Policy before the expiry of the Grace Period, the Life Insurance Cover for the Member under the Policy ceases, immediately and automatically.
- b) In case Premium in respect of a Member is collected by the Policyholder within Grace Period but is not remitted to the Company for any reason, then on expiry of Grace Period risk cover will continue in respect of those members.
- c) The life insurance cover for the Member under the Policy which has ceased due to non-payment of Regular Premium even during the Grace Period can be revived with the consent of the Company, subject to section 9 below.
- d) At the expiry of the revival period (as mentioned in Section 9 below), if the Life Insurance Cover were not reinstated, the Membership of the Member would be terminated and no residual benefit shall be payable to the Member on such termination.

9.Revival

A Policy or Membership, which has lapsed due to non-payment of Regular Premium before the expiry of the Grace Period, may be revived subject to the following conditions;

- i. The Membership of the Member continues in the group.
- ii. The application for revival of Life Insurance Cover is made within two (2) years from the due date of the first unpaid Regular Premium and before the end of Policy Term of that Member;
- iii. The arrears of Regular Premiums together with interest at such rate as decided by the Company from time to time is paid.
- iv. The Member through the Policyholder furnishes at his/ her own expenses, satisfactory evidence of health and continuity of insurability
- v. The revival of the Life Insurance Cover may be on terms different from those applicable to the Member before it lapsed, based on prevailing underwriting norms of the Company.
- vi. The revival of Life Insurance Cover will take effect only on it being specifically communicated by the Company to the Policyholder or Member, as applicable.
- vii. The Company may revive or refuse to revive the cover for the Member, based on prevailing underwriting norms of the Company. If revival is refused, the Company will refund the amount deposited for the purposes of revival of cover.
- viii. On revival, all the benefits under the Policy which prevailed before the date of latest lapse will be reinstated.

10.When the Life Insurance Cover ceases for a Member

The Life Insurance Cover of a Member shall cease on the happening of any of the following events: -

- a. On payment of claim arising out of the earlier occurrence of death or APTD or CI of the Member (based on the variant chosen).
- b. On reaching the Maturity Date / completion of the Policy Term of the Member.
- c. On non- revival of membership which is lapsed for non-payment of Regular Premium before the expiry of the Grace Period.
- d. The date on which Surrender Benefit is paid.

Part E

CHARGES, FUND OPTIONS, PORTFOLIO STRATEGIES, Etc.

Not Applicable

Part F

General Conditions

11.Exclusions

a) Suicide Exclusion:

If a Member commits suicide, whether sane or insane, within one (1) year from the Date of Commencement of Risk or the date of latest revival of the Membership, whichever is later, the Membership shall be terminated by paying the below mentioned amount.

- i. If the death is within one (1) year from the Date of Commencement of Risk, the amount payable will be 80% of the premiums paid OR
- ii. If the death is within one (1) year from the date of the latest revival, the amount payable will be the higher of 80% of the premiums paid till the Date of death and the Surrender Benefit as on the date of death.

b) Other Exclusions

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The product shall not be offered, if the Member has any of the exclusion condition already at inception

(i) In the case of Accidental Permanent Total Disability (herein below referred as Disability) of a Member, the APTD benefit under Variant 2 or Variant 4 as given under Section 3.1(b) and Section 3.1(d) above shall not be payable, if the disability is (directly or indirectly) caused-by, related-to or arises-from any of the following cases:

- (1) Disability as a result of the Member committing any breach of law with criminal intent;
- (2) Disability of Member as a result of war, invasion, civil war, rebellion or riot;
- (3) Any Pre-existing medical condition.

Pre-Existing is defined as condition for which the Member had signs, or symptoms, and/or were diagnosed, and/or received medical advice/treatment within forty-eight (48) months to prior to the Date of Commencement of Risk or date of latest revival (if any), whichever is later. Pre-existing conditions will be excluded only for maximum of 48 months and shall be in line with Health Insurance Regulations, 2016 and any amendment from time-to-time.

- (4) Disability as a consequence of the Member being under the influence of alcohol or drugs other than drugs prescribed by and taken in accordance with the directions of a registered medical practitioner;
- (5) Disability as a result of the Member taking part in any naval, military or air force operation;
- (6) Disability as a result of the Member participating in or training for any dangerous or hazardous sport or competition or riding or driving in any form of race or competition;
- (7) Disability of Member as a result of aviation, gliding or any form of aerial flight other than as a fare paying passenger on a civilian airline plying on regular routes and according to a scheduled timetable;
- (8) Disability of Member as a result of attempted self-injury whilst sane or insane;
- (9) Diagnosis and treatment outside India.

(ii) In case of Critical Illness of a Member, the Accelerated CI benefit, under Variant 3 or Variant 4 as given under Section 3.1(c) and Section 3.1(d) above, shall not be payable if the Critical Illness is (directly or indirectly) caused-by, related-to or arises-from any of the following cases:

- (1) Any CI or its signs or symptoms having occurred within 180 days of the Date of Commencement of Risk or the date of revival, whichever is later
- (2) Pre-Existing Conditions or conditions connected to a Pre-Existing Condition will be excluded.

Pre-Existing is defined as condition for which the Member had signs, or symptoms, and/or were diagnosed, and/or received medical advice/treatment within forty-eight (48) months to prior to the Date of Commencement of Risk or date of latest revival (if any), whichever is later. Pre-existing conditions will be excluded only for maximum of 48 months and shall be in line with Health Insurance Regulations, 2016 and any amendment from time-to-time.

- (3) The Member committing or attempting to commit a criminal act whether alone or with others;
- (4) AIDS, any AIDS related illness or HIV infection;
- (5) The Member actual or attempted self-injury whilst sane or insane;
- (6) War, invasion, civil war, rebellion or riot;
- (7) The Member being under the influence of alcohol or drugs other than drugs prescribed by and taken in accordance with the directions of a registered medical practitioner;
- (8) The Member's participation in any naval, military or air force operation or participation in any dangerous or hazardous sport, competition or riding or driving in any form of race or competition;
- (9) The Member's participation in aviation, gliding or any form of flight other than as a fare paying passenger on a civilian airline plying on regular routes and according to a scheduled timetable;
- (10) A congenital condition of the Member.
- (11) Diagnosis and treatment outside India.

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12.Contract Conditions

- a) The Company reserves the right to vary from time to time the Policy Terms and Conditions for new Members, upon sending to the Policyholder a three (3) months prior notice in writing, of its intention to do so and any such variations will thereafter apply as may be so provided in such notice of variation.
- b) The Policyholder shall furnish to the Company all such data, information or evidence as the Company may reasonably require upon or with regard to any matter affecting the Life Insurance Cover effected or to be effected herein under and the Company shall not be liable for any action taken in good faith upon any data, information, or evidence so furnished which shall be or shall prove to have been erroneous or inaccurate. Such of the Policyholder's records in original (or certified Photostat copies thereof) as in the opinion of the Company have a bearing on the benefits to be provided or the Premiums payable hereunder shall be open for inspection by the Company at all times.
- c) It is hereby expressly agreed between the Policyholder and the Company that this Policy is effected in accordance with the provisions of the Scheme Rules and in the event of the Rules being amended such amendments, if they have any bearing on or affect in any way, the Policy Terms and Conditions or any of the Life Insurance Cover effected hereunder, shall become effective only if the said amendments are approved by the Company on such terms as the Company may stipulate. Any alteration or amendment that may become necessary in the Policy Terms and Conditions on account of any amendment or alteration, approved by the Company in the provisions of the Scheme Rules shall be given effect to by appropriate endorsements to the Policy signed by an authorized Officer of the Company. In case of any discrepancy between the provisions of the Scheme Rules and the Policy Terms and Conditions, the provisions as contained in the Policy Terms and Conditions shall prevail.
- d) It is hereby further expressly agreed between the Policyholder and the Company that all disputes of any kind whatsoever which may arise under or in connection with this Policy shall be submitted to the appropriate Court or Courts having jurisdiction at Pune, India.
- e) The Company shall have the right to stop adding any new Member under the Policy by sending not less than ninety (90) day's advance notice to the Policyholder in writing.
- f) The Membership Register as per the annexure to Proposal Form has to be updated by the Policyholder for all additions and deletions and send the Company the updated data through CD or hard copy for updating the Company's records.
- g) On foreclosure of loan or transfer of loan to another financial institution by the Member, the Member has the option to continue the Life Insurance Cover or surrender the Membership.
- h) The Policyholder and the respective Member shall be responsible to intimate the Company about the foreclosure of loan or transfer of loan to other financial institutions by the Member.

13.Governing Law

Any and all disputes arising out of and under this Policy shall be governed by and determined in accordance with Indian law and by the Indian Courts.

All provisions stated in this Policy are subject to the current guidelines issued by the IRDA as on date. All future guidelines that may be issued by the Regulator from time to time will also be applicable to this Policy.

14.Taxes

In any case where the Company is liable to the Revenue Authorities for Income -Tax or any other taxes or duties or any payments made under this Policy, the Company shall charge such sums from the respective payment or Regular Premium or Single Premium and the Company shall not be liable to the Member/s or to the Policyholder for the sums so deducted. The Company shall be entitled to charge GST and other taxes as applicable from time to time, and no separate communication shall be sent by the Company to the Policyholder and/or the Member regarding imposition of any new tax or change in the rate of existing taxes. Regular Premium or Single Premium shall be excluding applicable taxes.

15.Notices

Any notice, direction or instruction to be given under this Policy shall be in writing and delivered by hand, post, facsimile or E-mail to:

a. The Member/Policyholder:

- i) Shall be sent either by hand, post, courier, facsimile, Short Messaging Service (SMS), Voice call, e-mail or through any other digital/electronic media to the Policyholder to the address or communication/ correspondence details specified by the Policyholder in

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the Enrollment/Proposal Form or as per subsequent most recent change of address and/or communication/correspondence details intimation submitted by them to the Company.

- ii) The Company shall not be responsible for any consequences arising out of non-intimation of change of the Policyholder's/Member's address and/or communication/correspondence details. In case the notice comes back to the Company undelivered to the Policyholder/Member due to any reason, there shall be no obligation upon the Company to make any attempt again towards dispatch of the notice which was returned undelivered.
- b. The Company, shall be submitted by hand, post, facsimile or E-mail:

Bajaj Allianz Life Insurance Company,

GE Plaza, Airport Road, Yerawada, Pune – 411 006

Toll Free No. 1800 209 7272 | Fax: 020-6602-6789

e-mail: customercare@bajajallianz.co.in

The Policyholder must ensure that he keeps the Company informed if there is a change of address and contact details. This will enable the Policyholder to receive regular updates, and communication from time to time and facilitate efficient and timely payouts by the Company of the benefits under the Policy.

16. Waiver

Failure or neglect by the Company to enforce at any time the provisions of this Policy shall not be construed or be deemed to be either a waiver of the Company's right herein nor in anyway affect the validity of the whole or any part of this Policy nor prejudice the Company's right to take subsequent action.

17. Modifications

The provision of this Policy cannot be changed or varied except by a Policy endorsement signed by an officer of the Company authorized for the purpose.

18. Payment of Claim

Upon death or on APTD or on first diagnosis of any one of the CI, the benefit under Section 3.1 above becomes payable on admission by the Company of claim lodged by the Claimant for the said benefit.

Payment of benefit under Section 3.1 above, shall be made by the Company in accordance with Section 3.4. All payment of benefits shall be made by the Company subject to the Policy Terms and Conditions and the Company's right to receive all information and documentation sought which includes but not limited to following:

A) General documents

- (a) Certificate of Insurance issued by the Company.
- (b) Medical records from the physician last seen.
- (c) Certificate of Hospital Treatment
- (d) Certificate of Outstanding loan as issued by the Policyholder.
- (e) Discharge summary / Discharge card from the hospitals/ clinics where LA had taken treatment. Any other document that may be relevant in establishing the validity of the claim.

B) Additional documents in case of:

I. Death

- (a) Claim intimation in writing within 180 days of occurrence of the death. However, claims filed beyond such a period will be considered if there is a valid reason for the delay.
- (b) Death Certificate issued by the local municipal authority and medical cause of death
- (c) Coroner's / Post Mortem Report / FIR (First Information Report) / PIR (Police Inquest Report) / Final Inquest Report in case of unnatural / accidental death.
- (d) Documents to establish right of claimant in case of no valid nomination being in existence at the time of death.

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- (e) Report from police in case of Accident/unnatural death

ii. Accidental Permanent Total Disability

- (a) Claim intimation in writing within 60 days of occurrence of the accident. However, claims filed beyond such a period will be considered if there is a valid reason for the delay.
- (b) Full scale photographs in case of amputations
- (c) FIR & newspaper report, if any, about the incident
- (d) Certificate of Hospital treatment / Discharge Summary
- (e) A certificate of disability from an Orthopedic surgeon / Ophthalmologist (for loss of eye)

iii. Critical Illness

- (a) For Accelerated Critical Illness benefit, the diagnosis of any of the Critical Illness to be confirmed by an independent registered Medical Practitioner and must be supported by acceptable clinical, radiological, histological and laboratory evidence to demonstrate the existence of Critical Illness as defined in Annexure K at Policyholder's cost.
- (b) The Company should be intimated about the diagnosis of the Critical Illness within 60 days from the date of its diagnosis. However, claims filed beyond such a period will be considered if there is a valid reason for the delay.
- (c) Special Medical assessment reports as required by the company from Neurologists or any other specialized medical practitioner.

19. Assignment

Assignment of benefits secured under a Membership should be in accordance with provisions of section 38 of the Insurance Act 1938 as amended from time to time. *[A Leaflet containing the simplified version of the provisions of section 38 is enclosed in Annexure – AA for reference]*

20. Nomination

Nomination should be in accordance with provisions of section 39 of the Insurance Act 1938 as amended from time to time. *[A Leaflet containing the simplified version of the provisions of section 39 is enclosed in Annexure – BB for reference]*

21. Fraud, Misrepresentation and Forfeiture

Fraud, Misrepresentation and forfeiture would be dealt with in accordance with provisions of section 45 of the Insurance Act 1938 as amended from time to time. *[A Leaflet containing the simplified version of the provisions of section 45 is enclosed in Annexure – CC for reference]*

22. General Terms and Conditions

These Policy Terms and Conditions override and supersede all prior communications, arrangements, agreements and understandings between the Policyholder and Bajaj Allianz Life Insurance Company Limited. In all events, these Policy Terms and Conditions will be the conclusive agreement governing the legal relationship between the parties and no other documents, even if executed, will have any effect whatsoever and will not bind Bajaj Allianz Life Insurance Company Limited.

Policy Document, Policy Terms and Conditions and all the endorsements by the Company, if any, will form an integral part of this contract and will be binding on the parties.

Part G

23. Grievance Redressal

In case you have any query or complaint/grievance, you may contact the Grievance Officer of any nearest Customer Care Center at Branch Office of the Company during the Company's office hours from 9 am to 6 pm. Alternatively, you may communicate with the Company: By post at:

Customer Care Desk,

Bajaj Allianz Life Insurance Company Ltd.,

GE Plaza, Airport Road, Yerawada, Pune - 411006

By Phone at: Toll Free No. 1800 209 7272

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By Fax at: 020-6602-6789

By Email: customercare@bajajallianz.co.in

In case you are not satisfied with the resolution provided to you by the above office, or have not received any response within 10 days, or you have any suggestion in respect of this Policy or on the functioning of the office, you may contact the following official for resolution: Grievance Redressal Officer,

Bajaj Allianz Life Insurance Company Ltd.

3rd Floor, Bajaj Finserv, Survey No: 208/1-B,

Behind Weik Field IT Park, Viman Nagar, Pune –

411014 Tel. No: 1800-233-7272

Fax: (+91 20) 40111502

Email ID: customercare@bajajallianz.co.in

If Policyholder is not satisfied with the response or does not receive a response from the Company within fifteen (15) days, he may approach the IRDAI Grievance Cell Centre (IGCC) on the following contact details:

By Phone: TOLL FREE NO: 155255

By Email: complaints@irda.gov.in

By post at: Consumer Affairs Department Insurance Regulatory and Development Authority of India 9th floor, United India Towers,

Basheerbagh, Hyderabad – 500 029, Andhra Pradesh

By Fax at: +91-40-66789768

The Policyholder can also register his complaint online at <http://www.igms.irda.gov.in/>

24. Ombudsman

- a) In case you are not satisfied with the decision/resolution of the Company, you may approach the Insurance Ombudsman if your grievance pertains to any of the following:
- i) Delay in settlement of claim
 - ii) Any partial or total repudiation of claims
 - iii) Disputes over premium paid or payable in terms of insurance policy
 - iv) Misrepresentation of policy terms and conditions
 - v) Legal construction of insurance policies in so far as the dispute relates to claim
 - vi) Policy servicing related grievances against insurers and their agents and intermediaries
 - vii) Issuance of Life insurance policy, which is not in conformity with the proposal form submitted by the proposer
 - viii) Non-issuance of insurance policy after receipt of premium

Any other matter resulting from the violation of provisions of the Insurance Act, 1938 or the regulations, circulars, guidelines or instructions issued by the IRDAI from time to time or the terms and conditions of the Policy, in so far as they relate to issues mentioned at Sub-Section (i) to (vi) above.

- b) The address of the Insurance Ombudsman is provided as Address and Contact details of Ombudsman Centers attached herewith. For the latest list of insurance ombudsman, please refer to the IRDAI website at https://www.irdai.gov.in/ADMINCMS/cms/NormalData_Layout.aspx?page=PageNo234&mid=7.2/ Please refer to the Ombudsman website at <http://www.gbic.co.in/ombudsman.html>
- c) The complaint should be made in writing and duly signed by the complainant or by his legal heirs, nominee or assignee with full details of the complaint with supporting documents, name and address of the complainant, and the name of the branch or office of the insurer against whom the complaint is made
- d) Also please note that as per provision 14(3) of the Insurance Ombudsman Rules, 2017, the complaint to the Ombudsman can be made
- i) Only if the grievance has been rejected by the grievance redressal mechanism of the Company or no reply is received within a period of one month from the date of receipt of the grievance by the insurer or the Complainant is not satisfied with the response of the insurer.
- ii) The complaint should be filed within a period of one year from the date of receipt of order of rejection or decision by the Company or expiry of one month from the date of sending the written representation to insurer.

Where the subject matter of complaint should not be such where proceedings are pending before or disposed of by any court or consumer forum or arbitrator.

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Annexure K

The Critical Illnesses covered under the Policy are as given below:

1) CANCER OF SPECIFIED SEVERITY

A malignant tumour characterised by the uncontrolled growth & spread of malignant cells with invasion & destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy & confirmed by a pathologist. The term cancer includes leukemia, lymphoma and sarcoma.

The following are excluded –

- i. All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN - 2 and CIN-3.
- ii. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
- iii. Malignant melanoma that has not caused invasion beyond the epidermis;
- iv. All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0
- v. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
- vi. Chronic lymphocytic leukaemia less than RAI stage 3
- vii. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,
- viii. All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;
- ix. All tumors in the presence of HIV infection.

2) MYOCARDIAL INFARCTION (FIRST HEART ATTACK OF SPECIFIED SEVERITY)

- I. The first occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria:
 - i. A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. typical chest pain)
 - ii. New characteristic electrocardiogram changes
 - iii. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.
- II. The following are excluded:
 - i. Other acute Coronary Syndromes
 - ii. Any type of angina pectoris
 - iii. A rise in cardiac biomarkers or Troponin T or I in absence of overt

3) OPEN CHEST CABG

- I. The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breast bone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist.
- II. The following are excluded:
 - i. Angioplasty and/or any other intra-arterial procedures

4) KIDNEY FAILURE REQUIRING REGULAR DIALYSIS

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.

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5) STROKE RESULTING IN PERMANENT SYMPTOMS

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.

The following are excluded:

- (1) Transient ischemic attacks (TIA)
- (2) Traumatic injury of the brain
- (3) Vascular disease affecting only the eye or optic nerve or vestibular functions

6) MAJOR ORGAN/BONE MARROW TRANSPLANT

The actual undergoing of a transplant of:

- (a) One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
- (b) Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.

The following are excluded:

- (1) Other stem-cell transplants
- (2) Where only islets of langerhans are transplanted

7) PERMANENT PARALYSIS OF LIMBS

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.

8) MULTIPLE SCLEROSIS WITH PERSISTING SYMPTOMS

The definite occurrence of multiple sclerosis. The diagnosis must be supported by all of the following:

- (a) investigations including typical MRI and CSF findings, which unequivocally confirm the diagnosis to be multiple sclerosis;
 - (b) there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months, and
- Other causes of neurological damage such as SLE and HIV are excluded.

9) AORTIC SURGERY

The undergoing of surgery to correct any narrowing, dissection, obstruction or aneurysm of the thoracic or abdominal aorta, but not its branches.

The surgery must be considered medically necessary by a recognized consultant cardiologist and must be the most appropriate treatment.

All minimally invasive procedures such as keyhole, catheter, laser, angioplasty or other intra-arterial techniques are excluded.

Congenital narrowing of the aorta and traumatic injury of the aorta are specifically excluded.

10) PRIMARY PULMONARY HYPERTENSION

- 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.
- II. The NYHA Classification of Cardiac Impairment are as follows:
 - i. Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.
 - ii. Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.
- 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.

11) ALZHEIMER'S DISEASE

Means the unequivocal diagnosis of Alzheimer's disease made by a recognized consultant neurologist holding an appointment in this capacity at a major hospital and supported by clinical evidence and standardized testing. The diagnosis must confirm permanent failure of brain function resulting in significant cognitive impairment.

Significant cognitive impairment is defined as a deterioration or loss of intellectual capacity to the extent that it results in the requirement for continual supervision.

Alzheimer's disease resulting from the following is excluded:

- Alcohol or drug abuse; and
- Non-organic diseases such as neurosis or psychiatric illness.

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Annexure I.1

Duration elapsed from the Date of Commencement of Risk																		
Policy Term of Member	0.5	1	1.5	2	2.5	3	3.5	4	4.5	5	5.5	6	6.5	7	7.5	8	9	9.5
0.5	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1	0.0750	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1.5	0.1333	0.0333	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
2	0.1688	0.0750	0.0188	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
2.5	0.1920	0.1080	0.0480	0.0120	-	-	-	-	-	-	-	-	-	-	-	-	-	-
3	0.2083	0.1333	0.0750	0.0333	0.0083	-	-	-	-	-	-	-	-	-	-	-	-	-
3.5	0.2204	0.1531	0.0980	0.0551	0.0245	0.0061	-	-	-	-	-	-	-	-	-	-	-	-
4	0.2297	0.1688	0.1172	0.0750	0.0422	0.0188	0.0047	-	-	-	-	-	-	-	-	-	-	-
4.5	0.2370	0.1815	0.1333	0.0926	0.0593	0.0333	0.0148	0.0037	-	-	-	-	-	-	-	-	-	-
5	0.2430	0.1920	0.1470	0.1080	0.0750	0.0480	0.0270	0.0120	0.0030	-	-	-	-	-	-	-	-	-
5.5	0.2479	0.2008	0.1587	0.1215	0.0893	0.0620	0.0397	0.0223	0.0099	0.0025	-	-	-	-	-	-	-	-
6	0.2521	0.2083	0.1688	0.1333	0.1021	0.0750	0.0521	0.0333	0.0188	0.0083	0.0021	-	-	-	-	-	-	-
6.5	0.2556	0.2148	0.1775	0.1438	0.1136	0.0870	0.0639	0.0444	0.0284	0.0160	0.0071	0.0018	-	-	-	-	-	-
7	0.2587	0.2204	0.1852	0.1531	0.1240	0.0980	0.0750	0.0551	0.0383	0.0245	0.0138	0.0061	0.0015	-	-	-	-	-
7.5	0.2613	0.2253	0.1920	0.1613	0.1333	0.1080	0.0853	0.0653	0.0480	0.0333	0.0213	0.0120	0.0053	0.0013	-	-	-	-
8	0.2637	0.2297	0.1980	0.1688	0.1418	0.1172	0.0949	0.0750	0.0574	0.0422	0.0293	0.0188	0.0105	0.0047	0.0012	-	-	-
8.5	0.2657	0.2336	0.2035	0.1754	0.1495	0.1256	0.1038	0.0841	0.0664	0.0509	0.0374	0.0260	0.0166	0.0093	0.0042	0.0010	-	-
9	0.2676	0.2370	0.2083	0.1815	0.1565	0.1333	0.1120	0.0926	0.0750	0.0593	0.0454	0.0333	0.0231	0.0148	0.0083	0.0037	-	-
9.5	0.2693	0.2402	0.2127	0.1870	0.1629	0.1404	0.1197	0.1006	0.0831	0.0673	0.0532	0.0407	0.0299	0.0208	0.0133	0.0075	0.0008	-
10	0.2708	0.2430	0.2168	0.1920	0.1688	0.1470	0.1268	0.1080	0.0908	0.0750	0.0608	0.0480	0.0368	0.0270	0.0188	0.0120	0.0030	0.0008

Note 1 - For elapsed duration in fraction of years the Surrender Value will be linearly interpolated

Note 2 - GSV factors are only applicable for Single Premium Level cover and Regular Premium Reducing cover option (after premium payment term)

Special Surrender Value (SSV1) Factor for reducing cover policies under Regular Premium

Annexure I.2

Duration elapsed from the Date of Commencement of Risk										
Policy Term of Member	5	5.5	6	6.5	7	7.5	8	8.5	9	9.5
7.5	0.0667	0.0427	0.0240	0.0107	0.0027	-	-	-	-	-
8	-	0.0586	0.0375	0.0211	0.0094	0.0023	-	-	-	-
8.5	-	-	0.0519	0.0332	0.0187	0.0083	0.0021	-	-	-
9	-	-	0.0667	0.0463	0.0296	0.0167	0.0074	0.0019	-	-
9.5	-	-	-	0.0598	0.0416	0.0266	0.0150	0.0066	0.0017	-
10	-	-	-	-	0.0540	0.0375	0.0240	0.0135	0.0060	0.0015

Annexure I.3

Special Surrender Value (SSV2) Factor for level cover policies under Single premium

Policy Term of Member	Duration elapsed from the Date of Commencement of Risk				
	0.5	1	1.5	2	2.5
0.5	-	-	-	-	-
1	0.2000	-	-	-	-
1.5	0.2667	0.1333	-	-	-
2	0.3000	0.2000	0.1000	-	-
2.5	0.3200	0.2400	0.1600	0.0800	-
3	0.4167	0.3333	0.2500	0.1667	0.0833

Annexure I.4

Special Surrender Value (SSV3) Factor for reducing cover policies with Single premium

Policy Term of Member	Date of Commencement of Risk				
	0.5	1	1.5	2	2.5
2	0.2813	0.1250	0.0313	-	-
2.5	0.3200	0.1800	0.0800	0.0200	-
3	0.4167	0.2667	0.1500	0.0667	0.0167

Note - For elapsed duration in fraction of years the Surrender Value will be linearly interpolated

Address & Contact Details of Ombudsman Centres

In case you have any grievance, you may approach the Company Grievance Cell. In case you are not satisfied with the decision/resolution of the Company or if your complaint is not resolved/ not satisfied/ not responded for 30 days, you may approach the Office of Insurance Ombudsman, in line with the details provided hereinabove in the policy document, at the addresses given below:

AHMEDABAD	Office of the Insurance Ombudsman, 6 th Floor, Jeevan Prakash Bldg., Tilak Marg, Relief Road, Ahmedabad - 380001. Tel no's: 079-25501201/02/05/06, Email: bimalokpal.ahmedabad@ecoi.co.in.	Gujarat, Dadra & Nagar Haveli, Daman and Diu
BENGALURU	Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24 th Main Road, JP Nagar, 1 st Phase, Bengaluru - 560 025, Tel.: 080 - 26652048 / 26652049, Email: bimalokpal.bengaluru@ecoi.co.in.	Karnataka
BHOPAL	Office of the Insurance Ombudsman, Janak Vihar Complex, 2 nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal - 462 003, Tel.: 0755 - 2769201/ 2769202 Fax: 0755 - 2769203, Email: bimalokpal.bhopal@ecoi.co.in.	Madhya Pradesh, Chhattisgarh
BHUBANESHWAR	Office of the Insurance Ombudsman, 62, Forest park, Bhubaneswar - 751009, Tel.: 0674 - 2596003/ 2596455 Fax: 0674 - 2596429, Email: bimalokpal.bhubaneswar@ecoi.co.in.	Orissa
CHANDIGARH	Office of the Insurance Ombudsman, S.C.O.No.101,102 & 103, 2 nd Floor, Batra Building, Sector 17-D, Chandigarh-160017, Tel.:0172-2772101/2706468 Fax: 0172-2708274, Email:bimalokpal.chandigarh@ecoi.co.in.	Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh
CHENNAI	Office of the Insurance Ombudsman, Fatima Akhtar Court, 4 th Floor, 453 (old 312), Anna Salai, Teynampet, CHENNAI - 600 018, Tel.: 044 - 24333668/ 24335284 Fax: 044 - 24333664, Email:bimalokpal.chennai@ecoi.co.in.	Tamil Nadu, Pondichery Town and Karaikal (Which are part of Pondichery)
DELHI	Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi - 110 002 Tel.: 011 - 23234057/23232037 Fax: 011 - 23230858, Email: bimalokpal.delhi@ecoi.co.in.	Delhi
GUWAHATI	Office of the Insurance Ombudsman, Jeevan Nivesh, 5 th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati - 781001 (ASSAM), Tel.: 0361 - 2132204/2132205 Fax: 0361 - 2732937, Email: bimalokpal.guwahati@ecoi.co.in.	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura
HYDERABAD	Office of the Insurance Ombudsman, 6-2-46, 1 st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004, Tel.: 040 - 65504123/ 23312122 Fax: 040 - 23376599, Email: bimalokpal.hyderabad@ecoi.co.in.	Andhra Pradesh, Telangana, Yanam and part of Territory of Pondichery
JAIPUR	Office of the Insurance Ombudsman, Jeevan Nidhi - II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363, Email: bimalokpal.jaipur@ecoi.co.in.	Rajasthan
ERNAKULAM	Office of the Insurance Ombudsman, CC 22/2603 2 nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M.G.Road, Ernakulam - 682015, Tel.: 0484 - 2358759/2359338 Fax: 0484 - 2359336, Email:bimalokpal.ernakulam@ecoi.co.in.	Kerala, Lakshadweep, Mahe -a part of Pondichery
KOLKATA	Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4 th Floor, 4, C.R. Avenue, KOLKATA - 700 072, Tel.: 033 - 22124339 / 22124346, Fax : 033 - 22124341, Email: bimalokpal.kolkata@ecoi.co.in.	West Bengal, Bihar, Sikkim, Jharkhand Andaman & Nicobar Islands
MUMBAI	Office of the Insurance Ombudsman, 3 rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400054, Tel.: 022 - 26106552 / 26106960, Fax: 022 - 26106052, Email: bimalokpal.mumbai@ecoi.co.in.	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane
PUNE	Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 2 nd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune - 411 030, Tel.: 020 - 32341320, Email: bimalokpal.pune@ecoi.co.in.	Maharashtra, Area of Navi Mumbai and Thane, excluding Mumbai Metropolitan Region
PATNA	Office of the Insurance Ombudsman, 1 st Floor, Kalpana Arcade Building, Bazar Samiti, Road, Bahadurpur, PATNA - 800 006, Tel No: 0612-2680952, Email: bimalokpal.patna@ecoi.co.in.	Bihar
LUCKNOW	Office of the Insurance Ombudsman, 6 th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001, Tel.: 0522 - 2231330 /2231331 Fax: 0522 - 2231310, Email: bimalokpal.lucknow@ecoi.co.in.	Districts of Uttar Pradesh: Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar
NOIDA	Office of the Insurance Ombudsman, 4 th Floor, Bhagwan Sahai Palace, Main Road, Naya Bans, Sector 15, NOIDA - 201301, Tel: 0120-2514250/51/53, Email: bimalokpal.noida@ecoi.co.in.	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshahr, Etah, Kanoj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kansiramnagar, Saharanpur

Annexure AA

Section 38 of Insurance Act, 1938, as amended from time to time – Assignment and Transfer of Insurance Policies

Assignment or transfer of a Policy should be in accordance with section 38 of the Insurance Act, 1938, as amended by The Insurance Laws (Amendment) Act, 2015 dated 20.03.2015. The extant provisions in this regard are as follows:

1. This Policy may be transferred / assigned, wholly or in part, with or without consideration.
2. An assignment may be effected in a Policy by an endorsement upon the Policy itself or by a separate instrument under notice to the Company.
3. The instrument of assignment should indicate the fact of transfer or assignment and the reasons for the assignment or transfer, antecedents of the assignee and terms on which assignment is made.
4. The assignment must be signed by the transferor or assignor or duly authorized agent and attested by at least one witness.
5. The transfer of assignment shall not be operative as against the Company until a notice in writing of the transfer or assignment and either the said endorsement or instrument itself or copy thereof certified to be correct by both transferor and transferee or their duly authorized agents have been delivered to the Company.
6. Fee to be paid for assignment or transfer can be specified by the IRDAI through Regulations.
7. On receipt of notice with fee, the insurer should Grant a written acknowledgement of receipt of notice. Such notice shall be conclusive evidence against the Company of duly receiving the notice.
8. If the Company maintains one or more places of business, such notices shall be delivered only at the place where the Policy is being serviced.
9. The Company may accept or decline to act upon any transfer or assignment or endorsement, if it has sufficient reasons to believe that it is (a) not bona-fide or (b) not in the interest of the Policyholder / Life Assured or (c) not in public interest or (d) is for the purpose of trading of the Policy.
10. Before refusing to act upon endorsement, the Company should record the reasons in writing and communicate the same in writing to Policyholder within 30 days from the date of Policyholder giving a notice of transfer or assignment.
11. In case of refusal to act upon the endorsement by the Company, any person aggrieved by the refusal may prefer a claim to IRDAI within 30 days of receipt of the refusal letter from the Company.
12. The priority of claims of persons interested in the Policy would depend on the date on which the notices of assignment or transfer is delivered to the Company; where there are more than one instruments of transfer or assignment, the priority will depend on dates of delivery of such notices. Any dispute in this regard as to priority should be referred to IRDAI.
13. Every assignment or transfer shall be deemed to be absolute assignment or transfer and the assignee or transferee shall be deemed to be absolute assignee or transferee, except
 - a. where assignment or transfer is subject to terms and conditions of transfer or assignment OR
 - b. where the transfer or assignment is made upon condition that
 - i. the proceeds under the Policy shall become payable to Policyholder or Nominee(s) in the event of assignee or transferee dying before the Life Assured OR
 - ii. the Life Assured surviving the Policy TermSuch conditional assignee will not be entitled to obtain a loan on Policy or surrender the Policy. This provision will prevail notwithstanding any law or custom having force of law which is contrary to the above position.
14. In other cases, the Company shall, subject to terms and conditions of assignment, recognize the transferee or assignee named in the notice as the absolute transferee or assignee and such person
 - a. shall be subject to all liabilities and equities to which the transferor or assignor was subject to at the date of transfer or assignment and
 - b. may institute any proceedings in relation to the Policy
 - c. obtain loan under the Policy or surrender the Policy without obtaining the consent of the transferor or assignor or making him a party to the proceedings
15. Any rights and remedies of an assignee or transferee of the Policy under an assignment or transfer effected before commencement of The Insurance Laws (Amendment) Act, 2015 shall not be affected by this section.

[Disclaimer: Section 38 of the Insurance Act, 1938, as amended from time to time shall be applicable. Policy Holders are advised to refer to Original text of Section 38 as amended from time to time for complete and accurate details.]

Annexure BB

Section 39 of the Insurance Act, 1938, as amended from time to time – Nomination by Policyholder

Nomination of a life insurance Policy is as below in accordance with Section 39 of the Insurance Act, 1938, as amended by The Insurance Laws (Amendment) Act, 2015 dated 20.03.2015. The extant provisions in this regard are as follows:

1. The Policyholder of a life insurance Policy on his own life may nominate a person or persons to whom money secured by the Policy shall be paid in the event of his death.
2. Where the Nominee is a minor, the Policyholder may appoint any person to receive the money secured by the policy in the event of Policyholder's death during the minority of the Nominee. The manner of appointment to be laid down by the Company.
3. Nomination can be made at any time before the maturity of the Policy.
4. Nomination may be incorporated in the text of the Policy itself or may be endorsed on the Policy communicated to the Company and can be registered by the Company in the records relating to the Policy.
5. Nomination can be cancelled or changed at any time before Policy matures, by an endorsement or a further endorsement or a will as the case may be.
6. A notice in writing of change or cancellation of nomination must be delivered to the Company for the Company to be liable to such Nominee. Otherwise, Company will not be liable if a bona-fide payment is made to the person named in the text of the Policy or in the registered records of the Company.
7. Fee to be paid to the Company for registering change or cancellation of a nomination can be specified by the IRDAI through Regulations.
8. On receipt of notice with fee, the Company should grant a written acknowledgement to the Policyholder of having registered a nomination or cancellation or change thereof.
9. A transfer or assignment made in accordance with section 38 of Insurance Act, 1938, as amended from time to time, shall automatically cancel the nomination except in case of assignment to the Company or other transferee or assignee for purpose of loan or against security or its reassignment after repayment. In such case, the nomination will not get cancelled to the extent of Company's or transferee's or assignee's interest in the Policy. The nomination will get revived on repayment of the loan.
10. The right of any creditor to be paid out of the proceeds of any Policy of life insurance shall not be affected by the nomination.
11. In case of nomination by Policyholder whose life is insured, if the Nominees die before the Policyholder, the proceeds are payable to Policyholder or his heirs or legal representatives or holder of succession certificate.
12. In case Nominee(s) survive the person whose life is insured, the amount secured by the Policy shall be paid to such survivor(s).
13. Where the Policyholder whose life is insured nominates his/her (a) parents or (b) spouse or (c) children or (d) spouse and children or (e) any of them, the Nominees are beneficially entitled to the amount payable by the Company to the Policyholder unless it is proved that Policyholder could not have conferred such beneficial title on the Nominee having regard to the nature of his title.
14. If Nominee(s) die after the Policyholder but before his share of the amount secured under the Policy is paid, the share of the expired Nominee(s) shall be payable to the heirs or legal representative of the Nominee(s) or holder of succession certificate of such Nominee(s).
15. The provisions of sub-section 7 and 8 (13 and 14 above) shall apply to all life insurance Policies maturing for payment after the commencement of The Insurance Laws (Amendment) Act, 2015 (i.e 20.03.2015).
16. If Policyholder dies after maturity but the proceeds and benefit of the Policy has not been paid to him because of his death, his Nominee(s) shall be entitled to the proceeds and benefit of the Policy.
17. The provisions of section 39 of the Insurance Act, 1938, as amended from time to time, are not applicable to any life insurance Policy to which

section 6 of Married Women's Property Act, 1874, applies or has at any time applied except where before or after The Insurance Laws (Amendment) Act, 2015, a nomination is made in

favour of spouse or children or spouse and children whether or not on the face of the Policy it is mentioned that it is made under section 39 of the Insurance Act, 1938, as amended from time to time. Where nomination is intended to be made to spouse or children or spouse and children under section 6 of MWP Act, it should be specifically mentioned on the Policy. In such a case only, the provisions of section 39 of Insurance Act, 1938, as amended from time to time, will not apply.

[Disclaimer: Section 39 of the Insurance Act, 1938, as amended from time to time shall be applicable. Policy Holders are advised to refer to Original text of Section 39 as amended from time to time for complete and accurate details.]

Annexure CC

Section 45 of the Insurance Act, 1938, as amended from time to time – Policy shall not be called in question on the ground of mis-statement after three years

Provisions regarding Policy not being called into question in terms of section 45 of the Insurance Act, 1938, as amended by The Insurance Laws (Amendment) Act, 2015 dated 20.03.2015 are as follows:

1. No Policy of life insurance shall be called in question on any ground whatsoever after expiry of three (3) years from (a) the Policy Commencement Date or (b) the Date of Commencement of Risk or (c) the date of latest revival of the Policy or (d) the Date of Commencement of Rider; whichever is later.
2. On the ground of fraud, a Policy of life insurance may be called in question within three (3) years from (a) the Policy Commencement Date or (b) the Date of Commencement of Risk or (c) the date of latest revival of the Policy or (d) the Date of Commencement of Rider; whichever is later.

For this, the Company should communicate in writing to the Company or legal representative or Nominee or assignees of Policyholder, as applicable, mentioning the ground and materials on which such decision is based.

3. Fraud means any of the following acts committed by Life Assured or Policyholder or by his agent, with the intent to deceive the Company or to induce the Company to issue the life insurance Policy:
 - a. The suggestion, as a fact of that which is not true and which the Life Assured or Policyholder does not believe to be true;
 - b. The active concealment of a fact by the Life Assured or Policyholder having knowledge or belief of the fact;
 - c. Any other act fitted to deceive; and
 - d. Any such act or omission as the law specifically declares to be fraudulent.
4. Mere silence is not fraud unless, depending on circumstances of the case, it is the duty of the Life Assured or Policyholder or his agent keeping silence to speak or silence is in itself equivalent to speak.
5. No Insurer shall repudiate a life insurance Policy on the ground of Fraud, if the Life Assured or Policyholder / Claimant can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of material fact are within the knowledge of the insurer. Onus of disproving is upon the Policyholder, if alive, or beneficiaries.
6. Life insurance Policy can be called in question within three (3) years on the ground that any statement of or suppression of a fact material to expectancy of life of the Life Assured or Policyholder was incorrectly made in the Proposal Form or other documents, basis which Policy was issued or revived or Rider issued. For this, the Company should communicate in writing to the Life Assured or Policyholder or legal representative or Nominee or assignees of Policyholder, as applicable, mentioning the ground and materials on which decision to repudiate the Policy of life insurance is based.
7. In case repudiation is on ground of mis-statement and not on fraud, the premium(s) collected on Policy till the date of repudiation shall be paid to the Policyholder or legal representative or Nominee or assignees of Policyholder, within a period of 90 days from the date of repudiation.
8. Fact shall not be considered material unless it has a direct bearing on the risk undertaken by the Company. The onus is on Company to show that if the Company had been aware of the said fact, no life insurance Policy would have been issued to the Policyholder.
9. The Company can call 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 of age of Life Assured. So, this Section will not be applicable for questioning age or adjustment based on proof of age submitted subsequently.

[Disclaimer: Section 45 of the Insurance Act, 1938, as amended from time to time shall be applicable. Policy Holders are advised to refer to Original text of Section 45 as amended from time to time for complete and accurate details.]