

LIFE INSURANCE

Aditya Birla Sun Life Insurance Company Limited



**ADITYA BIRLA
CAPITAL**

PROTECTING INVESTING FINANCING ADVISING

Certificate of Insurance - Aditya Birla Sun Life Insurance Group Protection Solutions

Email - absli.grouphelpline@adityabirlacapital.com

UIN 109N006V06

November 03, 2018

Bandi Yatheeshwari . .
Eurofins Group
G5, B Block, Sai Mitra Meadows
1st A cross, Kaggadasapura main road, C V Raman Na Bangalore
Bangalore 560093
Karnataka

Ref.: - Your Voluntary Group Term Policy No 504010

Dear Sir/Madam ,

We thank you for choosing Aditya Birla Sun Life Insurance Co. Ltd. to manage your insurance needs and look forward to an enduring relationship with you.

The risk cover for the stated policy has commenced w.e.f October 11, 2018. Please find enclosed herewith your Certificate of Insurance (COI) No.2146401 detailing the key particulars of your insurance.

Please note that this voluntary coverage is granted basis the answers provided in the Health Questionnaire (SFQ/MQ). We are enclosing the relevant extract of the Health Questionnaire. Please note that as per Section 45 of the Insurance Act, 1938 claims may be rejected in case the information disclosed in the medical questionnaire is proved to be false. Hence we request you to read the same carefully and verify that the responses are in line with those which you had provided.

In case of any discrepancies you are requested to contact us within 15 days from the receipt of this letter at the below mentioned touch points.

Email us at absli.grouphelpline@adityabirlacapital.com

On intimation of such discrepancies the enclosed COI will become void ab initio and your insurance coverage will be subject to our then underwriting guidelines. Additionally you may be required to undergo medical tests depending on the amount of total insurance cover opted for, age at entry and the medical disclosures in the Health declaration. The revised COI will be sent post fulfilment of all the above mentioned requirements and acceptance of your insurance coverage by us.

Should you require assistance at any time, please feel free to get in touch with us.

We look forward to a mutually beneficial association & assure you of our best services at all times.

Yours Sincerely

Group Services & Operations
Aditya Birla Sun Life Insurance Company Limited

THIS IS A COMPUTER GENERATED STATEMENT & DOES NOT REQUIRE A SIGNATURE

LIFE INSURANCE

Aditya Birla Sun Life Insurance Company Limited



ADITYA BIRLA
CAPITAL

PROTECTING INVESTING FINANCING ADVISING

Certificate of Insurance - Aditya Birla Sun Life Insurance Group Protection Solutions

Email - absli.grouphelpline@adityabirlacapital.com

UIN 109N006V06

Certificate No: 2146401

A) CLIENT INFORMATION

Group Policy Number	:	504010	
Name of the Group Policy Holder	:	Eurofins Group	
Member Insured Id	:	A11443416	
Name of the Member Insured	:	Bandi Yattheeshwari . .	
Employee ID	:	EITS980	
Date of Birth	:	26/12/1989 (dd/mm/yyyy)	Gender: Female
Nominee Name	:	Pappuri Balarami Reddy .	
Relationship with Member Insured	:	Spouse	

B) PREMIUM INFORMATION

Payment Term	:	01 Year	
Payment Frequency	:	Annual	
Premium Amount	:	Rs. 2599.32	
CGST Amount	:	Rs. 233.94	SGST Amount : Rs. 233.94
Total Premium	:	Rs. 3067.20	

This COI can be used for the purpose of tax benefit as per extant tax laws.

C) BENEFIT INFORMATION

Sum Assured	:	Rs. 5000000.00	
Coverage Effective Date (CED)	:	11/10/2018 (dd/mm/yyyy)	Coverage Expiry Date: 20/09/2019 (dd/mm/yyyy)
Next Premium Due Date	:	21/09/2019 (dd/mm/yyyy)	
Date of First Inception of Cover	:	11/10/2018 (dd/mm/yyyy)	

This is a computer generated certificate and does not require any signature.

Issued at Mumbai on 03/11/2018
(dd/mm/yyyy)

'Important T & C of this coverage please refer overleaf'

IMPORTANT TERMS & CONDITIONS

Definitions

"ABSLI" means Aditya Birla Sun Life Insurance Company Limited and any of its successors.
"Certificate Of Insurance" means statement evidencing the Coverage of the Member under the Policy, subject to the terms and conditions of the Policy.
"Coverage Effective Date" means the date on which the Coverage in respect of a Member commences.
"Member" means a person whose cover is in effect under this Certificate of Insurance.
"Policy" means the Group Protection Solution Policy taken by the Group Policyholder for providing Coverage to its Members.
"Group Policyholder" - Policyholder name as mentioned in the first page of the COI is the policyholder for this Policy.
"Unnatural Death" means, "A death caused by external causes—e.g., injury or poisoning—which includes death due to intentional injury, such as homicide or suicide, and death caused by unintentional injury in an accidental manner".

Coverage Amount

The total amount of insurance per member (i.e. sum assured under the compulsory scheme + the sum assured under the voluntary top-up scheme) should not exceed 10 times total annual salary of the respective employee.

Benefits

Basic Death Benefit

In an event of the death of the Member, ABSLI shall pay the Sum Assured as mentioned in the Certificate of Insurance to the nominee as chosen by the Member.

Nomination

Allowed as per the provisions of Section 39 of the Insurance Act, 1938 as amended from time to time. For more details on the nomination, please refer to our website www.adityabirlasunlifeinsurance.com.

Exclusions

Death Benefit

- Suicide:We will refund 80% of the premiums paid to date (excluding Goods & Services Tax) in the event the member dies by suicide, whether medically sane or insane, within one year after the coverage issue date and will not pay the amount mentioned under the Death Benefit Provision i.e. sum assured
- Waiting Period: No Life insurance cover shall be available during a period of 45 days starting from the Date of First Inception of Coverage, except for death due to accident. This will not apply to members whose cover is accepted post requisite medical tests and also to members who opt for top up cover under this proposal and are covered under employer paid policy with ABSLI

Termination of Coverage

The Cover in respect of any Member under this policy will terminate on the earliest of the following:

- Date Member attains retirement age
- Date of death of the Member
- Date on which due premiums for this Cover remaining unpaid or end of grace period depending upon premium paying mode.
- Date of cessation of employment/Membership of the Member
- Date this Policy is terminated

Grievance Redressal Procedure

You may register your grievance or complaint specific to this policy with our Head Customer Response & Resolution at Customer Care Unit, G-Corp Tech Park, 5th & 6th Floor,Kasar Wadavali, Ghodbunder Road,Thane – 400601, or call on our toll free no. 1-800-270-7000 or email us at absli.grouphelp@adityabirlacapital.com
The complaint should be made in writing duly signed or through email by the complainant or by his legal heirs with full details of the complaint and the contact information of complainant.

More Information

- Premium is payable annually in advance. 100% of the total premium including Goods & Services Tax to be contributed by the employee / member
- Premium Rates are annually reviewable based on mortality experience Age at entry / renewal on age last birthday basis
- Goods & Services Tax and other levies, as applicable, will be extra and levied as per the extant tax laws
- As per extant tax laws, the member will be eligible for tax benefits under Section 80C and Section 10(10D) of the Income Tax Act,1961.
- Members joining during the year shall pay the pro-rated premium from the date of joining till the next renewal date of the scheme
- The member in case of a voluntary policy has the option to continue the policy in case of surrender

At the time of Cessation of Employment with the Policyholder

In case a member covered in the scheme leaves the employment of Policyholder(on reasons other than ill health/sick grounds), he / she shall remain covered till the next premium due date of the scheme without any further underwriting or requirement. On the first renewal of the scheme after the member left the employment of Employer, a window period of 30 days is available to all such members to opt for continuation of the coverage. If the member decides to continue his / her coverage the following shall apply :

- Portability option to be taken only against Voluntary covers
- The sum assured under portability cover not to exceed his/her existing sum assured enjoyed under the Voluntary cover
- NRIs will not be offered portability option

The above T&C are only the relevant excerpts of the Policy and that this COI is governed by the terms & conditions of the Policy and the Member is advised to get himself/herself familiar with it and is requested to get in touch with the Group Policyholder for the same.

"You can call on the ABSLI toll free number 1800-270-7000 and 1800-22-7000 (MTNL & BSNL), select option 4 "If you are a Group Policyholder" and speak to our Call Centre Executive directly for any queries/concerns/clarifications regarding this policy. The service is available from 9 am to 7 pm on all weekdays"

Aditya Birla Sun Life Insurance Company Limited

(Formerly known as Birla Sun Life Insurance Company Limited)

Regn. No.: 109. Regd Office: One Indiabulls Centre, Tower 1, 16th Floor, Jupiter Mill Compound, 841, Senapati Bapat Marg, Elphinstone Road, Mumbai - 400013
+91 22 6723 9100 | care.lifeinsurance@adityabirlacapital.com | www.adityabirlasunlifeinsurance.com | CIN: U99999MH2000PLC128110
Trade Logo "Aditya Birla Capital" displayed above is owned by ADITYA BIRLA MANAGEMENT CORPORATION PRIVATE LIMITED (Trademark Owner) and used by ADITYA BIRLA SUN LIFE INSURANCE COMPANY LIMITED (ABSLI) under the license

- Member to enjoy Portability option till the retirement age of the respective employer from where he had taken the cover
- Declaration of Good Health (DOGH) is mandatorily required at the start of cover and is to be filled at the time of renewal of the voluntary coverage. If there are any disclosures in the DOGH, then the life assured will need to be assessed facultatively
- Members medically accepted at "Standard Rates" under voluntary coverage to continue the same terms under Portability basis a completion of DOGH
- Members medically accepted at "Sub-standard Rates up to "100% extra mortality(em)" to continue the same terms under Portability basis a completion of DOGH
- Members medically accepted at "Sub-standard Rates between +125%em and +200%em" will be required to be underwritten

Medicals will be conducted only in the ABSLI empanelled labs located in India & the cost of such medical tests will be borne by ABSLI

Incase an employee leaves the organisation for ill health reasons, he will be covered till the next premium due date of the scheme, however portability option would not be provided to such an employee

Claim Procedures

The Group Policyholder should notify ABSLI, in writing, of the claim with proof of claim (Copy of Death Certificate issued by Municipal Authority or Gram Panchayat) to the 'Claims Department' at the registered office of ABSLI within 30 days from the date on which claim arises.

On Roll Employees:

Documents required to settle a Death Claim are:

1. Inforce Certificate of Insurance, issued at the inception/ renewal whichever is applicable.
2. Copy of Death Certificate of the Member duly attested by Group Policyholder
3. Death claim form duly filled by Group Policyholder
4. Claimant's Statement to be filled by the Nominee of deceased member
5. Medical Attendant Certificate (copies of all Medical Reports, Treatment Reports, Discharge Summary duly attested by the Group Policyholder)
6. Copy of standard age proof of deceased member
7. Beneficiary Detail Form along with Copy of Bank Statement /Passbook and documentary evidence establishing beneficiary's relationship with Life assured
8. Pre Printed cancelled cheque/ Bank Statement /Passbook copy containing Account No & IFSC code

In case of Unnatural / Accidental Death following additional requirements shall be called for, copies of which need to be attested with seal and signature of the Group Policyholder.

1. First Information Report
2. Post Mortem Report
3. Final Police Inquest Report

Ex Employees:

Documents required to settle a Death Claim are:

1. Inforce Certificate of Insurance, issued at the inception/ renewal whichever is applicable.
2. Copy of Death Certificate of the Member
3. Medical Attendant's Certificate (copies of all Medical Reports, Treatment Reports, Discharge Summary)
4. Claimant's Statement
5. Employer's Certificate (If Applicable)
6. Copy of standard age proof of deceased member
7. Beneficiary Detail Form along with Copy of Bank Statement /Passbook and documentary evidence establishing beneficiary's relationship with Life assured
8. Pre Printed cancelled cheque/ Bank Statement /Passbook copy containing Account No & IFSC code

In case of Unnatural / Accidental Death following additional requirements shall be called for,

1. First Information Report
2. Post Mortem Report

- ABSLI may request additional information or requirement to support a proof of claim if the case warrants.

- In an event of the death of the Member, ABSLI shall pay the Sum Assured as mentioned in the Cost and Benefit particulars of this contract to the nominee as chosen by the Member Insured.

- The discharge receipt has to be signed by the Group Policyholder in case of "On Roll Employees" and Beneficiary in case of "Ex Employees". The same will be valid and sufficient discharge for the purpose of this Policy.

- All claims would be released post scrutiny of the claim documents submitted and investigation / verifications if any. The TAT for claim settlement is T + 7 working days from the receipt of last requirement. T = All duly completed requests / requirements received at ABSLI's office by 12 noon. Kindly note that if the claim is under investigation / verification then Final Investigation Report shall form the part of requirement.

- Claimant's KYC requirements are the part of Claimant Statement

Fraud and Misrepresentation

As per the provisions of Section 45 of the Insurance Act, 1938 as amended from time to time. For more details on Section 45 of the Insurance Act, 1938 please refer to our website www.adityabirlasunlifeinsurance.com.

Contact Us:
1-800-270-7000

adityabirlacapital.com

