

PART B

IDBI Federal Incomesurance Guaranteed Money Back Insurance Plan 7 Pay

DEFINITIONS

“Age”

Age is defined as age as on last birthday.

“Assignee”

Assignee is defined as per provisions of section 38 of the Insurance Act, 1938 as amended from time to time.

“Annualized premium”

Annualized premium is the total premium payable each year exclusive of service tax, modal loading and extra premiums if any

“Beneficiary”

This means and includes person who is appointed as Nominee or policy owner (who is the assignee in case of assignment of the policy) or legal heir.

“Child policy”

This is an insurance policy that has been issued on the life of a minor, i.e. less than 18 years of age. For such a policy, the policy owner has to be an adult.

“Claimant”

Claimant is the policy holder of the policy.

In case of assignment, the assignee would be the claimant to the extent of his interest in the policy.

If the Insured person is different from the policy holder, in case of death of the insured person the claimant would be the policy holder.

If the Insured person is same as the policy holder, in case of death of the insured person the nominee would be the claimant (where nomination has been effected) or the legal heir.

“Critical Illness Benefit”

Critical Illness Benefit has the meaning as explained in section C of the terms and conditions of the policy:

“Date of commencement of policy”

The date of commencement of policy is as mentioned in the policy schedule.

“Date of commencement of risk”

The date of commencement of risk is the same as the date of commencement of policy for all policies including child policies.

“Death benefit”

Death benefit has the meaning as explained in *section C Policy Benefits*.

“Free-look”

This period shall be as stipulated in sub-regulation 2 of regulation 6 of the Insurance Regulatory and Development Authority (Protection of Policyholders' Interests) Regulations, 2002. Currently, the free-look period is 15 days from the date of receipt of the policy.

“Grace period”

It is the time granted by us for the payment of premium instalment starting from the due date of the premium. You can pay the premium any time within the grace period without any penalty/late fee. During this period, the policy is considered to be in-force along with the risk cover as per the terms of the policy.

“Guaranteed Annual Payout”

It is the payout declared at the outset as a percentage of the annual premium (exclusive of service tax and extra premium if any) paid.

“Insured person”

It means the person on whose life the risk is undertaken as shown in the schedule.

“Lapse”

Lapse has the meaning as explained in *section D Policy terms and conditions* under revival.

“Maturity date”

It is the last day of the policy when the risk ceases as shown in the schedule.

“Nominee”

Nominee is defined as per provisions of section 39 of the Insurance Act, 1938 as amended from time to time.

“Policy”

It means the contractual arrangement as established by the policy document.

“Policy document”

It is a comprehensive document inclusive of statement and warranties as per the proposal form along with amendments. It also includes terms and conditions, general terms and conditions, schedule and premium receipt and any other document provided from time to time for issue of this policy

“Policy holder”

It means the owner of the plan who is eligible to receive the benefits under the policy unless the policy is assigned as shown in the schedule.

“Policy month”

It is the period of one month following the Policy commencement date and every subsequent month.

“Policy term”

It is the number of years for which the policy has been taken.

“Policy year”

It is the first and every subsequent 12-month period from the policy commencement date.

“Premium paying frequency”

It is the frequency option available for making premium payments which could be annual, semi-annual, quarterly or monthly.

“Premium payment term”

It is the number of years for which premium has to be paid under the policy by the policy holder.

“Revival”

Revival has the meaning as explained in *section D Policy terms and conditions*

“Schedule”

It means the policy schedule issued by us for this policy containing all relevant details of the policy along with any amendments to the schedule which we may issue from time to time.

“Surrender”

It has the meaning as explained in *section D Policy terms and conditions*

“Survival Benefit”

Survival benefit has the meaning as explained in *section C Policy Benefits*.

“We/Our/Us/The Company” These refer to IDBI Federal Life Insurance Company Limited.

“You/Your” These refer to the policy owner named in the schedule or his/her legal personal representative. In the case of a child policy, these refer to the child once he/she has attained the vesting age shown in the schedule.

PART C

POLICY BENEFITS

The policy benefit section includes policy benefits which are unique to this policy is part C of your policy document. It includes a detailed description of the following:

1. Survival Benefit
2. Critical Illness Benefit
3. Death Benefit
4. Maturity Benefit
5. Premium

1. Survival Benefit

We will pay you a Guaranteed Annual Payout (GAP) on survival of the life insured till each of the guaranteed annual payout dates from the end of the 8th policy year up to the end of 14th policy year. The guaranteed amount payable each year is shown in the policy schedule.

GAPs will be paid only on their respective due dates and will not be available as a Lump sum.

2. Critical Illness Benefit

On occurrence of any of the specified critical illnesses, a lumpsum benefit as defined below is paid.

During Premium Paying Term:

Critical Illness benefit = GAP * Number of premiums paid

After Premium Paying Term

Critical Illness benefit = (GAP * Number of premiums paid) – Sum of GAPs already paid

No further premiums are payable post a critical illness claim. The policy continues for full Death Sum Assured till end of the policy term. No further survival benefits are payable.

There is a survival period of 30 days from diagnosis for claiming Critical Illness benefit. If policyholder dies during the survival period, critical illness benefit shall not be paid and only death benefit shall be paid.

Once a critical illness claim is reported, premiums that fall due during the period from reporting of claim to settlement of claim shall not be collected from you. The policy shall not lapse during this period and shall remain in-force for the full death sum assured. In case of death during this period from reporting of claim to settlement of claim, death sum assured shall be paid post deduction of premiums that fall due during the period from reporting of claim to settlement of claim. GAPs falling due in this period shall be paid to you. In case of non-admission of a critical illness claim, the policy shall continue with all benefits as an in-force policy, provided premiums that fall due during the period, from reporting of claim to settlement of claim, are paid.

The 9 critical illnesses covered under this product are listed and defined below:

i. Cancer Of Specified Severity

A malignant tumour characterised by the uncontrolled growth & spread of malignant cells with invasion & destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy & confirmed by a pathologist. The term cancer includes leukemia, lymphoma and sarcoma.

The following are excluded:

- Tumours showing the malignant changes of carcinoma in situ & tumours which are histologically described as premalignant or non invasive, including but not limited to: Carcinoma in situ of breasts, cervical dysplasia CIN-1, CIN -2 & CIN-3.
- Any skin cancer other than invasive malignant melanoma
- All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0.....
- Papillary micro - carcinoma of the thyroid less than 1 cm in diameter
- Chronic lymphocytic leukaemia less than RAI stage 3
- Microcarcinoma of the bladder
- All tumours in the presence of HIV infection.

ii. Open Chest CABG (Coronary Artery Bypass Graft)

The actual undergoing of open chest surgery for the correction of one or more coronary arteries, which is/are narrowed or blocked, by coronary artery bypass graft (CABG). The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a specialist medical practitioner.

The following are excluded:

- Angioplasty and/or any other intra-arterial procedures
- any key-hole or laser surgery

iii. First Heart Attack - Of Specified Severity

The first occurrence of myocardial infarction which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area.

The diagnosis for this will be evidenced by all of the following criteria:

- a history of typical clinical symptoms consistent with the diagnosis of Acute Myocardial Infarction (for e.g. typical chest pain)
- new characteristic electrocardiogram changes
- elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

The following are excluded:

- Non-ST-segment elevation myocardial infarction (NSTEMI) with elevation of Troponin I or T
- Other acute Coronary Syndromes
- Any type of angina pectoris.

iv. Stroke Resulting In Permanent Symptoms

Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extracranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.

The following are excluded:

- Transient ischemic attacks (TIA)
- Traumatic injury of the brain
- Vascular disease affecting only the eye or optic nerve or vestibular functions.

v. Kidney Failure Requiring Regular Dialysis

End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (hemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.

vi. Major Organ /Bone Marrow Transplant

The actual undergoing of a transplant of:

- One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
- Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.

The following are excluded:

- Other stem-cell transplants
- Where only islets of langerhans are transplanted

vii. Multiple Sclerosis With Persisting Symptoms

The definite occurrence of multiple sclerosis.

The diagnosis must be supported by all of the following:

- investigations including typical MRI and CSF findings, which unequivocally confirm the diagnosis to be multiple sclerosis;
- there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months, and well documented clinical history of exacerbations and

remissions of said symptoms or neurological deficits with at least two clinically documented episodes at least one month apart.

The following are excluded:

- Other causes of neurological damage such as SLE and HIV are excluded.

viii. Coma Of Specified Severity

A state of unconsciousness with no reaction or response to external stimuli or internal needs.

This diagnosis must be supported by evidence of all of the following:

- no response to external stimuli continuously for at least 96 hours;
- life support measures are necessary to sustain life; and
- permanent neurological deficit which must be assessed at least 30 days after the onset of the coma. The condition has to be confirmed by a specialist medical practitioner.

The following are excluded:

- Coma resulting directly from alcohol or drug abuse is excluded.

ix. Permanent Paralysis Of Limbs

Total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist medical practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months.

The benefit will not be payable for any covered critical illnesses under following circumstances:

1. If the insured dies within 30 days of the diagnosis of the covered CI
2. For any medical condition or medical procedure resulting directly or indirectly from self-inflicted injuries, attempted suicide, while sane or insane;
3. For any medical conditions suffered by the life assured or any medical procedure undergone by the life assured if that medical condition or that medical procedure was caused directly or indirectly by Acquired Immunodeficiency Syndrome (AIDS), AIDS related complex or infection by Human Immunodeficiency Virus (HIV);
4. For any medical conditions suffered by the life assured or any medical procedure undergone by the life assured, if that medical condition or that medical procedure was caused directly or indirectly by any congenital anomaly or defect;
5. For any medical conditions suffered by the life assured or any medical procedure undergone by the life assured, if that medical condition or that medical procedure was caused directly or indirectly by alcohol or drug abuse.
6. Engaging in or taking part in *hazardous activities, including but not limited to, diving or riding or any kind of race; martial arts; hunting; mountaineering; parachuting; bungee-jumping; underwater activities involving the use of breathing apparatus or not; *Hazardous Activities mean any sport or pursuit or hobby, which is potentially dangerous to the Insured Member whether he is trained or not
7. Participation by the insured person in a criminal or unlawful act with criminal intent.
8. For any medical condition or any medical procedure arising from 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.
9. For any medical condition or any medical procedure arising either as a result of war, invasion, act of foreign enemy, hostilities (whether war be declared or not), armed or unarmed truce, civil war, mutiny, rebellion, revolution, insurrection, military or usurped power, riot or civil commotion, strikes or participation in any naval, military or air force operation during peace time.
10. For any medical condition or any medical procedure arising from participation by the insured person in any flying activity, except as a bona fide, fare-paying passenger and aviation industry employee like pilot or cabin crew of a recognized airline on regular routes and on a scheduled timetable.

Other Terms Explained

1. Independent Medical practitioner:

An independent Medical practitioner is a person who holds a valid registration from the medical council of any state of India and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of his license.

2. Pre-existing disease:

Any condition, ailment or injury or related condition(s) for which policyholder had signs or symptoms, and / or were diagnosed, and / or received medical advice / treatment within 48 months to prior to the policy issued or Revived by the insurer. No claim shall be repudiated after 4 years from the policy inception or Revival on account of pre-existing diseases disclosed or discovered through medical examination at underwriting/revival.

3. Death Benefit

On the death of the insured person before the maturity date and while the policy has not been discontinued, surrendered or terminated, we will pay the beneficiary Death Sum Assured as shown below. Survival benefit or Critical Illness benefit already paid, if any, will not be deducted from the Death Sum Assured. Once a death claim is paid, the policy is terminated.

Death Sum Assured will be higher of:

- a. Guaranteed Sum Assured on maturity
- b. 10 times of annualised premium
- c. 105% of all premiums paid (*including extra premiums and modal loading*)
- d. Basic Sum Assured
(*An absolute amount of 10 times premium, including extra premium and modal loading*)
- e. *Sum of all Guaranteed Annual Payouts*

The guaranteed sum assured on maturity is zero. The last GAP payment will be made on survival to maturity.

On the death of the insured person before the maturity date, and while the policy has become paid up but has not been terminated, we will pay the beneficiary the reduced paid up sum assured.

4. Maturity Benefit:

The guaranteed sum assured on maturity is zero. The last GAP payment will be made on survival to maturity.

5. Premiums

The amount and frequency of your premium payment are shown in the schedule. The first premium is due on the Policy commencement date and your subsequent premiums are due during the premium payment term as shown in the schedule.

PART D

POLICY TERMS AND CONDITIONS

The section containing the policy's terms and conditions is part D of your policy document. It includes detailed description of the following:

1. Alteration to the sum assured
2. Alterations to the premium
3. Surrender
4. Paid up
5. Lapse
6. Revival
7. Loans
8. Participation in profits
9. Vesting rights under a child policy

1. Alterations to the sum assured

Any increase/decrease in the sum assured is not applicable.

2. Alterations to the premium

Not applicable.

3. Surrender

The policy can be surrendered at any time after payment of two full years' premiums, from the date of commencement of the policy. The surrender value is higher of Guaranteed Surrender Value (GSV) and Special Surrender Value (SSV).

3.1 Guaranteed Surrender Value (GSV)

$GSV = (\text{Total premiums paid}^{\wedge} \text{ till date of surrender} * \text{GSV Factor}) - \text{Sum of GAPs already paid}$ The GSV will always be non negative.

[^]exclusive of service tax but including modal loading and extra premium

| Policy Year | GSV Factor |
|-------------|------------|
| 1 | - |
| 2 | 30% |
| 3 | 30% |
| 4 | 50% |
| 5 | 50% |
| 6 | 50% |
| 7 | 50% |
| 8 | 52% |
| 9 | 54% |
| 10 | 57% |
| 11 | 62% |
| 12 | 68% |
| 13 | 74% |
| 14 | 80% |

3.2 Special Surrender Value (SSV)

The Company, at its discretion, may also pay a Special Surrender Value which may be higher than the Guaranteed Surrender Value. The SSV is not guaranteed and may be changed at any time, subject to the prior approval of the IRDA.

The surrender value will be paid in a lump sum. The policy terminates on surrender and no further benefits are payable under the policy.

On surrender of a paid up policy, the formulae and factors for calculating the surrender value will be same as for an in-force policy. Please refer to section 4 for details of a paid up policy.

There is no surrender value applicable on a policy once a critical illness claim is paid.

4. Paid up

Paid up values are available only after two full year's premiums have been paid. And thereafter, if any premium, which is due, is not paid before the end of the grace period, the policy will be made paid-up with reduced benefits.

Reduced GAP = $GAP * \text{Number of full years premiums paid} / \text{Total number of full years premiums payable}$

Reduced Death Sum Assured = $\text{Death Sum Assured} * \text{Number of full year's premiums paid} / \text{Total number of full year's premiums payable during the entire policy term}$

On death during the policy term, reduced Death Sum Assured will be paid out

Critical Illness benefit lump sum = $(GAP * \text{Number of premiums paid}) - \text{Sum of GAPs already paid}$

5. Lapse

If the policy owner does not pay the premiums due, during the first two years before the end of the grace period from the premium due date, the policy will lapse and we will not pay any benefits during the lapsed state.

6. Revival

If your policy has lapsed or acquired paid-up value, we may revive it subject to the following conditions:

- You must make an application for revival within two years from the due date of the first unpaid premium.
- The insured person must provide satisfactory evidence of health and satisfy other requirements according to the Company's Board approved underwriting policies at that time.
- You must pay all arrears of premium together with interest at such a rate as decided by us from time to time. Interest rate shall be set as 3% + yield on 10 year Government security. Based on this, the interest rate shall be set every 6 months.
- If your policy has acquired a paid up value then the application for revival must be made before the due date of the first guaranteed annual payout

When a policy is revived after payment of all due premiums together with interest, the guaranteed annual payouts will be reinstated as shown in the schedule.

Once a policy has been revived, thereafter the policy is entitled to receive all benefits. If you have not revived a lapsed policy and where the policy has not acquired a paid up value, the premiums already received by us are forfeited and the policy cannot be revived thereafter.

7. Loans

Loan facility will be available once the policy acquires surrender value.

- a) Loan amount granted will be limited to 85% of Guaranteed Surrender Value available under the policy subject to a minimum loan amount of Rs 5000. The policy will be assigned absolutely to and kept with us as security for the repayment of the loan, interest on the loan and expenses incurred in connection with the loan.
- c) Interest rate applicable for the outstanding loan would be determined from time to time. Interest rate shall be set as 3% + yield on 10 year Government security. Based on this, the interest rate shall be set every 6 months. For policies where the premium has not been paid for seven years and they have become paid up and where the amount of loan plus accumulated interest is equal to or greater than the surrender value as specified by us, the policy will be forfeited by us, after intimation to the policy holder by way of notice from the company. We will be entitled to apply the surrender value allowable in respect of the policy towards the payment of loan and interest. For policies where all the seven premiums have been paid or in case of premium paying policies, we will not do any foreclosure for the loans even if the loan plus accumulated interest is equal to or greater than the surrender value.
- d) In case you have taken a loan, the guaranteed annual payout will be first used to offset the loan amount and accrued interest. In case the guaranteed annual payout in that year is greater than the loan amount and accrued interest, we will pay out the balance amount.

- e) In the event of death, critical illness or surrender claim on the policy, where the amount of loan or any portion thereof remains outstanding, we will be entitled to deduct the same together with all interest up to the date of claim from the policy proceeds before settling the claim.

8. Participation in profits

This policy does not participate in the surplus earnings of our policy owners' fund.

9. Vesting rights under a child policy:

Where minor lives are covered, risk commences on the policy commencement date. Further, on attainment of his\her majority, the policy vests in the name of the insured person.

In the event of the death of the policy owner of a "child policy", the legal guardian of the child shall act as the policy owner until the child becomes a major. In such case the legal guardian shall then have the following options

- continue to hold the policy, or
- surrender the policy, provided the lock in period of 5 years has been completed.

Assignment will not be permitted in "child policies" during the time that the life insured is a minor.

SAMPLE

PART E

FUNDS AND CHARGES

This section is meant for information on charges, fund names and fund options pertaining to ULIP policies. Since this is a non linked non participating money back plan, this section is not applicable.

SAMPLE

PART F

GENERAL TERMS AND CONDITIONS

This policy is subject to our general terms and conditions for conducting business with our policy owners. These are binding on you, and us. We may amend the general terms and conditions with the approval of the IRDAI, where required, for the sake of compliance, good governance, the security of our policy owners, and administrative efficiency. We may also be required by law, rule, regulations, and statute to change the general terms and conditions. We will advise you of any changes to the general terms and conditions which are also available on request at any of our branches and offices.

1. Grace Period:

Grace period is effective from the date of the first unpaid premium. You get a grace period of 30 days for payment of your due premiums. The benefits of the policy remain in force during the grace period.

In case of unfortunate critical illness or death claim during the grace period, before the premium due at that time is paid, the premium due shall be deducted from the benefit payable.

If premium is not paid beyond the grace period, the policy shall lapse and have no further value, or acquire paid-up status if it has acquired a paid-up value.

2. Suicide exclusion

In case of death due to suicide within 12 months:

- From the risk commencement date of the policy, the nominee will receive at least 80% of the premiums paid, provided the policy is in force, or
- From the date of revival of the policy, the nominee will receive an amount which is higher of 80% of the premiums paid until the date of death or the surrender value as available on the date of death.

3. Claims requirements

Claims are payable to the policyholder in case of maturity/ survival claims and to the beneficiary (nominee/legal heir) in case of death claim. The following need to be produced in case of a claim:

- The original policy document
- Proof of death in case of a death claim
- A claim discharge form signed by the party to whom the benefits are payable
- Any further documentation or information that we may need before we can process the claim

In exceptional circumstances, we may waive any or all of the above requirements.

We may conduct any investigation that we consider necessary for this purpose.

We urge you to ensure the safe storage of this policy document for a smooth claim settlement.

4. Nomination by policy owner

Nomination will be allowed as per provisions of section 39 of the Insurance Act, 1938 as amended from time to time. Please refer to the Annexure for further details.

5. Assignment and transfer

Assignment and transfer of insurance policies will be allowed as per provisions of section 38 of the Insurance Act, 1938 as amended from time to time. Please refer to the Annexure for further details.

6. Endorsements

The terms and conditions of this policy cannot be waived or changed except by an endorsement approved and signed by our authorised officials.

7. Travel, residence and occupation

This policy is free from all restrictions as to travel, residence and occupation unless specifically restricted in the schedule.

8. Benefit illustrations

The benefit illustrations provided to you by us or by our agents are only illustrative in nature and do not form part of the terms of this policy.

9. Changes in applicable law

Notwithstanding anything contained in this policy, the provisions herein shall stand altered, amended, modified or superceded to such extent and in such manner as may be required by any change in the applicable law (including but not limited to any regulations made or directions or instructions or guidelines issued by the IRDAI or any other statutory bodies) or as may be necessary under a judgment or order of a court of law.

10. Fraud, Misrepresentation and forfeiture:

Fraud, Misrepresentation and forfeiture would be dealt with in accordance with provisions of Sec 45 of the Insurance Act 1938 as amended from time to time. Please refer to the Annexure for further details.

11. Termination of your policy

This policy will terminate and our obligations will cease in following cases

- On lapse at the end of revival period;
- In case of loan availed, where the amount of loan plus accumulated interest is equal to or greater than the surrender value as specified by us except for premium paying and fully paid up policies
- On payment of surrender value;
- On payment of the death benefit or reduced paid up sum assured in case of a valid claim in the event of death of the insured person;
- On maturity date on payment of the last guaranteed annual payout
- In case of fraud or misrepresentation, the provisions of section 45 of the Insurance Act, 1938 as amended from time to time will apply. Please refer to the Annexure for further details

12. Changes in taxes

In the event that any government or authority introduces or changes any form of tax, surcharge, cess, levy, duty, or impost on the premiums, charges, benefits, investment returns of your policy, then we may pass the same to you directly or by adjusting the premiums, charges, fees or benefits payable under your policy.

13. Currency and place of payment

Indian Rupee is the currency of this policy.

We will make or accept payments at any of our offices in India or such other locations as determined by us from time to time.

14. Loss of policy document

If the policy document is lost, we will, pursuant to a written request duly signed by you addressed to our registered office and upon us being satisfied as to the fact and cause of the loss, provide a duplicate copy of the policy document. If a duplicate copy is issued, the original policy document will cease to be of any legal effect. You agree to keep us indemnified and hold us harmless from any costs, expenses, claims, awards or judgments arising out of or howsoever connected with the original policy document. We do not levy any charges for providing a duplicate copy of the policy document.

15. Governing law and jurisdiction

Indian law shall govern this policy and the relationship between you and us. The parties shall be subject to the exclusive jurisdiction of the courts in India for all matters and disputes arising from, relating to or concerning the policy.

PART G

GRIEVANCES

1. Notices

All notices meant for us, whether under this policy or otherwise, must be in writing and delivered to us at the registered address mentioned below, or such other address as we may notify to you from time to time.

All notices meant for you will be in writing and will be sent by us to the most recent address of the policyholder as shown in the schedule. If you change your address, you must notify us immediately.

2. Grievances

In case you have any query, request or complaint/grievance, you may approach our office at the following address:

Manager-Customer & Sales Support
IDBI Federal Life Insurance Company Limited
Tradeview, Oasis Complex,
Kamala City,
P.B. Marg, Lower Parel (West)
Mumbai 400 013

Contact No:

Toll free Nos 1800 209 0502

Email ID: support@idbifederal.com

- 2.1** In case you are not satisfied with the decision of the above office, or have not received any response within 10 days, you may contact the following official for resolution:

Chief Operating Officer
IDBI Federal Life Insurance Company Limited
Tradeview, Oasis Complex,
Kamala City,
P.B. Marg, Lower Parel (West)
Mumbai 400 013

Contact No: 022 2490 8109

Email ID: grievance@idbifederal.com

- 2.2** 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
9th floor, United India Towers, Basheerbagh
Hyderabad – 500 029, Andhra Pradesh
Fax No: 91- 40 – 6678 9768”

2.3 In case you are not satisfied with the decision/resolution of IRDA of India, you may approach the Insurance Ombudsman at the address given below if your grievance pertains to:

- Insurance claim that has been rejected or dispute of a claim on legal construction of the policy;
- Delay in settlement of claim
- Dispute with regard to premium
- Non-receipt of your insurance document

NAMES OF OMBUDSMAN AND ADDRESSES OF OMBUDSMAN CENTRES

(As on 1.1.2015)

| Office Details | Jurisdiction of Office Union Territory, District) | Date Of Taking Charge |
|---|---|-----------------------|
| | Gujarat, Dadra & Nagar Haveli, Daman and Diu. | |
| BENGALURU - Shri. M. Parshad Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@gbic.co.in | Karnataka. | 14-08-2014 |
| BHOPAL - Shri. R K Srivastava Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@gbic.co.in | Madhya Pradesh Chattisgarh. | 27-05-2013 |
| BHUBANESHWAR - Shri. B. N. Mishra Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 / 2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@gbic.co.in | Orissa. | 22-07-2014 |
| CHANDIGARH - Shri. Manik B. Sonawane Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 | Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh. | 21-09-2012 |

| Office Details | Jurisdiction of Office (Union Territory, District) | Date Of Taking Charge |
|---|---|-----------------------|
| Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@gbic.co.in | | |
| CHENNAI - Shri Virander Kumar Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@gbic.co.in | Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry). | 09-05-2013 |
| DELHI - Smt. Sandhya Baliga Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23239633 / 23237532 Fax: 011 - 23230858 Email: bimalokpal.delhi@gbic.co.in | Delhi. | 15-07-2014 |
| GUWAHATI - Sh. / Smt. Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2132204 / 2132205 Fax: 0361 - 2732937 Email: bimalokpal.guwahati@gbic.co.in | Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura. | |
| HYDERABAD - Shri. G. Rajeswara Rao Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 65504123 / 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@gbic.co.in | Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry. | 15-05-2013 |
| JAIPUR - Shri. Ashok K. Jain Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: Bimalokpal.jaipur@gbic.co.in | Rajasthan. | 10-10-2014 |
| ERNAKULAM - Shri. P. K. Vijayakumar Office of the Insurance Ombudsman, | Kerala, Lakshadweep, | 14-07-2014 |

| Office Details | Jurisdiction of Office (Union Territory, District) | Date Of Taking Charge |
|---|---|-----------------------|
| 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@gbic.co.in | Mahe-a part of Pondicherry. | |
| KOLKATA - Shri. K. B. Saha Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 Email: bimalokpal.kolkata@gbic.co.in | West Bengal, Sikkim, Andaman & Nicobar Islands. | 30-07-2014 |
| LUCKNOW - Shri. N. P. Bhagat Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@gbic.co.in | Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar. | 04-08-2014 |
| MUMBAI - Shri. A. K. Dasgupta Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 Email: bimalokpal.mumbai@gbic.co.in | Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane. | 16-05-2013 |
| NOIDA Office of the Insurance Ombudsman, Email: bimalokpal.noida@gbic.co.in | 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, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur. | |
| PATNA Office of the Insurance Ombudsman, | Bihar, | |

| Office Details | Jurisdiction of Office (Union Territory, District) | Date Of Taking Charge |
|--|--|-----------------------|
| Email: bimalokpal.patna@gbic.co.in | Jharkhand. | |
| PUNE - Shri. A. K. Sahoo Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020 - 32341320 Email: bimalokpal.pune@gbic.co.in | Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region. | 10-09-2014 |

- a) The complaint should be made in writing duly signed by the complainant or by his legal heirs with full details of the complaint and the contact information of the complainant.
- b) As per provision 13(3) of the Redressal of Public Grievances Rules 1998, the complaint to the Ombudsman can be made:
 - Only if the grievance has been rejected by the Grievance Redressal Machinery of the Insurer
 - Within a period of one year from the date of rejection by the insurer
 - If it is not simultaneously under any litigation