Bandhan Life

Bandhan Life

Group iCredit
INSURANCE PLAN

A Non-linked Non-Participating Individual Pure Risk Premium Life Insurance Plan | UIN: 138N087V01

Part A

A Letter From Us

Bandhan Life Group iCredit Insurance Plan
A Non-linked Non-Participating Groupl Pure Risk Premium Credit Life Insurance Plan.
UIN - 138N087V01

Dear <<Policyholder>>,

<<Address of the Policyholder>>

We thank You for including our product in your financial planning. We are delighted to present your Policy documents which represent your contract with Bandhan Life Insurance Limited. These are original and important documents.

We also enclose a copy of your proposal form and other declarations. In case You are not satisfied with the terms and conditions of the Policy, You can opt to cancel your Policy within <<15 days (Fifteen days)/ 30 days (thirty days)>>from the date of receipt of this Policy via physical and/or e-mail, whichever is earlier.

Upon cancellation, within the above mentioned period we will refund the Total Premium paid including any extra premium and taxes.

In case of claims or any service related queries, please feel free to contact us at Bandhan Life Insurance Limited, A-201, 2nd Floor, Leela Business Park, Andheri-Kurla Road, Andheri East, Mumbai – 400059 or call us at 1800 209 9090.
You can also email us at **group.operations@bandhanlife.com**

We welcome You to Bandhan Life Insurance Limited and wish You all the very best.

Warm regards,

<< Authorized Signatory >>

Your Relationship Manager / Intermediary Contact Details	
Name	<<Name / NA >>
Code	<<Code/ NA>>
Mobile / Landline Number	<<Number/ NA >>

Policy Preamble

Policy Number:<<>>
Master Policyholder:<<>>

Bandhan Life Insurance Limited has entered into this contract of insurance on the basis of the Proposal Form together with the Premium deposit, statements, report or other documents and declarations received from the Proposer for effecting a life insurance contract on the life of the Members named in the Certificate of Insurance.

The Company agrees to pay the benefits under this Policy on the happening of the insured event, while this Policy is in force, subject to the Terms and Conditions stated herein.

The Master Policyholder agrees to provide accurate details of its members to the Company on the basis of which the Company shall insure/cover the members under this Master Policy.

On examination of this Policy, if You notice any mistake or error, this Policy should be returned to Us for rectifying the same.

Policy Schedule

Name of the Plan: **Bandhan Life Group iCredit Insurance Plan (UIN: 138N087V01)**
A Non-Linked Non-Participating Group Pure Risk Premium Credit Life Insurance Plan

The Policy is evidence of contract of Insurance between Bandhan Life Insurance Limited ("The Company") and the Policyholder ("You"). The Policy is based on the proposal made by you to the Company along with necessary documents, information, statements, medical examination reports, if any, and declarations made by you or obtained by the Company on your behalf, and are governed by the terms and conditions and the Schedule hereunder written which forms part of the Contract of insurance.

Policy Particulars	
Master Policy No	**<<>>**
Name of the Master Policyholder	**<<>>**
Address of Master Policyholder	**<<>>**
Name of the Scheme	<< >>
<<Type of Loan(s) covered>>	<< >>
Benefit Option	*<< Life Cover / Life Cover plus Accelerated Terminal Illness/ Life Cover plus Accelerated Terminal Illness plus Accidental Death/ Life Cover plus Accelerated Terminal Illness plus Accelerated Accidental Total & Permanent Disability/ Life Cover plus Accelerated Terminal Illness plus Accidental Death plus Accelerated Accidental Total & Permanent Disability/ Life Cover plus Accelerated Terminal Illness plus Accelerated Critical Illness/ Life Cover plus Accelerated Terminal Illness plus Accelerated Critical Illness plus Accidental Death >>*
Policy Commencement Date	<<>>
Risk Commencement Date	<<>>

Number of Members as on Date of Commencement	<< >>
Minimum Age at Entry	<< >>
Maximum Age at Entry	<< >>
Sum Assured Option	<<Level/ Decreasing >>
Minimum Sum Assured	<< >>
Maximum Sum Assured	<< >>
Minimum Policy Term	<< >>
Maximum Policy Term	<< >>
Premium Payment Term	<< >>
Premium Payment Frequency	<< >>
<<Minimum Moratorium Period>>	<< >>
<<Maximum Moratorium Period>>	<< >>
<<Total Premium as on Date of Commencement >>	<< >>
<<Total Sum Assured as on Date of Commencement >>	<< >>
<<Special conditions, if any>>	

Endorsement of Stamp Duty payment

Please inform the Company promptly of any change in the address of the Master Policyholder

Please read the Policy terms and conditions carefully to verify that the terms match those applied for.

Indication as to Digital Signature on the Document

Part B

Policy Definitions

The words and phrases defined below shall have the meanings assigned to them in this Policy unless the context otherwise requires. Words implying masculine include the feminine, and vice versa. Words in singular include the plural and vice versa.

<<Accident means a sudden, unforeseen and involuntary event caused by external, visible and violent means which occurs after the Risk Commencement Date of the Policy/Cover and before the termination of the Policy/Cover.>>

<<Age means age of the Insured Member as on the last birthday unless specifically otherwise provided.>>

Application Form means the proposal form and any other information given by the Master Policyholder to the Company before the inception of this Policy.

<<Appointee means the person who has been nominated by the Insured Member to receive payment, under this Policy if the Nominee is a minor.>>

Benefits shall mean the benefits as stated in the Certificate of Insurance and payable on the happening of the Insured Event.

Certificate of Insurance means the certificate issued to each Insured Member to confirm their coverage under the Policy

Claimant means Nominee/Appointee (if Nominee is minor)/ Assignee/ beneficiary

Company, Insurer, We, Us, Our means Bandhan Life Insurance Limited or its successors.

<<Credit Account Statement shall mean the document submitted by the Master Policyholder to the Company in respect of each Insured Member/s containing the information such as name of the Master Policyholder, Master Policy number, name of Member/s, date of Commencement of Risk, Sum Assured, Original amount of loan, particulars of recoveries made by the Master Policyholder towards the loan, Outstanding Loan Balance as on the date of happening of the contingent event covered, balance claim Amount (difference between the Sum Assured and Outstanding Loan Balance) payable to the insured Member/s on surrender or to the nominee/beneficiary of the deceased Member/s in case of insured event or such other details, declarations and confirmations as may be specified from time to time. >>

Date of Commencement means the date on which the coverage under the Policy begins as specified in the Certificate of Insurance.

Endorsements shall mean the conditions attached/affixed to this Policy incorporating any amendments or modifications agreed to or issued by the company and forming part of the contract.

<<Entry Date or Effective Date in relation to the Members covered by the Policy existing, as at the time of inception of the Policy shall mean the Date of Commencement and in relation to the Member/s admitted to the Policy after the Date of Commencement shall mean the date as communicated to the Master Policyholder by the Company in writing and specified in the Certificate of insurance, issued to the Member/s.>>

<<Free-look Period is the period during which the Master Policyholder/ Insured Member has the option to review the Policy Document/ Certificate of Insurance and cancel the contract.>>

<<Grace Period means the specified period of time immediately following premium due date during which the payment can be made to renew or continue the policy in force. >>

<<Hospital means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under Clinical Establishments (Registration and Regulation) Act 2010 or under enactments specified under the

Schedule of Section 56(1) and the said act **Or** complies with all minimum criteria as under:

1. has qualified nursing staff under its employment round the clock;
2. has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least in-patient beds in all other places;
3. has qualified medical practitioner(s) in charge round the clock;
4. has a fully equipped operation theatre of its own where surgical procedures are carried out;
5. maintains daily records of patients and makes these accessible to the insurance company's authorized personnel>>

<<Injury means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a Medical Practitioner.>>

Insured Event shall mean Death, << accidental total & permanent disability >>, << diagnosis of terminal illness >> << or diagnosis of Critical Illness >> of the Insured Member, as applicable, during the coverage period while the Policy is in force.

Insured Member/s means the person to whom cover is granted by Us under the Policy. In case of two borrowers of the same loan, both the lives i.e. applicant and co-applicant (Joint Life) under the loan would be considered as Insured Member/s. In case of minor lives, the policy will vest on the life of the Insured Member once they attain majority (complete 18 years age).

IRDAI means the Insurance Regulatory and Development Authority of India.

<<Loan shall mean the sum of money lent by the Master Policyholder to the Insured Member under a duly executed loan/credit agreement.>>

Master Policyholder means the person named in the Schedule who has concluded this Policy with the Company with respect to Insured Members.

<<Medical Practitioner means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within its scope and jurisdiction of license.
This would mean a practitioner treating the Insured Member must be holding a degree equivalent to MD/MS or higher in the relevant field to certify the medical condition.
The Medical practitioner should not be:

- the Master Policyholder/Insured Member himself/herself; or
- An authorized insurance intermediary (or related persons) involved with selling or servicing the insurance contract in question; or
- Employed by or under contractual engagement with the insurance company; or
- Related to the Master Policyholder/Insured Member by blood or marriage.>>

<<Moratorium Period means the period during which loan interest or the principal amount of the loan or both are not repayable as per the Terms and Conditions of the loan during the term of the loan.>>

Nomination means the process of nominating a person who is named as "Nominee" in the proposal form or subsequently included/changed by an endorsement

Nominee means the person/persons who is/are named as the Nominee/s, as per Section 39 of the Insurance Act, 1938, as amended from time to time, to receive benefits of this Policy in case of the death of the Insured Member during the term of the Policy.

<<Other Entities (other than Regulated entities) mean any other entity not covered in the list of Regulated Entities.>>

<<Outstanding Loan Balance is the amount payable as on the date of occurrence of Insured Event, including outstanding interest and other charges, if any by the Insured Member to the Master Policyholder.>>

Policy Commencement Date means the date when this policy is issued and is specified in the Schedule.

Policy or Policy Document means these Standard Terms & Conditions, the Application Form, the Schedule and Certificates of Insurance, as amended from time to time, basis which the cover has been effected.

Policy Term means the period for which coverage under this Master Policy shall continue unless terminated by the Master Policyholder

Premium means the amount payable by the Master Policyholder/ Insured Member for the insurance coverage of the Insured Members as determined by the Company from time to time. The Schedule details the due dates for payment of Premium (**Premium Due Dates**) and how frequently the Premium is to be paid (**Premium Frequency**). It is inclusive of modal factor, extra underwriting Premium, (if any) and exclusive of Goods and Services Tax (with any levy, cess thereon).

<<Premium Due Date shall mean, date on which the Premiums are due and payable by the Master Policyholder/ Insured Member.>>

Register shall mean the list and details of Members under the scheme maintained by the Master Policyholder/Insurer which shall stand amended from time to time.

Regulated Entities mean any of the following:

1. Reserve Bank of India (RBI) Regulated Scheduled Commercial Banks (including Cooperative Banks)
2. NBFCs having Certificate of Registration from RBI
3. National Housing Bank (NHB) Regulated Housing Finance Companies
4. National Minority Development Finance Corporation (NMFDC) and its State Channelizing Agencies.
5. Small Finance Banks regulated by RBI
6. Mutually Aided Cooperative Societies formed and registered under the applicable State Act concerning such Societies
7. Microfinance companies registered under section 8 of the Companies Act, 2013
8. Any other category as approved by the Authority from time to time

<<Revival is the process of restoring the benefits under this policy which are otherwise in the state of discontinuance due to non-payment of Premium on due date.>>

<<Revival Period means the period during which period You are entitled to revive the Policy, which was discontinued due to non-payment of premium>>

Risk Commencement Date means the date on which insurance coverage in respect of an Insured Member commences.

Schedule means the document attached to this Policy which provides a snapshot of the Policy and benefit details and any annexure attached to it from time to time and any endorsements the Company has made and, if more than one, then the latest in time.

Scheme Rules means the rules of the scheme, for the time being in force and as amended from time to time, governing the details of benefit structure, timing of benefit payments, eligibility conditions, and other terms and conditions specific to the Scheme.

Sum Assured means the amount of insurance as specified in the schedule and certificate of insurance, which is payable by the Company on happening of an Insured event, according to the terms and conditions of this Policy. The Sum Assured may be a level amount, or a reducing amount as per the Sum Assured Schedule.

<< Sum Assured Schedule is a document which illustrates the schedule of outstanding liability to the insurer, which is governed as per the interest rate as defined in the scheme rules. It shows the amount payable on occurrence of the insured event of a Member at each duration during the Policy Term. This document will only be applicable for decreasing sum assured policies.>>

Total Premiums Paid means total of all the premiums received, excluding any extra premium, any rider premium and taxes.

You, Your & Master Policyholder means or refers to the person specified in the Schedule.

Part C

Benefits

All the payments under the Policy will be made in Indian rupees and will be subject to prevailing tax laws.

C.1. Policy Conditions

This Policy together with its schedule, terms and conditions, endorsements, Certificate of insurance, Annexure/s if any, constitute the contract for insurance providing the benefits as stated in this Policy.

1. The Master Policyholder has agreed:
   a. That the eligible Members of the Master Policyholder shall be the Insured Members.
   b. That the Master Policyholder shall not be an agent of the Company for collection of Premium from the Members nor any relationship of agency is created between the Master Policyholder and Company under the Policy.
   c. <<To furnish Credit Account Statement or such other statements and information as may be required by Us from time to time. The statements and information provided by the Master Policyholder, shall disclose all the variations in the particulars of the Members in so far as such variations have any bearing on the insurance affected hereunder.>>
   d. That the statements and information together with the proposal, declarations and other particulars (if any) called for and received by Us from the Master Policyholder and/or the Members, shall be and are hereby declared to be the basis of this Policy.
   e. To issue a certification in the prescribed format certifying that the claim discharge form submitted by the same person who has been registered by the Master Policyholder as the Insured Member/Nominee/Beneficiary under the Policy.
   f. That it will be the responsibility of the Master Policyholder to provide accurate details of its members to the Company on the basis of which the Company shall insure/cover the members under this Master Policy. In the event of any discrepancy, incorrect details or mismatch in the member details provided by the Master Policyholder to the Company, the Master Policyholder will indemnify and keep indemnifying the Company for any liability including the claim amount that may be incurred by the Company towards the members or otherwise.
2. As soon as Insurance has been effected on Member/s life, a beneficiary becomes entitled to the Benefits under this Policy in accordance with the provisions hereof, and the insurer will enter the Member/s name in the Register, and will issue Certificate of Insurance accordingly
3. Participation in the scheme for the existing and new Members of groups joining after the Date of Commencement, membership of the group insurance cover may be voluntary or compulsory. Once they satisfy the eligibility criteria, the Master Policyholder shall take effective steps to ensure the respective Member/s participation.
4. <<In case of Member from a Regulated Entity, the Insured Member under the Policy shall specifically give authority to Us at the time of joining the Policy or at any time thereafter to make payment of Outstanding Loan Balance to the Master Policyholder by deducting from the claim proceeds payable on happening of the insured event covered by the policy.>

C.2. Benefit Options

Benefit options is available only if we have offered the same to You and is reflected in the schedule. <<Master Policyholder/ member/s may choose any of the following options at inception:>>

Option No.	Coverage
1	<<Life Cover>>
2	<<Life Cover plus Accelerated Terminal Illness>>
3	<<Life Cover plus Accelerated Terminal Illness plus Accidental Death>>
4	<<Life Cover plus Accelerated Terminal Illness plus Accelerated Accidental Total & Permanent Disability>>
5	<<Life Cover plus Accelerated Terminal Illness plus Accelerated Accidental Total & Permanent Disability>>
6	<<Life Cover plus Accelerated Terminal Illness plus Accelerated Critical Illness>>
7	<<Life Cover plus Accelerated Terminal Illness plus Accelerated Critical Illness plus Accidental Death>>

Basis the option chosen, a lump sum benefit will be payable in the event of claim, as follows:

	Insured Event	Benefit Payable
C.2.1	Death	<< On death, the Sum Assured (as on the date of death) will be payable, and the Policy will terminate for the Insured Member on payment of this benefit. >> << In case Decreasing Sum Assured has been opted for, the benefit payable will be as per the Sum Assured schedule as on date of death or INR 5000, whichever is higher. >> << Death Benefit terminates on payment of any accelerated benefit. >>

	Insured Event	Benefit Payable
<< C.2.2 >>	<< Diagnosis of Terminal Illness >> << Accidental Total & Permanent Disability >> << Diagnosis of Critical Illness >>	<<On the earliest incidence or diagnosis (as applicable) of any of these insured events, as opted for at the inception of the Policy, the Sum Assured (as on date of incidence or diagnosis) will be payable, and the Policy will terminate for the Insured Member on payment of this benefit. >><< In case Decreasing Sum Assured has been opted for, the benefit payable will be as per the Sum Assured schedule as on date of diagnosis or INR 5000, whichever is higher.>> These are accelerated benefits, which means that on payment under any one of these insured events, the policy will be terminated and no further benefits will be payable.
<< C.2.3 >>	<< Accidental Death >>	<<On the occurrence of this event, in addition to the Death benefit detailed above, an additional amount equal to the Sum Assured will be payable, and the Policy will terminate for the Insured Member on payment of this benefit.>> The death due to accident must occur within 180 days of the accident in question. The claim due to Accidental death, where death happens within 180 days of occurrence of the accident but beyond the Coverage Term, will be honored. and which occurs within 180 days of the date of the accident will be honoured.

Note: In case the claim is not payable on any of the availed inbuilt insurance benefit due to exclusions, the policy shall continue to be in force with respect to other covered benefits.

<< C.3. Benefit payout under Joint Life coverage

In case the insured event occurs on either of the members, benefit payable will be as described in C.2 above. The benefit is payable only on first occurrence of insured event on either of the lives and the policy will terminate on such payout. In case of occurrence of the insured event on both lives simultaneously or at the same time, the benefit shall be payable only for one life.

Note: In case of multiple borrowers, each borrower will be treated as an individual member and is covered for respective proportion of the loan amount. On occurrence of insured event with any of the borrowers, the benefit (in proportion to his/her loan amount) will be payable for that borrower and their cover shall terminate. The coverage shall continue for the remaining borrowers.>>

C. 4. Definitions of Covered Conditions

<<C.4.1 Definition of Terminal Illness

Terminal Illness is an advanced or rapidly progressing incurable and un-correctable medical condition which, in the opinion of two independent Medical Practitioners appointed by us, is highly likely to lead to death within 6 months. Further, the Life Insured must not be receiving any form of treatment other than palliative medication for symptomatic relief.

<<C.4.2 Definition of Accidental Total & Permanent Disability

- Accidental Total and Permanent Disability should occur within 180 days of the accident independent of any other causes, from the date of the Accident
- The disability must be documented for an uninterrupted period of at least Six (6) months.
- The Accidental Total Permanent Disability has to be certified by a registered Medical Practitioner. Claim intimation should be received within 60 days of occurrence of the Accident, which is causing total disability of the life assured.

Accidental Total & Permanent Disability means the occurrence of any one of the following conditions as a result of accidental bodily injury:

1. Loss of use of limbs or visual loss

   As a result of accidental bodily injury, the Life Insured has suffered

   a. Loss of or loss of use of both limbs; or
   b. Loss of the sight in both eyes (Total Blindness) ; or
   c. Loss of or loss of the use of one limb and the sight of one eye.
      i. The loss of a limb means the physical separation of a limb, at or above the wrist or ankle level as a result of injury. This will include medically necessary amputation necessitated by injury. The separation has to be permanent without any chance of surgical correction. Loss of a limb resulting directly or indirectly from self-inflicted injury, alcohol or drug abuse is excluded. The loss of use of the particular limb must be certified by a relevant Medical Practitioner and documented for an uninterrupted period of at least Six months. In case of physical severance of the hand at or above the wrist or foot at or above the ankle joint the 180 days deferment period shall not be applicable.
      ii. The total loss of vision in one eye means total, permanent and irreversible loss of all vision in an eye as a result of accident. Loss of vision means i.e. corrected visual acuity being 3/60 or less in an eye or; ii. the field of vision being less than 10 degrees in an eye
      iii. Loss of sight in both eyes – (Total Blindness)
         1. Total, permanent and irreversible loss of all vision in both eyes as a result of accident
         2. The Blindness is evidenced by:
            a. corrected visual acuity being 3/60 or less in both eyes or;
            b. the field of vision being less than 10 degrees in both eyes
            c. The diagnosis of blindness must be confirmed and must not be correctable by aids or surgical procedure.

2. Loss of independent living

Total and Permanent Loss of ability through an injury caused solely by an accident, to do at least 3 of the 6 tasks listed below ever again. Accidental Total and Permanent Disability should occur within 180 days of the accident independent of any other cause.

For the purpose of this benefit, the word "permanent" shall mean beyond the scope of recovery with current medical knowledge and technology.

The insured member must need the help or supervision of another person and be unable to perform the task on their own, even with the use of special equipment routinely available to help and having taken any appropriate prescribed medication. Loss of independent living must be medically documented for an uninterrupted period of at least Six months. Proof of the same must be submitted to the Insurer while the Person Insured is alive and permanently disabled.

The relevant specialist Medical Practitioner and the Insurer's appointed Medical Practitioner, both must reasonably expect that the disability will last throughout life with no prospect of improvement, irrespective of when the cover ends, or the insured person expects to retire.

The tasks are:

- Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
- Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
- Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
- Mobility: the ability to move indoors from room to room on level surfaces
- Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- Feeding: the ability to feed oneself once food has been prepared and made available

The Insured Member's cover must be in-force at the time of accident. The Company shall not be liable to pay this benefit in case Total Permanent Disability of the Member occurs after the date of termination of coverage under this product.

<<C.4.3 Critical Illness

C.4.3.1 List of Critical Illnesses covered

S. No.	Critical Illness (CI)	S. No.	Critical Illness (CI)
1	Cancer of specified severity	19	Benign Brain Tumou
2	Aplastic Anaemia	20	Coma of Specified Severity
3	Surgery of Aorta	21	Encephalitis
4	Cardiomyopathy	22	Major Head Trauma

5	Myocardial Infarction (First Heart Attack - of Specific Severity)	23	Motor Neurone Disease with Permanent Symptoms
6	Open Chest CABG	24	Multiple Sclerosis with Persisting Symptoms
7	Open Heart Replacement or Repair of Heart Valves	25	Muscular Dystrophy
8	Primary (Idiopathic)Pulmonary Hypertension	26	Parkinson's Disease
9	Kidney Failure Requiring Regular Dialysis	27	Poliomyelitis
10	Major Organ/Bone Marrow transplant	28	Progressive supranuclear palsy
11	Deafness	29	Stroke resulting in Permanent Symptoms
12	Loss of Limbs	30	End Stage Liver Failure
13	Blindness	31	End Stage Lung Failure
14	Loss of Speech	32	Fulminant Viral Hepatitis
15	Permanent Paralysis of Limb	33	Third degree Burns
16	Alzheimer's Disease	34	Medullary Cystic Disease
17	Apallic Syndrome	35	Progressive scleroderma
18	Bacterial Meningitis	36	Systemic Lupus Erythematosus with Renal Involvement

C.4.3.2 Definitions of Covered Critical Illnesses

1. **Cancer of Specified Severity**
    a. A malignant tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukemia, lymphoma and sarcoma.
    b. 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 behaviour, or noninvasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN2 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 leukemia 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.
2. **Aplastic Anaemia**
    a. Irreversible persistent bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least two (2) of the following:
        i. Blood product transfusion;
        ii. Marrow stimulating agents;
        iii. Immunosuppressive agents; or
        iv. Bone marrow transplantation.

The Diagnosis of aplastic anaemia must be confirmed by a bone marrow biopsy. Two out of the following three values should be present:

- Absolute Neutrophil count of 500 per cubic millimetre or less;
- Absolute Reticulocyte count of 20,000 per cubic millimetre or less; and
- Platelet count of 20,000 per cubic millimetre or less.

3. **Surgery of Aorta**

The actual undergoing of surgery via thoracotomy or laparotomy to repair or correct an aorticaneurysm, an obstruction of the aorta, a coarctation of the aorta or a traumatic rupture of the aorta. For the purpose of this definition aorta shall mean the thoracic and abdominal aorta but not its branches. There must have been excision and replacement of a portion of diseased aorta with a graft. Stent-grafting is not covered.

4. Cardiomyopathy

1. An impaired function of the heart muscle, unequivocally diagnosed as Cardiomyopathy by a Registered Medical Practitioner who is a cardiologist, and which results in permanent physical impairment to the degree of New York Heart Association classification Class III or Class IV, or its equivalent, based on the following classification criteria:
   a. Class III - Marked functional limitation. Affected patients are comfortable at rest but performing activities involving less than ordinary exertion will lead to symptoms of congestive cardiac failure.
   b. Class IV - Inability to carry out any activity without discomfort. Symptoms of congestive cardiac failure are present even at rest. With any increase in physical activity, discomfort will be experienced.
2. The Diagnosis of Cardiomyopathy has to be supported by echographic findings of compromised ventricular performance. Irrespective of the above, Cardiomyopathy directly related to alcohol or drug abuse is excluded

5. First Heart Attack of Specified Severity (Myocardial Infraction)

1. 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
   a. Myocardial Infarction should be evidenced by all of the following criteria:
   b. A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. typical chest pain)
   c. New characteristic electrocardiogram changes
   d. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.
2. The following are excluded:
   a. Other acute Coronary Syndromes
   b. Any type of angina pectoris
   c. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure

6. Open Chest CABG

1. 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.
2. The following are excluded:

- Angioplasty and/or any other intra-arterial procedures

7. Open Heart Replacement or Repair of Heart Valves

The actual undergoing of open-heart valve surgery is to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease affected cardiac valve(s). The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of surgery has to be confirmed by a specialist medical practitioner. Catheter based techniques including but not limited to, balloon valvotomy/valvuloplasty are excluded.

8. Primary (Idiopathic) Pulmonary Hypertension

1. An unequivocal diagnosis of Primary (Idiopathic) Pulmonary Hypertension by a Cardiologist or specialist in respiratory medicine with evidence of right ventricular enlargement and the pulmonary artery pressure above 30 mm of Hg on Cardiac Cauterization. There must be permanent irreversible physical impairment to the degree of at least Class IV of the New York Heart Association Classification of cardiac impairment.
2. The NYHA Classification of Cardiac Impairment are as follows:
    a. Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.
    b. Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.
3. 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.

9. 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.

10. Major Organ/Bone Marrow Transplant

1. 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:

- Other stem-cell transplants
- Where only Islets of Langerhans are transplanted

11. Loss of Hearing

Total and irreversible loss of hearing in both ears as a result of illness or accident. This diagnosis must be supported by pure tone audiogram test and certified by an Ear, Nose and Throat (ENT) specialist. Total means “the loss of hearing to the extent that the loss is greater than 90 decibels across all frequencies of hearing” in both ears.

12. Loss of Limbs

The physical separation of two or more limbs, at or above the wrist or ankle level limbs as a result of injury or disease. This will include medically necessary amputation necessitated by injury or disease. The separation has to be permanent without any chance of surgical correction. Loss of Limbs resulting directly or indirectly from self-inflicted injury, alcohol or drug abuse is excluded.

13. Loss of Sight

1. Total, permanent and irreversible loss of all vision in both eyes as a result of illness or accident.
2. The Blindness is evidenced by:
    a. corrected visual acuity being 3/60 or less in both eyes or ;
    b. the field of vision being less than 10 degrees in both eyes
3. The diagnosis of blindness must be confirmed and must not be correctable by aids or surgical procedure.

14. Loss of Speech

Total and irrecoverable loss of the ability to speak as a result of injury or disease to the vocal cords. The inability to speak must be established for a continuous period of 12 months. This diagnosis must be supported by medical evidence furnished by an Ear, Nose, Throat (ENT) specialist.

15. 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.

16. Alzheimer's Disease

1. Deterioration or loss of intellectual capacity as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's Disease or irreversible organic disorders, resulting in significant reduction in mental and social functioning requiring the continuous supervision of the Life Assured. This diagnosis must be supported by the clinical confirmation of an appropriate Registered Medical practitioner who is also a neurologist and supported by the Company's appointed doctor.
2. The following are excluded:
    a. Non-organic disease such as neurosis and
    b. Alcohol-related brain damage
    c. Any other type of irreversible organic disorder/dementia

17. Apallic Syndrome

Universal necrosis of the brain cortex with the brain stem remaining intact. Diagnosis must be confirmed by a neurologist acceptable by the Company and the condition must be documented for at least one (1) month.

18. Bacterial Meningitis

Bacterial or viral infection resulting in severe inflammation of the membranes of the brain, brain substance (cerebral hemisphere, brainstem or cerebellum) or spinal cord, resulting in permanent inability to perform (whether aided or unaided) at least 3 of the following 6 "Activities of Daily Living" for a continuous period of at least 6 months.

Activities of Daily Living are defined as:

- Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
- Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
- Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
- Mobility: the ability to move indoors from room to room on level surfaces;
- Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- Feeding: the ability to feed oneself once food has been prepared and made available.

19. Benign Brain Tumor

1. Benign brain tumor is defined as a life threatening, non-cancerous tumor in the brain, cranial nerves or meninges within the skull. The presence of the underlying tumor must be confirmed by imaging studies such as CT scan or MRI.
2. This brain tumor must result in at least one of the following and must be confirmed by the relevant medical specialist.
    a. Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or
    b. Undergone surgical resection or radiation therapy to treat the brain tumour.
3. The following conditions are excluded:
    a. Cysts, Granulomas, malformations in the arteries or veins of the brain, hematomas, abscesses, pituitary tumors, tumors of skull bones and tumors of the spinal cord.

20. Coma of specified Severity

1. A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following:
    a. No response to external stimuli continuously for at least 96 hours;
    b. Life support measures are necessary to sustain life; and
    c. Permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.
2. The condition has to be confirmed by a specialist medical practitioner. Coma resulting from alcohol or drug abuse is excluded.

21. Encephalitis

Severe inflammation of the brain substance (cerebral hemisphere, brainstem or cerebellum) caused by viral infection and resulting in permanent neurological deficit. This diagnosis must be certified by a consultant neurologist and the permanent neurological deficit must be documented for at least 6 weeks
Activities of Daily Living are defined as:

- Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
- Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
- Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
- Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- Feeding: the ability to feed oneself once food has been prepared and made available

22. Major Head Trauma

1. Accidental head injury resulting in permanent Neurological deficit to be assessed no sooner than 3 months from the date of the accident. This diagnosis must be supported by unequivocal findings on Magnetic Resonance Imaging, Computerized Tomography, or other reliable imaging techniques. The accident must be caused solely and directly by accidental, violent, external and visible means and independently of all other causes.
2. The Accidental head injury must result in an inability to perform at least three (3) of the following Activities of Daily Living either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons. For the purpose of this benefit, the word "permanent" shall mean beyond the scope of recovery with current medical knowledge and technology.
3. The Activities of Daily Living are:
    a. Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
    b. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
    c. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
    d. Mobility: the ability to move indoors from room to room on level surfaces;
    e. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
    f. Feeding: the ability to feed oneself once food has been prepared and made available.
4. The following is excluded:
    a. Spinal cord injury;

23. Motor Neurone Disease with Permanent Symptoms

Motor neuron disease diagnosed by a specialist medical practitioner as spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis. There must be progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurons. There must be current significant and permanent functional neurological impairment with objective evidence of motor dysfunction that has persisted for a continuous period of at least 3 months.

24. Multiple Sclerosis with Persisting Symptoms

1. The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:
    a. investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and
    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.
2. Other causes of neurological damage due to SLE is excluded.

25. Muscular Dystrophy

1. Diagnosis of muscular dystrophy by a Registered Medical Practitioner who is a neurologist based on three (3) out of four (4) of the following conditions:
   a. Family history of other affected individuals;
   b. Clinical presentation including absence of sensory disturbance, normal cerebro- spinal fluid and mild tendon reflex reduction;
      i. Characteristic electromyogram; or
      ii. Clinical suspicion confirmed by muscle biopsy.
2. The condition must result in the inability to perform at least three (3) of the Activities of Daily Living (either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons).

26. Parkinson's Disease

Unequivocal Diagnosis of Parkinson's Disease by a Registered Medical Practitioner who is a neurologist where the condition:

1. cannot be controlled with medication
2. shows signs of progressive impairment; and
3. Activities of Daily Living assessment confirms in a permanent inability to perform at least three (3) of the Activities of Daily Living (either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons).

Drug-induced or toxic causes of Parkinson disease are excluded.

The Activities of Daily Living are:

- Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
- Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
- Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
- Mobility: the ability to move indoors from room to room on level surfaces;
- Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- Feeding: the ability to feed oneself once food has been prepared and made available.

27. Poliomyelitis

1. The occurrence of Poliomyelitis where the following conditions are met:
   a. Poliovirus is identified as the cause and is proved by Stool Analysis,
   b. Paralysis of the limb muscles or respiratory muscles must be present and persist for at least 3 months.

28. Progressive supranuclear palsy

Progressive supranuclear palsy occurring independently of all other causes and resulting in permanent neurological deficit, which is directly responsible for a permanent inability to perform at least two (2) of the following "Activities of Daily Living". The diagnosis of the Progressive Supranuclear Palsy must be confirmed by a registered Medical Practitioner who is a neurologist.

Activities of Daily Living are defined as:

- Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
- Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
- Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
- Mobility: the ability to move indoors from room to room on level surfaces;
- Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- Feeding: the ability to feed oneself once food has been prepared and made available.

29. Stroke resulting in Permanent Symptoms

1. 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.
2. The following are excluded:
    a. Transient ischemic attacks (TIA)
    b. Traumatic injury of the brain
    c. Vascular disease affecting only the eye or optic nerve or vestibular functions.

30. End Stage Liver Failure

1. Permanent and irreversible failure of liver function that has resulted in all three of the following:
    a. permanent jaundice; and
    b. ascites; and
    c. hepatic encephalopathy.
2. Liver disease secondary to drug or alcohol abuse is excluded.

31. End Stage Lung Disease

1. End stage lung disease, causing chronic respiratory failure, as confirmed and evidenced by all of the following:
    a. FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart; and
    b. Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and
    c. Arterial blood gas analysis with partial oxygen pressure of 55mmHg or less ($PaO_2 < 55$ mmHg); and
    d. Dyspnea at rest.

32. Fulminant Viral Hepatitis

A sub-massive to massive necrosis of the liver by a hepatitis virus, leading precipitously to liver failure where the following criteria are met:

- Rapid decrease in liver size associated with necrosis involving entire lobules;
- Rapid degeneration of liver enzymes;
- Deepening jaundice; and
- Hepatic encephalopathy

Hepatitis infection or carrier status alone, does not meet the diagnostic criteria.

33. Third degree Burns

There must be third-degree burns with scarring that cover at least 20% of the body's surface area. The diagnosis must confirm the total area involved using standardized, clinically accepted, body surface area charts covering 20% of the body surface area.

34. Medullary Cystic Disease

Medullary Cystic Disease is a disease where the following criteria are met:

- The presence in the kidney of multiple cysts in the renal medulla accompanied by the presence of tubular atrophy and interstitial fibrosis;
- Clinical manifestations of anaemia, polyuria and progressive deterioration in kidney function; and
- The diagnosis of medullary cystic disease is confirmed by renal biopsy. Isolated or benign kidney cysts are specifically excluded from this benefit.

35. Progressive scleroderma

A systemic connective tissue disease causing progressive diffuse fibrosis in the skin, blood vessels and visceral organs which reaches systemic proportions such that two (2) of the following criteria are met

- Pulmonary involvement showing carbon monoxide diffusing capacity (DLCO) < 70% of the predicted value, or forced expiratory volume in 1 sec (FEV1), forced vital capacity (FVC) total lung capacity (TLC) < 75% of the predicted value
- Renal involvement showing glomerular filtration rate (GFR) < 60 ml/min; and / or
- Cardiac involvement showing evidence of either congestive heart failure, cardiac arrhythmia requiring medication, or pericarditis with moderate to large pericardial effusion.

The following are excluded:

- Localised scleroderma (linear scleroderma or morphea);
- Eosinophilic fasciitis; and
- CREST syndrome.

Unequivocal Diagnosis of Systemic Scleroderma must be confirmed by a registered Medical Practitioner who is a rheumatologist.

36. Systemic Lupus Erythematous

1. Multi-system, autoimmune disorder characterized by the development of auto-antibodies, directed against various self-antigens. For purposes of the definition of "Critical Illness", SLE is restricted to only those forms of systemic lupus erythematosus, which involve the kidneys and are characterized as Class III, Class IV, Class V or Class VI lupus nephritis under the Abbreviated International Society of Nephrology/Renal Pathology Society (ISN/RPS) classification of lupus nephritis (2003) below based on renal biopsy.
2. Other forms such as discoid lupus, and those forms with only hematological and joint involvement are specifically excluded.
3. Abbreviated ISN/RPS classification of lupus nephritis (2003):
    a. Class I - Minimal mesangial lupus nephritis
    b. Class II - Mesangial proliferative lupus nephritis
    c. Class III - Focal lupus nephritis
    d. Class IV - Diffuse segmental (IV-S) or global (IV-G) lupus nephritis
    e. Class V - Membranous lupus nephritis
    f. Class VI - Advanced sclerosing lupus nephritis the final diagnosis must be confirmed by a
    g. certified doctor specialising in Rheumatology and Immunology

C.5. Payment

Upon occurrence of insured event to an Insured Member the Company will pay the benefit amount to the Claimant.

<<In case the Master Policy is issued to Regulated Entities, the Insured Member shall have an option to issue an authorization in favor of the Company to the effect that in the unfortunate occurrence of the insured event during the Coverage Term, the claim amount, if any payable under the Master Policy shall first be utilized for payment to Master Policyholder to the extent of the outstanding loan amount as specified in Master Policyholder's Credit Account Statement and the balance amount, if any, payable under the Master Policy will be payable to Insured Member's Claimant. If the outstanding amount in the Credit Account Statement is higher than the benefit payable as per the Sum Assured Schedule, We will pay the benefit as per the Sum Assured Schedule. Benefits will be payable only if the Policy is in-force on date of occurrence of Insured Event and in accordance with the terms and conditions hereof, subject to receipt of the appropriate Premiums and documents specified by the Company from time to time

- We will send complete details of the claim amount settled to the Insured Member/ Nominee/ Beneficiary as the case may be. >>

<< In case of claim payment to the members of Other Entities

- Upon the occurrence of insured event as mentioned in Clause C.2, during the Policy term, the entire claim amount will be payable to the Member or the nominee/beneficiary. >>

C.6. Maturity Benefit

There is no maturity benefit payable under the Plan.

C.7. Payment of Premiums

a. <<To enjoy uninterrupted benefits under the Policy, Policyholder/ Insured Member/s is required to make payment of the Premium on or before the due date or within Grace Period.>>
b. << In case the premium is collected by the Master Policyholder and for some reason it does not reach Us within the Grace Period, then after the Grace Period the risk cover is available to the insured members, if they can prove that they had paid the premium and secured a proper receipt leading the insurer to believe that they are duly insured. >>
c. If amount received towards payment of Premium is less than the installment Premium due and payable, the same will not be accepted. In such cases the Premium due and payable on the due date will be treated as unpaid.
d. The total Premium due under this Policy on the Date of Commencement or on the subsequent Policy anniversary shall be calculated on the basis of, the total Premiums payable under the Policy in respect of the Insured Members as on the Date of Commencement or relevant Policy anniversary as the case may be.
e. The Master Policyholder understands and agrees that the Coverage of an Insured Member shall not commence until the Company has received and realized the full Premium due in respect of such Insured Member.
f. Advance installment premium will be accepted for all premium due dates within the same financial year and for a maximum period of three months in advance in case of due dates falling in the next financial year. Company will always comply with IRDAI regulations with regards to advance premium.

<<C.8 Grace Period

If for any insured member, premium is not paid by the Master Policyholder or the insured member itself, a grace period of 30 days (15 days for monthly mode) will be applicable for that member within which the Master Policyholder or member will have to pay the due premium.

If the due Premium is not received before the expiry of the grace period from the Premium due date, then the insurance cover to respective members will cease and no benefits shall be payable.

Any claim shall not be rejected solely on the grounds that insured member has paid the Premium but the Master Policyholder has not remitted the premium to the Company (Bandhan Life Insurance Limited).

1. The Policy will be in force during the Grace Period.
2. If the insured event occurs during the Grace Period, Outstanding premiums will be recovered from the claim amount. Outstanding Premiums in this context means “the premiums that were due but unpaid till the date of occurrence of the insured event”.

<< The Accelerated Critical Illness benefit will be paid if diagnosis happens within the grace period. >>

Part D

D.1 Free Look Cancellation

If the Master Policyholder / Insured Member is not satisfied with any of the Terms and Conditions of the Policy, Master Policyholder / Insured Member may cancel the policy /cover by writing to the Company from their registered email id for cancellation within:

- <<15 days from the date of receipt of the Policy document/ Certificate of Insurance
- 30 days from the date of receipt of the Policy document/ Certificate of Insurance.>>

On cancellation of the Policy / Certificate of Insurance during the free-look period, Company will return the Total Premiums Paid* including any extra premiums and taxes. The Policy/ Certificate of Insurance will terminate on payment of this amount and all rights, benefits and interests under this Policy will stand extinguished.

<<D.2. Lapse and Revival

If the Premiums are not received before the expiry of the Grace Period from the Premium due date, the insurance cover for the respective Insured Member/s will cease and no benefit is payable.

Subject to Master Policy/ Cover being in force, revival period of 5 consecutive years but not later than the expiry of the cover term end date is available from the due date of first unpaid premium for the respective member. The revival will be subject to the 'Board approved underwriting policy of the Company' and payment of all outstanding premiums (including taxes and levies) with applicable interest, if any, thereon. The current interest rate for FY 2023-24 is 9.50% p.a. compounded annually.

The interest rate shall not exceed the yield to maturity on 10-year G-Sec + 200 basis points rounded to the nearest 50 basis points. G-Sec rates will be taken from www.fimmda.org. The interest rate will be reset at the beginning of each Financial Year. Any change in this basis will be subject to approval from IRDAI, if applicable.

The cover cannot be revived after expiry of the Revival period. On expiry of the Revival period, for a limited pay policy, benefit acquired on surrender/ termination shall be paid and the insurance cover for the respective member will cease.>>

D.3. Surrender Benefit

<<Single and Limited Pay:

Policies can be surrendered any time after payment of single premium in case of single pay, and after payment of first two year's premium in full in case of limited pay. The Unexpired Risk Premium Value will be paid as surrender benefit, in such cases.

The Unexpired Risk Premium Value as lump sum payout is payable only in case of Single Premium and Limited Premium Policy as detailed above, and is as follows:

Unexpired Risk Premium Value (URPV) = 70% X Premiums Paid till surrender [#] X {outstanding coverage term (in months) / Total coverage term (in months)} X

{Sum assured applicable as at surrender[##]/ Sum assured at inception}

[#] Premiums paid till surrender will be excluding taxes, underwriting extra premiums and modal premiums if any.

[##]Sum assured applicable as at date of surrender: If moratorium has been opted for then sum assured benefit at the time of surrender will be equal to minimum of sum assured at inception or the sum assured as on date of surrender.

For the purpose of outstanding coverage term, part of the month shall be ignored.

For Limited Pay where first two year's premiums are not paid in full

Unexpired Risk Premium Value (URPV) = Nil

<<For Regular Pay>>

Unexpired Risk Premium Value (URPV) = Nil

<< Regular Pay scheme do not acquire any Surrender value>>

<<D.4. Foreclosure of Loan or Policy

In case of early repayment of loan /default by an Insured Member, the member will have two options:

1. Continue the insurance cover as per the terms and conditions in the Certificate of Insurance till the end of the original cover tenure, in which case benefits as per certificate of insurance will become payable on claim (as explained in Clause D.7) or
2. Surrender the insurance cover. In this case, the benefit payable to respective Member will be as per the surrender benefit as mentioned in Clause D.3>>

D.5. Loan

You or any Insured Member/s are not entitled to avail loan under this Policy.

D.6. Membership Termination

Termination of Membership shall lead to cessation of insurance cover and benefits, if any payable under the Policy. Insured Member will be terminated from the Group on earlier occurrence of any of the following:

a. <<Foreclosure or prepayment of loan (if opted by the member).>>
b. <<On expiry of the revival period.>>
c. Expiration of coverage term.
d. Payment of Death/<< Accelerated Terminal Illness/ Accelerated Critical Illness/ Accelerated Accidental Total & Permanent Disability benefit,>> as applicable.
e. <<Upon payment of Free Look cancellation amount >>
f. <<Upon payment of Surrender Value>>

Any termination of coverage in accordance with this clause shall be without prejudice to any claim originating prior to the effective date of such termination. In case the Insured Member exits the Group Policy by way ceasing to be an Eligible Member of the Creditor or voluntarily withdraws from the membership, the applicable Surrender Value in respect of such Insured Member that is calculated in accordance with Clause D.3 shall be payable.

Upon termination of the policy by the Master Policyholder:

- The member will be eligible for coverage continuation option.
- In case the coverage continuance option is not opted for by a member, unexpired risk premium value as applicable will be payable.

<<A member can choose to terminate the cover due to foreclosure or prepayment of loan or for any other reason.>>
The benefit payable on Termination will be equal to the Unexpired Risk Premium Value (URPV).

<<D.7. Coverage Continuation Option

Upon termination of the Policy by the Master Policyholder or upon foreclosure of loan, Insured Members of the group will be given an option to continue their respective coverage till end of coverage term as individual Policyholder. >>

<<D.8. Moratorium Period

Moratorium Period is allowed only for Loans which are on decreasing Sum Assured basis post the Moratorium Period. Moratorium Period is available with two options:

- Sum Assured during the moratorium period is level.
- Sum Assured during the moratorium period is increasing due to interest accumulation.

Moratorium Period under the Policy will be same as the Loan Moratorium Period. Post the moratorium period, the coverage amount will reduce as per the SA schedule. The Policy term will be the outstanding loan term (which includes the moratorium period), in complete months.>>

<<D.9. Joint Life Discount

For covers on joint life basis, 3.75% discount will be applicable on the combined rate for both lives.

Part E

Not Applicable as this product is a non-linked insurance plan

Part F

F.1. Assignment and Nomination

- **Assignment:** This Master Policy cannot be assigned.
- **Nomination:** Nomination facility can be availed by the Insured Member as per Section 39 of Insurance Act 1938 as amended from time to time. (A simplified version of the provisions of Section 39 is enclosed in Annexure 1 for reference)

F.2 Fraud or Misstatement

Fraud and Misstatement would be dealt with in accordance with provisions of Section 45 of the Insurance Act 1938 as amended from time to time. (Extract of the provisions of Section 45 is enclosed in Annexure for reference)

F.3 Misstatement of Age or Gender

If the Age or gender of the Insured Member has been misstated or incorrectly mentioned, then We may take any of the following action subject to the underwriting norms prevailing at the time of taking such action:

If at the correct Age, the Insured Member was not insurable under this Plan according to our requirements, We reserve the right to refund the Premiums paid and terminate the Policy.

If the correct Age of the Life Assured makes the Life Assured eligible for this Policy, revised Premium depending upon the Correct Age will be payable. Difference of premium from inception will be collected with interest, if age declared is higher and excess premium collected will be refunded without interest, if age is found to be lower.

<< F.4. Waiting period (applicable only if Critical Illness coverage has been opted for)

- A waiting period of 90 days from the Date of Commencement of Risk or reinstatement whichever is later is applicable for all the conditions covered under critical illness benefit to all insured members under this Policy.
- No benefit shall be payable if signs or symptoms, or diagnosis of any Critical Illness covered first occurs or diagnosis is first made during the waiting period.>>

F. 5. Exclusions

<< F.5.1 Suicide Exclusion

In case of death due to suicide within 12 months from the date of commencement of risk under the policy or joining the scheme from the date of revival of the policy, as applicable, the claimant1 shall be entitled to 100% of the Total Premiums Paid till the date of death or the benefit acquired on surrender/ termination as on the date of death, whichever is higher, provided the policy is in force.

<<In case of joint life, the benefit as mentioned above will be paid and the insurance cover will terminate for the surviving life.>>

<< F.5.2 Exclusions for Accidental Death >>

Besides the exclusions mentioned in the definitions of the critical illnesses (as described earlier), the life assured will not be entitled to any benefits if a covered Critical Illness results either directly or indirectly from any one of the following causes:

1. Pre-Existing Disease or any condition which is a direct or indirect result of a pre-existing disease: Pre-Existing Disease means any condition, ailment, injury or disease:
    a. That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or
    b. For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement.
2. Intentional self-inflicted injury, attempted suicide.
3. Alcohol or Solvent abuse or taking of Drugs, narcotics or psychotropic substances unless taken in accordance with the lawful directions and prescription of a registered medical practitioner.
4. War, invasion, act of foreign enemy, hostilities (whether war be declared or not), armed or unarmed truce, civil war, mutiny, rebellion, revolution, insurrection, military or usurped power, riot or civil commotion, strikes. War means whether declared or not.
5. Taking part in any naval, military or air force operation during peace time.
6. Participation by the life assured in any flying activity, except as a bona fide, fare-paying passenger, pilot, air crew of a recognized airline on regular routes and on a scheduled timetable.
7. Participation by the life assured in a criminal or unlawful act with a criminal intent.
8. Engaging in or taking part in professional sport(s) or any hazardous pursuits, including but not limited to, diving or riding or any kind of race; underwater activities involving the use of breathing apparatus or not; martial arts; hunting; mountaineering; parachuting; bungee-jumping.
9. Inhaling any gas or fumes, accidentally or otherwise, except accidentally in the course of duty. The intent under this exclusion is to exclude accidental gas/fumes leak incidents which could lead to exposing the population to such toxic gas/fumes and lead to deaths (like Bhopal Gas Tragedy). However, if the incidence happens as part of the life assured's job then the claim is payable.
10. Nuclear Contamination; the radioactive, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature.
11. Disability due to chronic fatigue, chronic pain and fibromyalgia are excluded
12. Congenital Anomaly: Congenital Anomaly means a condition which is present since birth, and which is abnormal with reference to form, structure or position.
    a. Internal Congenital Anomaly - Congenital anomaly which is not in the visible and accessible parts of the body.
    b. External Congenital Anomaly - Congenital anomaly which is in the visible and accessible parts of the body.
13. Any external congenital condition or related illness is not covered under the policy.
14. In case any internal congenital condition or related illness is known to the insured/family members and was/is being treated, is disclosed at proposal stage and accepted by the insurer, claims will be covered as per policy terms and conditions.
15. If an internal congenital condition is not known to the insured/ family members and the same is proved on the basis of relevant evidence, then such a condition will not be excluded, and the claims will be covered as per policy Terms & conditions.
16. If an insured/family member was well aware of an internal congenital anomaly and yet did not disclose at the proposal stage and there is adequate evidence to establish the same, such claims will not be accepted.

The benefits shall not apply or be payable in respect of any covered condition within the waiting period of 90 days where the Insured had or is aware of objective evidence, had consultations/Investigations for it and/or diagnosed which first became apparent or commenced within the Waiting Period.

<< F.5.3 Exclusions for Accidental Death >>

The insured member will not be entitled to any accidental disability benefits directly due to or caused, occasioned, accelerated or aggravated by any of the following:

1. Taking part in any hazardous sport or pastimes (including hunting, mountaineering, racing, steeple chasing, bungee jumping, etc.), any underwater or subterranean operation or activity and racing of any kind other than on foot.
2. Flying in any kind of aircraft, other than as a bonafide passenger (whether fare-paying or not) on an aircraft of a licensed airline.
3. Suicide, self-inflicted injury, or attempted suicide
4. Under the influence or abuse of drugs, alcohol, narcotics or psychotropic substance not prescribed by a registered medical practitioner.
5. War, civil commotion, invasion, terrorism, hostilities (whether war be declared or not).
6. Service in any naval, military, air force or paramilitary organization.
7. Taking part in any strike, industrial dispute and riot
8. Taking part in any criminal or illegal activity with criminal intent or committing any breach of law including involvement in any fight or affray.
9. Exposure to Nuclear reaction, Biological, radiation or nuclear or chemical contamination.
10. Physical handicap

< F.5.4 Exclusions for Accelerated Accidental Total & Permanent Disability >>

The insured member will not be entitled to any accidental disability benefits directly due to or caused, occasioned, accelerated or aggravated by any of the following:

- Taking part in any hazardous sport or pastimes (including hunting, mountaineering, racing, steeple chasing, bungee jumping, etc.), any underwater or subterranean operation or activity and racing of any kind other than on foot.
- Flying in any kind of aircraft, other than as a bonafide passenger (whether fare-paying or not) on an aircraft of a licensed airline.
- Suicide, self-inflicted injury, or attempted suicide
- Under the influence or abuse of drugs, alcohol, narcotics or psychotropic substance not prescribed by a registered medical practitioner.
- War, civil commotion, invasion, terrorism, hostilities (whether war be declared or not).
- Service in any naval, military, air force or paramilitary organization.
- Taking part in any strike, industrial dispute and riot
- Taking part in any criminal or illegal activity with criminal intent or committing any breach of law including involvement in any fight or affray.
- Exposure to Nuclear reaction, Biological, radiation or nuclear or chemical contamination.
- Physical handicap

<< F.5.5 Exclusions for Accelerated Terminal Illness>>

The Life Insured will not be entitled to any Accelerated Terminal Illness benefit if it is caused directly or indirectly due to or occasioned, accelerated or aggravated by intentional self-inflicted injury or attempted suicide in the first year from inception or revival of policy

F.6. Claim Requirements

We will require the following Mandatory Documents of the Insured Member to enable processing of the claim intimation under the Policy. All benefits will be paid to the “Claimant” as defined in Section B.

Benefits Claimed	Requirements
Natural Death	1. Claimant statement form 2. Copy of death certificate issued by municipal corporation under section 12/17 3. KYC documents of claimant (Mandatory) a. PAN or Form No. 60 b. Copy of any one of the following (Identity & address proof of claimant). i. Proof of possession of Aadhaar number in such form as are issued by the Unique Identification Authority of India (means 'Aadhaar Card'^) ii. Passport (unexpired), iii. Driving License (unexpired) iv. Voter's Identity Card v. Job card issued by NREGA duly signed by an officer of the State Government c. One recent photograph of the claimant 4. Copy of self attested cancelled cheque bearing name of claimant/ Passbook copy of the claimant 5. Relationship proof (wherever applicable) <<6.Outstanding Loan Statement>>
<<In addition to the above-mentioned documents, we may ask for the following documents:>>	
Sudden Death/Death due to illness	1. Cause of death certificate issued by the treating doctor 2. Medical records history (Admission notes, discharge/ death summary, test reports, etc.) 3. Bandhan Life Insurance Limited attending physician statement for death claim 4. Bandhan Life Insurance Limited Hospital treatment statement for death claim
<<Accidental Death/ Suicide	For death due to accident/suicide other than the above mentioned documents for Death Claim, 1. Police Final Report 2. Copy of First Information Report (FIR) (Mandatory) 3. Copy of Post Mortem Report (Mandatory) 4. Inquest report 5. Panchnama 6. Newspaper clipping>>

<<Accidental Total & Permanent Disability>>	1. BLIC Disability / Dismemberment Claim Intimation Form 2. BLIC Attending Physician Statement 3. BLIC Hospital Treatment Certificate 4. Certificate of employer 5. All the medical documents of hospital along with all the investigation reports and indoor case papers (Admission notes, discharge/ death summary, test reports, etc.) 6. First Information Report (FIR) (Mandatory) 7. Inquest Report 8. Panchanama 9. KYC documents of claimant (Mandatory) a. PAN or Form No. 60 b. Copy of any one of the following (Identity & address proof of claimant) i. Proof of possession of Aadhaar number in such form as are issued by the Unique Identification Authority of India (means 'Aadhaar Card')^ ii. Passport (unexpired), iii. Driving License (unexpired) iv. Voter's Identity Card v. Job card issued by NREGA duly signed by an officer of the State Government c. One recent photograph of the claimant 10. Copy of self attested cancelled cheque bearing name of claimant/ Passbook copy of the claimant <<11. Outstanding Loan Statement>>
<< Terminal Illness >>	1. Application form 2. Attending Physician Statement/ Specialist certificate 3. Certificate of employer- Terminal Illness claim 4. All the medical documents of hospital along with all the investigation reports and indoor case papers (Admission notes, discharge/ death summary, test reports, etc.) 5. KYC documents of claimant (Mandatory) a. PAN or Form No. 60 b. Copy of any one of the following (Identity & address proof of claimant). i. Proof of possession of Aadhaar number in such form as are issued by the Unique Identification Authority of India (means 'Aadhaar Card') ^ ii. Passport (unexpired), iii. Driving License (unexpired) iv. Voter's Identity Card v. Job card issued by NREGA duly signed by an officer of the State Government c. One recent photograph of the claimant

	6.Copy of self attested cancelled cheque bearing name of claimant/ Passbook copy of the claimant <<7.Outstanding Loan Statement>>
<< Critical Illness>>	1. BLIC Critical Illness Claim Intimation Form 2. BLIC Critical Illness Attending Physician Statement 3. BLIC Critical Illness Hospital Treatment Certificate 4. Certificate of Employer- Critical Illness 5. All Medical reports from the first date of diagnosis to the last treatment received date. (Admission notes, discharge/ death summary, test reports, investigation report, Indoor case papers etc.) 6. KYC documents of claimant (Mandatory) a. PAN or Form No. 60 b. Copy of any one of the following (Identity & address proof of claimant). i. Proof of possession of Aadhaar number in such form as are issued by the Unique Identification Authority of India (means 'Aadhaar Card')^ ii. Passport (unexpired), iii. Driving License (unexpired) iv. Voter's Identity Card v. Job card issued by NREGA duly signed by an officer of the State Government c. One recent photograph of the claimant 7. Copy of self attested cancelled cheque bearing name of claimant/ Passbook copy of the claimant <<8. Outstanding Loan Statement>>

^Wherever Aadhaar number is provided, first eight digits of such number are to be redacted/masked/blacked out.

Please note that our Claims dept may call for further requirements wherever necessary

<<Apart from the above documents, in case of claim payment to the members of Regulated Entities, we would need the below:

1. Authorization by Insured Member (can be ignored if part of enrolment form)
2. Claim discharge form (to be filled by nominee)
3. Credit account statement by MPH>>

In case of claim payment to the members of Other Entities, upon the occurrence of insured event, the entire claim amount will be payable to the Member or the Nominee/Beneficiary. >>

Filing Proof of Claim: Unless otherwise specified, duly filled in requisite forms along with necessary documents as stated above shall be furnished to us, at the claimant's expenses, within 90 days from the date the Insured event happens. However, submission of such documents, forms or other proof shall not be construed as an admission of liabilities by the Company and we reserve right to request additional proof and/or documents in support.

We are entitled to ask for additional documents (including Policy document/ Certificate of Insurance) or information for the processing of the claim, in particular under circumstances where there is a delay in intimation of claim beyond 90 days from the Date of Diagnosis or occurrence of covered condition. We may also seek professional/independent assistance for speedy disposal of the claim. You and/or the Nominee/legal heir/s shall have no objection for Us to obtain any details/information to form an opinion about the claim

In case of delay in payments by Us, penal interest will be paid as per extant regulations applicable from time to time.

F.7. Audit

1. It is agreed that the Company has the right to audit or cause an audit on the completion of financial year into the accuracy of the Credit Account Statements in respect of which claims were settled and into the accuracy of the Credit Account Statements of the deceased group insured members furnished by the Master Policyholder. Or the Company at its sole discretion require the Master Policyholder to submit certification from Internal Auditor or Statutory Auditors of the Master Policyholder certifying that the Outstanding Loan Balance/Claim Discharge Form shown is correct and reflecting the balance as per conditions governing the Credit Account/Loan Account.
2. The cost of the Audit shall be borne by the Master Policyholder. The Master Policyholder will indemnify and keep indemnifying the Company for any liability that may be incurred by the Company in case of any difference reported in the audit report.

F.8. Tax

The tax benefits and Benefits payable under the Policy would be as per the prevailing provisions of the tax laws in India. We reserve the right to recover statutory levies << including Goods and Services Tax (plus any applicable cess) >> by way of adjustment to the Policy Premiums payable or make necessary recoveries from the benefits payable under the Policy.

F.9. Applicable Law

This Policy is subject to the provisions of the laws of India.

F.10. Currency and Payment

All payments to or by the Company will be in Indian rupees and shall be in accordance with the prevailing regulations and other relevant laws of India. All payments under this policy including the claims payout will be made through NEFT or other electronic methods only.

F.11. Issuance of Duplicate Policy

You can apply for a duplicate policy document along with relevant documents. Additional charges not exceeding Rs. 200/- may be applicable for issuance of the duplicate policy.

F.12. Turn Around Time for Servicing Requests and Claims Processing

Policy Servicing TAT's	
Full Surrender	15 calendar days
Freelook Cancellation	15 calendar days
Refund of excess proposal deposit	15 calendar days
Maturity/Survival Claims	T+1 working day
Raising claim requirements after lodging the Death claim	Within 15 days of receipt of claim
Death claim decision without investigation requirement	Within 30 days from the date of receipt of last necessary document
Death claim decision with Investigation requirement	Investigation should be completed not later than 90 days from the date of receipt of claim intimation and the claim shall be decided within 30 days thereafter

Part G

Grievance Redressal Procedure

G.1 Notice

Any notice, direction or instruction given to Us under the Policy shall be through any one of the following modes:

1. Writing to our Customer Service Department :Bandhan Life Insurance Limited. A - 201, 2nd Floor, Leela Business Park, Andheri-Kurla Road, Andheri East, Mumbai, 400059
2. Call on Toll free number: 1800 209 9090 (except in case of freelook cancellation)
3. E-mail to: **group.operations@bandhanlife.com** or such other address as may be informed by Us.

Any notice, direction or instruction to be given by Us under the Policy shall be in writing and delivered via message to your registered contact number or to the registered electronic mail id updated in the records of the Company or by making general announcement in a national newspaper in English.

You are requested to communicate any change in address and contact details immediately to enable us to serve you promptly.

G.2 Grievance Redressal Procedure

You can register complaint with any of the following touch points:

- Website: You can register the complaint via the complaints form available on our website - **www.bandhanlife.com**
- Emails: You can write to us on **customer.care@bandhanlife.com** from their registered e-mail ID.
- Contact Centre: You can call us on 1800 209 9090 from 9.00 am to 7.00 pm, Monday to Saturday excluding public holidays
- Letters: You can write to us via letter at the nearest Policyholder Service centre or the Head Office. The addresses are available on our company website. You are requested to visit our website www.bandhanlife.com for updated contact details/service centre address. We will acknowledge the complaint in 3 days. The complaint will be closed in 2 weeks from the date of receipt.

Escalation Matrix

The Company shall consider and appropriately respond to the complaint even if the complaint is received directly at any of these escalation levels. You can directly approach the Grievance Redressal Officer (GRO) of the Company as per the details mentioned. This is irrespective of the complaint not being made to or being active at any of the mentioned stages.

- All the complaint is responded from the Grievance Manager email address. In case You does not get any response within 14 days he/she can write to **grievance.manager@bandhanlife.com**
- If You fail to get response within 2 weeks or are not satisfied with response provided with regards to the complaint, You can escalate the matter to **escalation.desk@bandhanlife.com** and the response will be sent within 3 working days.

- If You are still not satisfied with the resolution from **escalation.desk@bandhanlife.com**, You may write to **gro@bandhanlife.com**. Head of Customer Service shall be the GRO (Grievance Redressal Officer) of the company and it shall be responded with the final resolution within 7 working days.
- In case the grievance is not resolved or is partially resolved in favour of the policyholder, the complainant has the option to take up the matter before insurance ombudsman. The name, address and contact numbers of the ombudsman of competent jurisdiction is readily available on the company's website **www.bandhanlife.com**. Master Policyholder can approach the ombudsman, once the stipulated period of 30 days from the date of filing the complaint with the insurer is over, irrespective of the complaint lying in different stages of grievance redressal process.

G.3 Grievance Redressal Mechanism of IRDAI

In case the policyholder is not satisfied with the response or does not receive a response from the Company within 15 days, then the customer may approach the Grievance Cell of the IRDAI through any of the following modes:

1. Calling Toll Free Number 155255 / 18004254732 (i.e. IRDAI Grievance Call Centre)
2. Sending an email to **complaints@irdai.gov.in**
3. Register the complaint online at Bima Bharosa at **www.igms.irda.gov.in**
4. Address for sending the complaint through courier / letter: Consumer Affairs Department, Insurance Regulatory and Development Authority of India, Survey No.115/1, Financial District, Nanakramguda, Gachibowli, Hyderabad-500032, Telangana.

G.4 Insurance Ombudsman

Where the redressal provided by the Company is not satisfactory despite the escalation above, the customer may represent the case to the Ombudsman for Redressal of the grievance, if it pertains to the following:

1. Delay in settlement of claims, beyond the time specified in the regulations, framed under the Insurance Regulatory and Development Authority of India Act,1999
2. Any partial or total repudiation of claims by the insurer;
3. Disputes over premium paid or payable in terms of insurance policy;
4. Misrepresentation of policy terms and conditions;
5. Legal construction of insurance policies insofar as the dispute relates to claim;
6. Policy servicing related grievances against insurers and their agents and intermediaries;
7. Issuance of insurance policy, which is not in conformity with the proposal form submitted by the proposer;
8. Non-issuance of insurance policy after receipt of premium ; and
9. 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 herein above.

The Ombudsman shall act as a counsellor and mediator to the matters specified above provided there is written consent of the parties to the dispute.

You or your legal heirs, nominee or assignee can make a complaint in writing to the Insurance Ombudsman within whose territorial jurisdiction the residential address or place of residence of the complainant is located. The complaint shall be in writing, duly signed by You or your legal heirs, nominee or assignee and shall state clearly the name and address of the complainant, the name of the insurer against whom the complaint is made, the facts giving rise to the complaint, supported by documents, the nature and extent of the loss caused to the complainant and the relief sought from the Insurance Ombudsman

No complaint to the Insurance Ombudsman shall lie unless:

1. The complainant makes a written representation to the insurer named in the complaint and:
    a. either the insurer had rejected the complaint; or
    b. the complainant had not received any reply within a period of one month after the insurer received his representation; or
    c. the complainant is not satisfied with the reply given to him by the insurer;

2. The complaint is made within one year:
    a. after the order of the insurer rejecting the representation is received; or
    b. after receipt of decision of the insurer which is not to the satisfaction of the complainant;
    c. after expiry of a period of one month from the date of sending the written representation to the insurer if the insurer named fails to furnish reply to the complainant.

No complaint before the Insurance Ombudsman shall be maintainable on the same subject matter on which proceedings are pending before or disposed of by any court or consumer forum or arbitrator. The addresses of the Insurance Ombudsmen are given below. You are requested to visit the website of the Company for updated information on contact details of the Company and Insurance Ombudsmen.

Insurance Ombudsman Centres/ Contact Details

Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@cioins.co.in	Office of the Insurance Ombudsman, Jeevan Soudha Building,PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in	Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@cioins.co.in
Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@cioins.co.in	Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@cioins.co.in	Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@cioins.co.in
Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@cioins.co.in	Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@cioins.co.in	Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 67504123 / 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@cioins.co.in
Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: Bimalokpal.jaipur@cioins.co.in	Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@cioins.co.in	Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 Email: bimalokpal.kolkata@cioins.co.in

Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@cioins.co.in	Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 Email: bimalokpal.mumbai@cioins.co.in	Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514250 / 2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in
Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in	Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@cioins.co.in	

Annexure: 1

Section 39: Nomination

For the purpose of this provision, Policy shall mean an Insured Member's individual Policy and not the Policy contract for the Master Policyholder

Nomination of a life insurance Policy is as below in accordance with Section 39 of the Insurance Act, 1938 as amended from time to time. The extant provisions in this regard are as follows:

1. The Policyholder of a life insurance 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 Insurer.
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 insurer and can be registered by the insurer 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 insurer for the insurer to be liable to such nominee. Otherwise, insurer will not be liable if a bonafide payment is made to the person named in the text of the Policy or in the registered records of the insurer.
7. Fee to be paid to the insurer for registering change or cancellation of a nomination can be specified by the Authority through Regulations.
8. On receipt of notice with fee, the insurer 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 shall automatically cancel the nomination except in case of Assignment to the insurer 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 insurer'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
    a. parents or
    b. spouse or
    c. children or
    d. spouse and children
    e. or any of them

    The nominees are beneficially entitled to the amount payable by the insurer 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 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 amendment of Insurance Act, 1938 (i.e. 26.12.2014).
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 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 Insurance Act 1938 (as amended from time to time), 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. 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 will not apply.

[Disclaimer: This is not a comprehensive list as mentioned in Insurance Act 1938 (as amended from time to time), but only a simplified version prepared for general information. Policy Holders are advised to refer to the Act for complete and accurate details.]

Annexure: 2

Section 45: Policy shall not be called in question on the ground of mis-statement after three years

For the purpose of this provision, Policy shall mean an insured member's individual Policy and not the Policy contract for the Master Policyholder

Provisions regarding Policy not being called into question in terms of Section 45 of the Insurance Act, 1938, as amended from time to time are as follows:

Section 45. Policy not be called in question on ground of misstatement after three years. —

1. No policy of life insurance shall be called in question on any ground whatsoever after the expiry of three years from the date of the policy, i.e., from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later.
2. A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground of fraud:

Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision is based:

Explanation I: For the purposes of this sub-section, the expression "fraud" means any of the following acts committed by the insured or by his agent, with intent to deceive the insurer or to induce the insurer to issue a life insurance policy:

1. the suggestion, as a fact of that which is not true and which the insured does not believe to be true;
2. the active concealment of a fact by the insured having knowledge or belief of the fact;
3. any other act fitted to deceive; and
4. any such act or omission as the law specially declares to be fraudulent.

Explanation II.: Mere silence as to facts likely to affect the assessment of the risk by the insurer is not fraud, unless the circumstances of the case are such that regard being had to them, it is the duty of the insured or his agent keeping silence, to speak, or unless his silence is, in itself, equivalent to speak.(3) Notwithstanding anything contained in sub-section (2), no insurer shall repudiate a life insurance policy on the ground of fraud if the insured can prove that the misstatement of or suppression of a material fact was true to the best of his knowledge and belief or that there was no deliberate intention to suppress the fact or that such misstatement of or suppression of a material fact are within the knowledge of the insurer:

Provided that in case of fraud, the onus of disproving lies upon the beneficiaries, in case the policyholder is not alive.

Explanation: A person who solicits and negotiates a contract of insurance shall be deemed for the purpose of the formation of the contract, to be the agent of the insurer. (4) A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground that any statement of or suppression of a fact material to the expectancy of the life of the insured was incorrectly made in the proposal or other document on the basis of which the policy was issued or revived or rider issued:

Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision to repudiate the policy of life insurance is based:

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

Explanation.: For the purposes of this sub-section, the misstatement of or suppression of fact shall not be considered material unless it has a direct bearing on the risk undertaken by the insurer, the onus is on the insurer to show that had the insurer been aware of the said fact no life insurance policy would have been issued to the insured.

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

[Disclaimer: This is not a comprehensive list as mentioned in Insurance Act 1938 (as amended from time to time), but only a simplified version prepared for general information. Policy Holders are advised to refer to the Act for complete and accurate details.]