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BEWARE OF SPURIOUS / FRAUD PHONE CALLS

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

PART A**INDIAFIRST LIFE INSURANCE COMPANY LIMITED**

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

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

DD/MM/YYYY

IndiaFirst Life Group Disability Rider - UIN: 143B004V01

(A Non-Linked, Non-Participating, Group Rider)

Dear Customer,

Congratulations!

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

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

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

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

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

Thank you once again for choosing IndiaFirst.

Yours truly,

Authorised Signatory


IndiaFirstLife**Insurance Intermediary Details**

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

IndiaFirst Life Group Disability Rider
(A Non-Linked, Non-Participating, Group Rider)
UIN [143B004V01]

XXX_____ (hereinafter called the "Master Policyholder") have by a written Proposal Form dated _____ requested the IndiaFirst Life Insurance Company Limited (hereinafter called the "Insurer") to grant the benefits of insurance cover under IndiaFirst Life Group Disability Rider and as per the Scheme Rules of the (.....name of the scheme....) Scheme of the Master Policyholder (certified copy of which has been furnished to the Insurer by the Master Policyholder) to the Members whose names have been recorded in the Membership Register maintained by the Master Policyholder.

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

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

Signed by and on behalf of

IndiaFirst Life Insurance Company Limited

Authorised Signatory



Annexure A Policy Schedule

I. Master Policyholder Details

Policyholder Name:	
Address:	
Master Policy Number:	

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

III. Rider Details

Rider Name:	IndiaFirst Life Group Disability Rider
UIN:	143B004V01
Benefit Option Opted:	<< 1.Accidental Total Permanent Disability Benefit (ATPD) 2.Total Permanent Disability due to Accident and/ or Illness (TPD) 3.Partial Permanent Disability due to Accident and/ or Illness (PPD) >>

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

IV. Insurance Intermediary Details

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

V. Special Conditions

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

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

PART B

Definitions

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

Word/ Term	Meaning
Accident	An accident means sudden, unforeseen and involuntary event caused by external, visible and violent means.
Accidental Total Permanent Disability	<p>'Total and Permanent Disability due to accident' means disablement, of the Person Insured which meets one or both of the two definitions mentioned below:</p> <ul style="list-style-type: none"> TPD benefit can be claimed only once in the life time starting from the first year of membership. In the event of death of the Person Insured within the waiting period, no benefits will be payable under Total and Permanent Disability <p>Total and Permanent Disability should occur within 90 days of the accident independent of any other causes from the date of the Accident. The insurer will have the right to evaluate the insured to confirm total and permanent disability.</p> <p>Definition 1: Loss of use of limbs or visual loss</p> <p>As a result of accidental bodily injury the Life Assured has suffered</p> <ul style="list-style-type: none"> Loss of the use of both limbs; or Loss of the sight in both eyes (Blindness); or Loss of the use of one limb and the sight of one eye <p>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.</p> <p>1. The total loss of vision in</p> <p>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. Total and Permanent Disability should occur within Ninety 90 days of the accident independent of any other causes.</p> <p>For the purpose of this benefit, the word "permanent" shall mean beyond the scope of recovery with current medical knowledge and technology.</p> <p>The insured person 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.</p> <p>one eye means total, permanent and irreversible loss of all vision in an eye as a result of accident.</p> <p>2. Loss of sight in both eyes – (Blindness) evidenced by:</p> <p>I. Total, permanent and irreversible loss of all vision in both eyes as a result of accident</p> <p>i. corrected visual acuity being 3/60 or less in both eyes or;</p> <p>ii. the field of vision being less than 10 degrees in both eyes</p> <p>II. The diagnosis of blindness or the total loss of vision in one eye must be confirmed and must not be correctable by aids or surgical procedure</p> <p>Definition 2: Loss of independent living</p> <p>The tasks are:</p> <p>i. Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;</p> <p>ii. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;</p> <p>iii. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;</p> <p>iv. Mobility: the ability to move indoors from room to room on level surfaces</p> <p>v. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;</p> <p>vi. Feeding: the ability to feed oneself once food has been prepared and made available</p> <p>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. The Insurer will have the right to evaluate the insured person to confirm total and permanent disability.</p>

Word	Meaning
Age	Age of the member as at the last birthday on the Policy Commencement Date and on any subsequent Policy Anniversary.
Annexure	Any annexure, endorsement attached to this Policy as changed/ modified and issued by us from time to time.
Annualized Premium	An amount which is payable in a Policy Year, excluding Extra Premium, loadings for modal premiums and applicable taxes, cesses or levies, if any.
Appointee	The person appointed by you to receive the benefits under this Policy, if the Nominee is less than 18 (Eighteen) years of Age.
Beneficiary	Beneficiary means the Nominee/Legal Heir/Assignee specified by the Member as the Beneficiary under the base Policy or a person directed by the Court of competent jurisdiction.
Certificate of Insurance	A document stating the benefits payable to the Member and other details pertaining to the Coverage of the Member under the Scheme.
Distance Marketing	Distance Marketing includes every activity of solicitation (including lead generation) and sale of insurance products through the following modes: (i) Voice mode, which includes telephone-calling; (ii) Short Messaging service (SMS); (iii) Electronic mode which includes e-mail, internet and interactive television (DTH); (iv) Physical mode which includes direct postal mail and newspaper & magazine inserts; and, (v) Solicitation through any means of communication other than in person
Extra Premium	An additional amount payable by you, which is determined by us in accordance with our board approved underwriting policy. This is determined on the basis of information provided by you in the Proposal Form or on the basis of any other information submitted to us or through medical examination of the member subject to your consent.
Free Look Period	A period of 15 days (30 days if the policy is sourced through distance marketing or electronic mode) from the date of receipt of the Policy, during this period you can return the policy if you disagree to any of the terms and conditions of your policy.
Grace Period	Grace period means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting period and coverage of pre-existing diseases. If a valid claim has occurred during grace period, then rider Sum Insured will be paid after deducting due premium. Grace period terms and conditions will be applicable under Regular/ Limited premium payment options. The grace period will be same as per the base policy.
Illness	Illness means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical treatment.
Income Tax Act	Income Tax Act, 1961, as amended from time to time.
Injury	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.
Installment Premium	An amount that you pay us during the Premium Paying Term at regular intervals for securing the benefits under this Policy.
Insurance Act	Insurance Act, 1938 and as amended from time to time
Lapse	Non-payment of premium within the expiry of grace period.
Master Policyholder	Master Policyholder is the trustee or organization that effects this Policy for the benefit of its Members. The Master Policyholder holds the Master Policy.
Medical Practitioner	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 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. The Medical practitioner should not be <ul style="list-style-type: none"> the policyholder/insured person 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; related to the policyholder/insured person by blood or marriage

Word	Meaning
Modal Factor	A factor used by us for calculating the Premium payable by You under this Policy, if you have opted to pay the Premium through half yearly Premium payment mode or quarterly Premium payment mode or monthly Premium payment mode.
Nominee	Nominee is the person nominated by the member under this Policy who is authorized to receive the claim benefit payable under this Policy and to give a valid discharge to the Company on settlement of the claim.
Policy	The IndiaFirst Life Group Disability Rider which includes this Policy wording (as may be changed/ modified by us subject to receipt of prior approval of the Regulatory Authority, from time to time), the Proposal Form, Annexures, the Policy Schedule, any tables, information and documents which form a part of this Policy. This Policy includes the entire contract of insurance between you and us.
Policy Anniversary	The annual anniversary of the Policy Commencement Date.
Policy Commencement Date	The date on which this Policy is issued by us. This is specified in the Policy Schedule.
Policy Schedule	The schedule attached to this Policy as Annexure A and if we have issued a revised Policy Schedule, then, such revised Policy Schedule.
Policy Year	A period of 12 (Twelve) consecutive months starting from the Policy Commencement Date and ending on the day immediately preceding its annual anniversary and each subsequent period of 12 (Twelve) consecutive months thereafter during the Policy Term.
Pre-Existing disease	Pre-Existing disease is defined as any condition, ailment or injury: <ol style="list-style-type: none"> That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy or its reinstatement
Premium	An amount that you pay us either as Single Premium or as Regular Premiums for securing the benefits under this Policy.
Premium Paying Term	The time period during which you need to pay your Premiums regularly to us for securing the benefits under this Policy.
Proposal Form	The proposal form completed and submitted by you based on which we have issued this Policy to you.
Risk Commencement Date	The date on which the insurance coverage starts under this Policy. This is specified in the Policy Schedule.
Regulatory Authority	The Insurance Regulatory and Development Authority of India or such other authority or authorities, as may be designated/ appointed under the applicable laws and regulations as having the authority to oversee and regulate life insurance business in India.
Revival	Revival is the process of restoring the benefits under the Policy which are otherwise not available due to the nonpayment of premiums on due dates, resulting in the Policy getting lapsed.
Revival Period	The Revival period shall be same as the base policy to which the rider is attached during which you can pay the due unpaid premiums without any interest to us and comply with the conditions specified in Part D, as the case may be for reviving the Policy.

Word	Meaning
Total and Permanent Disability	<p>'Total and Permanent Disability' or 'TPD' means disablement, of the Person Insured, which meets one or both of the two definitions mentioned below: TPD benefit can be claimed only once in the life time starting from the first year of membership. In the event of death of the Person Insured within the above period, no benefits will be payable under Total and Permanent Disability Total and Permanent Disability due to sickness or an accident caused solely by external, violent, unforeseeable and visible means, occurring independently of any other causes should be established within 90 days of such trauma, proved to the satisfaction of the insurer, subject to conditions for Total and Permanent Disability, being met and acceptance of the claim by the insurer. The insurer will have the right to evaluate the insured to confirm total and permanent disability.</p> <p>Definition 1: Loss of use of limbs or visual loss As a result of accidental bodily injury or sickness the Life Assured has suffered</p> <ul style="list-style-type: none"> ▪ Loss of the use of both limbs; or ▪ Loss of the sight in both eyes (Blindness); or ▪ Loss of the use of one limb and the sight of one eye <p>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 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 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</p> <ol style="list-style-type: none"> 1. The total loss of vision in one eye means total, permanent and irreversible loss of all vision. 2. Loss of sight in both eyes – (Blindness) evidenced by: <ol style="list-style-type: none"> I. Total, permanent and irreversible loss of all vision in both eyes as a result of illness or accident. <p>The Blindness is evidenced by : i. corrected visual acuity being 3/60 or less in both eyes or; ii. the field of vision being less than 10 degrees in both eyes II. The diagnosis of blindness or the total loss of vision in one eye must be confirmed and must not be correctable by aids or surgical procedure</p> <p>Definition 2: Loss of independent living For the purpose of this benefit, the word “permanent” shall mean beyond the scope of recovery with current medical knowledge and technology. The insured person 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. The Person Insured is permanently unable to perform independently three or more of the following six activities of daily living: The tasks are:</p> <ol style="list-style-type: none"> i. Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means; ii. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances; iii. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa; iv. Mobility: the ability to move indoors from room to room on level surfaces v. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene; vi. Feeding: the ability to feed oneself once food has been prepared and made available <p>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. The Insurer will have the right to evaluate the insured person to confirm total and permanent disability. Premium is continued to be paid till the time it is established that the accidental disability is permanent. Once the permanency of the disability is established, the premium paid, if any from the date of accident is refunded, along-with eligible disability benefit.</p>

Word	Meaning
Waiting Period	The waiting period is defined as the period starting from policy or membership inception or date of revival during which no Disability benefit due to illness are payable. There will be a waiting period of 90 days from policy or membership inception or from any subsequent reinstatement. Waiting period is not applicable for disability due to Accident.
We or us or our or Insurer or Company	IndiaFirst Life Insurance Company Limited.
You or your or Policyholder or Proposer	The person named as the Policyholder in the Policy Schedule, who has taken this Policy from us.

PART C

1. Benefits under the policy

1.1 Risk Cover Benefit

Under IndiaFirst Life Group Disability Rider there are 3 benefit options, as mentioned below. Master policyholder / Member can choose any one of the benefit options at inception of cover. Rider Sum Insured for below benefit options cannot exceed the Base Policy. The rider will provide only those benefit cover options which are absent from base cover.

- I. Accidental Total Permanent Disability Benefit (ATPD)
- II. Total Permanent Disability due to Accident and/ or Illness (TPD)
- III. Partial Permanent Disability due to Accident and/ or Illness (PPD)

Benefits payable are as below:

I. Accidental Total Permanent Disability Benefit

If the member is totally and permanently disabled as a result of an accident during the term of the rider, the member would receive a lump sum benefit equal to rider Sum Insured.

II. Total Permanent Disability due to Accident and/ or Illness Benefit

If the member is totally and permanently disabled as a result of an accident or illness during the term of the rider, the member would receive a lump sum benefit equal to rider Sum Insured. Total and Permanent Disability should occur within 90 days of the accident independent of any other causes from the date of the Accident.

The insurer will have the right to evaluate the member insured to confirm total and permanent disability.

III. Partial Permanent Disability due to Accident and/ or Illness Benefit

If the member is partially and permanently disabled as a result of an accident, injury or illness during the term of the rider, the member would receive a lump sum benefit equal to 50% of rider Sum Insured on first event and the remaining 50% of rider Sum Insured on second event.

In order for opted benefit to be payable, such disability (Partial and Permanent Disability) must have persisted for a period of at least 180 days and must in opinion of a specialized medical practitioner, appointed by the company, be deemed permanent.

If the Partial and Permanent Disability is due to an accident/ injury, then the claim needs to be admitted within 90 days of accident/ injury. However, if there is a valid reason of late claim reporting then same may be verified on case to case basis and we will honour the claim accordingly.

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.

Benefit payable will be percentage of the opted Sum Insured as per the nature of disability sustained. The percentages payable depending on the nature of disability are mentioned in the table below:

Loss of hearing-both ears	50%
Loss of speech	50%
Loss of sight of one eye	50%
Loss of one hand	50%
Loss of one foot	50%

In case of credit linked policies wherein base cover is not overlapping with rider, rider benefit will be applicable for:

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

1.2 Maturity benefit

No maturity benefit will be payable under this policy.

2. Paid-Up benefits

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

3. Surrender Benefit

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

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

4. Grace Period

Grace period means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting period and coverage of pre-existing diseases. If a valid claim has occurred during grace period, then rider Sum Insured will be paid after deducting due premium. Grace period terms and conditions will be applicable under Regular/ Limited premium payment options. The grace period will be same as per the base policy. In case you do not pay premiums within the Grace Period, rider policy will lapse without acquiring any benefits subject to surrender benefit as mentioned.

5. Premium Payment

Regular Premiums can be paid to us either by monthly/ quarterly/ half yearly/ yearly payment mode, as selected by you for the base policy. The Premiums should be paid on or before the due dates to avoid any lapsation. You are provided a Grace Period of 15 days under monthly mode and 30 days for other premium payment modes, in case you miss your due premium on the due dates. Grace period terms and conditions will be applicable under Regular/ Limited premium payment options.

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

PART D

6. Reviving your Lapsed Policy

You may revive the lapsed rider within the Revival Period which is a period of 5 years from the due date of first unpaid regular premium by:

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

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

7. Free Look Period

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

8. Loan

No Loan available under this policy.

PART E

9. Charges

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

PART F

10. Making a Claim

You, the Master Policyholder or the member/nominee/legal heir/appointee, as the case may be, will give us a written notice of the claim on the occurrence of the covered event. You need to give us all the relevant information in writing to enable us to process the claim as specified in the Policy.

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

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

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

Documents required for Accidental Total Permanent Disability Benefit (ATPD), Total Permanent Disability due to Accident and/ or Illness (TPD) and Partial Permanent Disability due to Accident and/ or Illness (PPD)

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

11. Exclusions

A. Exclusions under Accidental Total Permanent Disability Benefit

Total and Permanent Disability (due to accident) shall not be paid if disability occurring directly or indirectly due to or caused, occasioned, accelerated or aggravated by any of the following:

1. Suicide or self-inflicted injury, whether the life assured is medically sane or insane.
2. War, terrorism, invasion, act of foreign enemy, hostilities, civil war, martial law, rebellion, revolution, insurrection, military or usurper power, civil commotion. War means any war whether declared or not.
3. Service in the armed forces, or any police organization, of any country at war or service in any force of an international body
4. Taking part in any naval, military or air force operation during peace time.
5. Committing an assault, a criminal offence, an illegal activity or any breach of law with criminal intent.

6. 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
7. Poison, gas or fumes (voluntary or involuntarily, accidentally or otherwise taken, administered, absorbed or inhaled).
8. Participation by the insured person in any flying activity, except as a bona fide, fare-paying passenger, pilot, air crew of a recognized airline on regular routes and on a scheduled timetable.
9. Taking part in professional sport(s) or any adventurous pursuits or hobbies. "Adventurous Pursuits or Hobbies" includes any kind of racing (other than on foot or swimming), potholing, rock climbing (except on man-made walls), hunting, mountaineering or climbing requiring the use of ropes or guides, any underwater activities involving the use of underwater breathing apparatus including deep sea diving, sky diving, cliff diving, bungee jumping, paragliding, hand gliding and parachuting.
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.

B. Exclusions under Total and Permanent Disability due to Accident and/ or Illness

The life assured will not be entitled to any benefits directly or indirectly due to or caused, occasioned, accelerated or aggravated by any of the following:

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

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

1. Intentional self-inflicted injury, attempted suicide while sane or insane.
2. 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.
3. War, invasion, act of foreign enemy, hostilities (whether war be declared or not), armed or unarmed truce, civil war, mutiny, rebellion, revolution, insurrection, military or usurped power, civil commotion, strikes.
4. Taking part in any naval, military or air force operation during peace time.
5. Participation by the insured person in any flying activity, except as a bona fide, fare-paying passenger, pilot, air crew of a recognized airline on regular routes and on a scheduled timetable.

6. Participation by the insured person in a criminal or unlawful act with a criminal intent.
7. Engaging in or taking part in professional sport(s) or any hazardous pursuits, including but not limited to, diving or riding or any kind of race; underwater activities involving the use of breathing apparatus or not; martial arts; hunting; mountaineering; parachuting; bungee-jumping.
8. Any external congenital anomaly.
9. Congenital Anomaly refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.
10. External Congenital Anomaly which is in the visible and accessible parts of the body
11. 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.

C. Exclusions under Partial Permanent Disability due to Accident and/or Illness

The life assured will not be entitled to any benefits directly or indirectly due to or caused, occasioned, accelerated or aggravated by any of the following:

1. Pre-Existing disease: Pre-Existing disease is defined as any condition, ailment or injury
 - a. That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or
 - b. For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy or its reinstatement
 After completion of 48 months from date of issuance or reinstatement, as the case may be, pre-existing exclusion clause will not be applicable.
2. Intentional self-inflicted injury, attempted suicide while sane or insane.
3. Alcohol or Solvent abuse or taking of Drugs, narcotics or psychotropic substances unless taken in accordance with the lawful directions and prescription of a registered medical practitioner.
4. War, invasion, act of foreign enemy, hostilities (whether war be declared or not), armed or unarmed truce, civil war, mutiny, rebellion, revolution, insurrection, military or usurped power, civil commotion, strikes.
5. Taking part in any naval, military or air force operation during peace time.
6. Participation by the insured person in any flying activity, except as a bona fide, fare-paying passenger, pilot, air crew of a recognized airline on regular routes and on a scheduled timetable.
7. Participation by the insured person in a criminal or unlawful act with a criminal intent.
8. Engaging in or taking part in professional sport(s) or any hazardous pursuits, including but not limited to, diving or riding or any kind of race; underwater activities involving the use of breathing apparatus or not; martial arts; hunting; mountaineering; parachuting; bungee-jumping.

9. Any external congenital anomaly. Congenital Anomaly refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position. External Congenital Anomaly which is in the visible and accessible parts of the body.
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.

D. Waiting Period

There will be a waiting period of 90 days from policy or membership inception or from any subsequent reinstatement, whichever is later.

The waiting period is defined as the period starting from policy or membership inception or date of revival during which no Disability benefit due to illness are payable. This is not applicable for disability due to accident.

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

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

Provided that, where any nominee is a minor, it shall be lawful for the policyholder to appoint any person in the manner laid down by the insurer, to receive the money secured by the policy in the event of his death during the minority of the nominee.
- (2) Any such nomination in order to be effectual shall, unless it is incorporated in the text of the policy itself, be made by an endorsement on the policy communicated to the insurer and registered by him in the records relating to the policy and any such nomination may at any time before the policy matures for payment be cancelled or changed by an endorsement or a further endorsement or a will, as the case may be, but unless notice in writing of any such cancellation or change has been delivered to the insurer, the insurer shall not be liable for any payment under the policy made bona fide by him to a nominee mentioned in the text of the policy or registered in records of the insurer.
- (3) The insurer shall furnish to the policyholder a written acknowledgement of having registered a nomination or a cancellation or change thereof, and may charge such fee as may be specified by regulations for registering such cancellation or change.
- (4) A transfer or assignment of a policy made in accordance with section 38 shall automatically cancel a nomination:

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

to the extent of the insurer's interest in the policy:

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

Provided also that the nomination, which has been automatically cancelled consequent upon the transfer or assignment, the same nomination shall stand automatically revived when the policy is reassigned by the assignee or retransferred by the transferee in favour of the policyholder on repayment of loan other than on a security of policy to the insurer.

- (5) Where the policy matures for payment during the lifetime of the person whose life is insured or where the nominee or, if there are more nominees than one, all the nominees die before the policy matures for payment, the amount secured by the policy shall be payable to the policyholder or his heirs or legal representatives or the holder of a succession certificate, as the case may be.
- (6) Where the nominee or if there are more nominees than one, a nominee or nominees survive the person whose life is insured, the amount secured by the policy shall be payable to such survivor or survivors.
- (7) Subject to the other provisions of this section, where the holder of a policy of insurance on his own life nominates his parents, or his spouse, or his children, or his spouse and children, or any of them, the nominee or nominees shall be beneficially entitled to the amount payable by the insurer to him or them under sub-section (6) unless it is proved that the holder of the policy, having regard to the nature of his title to the policy, could not have conferred any such beneficial title on the nominee.
- (8) Subject as aforesaid, where the nominee, or if there are more nominees than one, a nominee or nominees, to whom sub-section (7) applies, die after the person whose life is insured but before the amount secured by the policy is paid, the amount secured by the policy, or so much of the amount secured by the policy as represents the share of the nominee or nominees so dying (as the case may be), shall be payable to the heirs or legal representatives of the nominee or nominees or the holder of a succession certificate, as the case may be, and they shall be beneficially entitled to such amount.
- (9) Nothing in sub-sections (7) and (8) shall operate to destroy or impede the right of any creditor to be paid out of the proceeds of any policy of life insurance.
- (10) The provisions of sub-sections (7) and (8) shall apply to all policies of life insurance maturing for payment after the commencement of the Insurance Laws (Amendment) Act, 2015.
- (11) Where a policyholder dies after the maturity of the policy but the proceeds and benefit of his policy has not been made to him because of his death, in such a case, his

nominee shall be entitled to the proceeds and benefit of his policy.

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

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

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

- (1) A transfer or assignment of a policy of insurance, wholly or in part, whether with or without consideration, may be made only by an endorsement upon the policy itself or by a separate instrument, signed in either case by the transferor or by the assignor or his duly authorised agent and attested by at least one witness, specifically setting forth the fact of transfer or assignment and the reasons thereof, the antecedents of the assignee and the terms on which the assignment is made.
- (2) An insurer may, accept the transfer or assignment, or decline to act upon any endorsement made under sub-section (1), where it has sufficient reason to believe that such transfer or assignment is not bona fide or is not in the interest of the policyholder or in public interest or is for the purpose of trading of insurance policy.
- (3) The insurer shall, before refusing to act upon the endorsement, record in writing the reasons for such refusal and communicate the same to the policyholder not later than thirty days from the date of the policyholder giving notice of such transfer or assignment.
- (4) Any person aggrieved by the decision of an insurer to decline to act upon such transfer or assignment may within a period of thirty days from the date of receipt of the communication from the insurer containing reasons for such refusal, prefer a claim to the Authority.
- (5) Subject to the provisions in sub-section (2), the transfer or assignment shall be complete and effectual upon the execution of such endorsement or instrument duly attested but except, where the transfer or assignment is in favour of the insurer, shall not be operative as against an insurer, and shall not confer upon the transferee or assignee, or his legal representative, any right to sue for the amount of such policy or the moneys secured thereby until a notice in writing of the transfer or assignment and either the said endorsement or instrument itself or a copy thereof certified to be correct by both transferor and

transferee or their duly authorized agents have been delivered to the insurer:

Provided that where the insurer maintains one or more places of business in India, such notice shall be delivered only at the place where the policy is being serviced.

- (6) The date on which the notice referred to in sub-section (5) is delivered to the insurer shall regulate the priority of all claims under a transfer or assignment as between persons interested in the policy; and where there is more than one instrument of transfer or assignment the priority of the claims under such instruments shall be governed by the order in which the notices referred to in sub-section (5) are delivered:

Provided that if any dispute as to priority of payment arises as between assignees, the dispute shall be referred to the Authority.

- (7) Upon the receipt of the notice referred to in sub-section (5), the insurer shall record the fact of such transfer or assignment together with the date thereof and the name of the transferee or the assignee and shall, on the request of the person by whom the notice was given, or of the transferee or assignee, on payment of such fee as may be specified by the regulations, grant a written acknowledgement of the receipt of such notice; and any such acknowledgement shall be conclusive evidence against the insurer that he has duly received the notice to which such acknowledgement relates.

- (8) Subject to the terms and conditions of the transfer or assignment, the insurer shall, from the date of the receipt of the notice referred to in sub-section (5), recognize the transferee or assignee named in the notice as the absolute transferee or assignee entitled to benefit under the policy, and such person shall be subject to all liabilities and equities to which the transferor or assignor was subject at the date of the transfer or assignment and may institute any proceedings in relation to the policy, obtain a loan under the policy or surrender the policy without obtaining the consent of the transferor or assignor or making him a party to such proceedings.

Explanation- Except where the endorsement referred to in sub-section (1) expressly indicates that the assignment or transfer is conditional in terms of subsection (10) hereunder, every assignment or transfer shall be deemed to be an absolute assignment or transfer and the assignee or transferee, as the case may be, shall be deemed to be the absolute assignee or transferee respectively.

- (9) Any rights and remedies of an assignee or transferee of a policy of life insurance under an assignment or transfer effected prior to the commencement of the Insurance Laws (Amendment) Act, 2015 shall not be affected by the provisions of this section.

- (10) Notwithstanding any law or custom having the force of law to the contrary, an assignment in favour of a person made upon the condition that—

(a) the proceeds under the policy shall become payable to the policyholder or the nominee or nominees in the event of either the assignee or transferee predeceasing the insured; or

(b) the insured surviving the term of the policy, shall be valid:

Provided that a conditional assignee shall not be entitled to obtain a loan on the policy or surrender a policy.

- (11) In the case of the partial assignment or transfer of a policy of insurance under sub-section (1), the liability of the insurer shall be limited to the amount secured by partial assignment or transfer and such policyholder shall not be entitled to further assign or transfer the residual amount payable under the same policy.

14. Rider Benefit Ceases/ Ends/ Terminates

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

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

15. Change of Address

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

16. Disclosures

Section 45 of Insurance Act, 1938 as amended from time to time:

- 1) No policy of life insurance shall be called in question on any ground whatsoever after the expiry of three years from the date of the policy, i.e., from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later.
- 2) A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground of fraud: Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision is based.
- 3) Notwithstanding anything contained in sub-section (2), no insurer shall repudiate a life insurance policy on the ground of fraud if the insured can prove that the mis-statement of or suppression of a material fact was true to the best of his knowledge and belief or that there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of a material fact are within the knowledge of the insurer: Provided that in case of fraud, the onus of disproving lies upon the beneficiaries, in case the policyholder is not alive.
- 4) A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground that any statement of or suppression of a fact material to the expectancy of the life of the insured was incorrectly made in the proposal or other document on the basis of which the policy was issued or revived or rider issued: Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision to repudiate the policy of life insurance is based: Provided further that in case of repudiation of the policy on the ground of misstatement or suppression of a material fact, and not on the ground of fraud, the premiums collected on the policy till the date of repudiation shall be paid to the insured or the legal representatives or nominees or assignees of the insured within a period of ninety days from the date of such repudiation.
- 5) Nothing in this section shall prevent the insurer from calling for proof of age at any time if he is entitled to do so, and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof that the age of the Life Insured was incorrectly stated in the proposal.

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

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

18. Force Majeure

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

19. Governing Law and Jurisdiction

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

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

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

PART G

21. Grievance Redressal

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

a. A written communication giving reasons of either redressing or rejecting the grievance will be sent to you within 15 (Fifteen) days from the date of receipt of the grievance. In case We don't receive a revert from You within 8 weeks from the date of Your receipt of Our response, We will treat the complaint as closed.

b. However, if you are not satisfied with our resolution provided or have not received any response within 15 (Fifteen) days, then, you may approach our Grievance Officer at the nearest IndiaFirst Life Insurance's branch or you may write to our Grievance Redressal Officer at grievance.redressal@indiafirstlife.com.

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

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

IRDAI Grievance Call Centre (IGCC) TOLL FREE NO:

155255 Email ID: complaints@irda.gov.in

You can also register your complaint online at

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

Address for communication for complaints by fax/paper:

Consumer Affairs Department,

Insurance Regulatory and Development Authority of India,

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

Gachibowli, Hyderabad- 500032, Telangana

IRDAI TOLL FREE NO: 18004254732

Insurance Ombudsman

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

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

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

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

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

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

List of Ombudsmen

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

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



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