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**SCHEDULE**

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**A. POLICY DETAILS**

<b>Plan Name:</b>	<DHFL Pramerica Rakshak+>	<b>Plan Code:</b>	
<b>Policy Number:</b>			

<b>Policyholder:</b>  (Name and Address of the Policyholder shall be printed here)
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<b>Life Insured:</b>		<b>Gender:</b>	
<b>Date of Birth:</b>		<b>Age:</b>	
<b>Policy Installment Premium:</b>		<b>Age Admitted (Yes/No):</b>	
<b>Policy Commencement Date:</b>		<b>Policy Term:</b>	
<b>Premium Frequency:</b>		<b>Premium Paying Period:</b>	
<b>Currency of the Policy:</b>	INDIAN RUPEES	<b>Policy Expiry Date:</b>	

The Policy Installment Premium specified above is the premium amount payable per installment from the Policy Commencement Date including any underwriting extra, during the Premium Paying Period, under this Policy.

**B. BENEFIT DETAILS**

<b>Base Policy</b>			
<b>Coverage Type:</b>		<b>UIN:</b>	140N035V01
<b>Base Sum Assured:</b>		<b>Coverage Term:</b>	
<b>Monthly Payout:</b>		<b>Coverage Commencement Date:</b>	
<b>Guaranteed Maturity Benefit:</b>		<b>Date when last Premium Due:</b>	

**C. DETAILS OF NOMINEE AND APPOINTEE**

<b>Details of Nominee</b>		<b>Effective Date:</b>	
<b>Name:</b>			
<b>Date of birth:</b>			

Address:			
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<b>Details of Appointee</b> ( <i>applicable where the Nominee is a minor</i> )	
Name:	
Date of birth:	
Address:	

**Notes:**

- **Please verify the correctness of the particulars stated above. If any of the details specified herein is incorrect / incomplete, please contact your Company Salesperson or nearest branch along with the policy document for necessary correction / amendment.**
- Where the first premium is paid by cheque, the assumption of risk by the Company under this Policy is subject to encashment of the cheque.
- Please inform the Company promptly of any change in the address of the Policyholder and Nominee/Appointee
- Please read the Policy details carefully to verify that the terms match those applied for.
- To claim a benefit or to request a change in your Policy details, please contact your representative or call the Company on 1800-102-7070

Signed for and on behalf of DHFL Pramerica Life Insurance Company Limited, at ----- on day/month/ year.

Authorized Signatory

Stamp Value Rs.
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## **POLICY DOCUMENT**

DHFL Pramerica Life Insurance Company Limited (the Company) has entered into this Policy with the Policyholder on the basis of the information the Policyholder has provided about himself / herself and the Life Insured in the Application Form and otherwise which shall be deemed to be a part of this Policy.

This Policy is subject to the terms and conditions stated in the Policy Document.

The Company agrees to pay the benefits on the happening of the insured event as detailed in the Policy Document, and while this Policy is in force.

**Anoop Pabby, Managing Director & CEO**

Signed by and on behalf of  
**DHFL Pramerica Life Insurance Company Limited**  
Date:<dd-mm-yyyy>

(NON-PARTICIPATING ENDOWMENT PLAN) [UIN: 140N035V01]

DHFL PRAMERICA RAKSHAK +

**Reference Guide**

Words or phrases appearing in the Policy Document in initial capitals will have the meanings given to them below:

Where appropriate, any reference to the singular includes references to the plural, references to the male include references to the female and references to any statute include references to any subsequent changes to that statute.

In case of any conflict between the interpretations of any of the terms of this Policy Document, the Part A - Specific Terms and Conditions shall override Part B - General Terms and Conditions of this Policy Document.

**General Terms**

**Application Form** means the application form and any other information / document provided by the Policyholder to the Company before the inception of this Policy.

**Appointee** means the person named by the Policyholder to receive payment, under this Policy if the Nominee is a minor at the time payment becomes due.

**Base Sum Assured** means the amount specified in the Schedule payable according to the terms and conditions of this Policy.

**Coverage Commencement Date** means the date as specified in the Schedule from which the risk cover starts under this policy.

**Grace Period** means a period of 30 days from the date the Policy Installment Premium becomes due during which time the Policy is considered to be in force without any interruption as per the terms of the policy. This Grace Period applies to all premium payment modes (Premium Frequency).

**IRDA** means the Insurance Regulatory and Development Authority.

**Life Insured** means the person on whose life this Policy is effected and is named in the Schedule.

**Nominee** means the person named by the Policyholder to receive payment, according to the terms and conditions of this Policy.

**Policy** means this Policy Document.

**Policy Anniversary** means the anniversary of the Coverage Commencement Date.

**Policy Commencement Date** means the date when this Policy is issued and is specified in the Schedule.

**Policy Document** means the Terms & Conditions, the Application Form and the Schedule as amended from time to time.

**Policy Term** means the period between the Coverage Commencement Date and Policy Expiry Date.

**Policy Year** means the 12 months period starting from the Coverage Commencement Date and accordingly thereafter every subsequent Policy Anniversary.

**Policyholder** means the person named in the Schedule who has concluded this Policy with the Company.

**Premium** means the amount of Premium payable by the Policyholder. The Schedule details the amount payable (**Policy Installment Premium**), when it is to be paid (**Premium Frequency**) and the term over which it is to be paid (**Premium Paying Period**).

**Schedule** means the document attached to this Policy which provides a snapshot of the Policy and benefits details and any annexure attached to it from time to time and any endorsements the Company has made and, if more than one, then the latest in time.

**Specific Terms pertaining to this plan**

**Annual Guaranteed Addition (AGA)** means the amount that will accrue to the Policy at the end of the Policy Year in accordance with the terms and conditions of this Policy.

**Guaranteed Maturity Multiple (GMM)** means a factor which shall be applied to the Base Sum Assured or Paid up Sum Assured, as the case may be, for the purpose of calculating the benefit payable on Maturity Date.

GMM factor for different Policy Terms shall be as under:

- i) 150% for Policy Term of 10 years.
- ii) 175% for Policy Term of 15 years.
- iii) 200% for Policy Term of 20 years.

**Maturity Date** means the Policy Expiry Date specified in the Schedule when the coverage under the Policy ends.

**Monthly Payout** means the amount specified in the Schedule and payable monthly in case of death of the Life Insured according to the terms and conditions of this Policy.

**Surrender Value** means the benefit payable on surrender of the Policy in accordance with terms and conditions of this Policy.

## Part A - Specific Terms and Conditions

### Section One: Policy Benefits

#### (a) Benefit Payable on Death

If the Life Insured dies at any time before the Maturity Date, while the Policy is In-force for full Policy benefits, then the Company will pay the Death Sum Assured plus accrued Annual Guaranteed Additions.

Please note that all benefits are paid to the Nominee. In case of absence of a Nominee, the benefits will be paid to the legal heirs.

The total Death Sum Assured shall be payable in the form of a) Immediate Benefit b) Monthly Payouts and c) Benefit at scheduled Maturity Date.

(i) The Death Sum Assured is calculated as under: Where the age of the Life Insured at the inception of the Policy is less than 45 years – Death Sum Assured shall be highest of the following:

- a) 10 times the Annualized Premium (OR)
- b) Guaranteed Maturity Multiple(GMM) multiplied by Base Sum Assured (OR)
- c) 105% of all the Premium paid (OR)
- d) Sum of 100% of the Base Sum Assured payable at the time of death (And)  
GMM multiplied by Base Sum Assured payable on the scheduled maturity date (And)  
2% of Base Sum Assured payable every month commencing from the month of death to the end of the Policy Term further subject to a minimum of 36 monthly payments even if this requires payments after the policy term is over.

(ii) Where the age of the Life Insured at the inception of the Policy is greater than or equal 45 years - Death Sum Assured shall be highest of the following:

- a) 7 times the Annualized Premium (OR)
- b) Guaranteed Maturity Multiple(GMM) multiplied by Base Sum Assured (OR)
- c) 105% of all the Premium paid (OR)
- d) Sum of 100% of the Base Sum Assured payable at the time of death (And)  
GMM multiplied by Base Sum Assured payable on the scheduled maturity date (And)  
2% of Base Sum Assured payable every month commencing from the month of death to the end of the Policy Term further subject to a minimum of 36 monthly payments even if this requires payments after the policy term is over

Where the Annualized Premium shall mean the Premium payable in a Policy Year chosen by the policyholder, excluding the underwriting extra Premium and loadings for modal Premium, if any

The Policy covers death under all situations (including death during declared or undeclared war civil commotion, invasion, terrorism, hostilities) except death due to suicide as mentioned hereunder:

If death occurs due to suicide or attempted suicide, whether sane or insane, within twelve months of the Policy Commencement Date or within 12 months from the date of revival of the policy, then the Company's only obligation under this Policy shall be to pay an amount equal to higher

of 80% of the total Premium paid (excluding underwriting extra, if any) or Surrender Value, if any.

#### (b) Benefit Payable on Maturity

On survival of Life Insured to the Maturity Date and provided Policy is In-force for full Policy benefits, the Company will pay the Policyholder an amount equal to the Base Sum Assured multiplied by Guaranteed Maturity Multiple factor plus accrued Annual Guaranteed Addition.

#### (c) Annual Guaranteed Addition:

The Annual Guaranteed Addition will accrue to the Policy at the end of each completed Policy Year as per the rates specified in *Annexure I*, provided the Policy is in-force for full benefits.

### Section Two: Discontinuation of Premium Payments

a) During the *first two Policy Years* if any Policy Installment Premium is not received by its due date or within the Grace Period, the Policy shall automatically lapse at the end of the Grace Period. If the Life Insured dies during the Grace Period, the Company shall deduct the Premium due from the amount payable. However, if the Premium for first Policy Year has been paid in full, the Company shall pay to the Policyholder an amount equal to 15% of the Premium paid on completion of two years from the date of first unpaid Premium and the Policy will terminate thereafter.

b) If the Premium for first *two Policy Years* has been received in full and thereafter if any Policy Installment Premium is not received by its due date or within the Grace Period, the Policy shall automatically become paid-up with reduced benefits:

c) If the Premium have been paid for at least five Policy Years, then the paid-up Policy shall be entitled to Annual Guaranteed Addition at the reduced rate on the Paid-up Sum Assured calculated in the following manner:

"Reduced Annual Guaranteed Addition Rate multiplied by Paid-up Sum Assured"

Where:

Paid-up Sum Assured is calculated as (T/N) multiplied by Base Sum Assured

Reduced Annual Guaranteed Addition Rate is calculated as (T/N) multiplied by AGA Rate as per Annexure I.

T is Total number of Premium paid under the Policy and  
N is Total number of Premium payable under the Policy over the entire Policy Term

d) If the Life Insured dies at any time before the Maturity Date, while the Policy is in the paid-up status, then the Company will pay Paid-up Death Sum Assured plus accrued Annual Guaranteed Addition.

Where:

Paid-up Death Sum Assured is calculated as (T/N) multiplied by Death Sum Assured

T is Total number of Premium paid under the Policy and

N is Total number of Premium payable under the Policy over the entire Policy Term

The total Paid-up Death Sum Assured shall be payable in the form of a) Immediate Benefit b) Monthly Payouts and c) Benefit at Maturity Date.

- e) On survival of the Life Insured to the Maturity Date of a paid-up policy, the Company will pay the Policyholder an amount equal to the Paid-up Sum Assured multiplied by Guaranteed Maturity Multiple *plus* accrued Annual Guaranteed Addition till the date of paid-up plus accrued Reduced Annual Guaranteed Addition after the Policy has become paid-up, if any.

The accrued Annual Guaranteed Addition shall also include the Annual Guaranteed Addition, if any, at the reduced rate, which will accrue after the Policy acquires the paid up status.

- f) A paid-up Policy can be surrendered before the Maturity Date. In such an event, the Surrender Value of the paid-up Policy would be paid and Policy will immediately terminate.
- g) The Surrender Value of paid-up Policy is reviewable and shall be determined by the Company from time to time.

### Section Three: Revival

A lapsed or paid-up Policy can be revived within two years from the date of first unpaid Premium. The Company will reinstate the Policy only if:

- a) The Policyholder gives the Company written notice for revival at any time within two years from the date of first unpaid Premium and before the Maturity Date.
- b) The Policyholder complies with any requests for information and documentation made by the Company for this purpose.
- c) The Policyholder pays all outstanding Premium from the last date of receipt of Premium to the proposed date of revival, along with interest specified by the Company.

The revival of the Policy shall be effective from the date on which the Company has issued a written endorsement confirming the revival of the Policy. The Policyholder understands and agrees that there is no obligation on the Company to revive the Policy or to revive it on the same terms, and the revival is subject to the underwriting requirements of the Company as applicable from time to time. The medical cost, if any, shall be borne by the Policyholder.

If the Policy is revived by the Company, the Policyholder will become entitled to the full Policy benefits from the date of revival including full Annual Guaranteed Addition for the Policy Year(s) during which the Policy was in lapsed / paid-up status.

### Section Four: Surrender of Policy

The Policy can be surrendered only if the Premium for first *two consecutive Policy Years* has been received in full. On Surrender of the Policy, the Company will pay the Surrender Value equal to higher of Guaranteed Surrender Value (GSV) and Special Surrender Value (SSV).

GSV is equal to X% of the total Premium paid till the date of surrender *plus* guaranteed Surrender Value of accrued Annual Guaranteed Addition.

The Premium considered for this purpose is exclusive of any extra Premium, while, 'X' will vary in different Policy Years and the rates are specified in *Annexure II*.

The SSV is reviewable and shall be determined by the Company from time to time subject to prior approval from the Authority.

After a Policy has been surrendered, the Policy shall terminate and all benefits under the Policy shall cease.

## Part B - General Terms and Conditions

### Section One: Termination of the Policy

This Policy shall immediately and automatically terminate on the occurrence of the first of the following events after the payment of applicable amount, if any in accordance with the terms and conditions of this Policy:

- a. The Maturity Date
- b. The date of the death of the Life Insured
- c. The date on which the Policy lapses
- d. The day the Policy is surrendered
- e. The Policyholder fails to repay the loan as per Part B) Section Four) below

### Section Two: Death Claim Processing

In order for the Company to make any payment under the Policy that it is necessary that the Company:

- a) is immediately notified of the Life Insured's death in writing, and preferably within 90 days of death. Company may condone the delay in filing a claim beyond 90 days where the claimant can establish that the delay was due to unforeseen circumstances and beyond the control of the claimant.
- b) is provided with the opportunity of establishing to its satisfaction that a claim is payable.
- c) receives all reasonable cooperation and is entitled to seek any documentation and information, including but not limited to:
  - (1) The Company's claim form duly completed.
  - (2) The original Policy Document.
  - (3) Evidence of Life Insured's date of birth if the Company has not admitted the age of the Life Insured.
  - (4) The original or a legalized copy of the Life Insured's death certificate showing the circumstances, cause and the date of death.

The Company may on a case to case basis and subject to exceptional circumstances may condone the submission of any of the above mentioned documents/ information while processing the claim.

### Section Three: Payment of Premium

If the Premium Frequency is annual, then Premium must be paid on each Policy Anniversary. If the Premium Frequency is semi-annual, quarterly or monthly, the Premium must be paid on the date corresponding with the Policy Commencement Date in every half-yea, quarter or month respectively till the end of the Premium Paying Period. If the corresponding date does not exist in a particular month, then the last day of that calendar month shall be deemed to be the due date for payment.

Policy Installment Premium shall be deemed to have been paid only when received and realized by the Company.

### Section Four: Loan

At any time after the Policy acquires a Surrender Value, the Policyholder may avail of a loan under the Policy subject to the following:

- a) At any time, the total loan amount that will be granted by the Company shall not exceed 80% of the Surrender Value;
- b) The Policyholder agrees to pay interest on the outstanding loan. The rate of interest shall be reset on an annual basis at the beginning of every financial year. The loan interest rate is based on yield on 10-years GSEC plus 225 bps.
- c) The outstanding loan amount and unpaid interest on the loan amount shall be deducted from any amount payable under the Policy by the Company;
- d) The Policyholder agrees that the loan is subject to the terms and conditions of the Company as applicable from time to time.

If during the Policy Term, the outstanding loan amount and unpaid interest on loan amount exceeds the Surrender Value, the Company will send a notice to the Policyholder to pay an amount as required by the Company towards loan repayment and/or interest within 30 days from the date of the notice, failing which the Policy shall automatically terminate without any value on the expiry of the notice period.

### Section Five: Nomination

- a) The Policyholder will nominate a Nominee to receive the benefits payable under this Policy. The provisions of nomination are governed by Section 39 of the Insurance Act, 1938.
- b) The Policyholder may change any existing nomination by giving prior written notice to the Company. No change in nomination shall become effective before it is registered in the Company's records and the Company has sent an endorsement confirming the identity of the Nominee.
- c) If the Policyholder dies without making a nomination or all Nominees die before a payment becomes due under the Policy, then all amounts will be payable to the Policyholders' legal heirs or legal representatives, subject to the documentation and information specified by the Company being provided.
- d) If the Nominee is less than 18 years of age on the date of the Life Insured's death, then the Company will pay all amount due to the Appointee, and if there is no Appointee then all amounts will be payable to the legal guardian of the Nominee subject to documentation and information specified by the Company being provided.
- e) In registering a nomination, the Company does not accept any responsibility or express any opinion as to its validity or legality.

### Section Six: Assignment

- a) The provisions of Assignment are governed by Section 38 of Insurance Act, 1938.
- b) The Policyholder may assign the Policy at any time before the Maturity Date as long as the assignment is made in accordance with the Company's policy on assignment (as amended from time to time) and no assignment shall become effective against the Company until the Company has received a written notice of the assignment and a copy of the Policy

Document, and the Company has sent an endorsement confirming that the assignment has been recorded.

- c) In registering an assignment, the Company does not accept any responsibility or express any opinion as to its validity or legality.
- d) So long as the policy is assigned, any Nomination under the policy will be ineffective.

#### **Section Seven: Miscellaneous**

##### **a) Loss of the Policy Document**

- i) If the Policy Document is lost or destroyed then the Company reserves the right to make such investigations into and call for such evidence of the loss of the Policy Document, at the Policyholder's expense, as the Company considers necessary before issuing a duplicate Policy Document.
- ii) If the Company agrees to issue a duplicate Policy Document then:
  - 1. The Policyholder agrees to first pay the Company's fee for the issue of a duplicate, and
  - 2. The original Policy Document will cease to be of any legal effect and the Policyholder shall indemnify and keep the Company indemnified and hold the Company harmless from and against any costs, expenses, claims, awards or judgments arising out of or howsoever connected to the original Policy Document.

##### **b) Notices**

- i) All notices meant for the Company whether under this Policy or otherwise must be in writing and delivered to the Company at the address as mentioned in Part B) Section Seven) h) below.
- ii) All notices meant for the Policyholder will be in writing and will be sent by the Company to the Policyholder's address shown in the Schedule.
- iii) The Company shall not be responsible for any consequences related to or arising out of non intimation of changes to the Policyholder's address.

##### **c) Fraud**

In case of fraud or misrepresentation, the policy shall be cancelled immediately by paying the Surrender Value, if any subject to the fraud or misrepresentation being established by the Company in accordance with Section 45 of the Insurance Act, 1938 as applicable.

##### **d) Currency & Territorial Limits**

All Premium and any amounts payable under the Policy are payable within India and in the currency of the Policy specified in the Schedule.

##### **e) Governing Law & Jurisdiction**

Any and all disputes or differences arising out of or in respect of this Policy shall be governed by and determined in accordance with Indian law and shall be subject to the jurisdiction of Indian Courts.

##### **f) Entire Contract & Agent's Authority**

The Policy Document comprises the entire contract between the Policyholder and the Company, and it cannot be changed or altered unless the Company approves it in writing by endorsement on the Schedule and, where required, the approval of the IRDA has been obtained.

The insurance agent is authorised to arrange the completion and submission of the Policyholder's Application Form. The insurance agent is not authorised to amend the Policy Document, or to accept any notice on the Company's behalf or to accept payments on the Company's behalf. If any money meant for the Company in any form is paid to an insurance agent then such payment is made at the Policyholder's risk and the agent will be acting only as the Policyholder's representative.

##### **g) Section 45 of the Insurance Act, 1938**

No Policy of life insurance effected before the commencement of this Act shall after the expiry of two years from the Date of Commencement of this Act and no policy of life insurance effected after the coming into force of this Act shall, after the expiry of two years from the date on which it was effected be called in question by an insurer on the ground that a statement made in the Proposal / Application for insurance or in any report of a medical officer, or referee, or friend of the insured, or in any other document leading to the issue of the policy, was inaccurate or false, unless the insurer shows that such statement was on a material matter or suppressed facts which it was material to disclose and that it was fraudulently made by the Policyholder and that the Policyholder knew at the time of making it that the statement was false or that it suppressed facts which it was material to disclose:

**Provided** that 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.

##### **h) Grievance Redressal**

- I) In case of any clarification or query please contact your Company Salesperson.
- II) The Company may be contacted at:

Customer Service Help Line: 1800-102-7070 (Toll Free)  
(9.00 am to 7.00 pm from Monday to Saturday)  
Email : [contactus@dhflpramerica.com](mailto:contactus@dhflpramerica.com)  
Website : [www.dhflpramerica.com](http://www.dhflpramerica.com)

Communication Address : Customer Service,  
DHFL Pramerica Life Insurance Company Ltd.,  
4th Floor, Building No. 9 B, Cyber City,  
DLF City Phase III, Gurgaon- 122002  
Office hours: 9.00 am to 6.00 pm from Monday to Friday

- III) Head-Grievance Redressal Officer :  
If the response received from the Company is not satisfactory or no response is received within two weeks(Business Days) of contacting the Company, the matter may be escalated to:

Email- [customerfirst@dhflpramerica.com](mailto:customerfirst@dhflpramerica.com)

Head-Grievance Redressal Officer  
DHFL Pramerica Life Insurance Company Ltd.,  
4th Floor, Building No. 9 B, Cyber City,



DLF City Phase III, Gurgaon– 122002

- IV) IRDA- Grievance Redressal Cell:  
If after contacting the Company, the Policyholders query or concern is not resolved satisfactorily or within timelines the Grievance Redressal Cell of the IRDA may be contacted.

Call Center Toll Free number – 155255  
Email Id- complaints@irda.gov.in

Complaints against Life Insurance Companies:  
Insurance Regulatory and Development Authority  
Consumer Affairs Department  
United India Tower, 9th floor, 3-5-817/818,  
Basheerbagh, Hyderabad – 500 029

- V) Insurance Ombudsman  
The office of the **Insurance Ombudsman** has been established by the Government of India for the redressal of any grievance in respect of life insurance policies.

In case you are not satisfied with the decision/resolution of the Company, you may approach the Insurance Ombudsman if your grievance pertains to:

- I) Insurance claim that has been rejected or dispute of a claim on legal construction of the policy
- II) Delay in settlement of claim
- III) Dispute with regard to Premium
- IV) Non-receipt of your insurance document

The address of the Insurance Ombudsman are attached herewith as Annexure III and may also be obtained from the following link on the internet Link

[http://www.irda.gov.in/ADMINCMS/cms/NormalData\\_Laout.aspx?page=PageNo234&mid=7.2](http://www.irda.gov.in/ADMINCMS/cms/NormalData_Laout.aspx?page=PageNo234&mid=7.2)

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 complainant.

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.

#### i) Taxes

In respect of any payment made or to be made under this Policy, the Company shall deduct or charge taxes (including service tax) and other levies as applicable from time to time, at such rates as notified by the Government of India or a body authorised by the Government of India from time to time.

### Annexure I

**Table of Annual Guaranteed Addition:**

(Rate per 1,000 of Base Sum Assured)

Policy Year	Policy Term		
	10 Years	15 Years	20 Years
1	30	30	30
2	30	30	30
3	30	30	30
4	40	40	40
5	40	40	40
6	40	40	40
7	50	50	50
8	50	50	50
9	50	50	50
10	60	60	60
11	-	60	60
12	-	60	60
13	-	70	70
14	-	70	70
15	-	70	70
16	-	-	80
17	-	-	80
18	-	-	80
19	-	-	90
20	-	-	90

### Annexure II

**Table of Guaranteed Surrender Value:**

(% of Premium Paid)

Policy Year	Policy Term		
	10 Years	15 Years	20 Years
2	30%	30%	30%
3	30%	30%	30%
4	50%	50%	50%
5	55%	50%	50%
6	60%	55%	50%
7	65%	55%	55%
8	70%	60%	55%
9	75%	60%	55%
10	75%	65%	60%
11	-	65%	60%
12	-	70%	60%
13	-	70%	65%
14	-	75%	65%
15	-	75%	65%
16	-	-	70%
17	-	-	70%
18	-	-	70%
19	-	-	75%
20	-	-	75%

**Annexure III - Insurance Ombudsman List**

<b>Office of the Ombudsman</b>	<b>Contact Details</b>	<b>Office of the Ombudsman</b>	<b>Contact Details</b>
<b>Office:</b> <b>AHMEDABAD</b>  <b>Areas of Jurisdiction:</b> Gujarat , UT of Dadra & Nagar Haveli, Daman and Diu	Insurance Ombudsman, Office of the Insurance Ombudsman, 2nd Floor, Ambica House, Nr. C.U. Shah College, Ashram Road, <b>AHMEDABAD-380 014.</b> Tel.:- 079-27546840 Fax : 079-27546142 Email ins.omb@rediffmail.com	<b>Office:</b> <b>GUWAHATI</b>  <b>Areas of Jurisdiction:</b> Assam , Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura	Insurance Ombudsman, Office of the Insurance Ombudsman, "Jeevan Nivesh", 5 <sup>th</sup> Floor, Near Panbazar Overbridge, S.S. Road, <b>GUWAHATI-781 001 (ASSAM).</b> Tel.:- 0361-2132204/5 Fax : 0361-2732937 Email ombudsmanghy@rediffmail.com
<b>Office:</b> <b>BHOPAL</b>  <b>Areas of Jurisdiction:</b> Madhya Pradesh & Chhattisgarh	Insurance Ombudsman, Office of the Insurance Ombudsman, Janak Vihar Complex, 2 <sup>nd</sup> Floor, 6, Malviya Nagar, Opp. Airtel, Near New Market, <b>BHOPAL(M.P.)-462 023.</b> Tel.:- 0755-2569201 Fax : 0755-2769203	<b>Office:</b> <b>HYDERABAD</b>  <b>Areas of Jurisdiction:</b> Andhra Pradesh, Karnataka and UT of Yanam – a part of the UT of Pondicherry	Insurance Ombudsman, Office of the Insurance Ombudsman, 6-2-46, 1 <sup>st</sup> Floor, Moin Court, A.C. Guards, Lakdi-Ka-Pool, <b>HYDERABAD-500 004.</b> Tel : 040-65504123 Fax: 040-23376599 Email insombudhyd@gmail.com
<b>Office:</b> <b>BHUBANESHWAR</b>  <b>Areas of Jurisdiction:</b> Orissa	Insurance Ombudsman, Office of the Insurance Ombudsman, 62, Forest Park, <b>BHUBANESHWAR-751 009.</b> Tel.:- 0674-2596455 Fax : 0674-2596429 Email ioobbsr@dataone.in	<b>Office:</b> <b>KOCHI</b>  <b>Areas of Jurisdiction:</b> Kerala , UT of (a) Lakshadweep , (b) Mahe – a part of UT of Pondicherry	Insurance Ombudsman, Office of the Insurance Ombudsman, 2nd Floor, CC 27/2603, Pulinat Bldg., Opp. Cochin Shipyard, M.G. Road, <b>ERNAKULAM-682 015.</b> Tel : 0484-2358759 Fax : 0484-2359336 Email iokochi@asianetindia.com
<b>Office:</b> <b>CHANDIGARH</b>  <b>Areas of Jurisdiction:</b> Punjab , Haryana, Himachal Pradesh, Jammu & Kashmir , UT of Chandigarh	Insurance Ombudsman, Office of the Insurance Ombudsman, S.C.O. No.101-103, 2nd Floor, Batra Building. Sector 17-D, <b>CHANDIGARH-160 017.</b> Tel.:- 0172-2706468 Fax : 0172-2708274 Email ombchd@yahoo.co.in	<b>Office:</b> <b>KOLKATA</b>  <b>Areas of Jurisdiction:</b> West Bengal , Bihar , Jharkhand and UT of Andaman & Nicobar Islands , Sikkim	Insurance Ombudsman, Office of the Insurance Ombudsman, 4th Floor, Hindusthan Bldg. Annexe, 4, C.R.Avenue, <b>Kolkatta – 700 072.</b>  Tel: 033 22124346/(40) Fax: 033 22124341 Email:iombsbpa@bsnl.in
<b>Office:</b> <b>CHENNAI</b>  <b>Areas of Jurisdiction:</b> Tamil Nadu, UT– Pondicherry Town and Karaikal (which are part of UT of Pondicherry)	Insurance Ombudsman, Office of the Insurance Ombudsman, Fathima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, <b>CHENNAI-600 018.</b> Tel.:- 044-24333668 /5284 Fax : 044-24333664 Email chennaiinsuranceombudsman@gmail. com	<b>Office:</b> <b>LUCKNOW</b>  <b>Areas of Jurisdiction:</b> Uttar Pradesh and Uttaranchal	Insurance Ombudsman, Office of the Insurance Ombudsman, Jeevan Bhawan, Phase-2, 6 <sup>th</sup> Floor, Nawal Kishore Road, Hazaratganj, <b>LUCKNOW-226 001.</b> Tel : 0522 -2231331 Fax : 0522-2231310 Email insombudsman@rediffmail.com
<b>Office:</b> <b>NEW DELHI</b>  <b>Areas of Jurisdiction:</b> Delhi & Rajasthan	Insurance Ombudsman, Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Bldg., Asaf Ali Road, <b>NEW DELHI-110 002.</b> Tel.:- 011-23239633 Fax : 011-23230858 Email iobdelraj@rediffmail.com	<b>Office:</b> <b>MUMBAI</b>  <b>Areas of Jurisdiction:</b> Maharashtra , Goa	Insurance Ombudsman, Office of the Insurance Ombudsman, S.V. Road, Santacruz(W), <b>MUMBAI-400 054.</b> Tel : 022-26106928 Fax : 022-26106052 Email ombudsmanmumbai@gmail.com