



IFFCO-TOKIO GENERAL INSURANCE CO. LTD

Regd. Office: IFFCO Sadan, C-1, Distt. Centre, Saket, New Delhi-110017

IFFCO-TOKIO CRITICAL ILLNESS BENEFIT POLICY(CIB)

UIN: IFFHLIP19036V011920

PROSPECTUS/ SALES LITERATURE

IFFCO-Tokio Critical Illness Benefit Policy has been filed as a benefit policy in order to mitigate the financial hardship of persons who have contracted a critical illness or sustained a critical injury necessitating spending a large sum for taking any treatment, along with maintenance of the family.

COVERAGE

WHAT IS COVERED

IFFCO-Tokio will pay the Sum Insured as mentioned in the schedule, in the event of Insured person being first diagnosed with the following critical illnesses, medical events or undergoing surgical procedures as specifically defined below, during the policy period provided that

1. the critical illness, medical event and surgical procedure first commenced atleast 30 days after the commencement of the policy period (or first policy period in case of renewal without break) and,
2. Insured person survives for a minimum of 28 days from the date of diagnosis and shall only include:

A. The below mentioned Illnesses:

- i) Cancer of specified severity
- ii) Kidney failure requiring regular dialysis
- iii) Multiple Sclerosis with persisting symptoms
- iv) Benign Brain Tumor
- v) Motor Neuron Disease with Permanent Symptoms
- vi) End Stage Lung Failure
- vii) End Stage Liver Failure
- viii) Primary (Idiopathic) Pulmonary Hypertension
- ix) Parkinson's Disease Before The Age Of 50 Years
- x) Alzheimer's Disease Before The Age Of 50 Years

B. The following surgical procedures:

- i) Major Organ (Heart/ Lung/ Liver/ Kidney /Pancreas) or Human Bone Marrow Transplant;

- ii) Open heart replacement or repair of heart valves iii) Open chest CABG iv) Surgery Of Aorta

C. The following medical events:

- i) Stroke resulting in permanent symptoms
- ii) Permanent Paralysis of Limbs
- iii) Myocardial Infarction (First Heart Attack of specified severity)
- iv) Third Degree Burns
- v) Loss of Speech
- vi) Blindness
- vii) Loss of Limbs
- viii) Deafness
- ix) Coma of Specified Severity
- x) Major Head Trauma
- xi) Muscular Dystrophy

WHAT IS NOT COVERED

IFFCO-Tokio will not pay for:

1. Any claim arising out of a pre-existing condition. Pre-existing or related conditions shall be covered after a waiting period of 36 (thirty-six) months. The said condition must be declared if known by the Insured person at the time of application and must not have been explicitly excluded in the policy.
2. Any claim if treatment is taken from a family member or a treatment taken is not scientifically recognized or self-medication.
3. Any claim if Policy holder/ Insured person does not submit a specialist medical certificate from the Medical Practitioner evidencing diagnosis of illness or injury or occurrence of medical event or the undergoing of the medical surgical procedure.
4. Any claim if the diagnosis, treatment or procedure is carried out in any of the hospital(s) specified in Our Website except in case of unforeseen emergency measures to save the insured person's life or measures solely designed to relieve the acute pain. The list of such excluded hospital(s) is dynamic and hence may change from time to time. It is suggested to check our website or contact our call center/nearest office for updated list of such excluded hospitals before admission.
(Note: The list of such excluded provider(s) is dynamic and hence may change from time to time. Hence we suggest you/Insured Person to please check our website or contact our call Centre/nearest office for updated list of such excluded hospitals before admission. Website Link-<https://www.iffcotokio.co.in/contact-us?tab=hospital>)
5. Any external congenital anomaly or birth defects.
6. Any critical illness which arises or is caused by any one of the following:
 - a) The ingestion of drugs other than those prescribed by Registered Medical practitioner.
 - b) Elective, Cosmetic or plastic surgery

- c) Pregnancy, childbirth and their consequences), any infertility or sub fertility or assisted conception treatment
- d) Birth control procedures and /or Hormone replacement therapy

SPECIFIC CONDITIONS

1. The policy will provide onetime benefit for the critical illnesses defined above under 'What is Covered' in a single policy period.
2. The policy is available on individual basis.
3. For policies where all the members of the family are covered in a single policy, separate Sum Insured shall be applicable for each member.
4. In case of an admissible claim for any insured person, the policy will terminate for him/ her for the remaining policy period. The policy shall remain active for other members covered in the policy.
5. Any critical illness/medical event/surgical procedure attributable to an Act of Terrorism stands covered.
6. No medical check-up upto 50 years, subject to proposal form having no adverse medical declaration.
7. Wherever required, Insured person(s) has to undergo a Pre-policy check-up. If such a proposal is accepted and policy has been issued, we would reimburse 50% cost of the diagnostic test charges.
8. The premium paid is exempt under Section 80D of the Income Tax Act.

GENERAL EXCLUSIONS

(WHAT IS NOT COVERED BY THE WHOLE POLICY)

IFFCO-Tokio will not be liable for

1. Existing loss - Any existing loss, injury or accident which occurred before the commencement of the policy.
2. Willful Act or Gross Negligence – Injury, disease or damage due to willful act including attempting suicide or intentional self-injury.
3. Any claim arising or resulting from Insured person(s) committing any breach of law or ordinance or non-compliance of any statutory provision with or without criminal or malicious intent.
4. Any claim where the cause of illness /accident is intoxication or addiction or overdose of drugs (except as medically prescribed) or narcotics/ alcohol by the Insured.
5. Any claim if the Insured person is taking part in a naval, military, air force or law enforcement operation.
6. Any claim arising out of sporting risk in so far as they involve, the training or participation in competitions of professional or semiprofessional sportsmen or women.
7. Adventure Activities/ sports – Any critical illness/medical event/surgical procedure arising out of any Adventure activities/ sports.

8. War Risk - Damage as a consequence of war, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, military or usurped power, confiscation, nationalization, civil commotion or loot or pillage in connection therewith.
9. Nuclear Risk - Any loss to property, consequential loss, legal liability or bodily injury, illness, disease directly or indirectly caused by or contributed to by or arising from
 - a) ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel.
 - b) the radioactive, toxic, explosive or hazardous properties of any nuclear assembly or nuclear component.
10. Consequential Loss – Any consequential or indirect loss or expenses arising out of or related to any insured event.

GENERAL CONDITIONS

(These conditions apply to the whole Policy)

1. **CANCELLATION** - The policyholder may cancel his/her policy at any time during the term, by giving 7 days' notice in writing. The Insurer shall:
 - a) refund proportionate premium for unexpired policy period, if the term of policy upto one year and there is no claim (s) made during the policy period.
 - b) refund premium for the unexpired policy period, in respect of policies with term more than 1 year and risk coverage for such policy years has not commenced.

We may cancel the Policy at any time on grounds of mis-representation, non-disclosure of material facts, established fraud by the Insured Person, by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of mis-representation, non-disclosure of material facts or established fraud.

2. **RENEWAL**- The policy shall be renewable, except in case of established fraud or non-disclosure or misrepresentation by You/ the Insured person, provided the product is not withdrawn and also subject to the following conditions:
 - i. The Company shall send renewal notices to the Policyholder, at least 30 days in advance from Policy due date.
 - ii. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years
 - iii. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period
 - iv. At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in policy. Coverage is not available during the grace period.
 - v. Sum Insured can be enhanced at the time of renewal for which fresh proposal form and medical reports will be required to be submitted. However the waiting periods will apply afresh for

the enhanced sum insured. In case increase in Sum Insured is requested by You, We may underwrite to the extent of increased Sum Insured.

3. FREE LOOKUP PERIOD – The Free Look Period shall be applicable at the inception of the Policy and not on renewals or at the time of porting/ migrating the policy.

You/the insured shall be allowed a period of thirty days from date of receipt of the Policy document to review the terms and conditions of the Policy, and to return the same if not acceptable.

If the insured has not made any claim during the Free Look Period, the insured shall be entitled to

- i. a refund of the premium paid less any expenses incurred by Us on medical examination of the insured person and the stamp duty charges; or
- ii. Where the risk has already commenced and the option of return of the Policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or
- iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period

4. CHANGE IN CIRCUMSTANCES – Policy holder/ Insured person must inform IFFCO-Tokio, as soon as reasonably possible, of any change in information Policy holder has provided to IFFCOTokio about himself/ herself/ Insured person(s) and their occupation, which may affect the insurance cover provided. Policy holder/ Insured person must also notify IFFCO-Tokio about any alteration made or change in information as described aforesaid whereby risk of damage or Accident is increased. In case of such alteration or changes made and not accepted by IFFCO-Tokio in writing, all covers under this Policy shall cease.

5. CLAIM SERVICING: Claims will be directly serviced by IFFCO TOKIO without any Third-party administrator.

6. CLAIM PROCEDURE AND REQUIREMENTS - In the event of a claim arising out of an Insured Event covered under this policy, the same shall be intimated to Us within 30 (Thirty) days from date of first diagnosis of the insured Illness and date of surgical procedure or date of occurrence of the medical event as the case may be, except under circumstances beyond your control in our opinion. The Insured shall arrange for submission of the necessary documents to Us within 45 days of first diagnosis of the insured Illness and date of surgical procedure or date of occurrence of the medical event as the case may be. Submission of these documents to Our satisfaction is condition precedent to admission of any liability under the policy.

1. Duly completed claim forms;
2. Copy of Discharge Certificate/ Card from the hospital/ Medical Practitioner;
3. Certificate from the attending Specialist Medical Practitioner of the Insured Person evidencing diagnosis of Illness or Injury or occurrence of the medical event or the undergoing of the medical / surgical procedure in relation to the claim of the particular insured person, inter alia,
 - a. name of the Insured person;
 - b. name, date of occurrence and medical details of the Insured Event
 - c. Confirmation that the Insured Event does not relate to any Pre-Existing Illness or any Illness or Injury which existed within the first 30 (Thirty) days of commencement of Period of Insurance.

4. Copy of investigation test reports and hospital receipts;
5. Letter from treating consultant stating presenting complaints with duration and the past medical history.
6. Second Medical opinion, if required
7. Bills including relevant stickers for implants.
8. All previous treatment papers related to Ailment of last 3 years. (In some cases, we may ask for more than 3 years record if required)
9. Copy/Copies of previous insurance policies if required (in case not provided earlier)

10. First Information Report/ Final Police Report, if applicable
11. Death Certificate/ Post mortem report, if applicable
12. NEFT Details (to enable direct credit of claim amount in bank account) and cancelled cheque
13. CKYC (Identity proof with Address) of the proposer as per AML Guidelines.
14. Identity Proof with Address Proof of the Insured Person with respect to whom, claim is reported
15. Legal heir/succession certificate, wherever applicable
16. Any other document if insured wants to furnish in support of the claim.
17. Any other documents requested by the insurer deemed related to the claim.
18. Disease specific documents as specified in the policy wording to be submitted.

Note:

1. We shall only accept bills/invoices/medical treatment related documents only in the Insured Person's name for whom the claim is submitted.
2. In the event of a claim lodged under the Policy and the original documents having been submitted to any other insurer, We shall accept the copy of the documents and claim settlement advice, duly certified by the other insurer subject to Our satisfaction.
3. Any clarification or queries raised by us on all claims submitted by you should be satisfactorily responded with supporting documents within 15 days from the date of query (ies).
4. Any delay in notification or submission may be condoned on merit where delay is proved to be for reasons beyond the control of the Insured Person.

7. **IFFCO-Tokio** is entitled to:
 - i) Receive all necessary information, proof of occurrence of Insured event and assistance from the Policy holder/ Insured person and from any other person seeking benefit under this Policy.
 - ii) Inspect the medical hospitalization records, investigate the facts and examine the Insured person.
8. Policy holder/ Insured person shall assist and not hinder or prevent IFFCO-Tokio or its representatives in pursuance of their duties for ascertaining the admissibility of the claim under the Policy.
9. In case of any inconsistency in the terms and conditions in the policy wordings vis-a-vis the information contained in the Policy Schedule, the information contained in the Policy schedule shall prevail.

10. **PORATABILITY** – You/the Insured Person will have the option to port the Policy to same product of other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any, at least 30 days before, but not earlier than 60 days from the due date of renewal. If You/ Insured person is presently covered and has been continuously covered without any lapses under this health insurance plan with an Indian General/Health insurer, the proposed Insured Person will get all the accrued continuity benefits as under:
 - i. The waiting periods specified in Section-What is not covered, Point No-1, shall be reduced by the number of continuous preceding years of coverage of the Insured Person under the previous health insurance Policy.
 - ii. Portability benefit will be offered to the extent of sum of previous sum insured and accrued bonus (as part of the sum insured), portability benefit shall not apply to any other additional increased Sum Insured.
11. **MORATORIUM PERIOD**-After completion of sixty continuous months of coverage in health insurance policy, no policy and claim shall be contestable by Us on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. This period of sixty continuous months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy. Wherever, the sum insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limits.
12. **FRAUD** - If a claim is fraudulent on account of fraudulent means or action used by the Policy holder, its employee, Insured person or his/her Family, all benefits and rights under this Policy shall be forfeited.
13. **ARBITRATION** - If any dispute or difference shall arise as to the quantum to be paid under the policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of the sole arbitrator to be appointed in writing by the parties to or if they cannot agree upon a single arbitrator within 30 (thirty) days of any party invoking arbitration the same shall be referred to a panel of three arbitrators, comprising of two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by two such arbitrators and arbitration shall be conducted under and in accordance with the provisions of the arbitration and conciliation act, 1996. It is clearly agreed and understood that no difference or dispute shall be referable to arbitration as herein before provided, if IFFCO-Tokio have disputed or not accepted liability under or in respect of this policy. It is understood, however, that Policy holder shall have the right at all times during currency of the policy to communicate only, with the leading or issuing office in all matters pertaining to this insurance.
14. **DISCLAIMER CLAUSE** - If IFFCO-Tokio shall disclaim its liability in any claim, and such claim shall not have been made the subject matter of a suit in a court of law within 12 (twelve) months from the date of disclaimer, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable under this Policy.
15. All claims shall be settled in India in Indian Rupees.
16. The provision of this Policy shall be governed by the laws of India for the time being in force. The parties hereto unconditionally subject to the jurisdiction of the Courts in India.



17. POSSIBILITY OF REVISION OF TERMS OF THE POLICY INCLUDING THE PREMIUM RATES;

We, may revise or modify the terms of the policy including the premium rates, on renewal. You shall be notified three months before the changes are affected.

18. WITHDRAWAL OF POLICY

- i. In the likelihood of this product being withdrawn in future, We will intimate You/the insured person about the same 90 days prior to expiry of the policy.
- ii. You/ insured Person will have the option to migrate to similar health insurance product available with Us at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period as per IRDAI guidelines, provided the policy has been maintained without a break.

19. PAYMENT OF PREMIUM - The premium payable shall be paid in advance before commencement of risk. No receipt for premium shall be valid except on IFFCO-Tokio's official form signed by its duly authorized official. In similar way, no waiver of any terms, provision, conditions and endorsements of this policy shall be valid unless made in writing and signed by its authorized official.

20. GRIEVANCE OR COMPLAINT - You may register a grievance or complaint by visiting Our website www.iffcotokio.co.in You may also contact the offices from where You have bought the policy or the grievance officer who can be reached at Our corporate office.

Get in touch with us

In case of any query, the You may contact Us through:

Company Website: www.iffcotokio.co.in

Toll free: 1800-103-5499

E-mail: support@iffcotokio.co.in

Address : IFFCO-Tokio General Insurance Co Ltd

IFFCO Tower, Plot no. 3

Sector -29, Gurgaon – 122001

Redressal Of Grievance

In case of any grievance, You may contact Us through:

Website: <https://www.iffcotokio.co.in/customer-services/grievance-redressal>

Toll free: 1800-103-5499

E-mail: support@iffcotokio.co.in

Address: IFFCO-Tokio General Insurance Co Ltd

IFFCO Tower, Plot no. 3

Sector -29, Gurgaon – 122001

Insured person may also approach the grievance cell at any of the company's branches with the details of grievance. The list of branches with addresses are available at <https://www.iffcotokio.co.in/contact-us> If Insured person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the grievance officer at chiefgrievanceofficer@iffcotokio.co.in

For updated details of grievance officer, kindly refer the link
<https://www.iffcotokio.co.in/contact-us/customer-services/grievance-redressal>

If insured person is not satisfied with the redressal of grievance through above methods, the insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017.

We shall comply with the award of the Insurance Ombudsman within 30 days of its receipt by Us. We shall be liable for a penalty of Rs 5,000/- per day in case of non-compliance in addition to the penal interest liable to be paid by Us under The Insurance Ombudsman Rules, 2017.

Grievance may also be lodged at Grievance Portal of IRDAI- 'Bima Bharosa' and tracked through your mobile number.

- <https://bimabharosa.irdai.gov.in/Home/Home>

For Updated List of Ombudsman Address, Please visit:

- <https://www.cioins.co.in/Ombudsman>

Provision for Senior Citizens

Separate channel to address the related claims and grievances of senior citizen are mentioned below:

E-mail: seniorcitizengrievance@iffcotokio.co.in
Toll free: 1800-103-5498
Address: Chief Grievance Officer
IFFCO-Tokio General Insurance Co Ltd
IFFCO Tower, Plot no. 3
Sector -29, Gurgaon - 122001

POINTS TO REMEMBER –

1. The policy can be issued to Insured and his/her family. Family means Self, Spouse, Children, Parents, Parents-in-laws, Brothers and Sisters.
2. Minimum Entry Age –
 - a. Child – 3 years
 - b. Adult – 18 years
3. Maximum Entry Age –
 - a. Child – 23 years
 - b. Adult -65 years

4. Exit Age for child – 24 years (in case of a 1 year policy where the child entered at 23 years of age), 25 years (in case of a 2 year policy where the child entered at 23 years of age) and 26 year (in case of a 3 year policy where the child entered at 23 years of age). The dependent child, post the exit age shall have the option to migrate to an independent policy. We would allow suitable credits for all the previous policy years to his/her new policy, provided the policy where he/she was a dependent child had been maintained without a break.
5. Maximum Renewable Age for adult – Lifelong
6. Sum Insured – Rs 1 lac/ 2lac/ 3 lac/ 4 lac/ 5 lac/ 7.5 lac/ 10 lac/ 15 lac/ 20 lac/ 25 lac/ 30 lac/ 50 lac/ 75 lac/ 1 crore
7. Period of Insurance – 1 year/ 2 years/ 3 years
8. Pre-policy Health Checkup –No medical check-up upto 50 years, subject to proposal form having no adverse medical declaration. Wherever required, Insured person(s) has to undergo .

Pre-policy check-up. If such a proposal is accepted and policy has been issued, We would reimburse 50% cost of the diagnostic test charges.

9. Grace Period – 30 days from the date of expiry to renew the policy.

Midterm revision of sum insured shall not be available in the policy.

10. Discounts

- i) 20% discount in policy premium is permitted for all employees of IFFCO-Tokio.
- ii) 10% discount in policy premium is permitted for all customers holding any retail insurance policy of IFFCO-Tokio.
- iii) 10% discount in policy premium is permitted for all customers who purchase policy directly through IFFCO-Tokio's own website.
- iv) A Family discount shall be given if 2 two or more family members buys the policy

Number of family members buying the policy	Discount
Less than 2	0.00%
2-3	10.00%
4-5	15.00%
6 and more	20.00%

***Family should be limited to Self, Spouse, Children, Parents, Parents-in-laws, Brothers and Sisters.**

Note:

All the above discounts are on additive basis and cannot exceed a total of 25% percent.

Please go through all policy related documents properly including Customer Information Sheet, policy wordings and policy schedule

Year 1 Premium

Age/SI	1,00,000	2,00,000	3,00,000	4,00,000	5,00,000	7,50,000	10,00,000	15,00,000	20,00,000	25,00,000	30,00,000	50,00,000	75,00,000	1,00,00,000
<25	257	513	770	1,026	1,283	1,924	2,566	3,849	5,131	6,414	7,697	12,828	19,243	25,657
25-35	326	651	977	1,302	1,628	2,442	3,256	4,884	6,511	8,139	9,767	16,278	24,418	32,557
36-40	422	844	1,266	1,687	2,109	3,164	4,219	6,328	8,437	10,546	12,656	21,093	31,639	42,186
41-45	775	1,551	2,326	3,102	3,877	5,816	7,755	11,632	15,510	19,387	23,265	38,774	58,162	77,549
46-50	1,500	3,000	4,500	6,000	7,500	11,250	15,000	22,500	30,000	37,500	45,000	75,000	1,12,500	1,50,000
51-55	2,377	4,754	7,131	9,509	11,886	17,829	23,771	35,657	47,543	59,428	71,314	1,18,857	1,78,285	2,37,714
56-60	4,003	8,006	12,010	16,013	20,016	30,024	40,032	60,049	80,065	1,00,081	1,20,097	2,00,162	3,00,244	4,00,325
61-65	5,551	11,101	16,652	22,203	27,753	41,630	55,506	83,260	1,11,013	1,38,766	1,66,519	2,77,532	4,16,298	5,55,063
>65	7,708	15,417	23,125	30,834	38,542	57,813	77,084	1,15,626	1,54,168	1,92,710	2,31,252	3,85,421	5,78,131	7,70,841

Year 2 Premium

Age/SI	1,00,000	2,00,000	3,00,000	4,00,000	5,00,000	7,50,000	10,00,000	15,00,000	20,00,000	25,00,000	30,00,000	50,00,000	75,00,000	1,00,00,000
<25	238	477	715	953	1,191	1,787	2,383	3,574	4,765	5,957	7,148	11,914	17,870	23,827
25-35	302	604	907	1,209	1,511	2,267	3,022	4,533	6,044	7,555	9,066	15,111	22,666	30,221
36-40	391	783	1,174	1,565	1,957	2,935	3,913	5,870	7,827	9,784	11,740	19,567	29,351	39,135
41-45	718	1,435	2,153	2,871	3,589	5,383	7,177	10,766	14,355	17,944	21,532	35,887	53,831	71,775
46-50	1,382	2,763	4,145	5,527	6,909	10,363	13,817	20,726	27,635	34,544	41,452	69,087	1,03,631	1,38,174
51-55	2,177	4,354	6,531	8,708	10,886	16,328	21,771	32,657	43,542	54,428	65,314	1,08,856	1,63,284	2,17,712
56-60	3,627	7,254	10,881	14,508	18,135	27,203	36,271	54,406	72,541	90,676	1,08,812	1,81,353	2,72,029	3,62,705
61-65	4,977	9,954	14,931	19,908	24,885	37,328	49,771	74,656	99,542	1,24,427	1,49,313	2,48,855	3,73,282	4,97,709
>65	6,811	13,623	20,434	27,245	34,057	51,085	68,113	1,02,170	1,36,227	1,70,283	2,04,340	3,40,567	5,10,850	6,81,133

Year 3 Premium

Age/SI	1,00,000	2,00,000	3,00,000	4,00,000	5,00,000	7,50,000	10,00,000	15,00,000	20,00,000	25,00,000	30,00,000	50,00,000	75,00,000	1,00,00,000
<25	221	443	664	885	1,106	1,660	2,213	3,319	4,426	5,532	6,638	11,064	16,596	22,128
25-35	281	561	842	1,122	1,403	2,104	2,805	4,208	5,611	7,013	8,416	14,027	21,040	28,053
36-40	363	726	1,089	1,452	1,815	2,723	3,630	5,446	7,261	9,076	10,891	18,152	27,228	36,305
41-45	664	1,329	1,993	2,657	3,322	4,982	6,643	9,965	13,286	16,608	19,929	33,215	49,823	66,431
46-50	1,273	2,546	3,818	5,091	6,364	9,546	12,728	19,092	25,456	31,820	38,184	63,641	95,461	1,27,281
51-55	1,994	3,988	5,982	7,976	9,970	14,955	19,939	29,909	39,879	49,848	59,818	99,697	1,49,545	1,99,394
56-60	3,286	6,572	9,859	13,145	16,431	24,647	32,862	49,293	65,724	82,155	98,586	1,64,310	2,46,465	3,28,620
61-65	4,463	8,926	13,388	17,851	22,314	33,471	44,628	66,942	89,256	1,11,570	1,33,884	2,23,141	3,34,711	4,46,281
>65	6,019	12,037	18,056	24,075	30,093	45,140	60,187	90,280	1,20,373	1,50,466	1,80,560	3,00,933	4,51,399	6,01,865

Premium Illustration for a 1 Year Policy –

Age of the Members Insured	Premium (Rs.)	Sum Insured (Rs.)
42	3877	5,00,000
40	2109	5,00,000
10	1283	5,00,000
Total	7269	
Family Discount	10%	
Premium payable after discount*	6542	

*Premium is exclusive of GST