

**PART A**

**INDIAFIRST LIFE INSURANCE COMPANY LIMITED**

**Regd. & Corporate Office:** 301, 'B' Wing, The Qube, Infinity Park, Dindoshi, Film City Road, Malad (East), Mumbai - 400 097.

To,

DD/MM/YYYY

**XXXX XXXX**

Address 1,

Address 2.

Pin code – xxx xxx

**IndiaFirst Mass Market Insurance Plan - Master Plan No: xxxxxxxx**

Dear Customer,

Congratulations! You are now a step closer to helping your customers 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 plan in this plan document. This document is simple to understand and carries important information about your plan and its features. Please read it carefully to ensure that this plan meets your requirement.

You can cancel your plan if you disagree with any of the terms and conditions within the first 15 days (free look period from receipt of your plan document. In case you have bought this Plan through distance marketing mode, then, you may cancel the Plan within 30 (thirty) days from the date of receipt of your Plan document. You can return the plan to us, while stating your reasons in writing for the same. We will refund your Contribution after deducting the stamp duty and pro rata risk premium and expenses incurred due to medical examination, if any.

Please contact us on **1800-209-8700** or email us at [group.ops@indiafirstlife.com](mailto:group.ops@indiafirstlife.com) for any further information or assistance. Our customer care executives will be happy to help you.

Thank you for choosing IndiaFirst.

Yours truly,

Authorised Signatory.

Group Operations

## IndiaFirst Life Insurance Company Limited

**(Regd. & Corporate Office:** IndiaFirst Life Insurance Company Limited, 301, 'B' Wing, The Qube, Infinity Park, Dindoshi - Film City Road, Malad (East), Mumbai - 400 097. Website: indiafirstlife.com. IRDAI Regn No.: 143. CIN: U66010MH2008PLC183679  
Toll Free No.: 1800 209 8700)

XXX ( hereinafter called the "Master Policyholder") have by a written Proposal Form dated \_\_\_\_\_ requested **IndiaFirst Life Insurance Company Limited** (hereinafter called the "Insurer") to grant the benefits of Life Insurance Cover , under IndiaFirst Mass Market Insurance Plan 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 who have opted for this scheme.

The Master Policyholder has also provided the Insurer details of the name and number of each Member who have opted for this scheme. 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 reports or other documents leading to the issuance of this Plan 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 Plan shall be void.

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

**Annexure A: Plan Schedule**

**Plan Details**

Product Name:	<b>Product UIN : 143N028V01</b> <b>IndiaFirst Mass Market Insurance Plan</b> <b>(Non Linked Non Participating Group Term Insurance Plan)</b>
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Master Policy Holder Name:	
Address:	
Master Plan No	
Date of Commencement of Policy	

**Coverage Details**

Type of Cover:	Annually Renewable. Cover type is Life Insurance Cover + Accidental Total Permanent Disability + Hospital Cash												
Sum Assured/Benefit Amount	The benefit will be determined on the basis of amount recharged or top up recharged or bill amount paid to the telecom registered subscriber as per scheme rules.  Minimum and maximum sum assured will be chosen by the Master Policyholder as allowed in this product.  For this policy benefit amount will be as follows: <table border="1" style="margin-left: 20px;"> <thead> <tr> <th>Total Monthly Top-up/Recharge/Post-paid Bill Amount as decided by Master Policyholder ( for example)</th> <th>Sum Assured under Death Benefit</th> <th>Sum Assured under Accidental Total Permanent Disability Benefit</th> <th>Sum Insured under Hospital Cash Benefit</th> </tr> </thead> <tbody> <tr> <td>Rs.MM-NN</td> <td>XXX</td> <td>XXX</td> <td>YYY</td> </tr> <tr> <td>Rs. PP-QQ</td> <td>AAA</td> <td>AAA</td> <td>BBB</td> </tr> </tbody> </table>	Total Monthly Top-up/Recharge/Post-paid Bill Amount as decided by Master Policyholder ( for example)	Sum Assured under Death Benefit	Sum Assured under Accidental Total Permanent Disability Benefit	Sum Insured under Hospital Cash Benefit	Rs.MM-NN	XXX	XXX	YYY	Rs. PP-QQ	AAA	AAA	BBB
Total Monthly Top-up/Recharge/Post-paid Bill Amount as decided by Master Policyholder ( for example)	Sum Assured under Death Benefit	Sum Assured under Accidental Total Permanent Disability Benefit	Sum Insured under Hospital Cash Benefit										
Rs.MM-NN	XXX	XXX	YYY										
Rs. PP-QQ	AAA	AAA	BBB										

	Rs. RR onwards	FFF	FFF	GGG
Plan Period				
Mode of Premium	Monthly			
Premium per member before Service Tax	Premium amount per member will be provided here according to their coverage amount decided by the master policyholder as mentioned above:			
	Sum Assured under Death Cover	XXX	AAA	FFF
	Monthly Premium before ST			
	<b>Sum Assured under Accidental TPD Cover</b>	XXX	AAA	FFF
	<b>Disability Premium Per month before ST</b>			
	<b>Sum Insured under Hospital Cash Benefit</b>	YYY	BBB	GGG
	<b>HCB Premium Per month before ST</b>			

Consolidated Stamp Duty of Rs.XXXXXXX/- paid vide Mudrank Receipt No:

Note: ON EXAMINATION OF THE POLICY, if the Master Policyholder notices any mistake, the Plan document is to be returned for correction to IndiaFirst Life Insurance Co Ltd.

Please read the terms and conditions of this plan carefully to make the best use of it. Terms used in master plan schedule have been explained in the plan document.

Authorized Signatory

IndiaFirst Life Insurance Company Limited

Date :

Place :

## PART B

### 1. Definitions

Below are a few words/ expressions used in this Plan along with their meaning for your easy reference.

<b>Word/ Expression</b>	<b>Meaning</b>
Accidental Total Permanent Disability	Total Permanent disability caused due to accident is referred to as Accidental TPD in this document and the disability coverage is defined further in detail in the next section under 'Definitions applicable to provide benefit on account of Total Permanent Disability due to accident only'
Age	The Member's Age as on his/her last birthday
Annexure	Any Annexure attached to this Plan as amended/ revised from time to time
Annual Renewal Date	The date after one year from the Scheme Commencement Date. The Master Policyholder can renew the Plan on the Annual Renewal Date.
Application Form	The proposal form completed and signed by you, the Master Policyholder based on which we have issued this Plan
Appointee	The person who receives the proceeds or the benefits under the Plan when the Nominee is less than 18 years of Age
Business Day	Any usual working day of our corporate office in Mumbai
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
Cover or Coverage	The Coverage of risk of the Member's unfortunate demise under the Scheme / Total Permanent Disability due to accident / Hospitalization
Cover Term	The period which commences on the Date of Member Risk Commencement and ends as per the Scheme Rules.
Date of Member Risk Commencement	The date from which the Death Benefit / Accidental TPD / Hospitalization, for a Member is activated under the Plan
Death / Accidental TPD / Hospitalization Benefit	The amount, as per Scheme Rules which is payable on the Member's unfortunate demise / Accidental TPD / Hospitalization
Entry Date	The date on which the Member joins the scheme. This may or may not be the same as the Scheme Commencement Date.
Financial Year	A period of 12 months, starting from 1 <sup>st</sup> April every calendar year and ending on 31 <sup>st</sup> March the following calendar year. Example: 1 <sup>st</sup> April, 2015 to 31 <sup>st</sup> March, 2016 is considered as one Financial Year.

Master Policyholder	Master Policyholder is the telecom service provider who wishes to secure their Members against uncertainty. Master Policyholder is the owner and holds the Master Plan.
Member	A telecom registered subscriber eligible as per scheme rules.
Nominee	The person nominated by the Member to receive the Death Benefit.
Plan	The IndiaFirst Mass Market Insurance Plan. It is the entire insurance contract between the Master Policyholder and us.  In this document, Plan will mean Policy and may be used interchangeably.
Plan Commencement Date	The date on which the Plan starts as shown in the Plan Schedule in Annexure A
Plan Schedule	The Schedule to this Plan attached as Annexure A
Plan Term	A period of one year starting from the Scheme Commencement Date or the Annual Renewal Date, as the case may be
Premiums	The amount payable by the Master Policyholder to cover their Members
Regulations	The applicable laws as amended from time to time which are applicable to this Plan
Regulatory Authority	The Insurance Regulatory and Development Authority of India (IRDAI) 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
Scheme	The IndiaFirst Mass Market Insurance Plan, covering members of the Master Policyholder. This scheme is yearly renewable.
Scheme Commencement Date	The date on which the Scheme starts as specified in the Plan Schedule
Sum Assured	The life insurance Cover provided on each Member's life
Surrender	Terminating or cancelling or withdrawing the Plan prior to the expiry of the Plan Term
We, Us or Our	IndiaFirst Life Insurance Company Limited
You or Your	The Master Policyholder

**Definitions applicable to provide benefit on account of Total Permanent Disability due to accident only:**

<b>Accident</b>	"An accident is a sudden, unforeseen and involuntary event caused by external and visible means."
<b>Bodily Injury</b>	"Bodily Injury is accidental bodily harm excluding illness or disease solely and directly caused by external, violent means which is verified and certified by a Medical Practitioner".
<b>Total and Permanent</b>	Refers to a disability, which:

<b>Disability</b>	<p>a. is caused by Bodily Injury resulting from an accident, and  b. occurs due to the said bodily injury, directly and independently of any other causes, and  c. occurs within 180 days of the occurrence of such accident, and  d. completely, continuously and permanently prevents the member from engaging in any work, occupation or profession to earn or obtain any wages, compensation or profit, such condition to persist for at least 6 months from the date of disability.</p> <p>For the purposes of this benefit, the loss of both arms, or of both legs, or of one arm and one leg, or of both eyes, shall be considered total and permanent disability, without prejudice to other causes of total and permanent disability.</p>
<b>Loss of an arm or a leg</b>	<p>Physical severance of the arm at or above the wrist or physical severance of the leg at or above the ankle which:  a. is caused by bodily injury resulting from an accident, and  b. occurs due to the said bodily injury, directly and independently of any other causes, and  c. occurs within 180 days of the occurrence of such accident.</p>
<b>Loss of an eye</b>	<p>Total and irrevocable loss of sight of an eye which:  a. is caused by bodily injury resulting from an accident, and  b. occurs due to the said bodily injury, directly and independently of any other causes, and  c. occurs within 180 days of the occurrence of such accident.</p>
<b>Medical Practitioner</b>	<p>A Medical Practitioner is a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy 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 the scope and jurisdiction of license and who is neither the insured himself nor related to the insured by blood relations or marriage.</p>

**Note:** IndiaFirst would honour the claim till 180 days post the accident provided the accident happens during the period while the coverage is in force. Subsequent cessation of coverage due to any reason would not invalidate the claim

#### **Risk Factors**

- There is no maturity benefit under this Plan
- The benefit is paid to the Member / Nominee
- Tax laws are subject to change from time to time as per Government tax laws.

#### **Interpretation**

This Plan is divided into sections for ease of reference and reading only. Except as otherwise stated, these divisions and the corresponding section headings do not limit the Plan or its interpretation in any way.

Words of one gender will include the other gender and the singular will include the plural and vice versa, unless the context otherwise requires. Defined words need not appear in the same form.

## PART C : Core Benefits

### 2. Plan Description

IndiaFirst Mass Market Insurance Plan is a non-linked, non-participating, yearly renewable group term Insurance Plan designed to provide insurance cover to Member of telecom service provider. The coverage will be provided to the registered subscriber of telecom service as per scheme rules eg. on the basis of amount recharged or top up recharged or bill amount in the previous month. The registered subscriber of telecom service may change from time to time. The new registered subscriber has to opt for insurance cover to avail the benefit, in case there is a change in registered subscriber.

The basis of coverage could be as per scheme rules of telecom service provider. The top up /usage amount may change from time to time.

#### Coverage options under the Product

The coverage could be structured to offer various layers of coverage as mentioned in Plan Schedule.

Hospital Cash cover gives the member a predefined lump sum amount if the member has been hospitalized at any registered hospital in India for **continuous 48 hours or more**.

Maximum of 2 claims allowed per customer in a 12 month period. Under each Hospitalization cash benefit claim a fixed benefit of 50% of the sum insured eligible at the time of the hospitalization **provided hospitalized for at least 48 continuous hours irrespective of the** amount spent during the hospitalization, would be paid to the member. A claim event cannot be within 1-month of a previous claim event ((i.e. one month from the previous claim date, proximity of claim).

The insurance coverage may vary every month as per scheme rules and as agreed between master policyholder and insurer at inception of the plan.

#### Exclusions:

Hospitalization: Less than **continuous 48 hours** of Hospitalization is not eligible for hospitalization benefit

Waiting Period:

Hospitalization: 1. Other than hospitalization due to accident there is a waiting period of One calendar month for eligibility of Hospital Cash Benefit.

2. Hospitalization claim event cannot be within 1-month of a previous claim event (proximity of claim). So from one claim event to another there is at least gap of one month.

### Member's Eligibility Criteria

Minimum age at entry	Life Assured : 18 years as on last birthday
Maximum age at entry	Life Assured : 80 years as on last birthday
Maximum age at maturity	Life Assured : 81 years last birthday
Plan Term	Annually Renewable
Premium Paying Term	Monthly
Premium Mode	Monthly
Minimum Premium Amount	One time - based on top up / usage amount (paid by Master Policyholder)
Minimum Sum Assured	Death & Accidental Total Permanent Disability is Rs. 5,000. Hospital Cash is Rs. 1000.
Maximum Sum Assured	Death & Accidental Total Permanent Disability is Rs. 20,000. Hospital Cash is Rs. 4,000.

### 3. Benefits under the Plan

#### i. Death / Accidental TPD / Hospitalization Benefit

On Death / Accidental TPD / Hospitalization of a member, during the Plan Term, we will pay the benefit as defined in the Plan Schedule to the nominee / member through you the Master Policyholder provided event occurs whilst in membership or prior to terminal date.

Hospital Cash cover gives the member a predefined lump sum amount if the member has been hospitalized at any registered hospital in India for **continuous 48 hours or more**.

Maximum of 2 claims allowed per customer in a 12 month period. Under each Hospitalization cash benefit claim a fixed benefit of 50% of the sum insured eligible at the time of the hospitalization, **provided hospitalized for at least 48 continuous hours irrespective of the** amount spent during the hospitalization., would be paid to the member A claim event cannot be within 1-month of a previous claim event (i.e. one month from the previous claim date (proximity of claim).

#### ii. Maturity Benefit

There is no maturity benefit applicable under this Plan.

#### iii. Rider Benefits

There are no riders available under this Plan.

#### **4. Termination of the Benefit**

The Benefit for any Member will terminate/ end immediately and automatically either on payment of the Death or Disability Benefit by us or if the Member has exited from the group or if the Plan is surrendered by you, the Master Policyholder. We will be relieved and discharged from all our obligations relating to that Member on payment of the Benefit.

The Plan is terminated only if the Master Policyholder or the Company chooses to terminate the same. The Coverage provided to all Members will cease in this case.

## **PART D: Policy Servicing**

### **5. Eligibility**

- The Life Insurance Cover on the life of Member shall commence as and when received the premium of the Member subject to him/her being eligible for the Life Insurance Cover as per the Scheme Rules and subject to board approved underwriting, if any, as deemed necessary by the Company.
- Every Member shall become entitled to the Benefits under this Plan as from the Entry Date for the Life Insurance Cover as per the Scheme Rules and the terms of the Plan.
- Any variations in the Plan Terms and Conditions effected hereunder and in respect of membership, after the Plan Commencement Date, shall be given effect only by endorsements and by a signature of a duly authorized officer of the Company.

### **6. Free Look period**

If You disagree with any of the terms and conditions within the first 15 days for all channels except Distance Marketing where it is 30 days from receipt of the Plan document, you can return the policy to Us, while stating your reasons for the same.

We will refund an amount equal to the:

Premium/Contribution paid

Less: i. Pro-rata risk premiums

Less ii. Any stamp duty paid

Less iii. Expenses incurred by Us on medical examination, if any

### **7. Payment of Premium**

The Master Policyholder must pay the Premium for each Member on monthly basis to continue the cover. The Premium rates applicable to the Members will be as decided between you and us.

### **8. Grace Period**

15 days of grace period will be allowed for all subsequent premiums falling due within 1 month of the date of commencement. In case of any unfortunate event during the grace period, the member will get the benefit from the scheme after deducting the subsequent premium from it.

### **9. Revival of Policy**

Not applicable as it is a one year renewable group term insurance plan.

## **10. Surrendering the Plan**

No surrender or paid-up value is payable under this Plan.

In case of surrender of group policy within a policy year, the individual member of the group on such surrendered group shall get an option to continue the policy as an individual policy till their coverage is terminated as per certificate of Insurance (i.e. till the end of policy year).

## PART F

### **11. Nomination as per Section 39 of the Insurance Act, 1938 as amended from time to time.**

#### **Appointing a Nominee to receive the Death / Accidental TPD Benefit**

We are totally responsible to ensure that the claim payment is made in the name of the insured member or nominee/appointee/legal heir as the case may be even if the cheque is sent to the group master policyholder for administration convenience or through any other electronic mode of payment to the specific bank account of the member or nominee.

The Member may at any time during the Plan Term and while the Cover is in force, appoint or change a Nominee. You will keep details of all such nominations in your record. The Death/Accidental TPD Benefit will be payable by us to nominee/appointee/legal heir through you, the Master Policyholder. Nomination should be in accordance with provisions of Section 39 of the Insurance Act, 1938 as per Annexure 1 as amended from time to time.

#### **If the Nominee is a Minor**

The Member may appoint an Appointee to receive and hold the Death / Accidental TPD Benefit in a trust until the Nominee attains 18 years of Age.

#### **Making a Nomination**

The Member may make or change a nomination by writing to you for the purpose of insurance. You in turn need to keep in your record any new nomination made or any change in nomination. We may register a nomination of beneficiary, or any change of nomination of any beneficiaries, in our records only upon receipt of notice of nomination/ change in nomination, submitted in writing to us. The nomination or change in nomination will become effective only after it is recorded by us in accordance with Section 39 of the Insurance Act, as amended from time to time.

#### **Our Liability in a Nomination**

In accepting or recording a nomination or a change of nomination we do not accept any responsibility or express any opinion as to its validity or legality.

## 12. Loan or Assignment

### Loans under the Plan

No loans are available under this Plan.

### Assignment of the Plan

You cannot assign this Plan.

## 13. Making a Claim

### Claim Process:

Step	Activity	Responsibility
I	Insured/Nominee intimates the claim by providing the basic required details to Telecom Service Provider through e.g. SMS(USSD) / IVR / Web Portal etc. or directly to the insurer	Insured/Nominee
II	The claim intimation requests are forwarded to the IndiaFirst/TPA for administration purpose post the initial follow up	Telecom Service Provider
III	IndiaFirst / TPA does the first level check and either denies/initiates the claims processing: i. If the claim is invalid then the Insured/Nominee is informed about the same through SMS ii. If the claim is valid, then the Insured/Nominee is contacted by IndiaFirst / TPA for informing the process and required documentation	IndiaFirst / TPA
IV	Insured/Nominee gathers the required documents and submits the same in the nearest Telecom Service Provider center / IndiaFirst branch or Head office of IndiaFirst/TPA.	Insured/Nominee
V	Once the final set of documents are received by IndiaFirst / TPA, the Claim is assessed and the decision is communicated to the Insured/Nominee. In case of any missing documentation, the steps III – V are repeated until all the required documents are received by IndiaFirst / TPA	IndiaFirst / TPA
VI	IndiaFirst will assess the claims in the final stage and based on the assessment of the claim, would settle the valid claims in either of the 3 payment modes: 1. Existing mPesa account: If the customer/nominee has an mPesa account, then the claim payout will be made to that particular mPesa account accordingly	IndiaFirst

	<p>2. Aadhaar Linked Savings Bank Account: If the Insured/nominee has an Aadhaar linked savings bank account, the claim payout will be made to that particular Aadhaar linked savings bank account accordingly</p> <p>3. Bank A/c or Cheque: In absence of the above two options for the Insured/nominee, the claim payout will be made to the bank account details shared by the Insured/nominee or through a Cheque.</p> <p>*The claim payouts will be made to the Nominee in case of death of the Insured. The claim payouts will be made to the Insured directly in case of Total permanent disability due to Accident and Hospital Cash.</p>	
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#### **Documents required at the time of making a claim**

- Death certificate issued by the local health and medical authority
- Copies of First Information Report, Post Mortem Report, duly attested by police officials, in case of unnatural deaths including accidents etc.
- Hospitalization documents (discharge summary, all investigation reports) in case the Member was treated for any illness related to the cause of death
- For Permanent disability due to accident: disability certificate issued by District Civil Surgeon, and Copy of First Information Report,
- Any other document or information that we may need to process the claim depending on the cause or nature of the claim
- In case of death: Nominee's M-Pesa account or savings bank Account number with IFSC code and cancelled cheque or Aadhaar number in case of Linked Savings Bank Account
- In case of Total Permanent Disability due to accident and Hospital Cash: Insured's M-Pesa account or savings bank Account number with IFSC code with cancelled cheque or Aadhaar number in case of Linked Savings Bank Account

#### **Payment of Benefits in Indian Rupees**

All Benefits and other sums under this Plan are paid in India and in Indian Rupees.

#### **14. Insurance Cover Ceases / Ends**

The insurance coverage will cease at the earliest of

1. Member attaining age 81 years as on last birthday or on death or on accidental TPD benefit payment whichever is earlier.

2. Termination of contract with the Master Policyholder.
3. Non-payment of regular premium during the grace period of 15 days.
4. Membership ceases due to any reasons.

#### **15. Notice of new Members and Members who cease their Membership**

You are required to inform us, in writing, about any new Members joining the Scheme and of Members leaving the group for any reason.

#### **16. Endorsements**

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

#### **17. Change of Address**

You are required to inform us in writing, about any change in your address. This will ensure that our correspondence reaches you without any delay. All correspondence should be done with the Master policyholder and it would be duty of the Master policyholder to further intimate the member regarding the same.

#### **18. Disclosures**

##### **i. Misrepresentation/Fraudulent Disclosures**

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.

##### **ii. Section 45 of Insurance Act, 1938 as amended from time to time:**

- 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.
- 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.

- 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.

- 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.

- 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.

**iii. Prohibition of Rebate: Section 41 of the Insurance Act as amended from time to time.**

No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer.

Provided that acceptance by an insurance agent of commission in connection with a policy of life insurance taken out by himself on his own life shall not be deemed to be acceptance of a rebate of premium within the meaning of this sub-section if at the time of such acceptance the insurance agent satisfies the prescribed conditions establishing that he is a bonafide insurance agent employed by the insurer.

Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.”

#### **19. Right to Revise/ Delete/ Alter the Terms and Conditions of this Plan**

We may revise, delete and/ or alter any of the terms and conditions of this Plan subject to receipt of the prior approval of the Regulatory Authority. We will intimate you by sending a prior notice of 30 (Thirty) days, before revising, deleting and/or altering any of the terms and conditions of this Plan and it would be deemed to be accepted by you.

#### **20. Loss of Plan Document**

If the Plan document is lost or misplaced, you should submit to us a request stating the fact and the reason for the loss. If we are satisfied that the Plan document is lost or misplaced, then, we will issue you a duplicate Plan document. Upon the issue of the duplicate Plan document, the original Plan document immediately and automatically ceases to have any validity.

You agree to indemnify us and hold us free and harmless from any costs, expenses, claims, awards or judgments arising out of or in relation to the original Plan document.

#### **21. Electronic Transactions**

You shall always adhere to and comply with all our terms and conditions in relation to electronic transactions and will constitute a legally binding and valid transaction.

Such electronic transactions will include any transactions effected by you through internet, teleservice operations, short messaging services, electronic data interchange, call centres, or by means of electronic automated machines or through other means of telecommunications, established by us or on our behalf for and in relation to this Plan or our other products and services.

#### **22. 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, which restricts performance of our obligations under this Plan, then, this Plan will be wholly or partially suspended during the continuance of such force majeure conditions.

Once the force majeure conditions ceases to exist, then, we will resume our obligations under this Plan for such period during which the force majeure conditions existed.

### **23. Issuance of Notices**

We also have the discretion to issue either individual notices to you or to publish general notices on our website [www.indiafirstlife.com](http://www.indiafirstlife.com) in relation to this Plan and/or for services in relation to the same and same shall be binding on you.

### **24. Taxes**

Under this Plan, we will deduct the applicable taxes in accordance with the applicable provisions of Indian tax laws. Any Contribution and benefit payable under this Plan is subject to applicable taxes, levies, cess, etc, which shall always be paid by you. You are liable to pay all applicable taxes, levies, cess etc. as levied by the Government/ statutory authorities from time to time.

You should consult your tax advisor for understanding the tax benefits and liabilities under this Plan. We do not accept any responsibility or express any opinion as to the validity or legality of tax benefits or liabilities as may be applicable to you.

### **25. Governing Law and Jurisdiction**

All claims, disputes or differences arising under or in connection with this Plan will be governed by and construed in accordance with Indian laws and shall be subject to the jurisdiction of the Indian Courts.

## PART G

### 26. Grievance Redressal

You may contact us at any of the following touch points in case of any grievance or complaint.

Customer Care

IndiaFirst Life Insurance Company Ltd.

301, 'B' Wing, The Qube, Infinity Park,

Dindoshi - Film City Road, Malad East,

Mumbai – 400 097

Contact No.: 1800 209 8700

Email ID: customer.first@indiafirstlife.com

A written / electronic communication giving reasons of either redressing or rejecting the grievance/ complaint will be sent to you within 14 (Fourteen) days from the date of receipt of the grievance/ complaint.

However, if you are not satisfied with our resolution provided or have not received any response within 14 (Fourteen) days, then, you may email us at [grievance.redressal@indiafirstlife.com](mailto:grievance.redressal@indiafirstlife.com) or write to our 'Grievance Officer' at the above mentioned address. An acknowledgment to all grievances/ complaints received will be sent within 3 (Three) working days of receipt of the complaint/grievance.

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](mailto: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

9th floor, United India Towers, Basheerbagh

Hyderabad – 500 029, Andhra Pradesh

Fax No: 91- 40 – 6678 9768"

If you are not satisfied with our decision/ resolution, and if your grievance is related to the below mentioned issues, then, you may approach the nearest Ombudsman. The list of Ombudsmen is as annexed below as Annexure B.

- i. An insurance claim that has been rejected or dispute of a claim on legal construction of the Plan.
- ii. Delay in settlement of the claim.
- iii. Dispute with regard to Premium.
- iv. Non-receipt of your insurance document.

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

As per provision 13(3) of the Redressal of Public Grievances Rules 1998, 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 provided the same dispute is not already decided by or pending before a court of law.

## Annexure B – List of Ombudsmen<sup>1</sup>

Office and Contact Details	Jurisdiction of Office (Union Territory, District)
<p><b>AHMEDABAD</b> Office of the Insurance Ombudsman, 2nd floor, Ambica House, Near C.U. Shah College, 5, Navyug Colony, Ashram Road, Ahmedabad – 380 014. Tel.: 079 - 27546150 / 27546139 Fax: 079 - 27546142 Email: <a href="mailto:bimalokpal.ahmedabad@gbic.co.in">bimalokpal.ahmedabad@gbic.co.in</a></p>	<p style="text-align: center;">Gujarat, Dadra &amp; Nagar Haveli, Daman and Diu</p>
<p><b>BENGALURU - Shri. M. Parshad</b> 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: <a href="mailto:bimalokpal.bengaluru@gbic.co.in">bimalokpal.bengaluru@gbic.co.in</a></p>	<p style="text-align: center;">Karnataka</p>
<p><b>BHOPAL - Shri. R K Srivastava</b> 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: <a href="mailto:bimalokpal.bhopal@gbic.co.in">bimalokpal.bhopal@gbic.co.in</a></p>	<p style="text-align: center;">Madhya Pradesh, Chattisgarh</p>
<p><b>BHUBANESHWAR - Shri. B. N. Mishra</b> Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: <a href="mailto:bimalokpal.bhubaneswar@gbic.co.in">bimalokpal.bhubaneswar@gbic.co.in</a></p>	<p style="text-align: center;">Orissa</p>
<p><b>CHANDIGARH - Shri. Manik B. Sonawane</b> Office of the Insurance Ombudsman, S.C.O. No. 101, 102 &amp; 103, 2nd Floor,</p>	<p style="text-align: center;">Punjab, Haryana, Himachal Pradesh,</p>

<sup>1</sup> As updated on the IRDA website [www.irda.gov.in](http://www.irda.gov.in) on January 1, 2015.

Office and Contact Details	Jurisdiction of Office Union Territory, District)
Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: <a href="mailto:bimalokpal.chandigarh@gbic.co.in">bimalokpal.chandigarh@gbic.co.in</a>	Jammu & Kashmir, Chandigarh
<b>CHENNAI - Shri Virander Kumar</b> 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: <a href="mailto:bimalokpal.chennai@gbic.co.in">bimalokpal.chennai@gbic.co.in</a>	Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry)
<b>DELHI - Smt. Sandhya Baliga</b> Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23239633 / 23237539 Fax: 011 - 23230858 Email: <a href="mailto:bimalokpal.delhi@gbic.co.in">bimalokpal.delhi@gbic.co.in</a>	Delhi
<b>GUWAHATI</b> 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: <a href="mailto:bimalokpal.guwahati@gbic.co.in">bimalokpal.guwahati@gbic.co.in</a>	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura
<b>HYDERABAD - Shri. G. Rajeswara Rao</b> 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: <a href="mailto:bimalokpal.hyderabad@gbic.co.in">bimalokpal.hyderabad@gbic.co.in</a>	Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry
<b>JAIPUR - Shri. Ashok K. Jain</b> Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor,	Rajasthan

Office and Contact Details	Jurisdiction of Office (Union Territory, District)
Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: <a href="mailto:Bimalokpal.jaipur@gbic.co.in">Bimalokpal.jaipur@gbic.co.in</a>	
<b>ERNAKULAM - Shri. P. K. Vijayakumar</b> Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: <a href="mailto:bimalokpal.ernakulam@gbic.co.in">bimalokpal.ernakulam@gbic.co.in</a>	Kerala, Lakshadweep, Mahe-a part of Pondicherry.
<b>KOLKATA - Shri. K. B. Saha</b> 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: <a href="mailto:bimalokpal.kolkata@gbic.co.in">bimalokpal.kolkata@gbic.co.in</a>	West Bengal,  Sikkim,  Andaman & Nicobar Islands.
<b>LUCKNOW - Shri. N. P. Bhagat</b> 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: <a href="mailto:bimalokpal.lucknow@gbic.co.in">bimalokpal.lucknow@gbic.co.in</a>	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, Gorakhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
<b>MUMBAI - Shri. A. K. Dasgupta</b> Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W),	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane

Office and Contact Details	Jurisdiction of Office (Union Territory, District)
Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 Email: <a href="mailto:bimalokpal.mumbai@gbic.co.in">bimalokpal.mumbai@gbic.co.in</a>	
<b>NOIDA</b> Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, G.B. Nagar, Noida. Email: <a href="mailto:bimalokpal.noida@gbic.co.in">bimalokpal.noida@gbic.co.in</a>	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
<b>PATNA</b> Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna 800 006. Email: <a href="mailto:bimalokpal.patna@gbic.co.in">bimalokpal.patna@gbic.co.in</a>	Bihar, Jharkand
<b>Pune - Shri. A. K. Sahoo</b> Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 2nd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020 - 32341320 Email: <a href="mailto:bimalokpal.pune@gbic.co.in">bimalokpal.pune@gbic.co.in</a>	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region