



Life Insurance



Date: 15-Jan-2010

To:

Mr Peter Black
House no. 219
Sector 21 Chandigarh, Punjab - 160021
PUNJAB
India
160021

Policy no.: 12311890
Telephone: +91-9781239023
Email id: peterlack23@gmail.com

Dear **Peter Black**,

Thank you for opting for ABC Life Group Credit Life Secure Plan. (Non Linked and Non Participating Single Premium Group Term Insurance Plan) .We request you to go through the attached policy document.

What to do in case of errors

On examination of the policy, if you notice any mistake or error, proceed as follows:

1. Contact our customer helpdesk or your agent immediately at the details mentioned below.
2. Return the policy to us for rectifying the same.

Free Look Cancellation:

In case You and/or the Member are not satisfied with the policy, You and/or the Member, have a period of 15 (Fifteen) days (30 days if the Policy/Certificate of Insurance has been issued through distance marketing i.e. by any means of communication other than in person) from the date of receipt of the Policy/Certificate of Insurance to review the terms and conditions of the Policy/Certificate of Insurance. If You/ the Member disagree to any of the terms or conditions of the Policy/Certificate of Insurance, You/the Member have an option to return the original Policy/Certificate of Insurance to Us by stating the objections/reasons for such disagreement in writing.

ABC Life Insurance contact details Post: PO Box 10 845, Wellington 6143 Phone: 0800 888 202 Email: info@abclifeinsurance.com Website: www.abclifeinsurance.com

Free look cancellation

Where free look cancellation is exercised by You, the Policy shall terminate forthwith and all rights, benefits and interests under the Policy shall cease immediately. However, the cover in respect of existing Members will continue as per the terms of Certificate of Insurance. No new Members will be enrolled under the Policy. Where free look cancellation is exercised by Member, Certificate of Insurance shall terminate forthwith and all rights, benefits and interests shall cease immediately. We will only refund the Premiums received by Us, after deducting the proportionate risk Premium for the period of cover, charges of stamp duty paid and the expenses incurred on medical examination of the Member(s), if any.

Long term protection:

We are committed to giving you honest advice and offering you long-term savings, protection and retirement solutions backed by the highest standards of customer service. We will be delighted to offer you any assistance or clarification you may require about your Policy/Certificate of Insurance or claim-related services at the address mentioned below. We look forward to being your partner for life.

Yours Sincerely,
ABC Life Insurance Co. Ltd.



John burgundy
Executive Vice President and Head (Customer Service and Operations)

ABC LIFE GROUP CREDIT LIFE SECURE PLAN

A Non Linked and Non-Participating Single Premium Group Term Insurance Plan

UIN- 104N072V02

ABC Life Insurance Company Limited has entered into this contract of life insurance with the Master Policyholder on the lives of the persons referred to in the Schedule to the Policy. This Policy has been effected on the lives of the Members based on the Proposal Form, declarations, enrollment form and Premium deposit made by the Master Policyholder.

The Company agrees to pay the Death Benefit under this Policy on the happening of the Insured Event, while this Policy is in force, subject to the terms and conditions stated herein.

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

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Policy Schedule:

DETAILS OF POLICY

The Policy is evidence of contract of Insurance between ABC Life Insurance Company Limited ("The Company" or "We") and the Policyholder ("You"). The Policy is based on the proposal made by you to the Company along with necessary documents, statements if any, and the declaration made by you or obtained by the Company, on behalf of you and is governed by the Standard Policy Provisions attached hereto and the Schedule hereunder written which forms part of the Policy. The Policy shall be effective upon issuance of the

First Premium Receipt by the Company.

Policy No :	12311890
Date of Commencement :	15-Jan-2010
Date of Maturity :	15-Jan-2050
Name of Policyholder :	PETER BLACK
Address of the Policyholder :	
Name of the Life Assured :	PETER BLACK
Address of the Life Assured	
Date of Birth of Life Assured :	15/06/1980
Whether Age Admitted :	YES
Premium Payment Frequency	ANNUAL

ELIGIBILITY CRITERIA:

Eligibility criteria for admission to the group and other special terms and conditions [The eligibility criteria are to be mentioned on a case specific basis – below is only an indicative list]

- (i) There must be a clear relationship between individual Members and the Master Policyholder.
- (ii) The Master Policyholder would be the authorized person to act on behalf of all Members of group for the purpose of this Policy.
- (iii) The group should not be formed for the sole purpose of taking the insurance coverage under this Policy.
- (iv) The minimum group size should be 50 (Fifty) Members for obtaining insurance coverage under this Policy.

DETAILS OF POLICY COVERAGE:

- (i) There must be a clear relationship between individual Members and the Master Policyholder.
- (ii) The Master Policyholder would be the authorized person to act on behalf of all Members of group for the purpose of this Policy.
- (iii) The group should not be formed for the sole purpose of taking the insurance coverage under this Policy.
- (iv) The minimum group size should be 50 (Fifty) Members for obtaining insurance coverage under this Policy.

Nomination Schedule:

	Nominee Name Percentage	Nominee Name Percentage
1	Sara Black	100.0
2	NA	NA
3	NA	NA