



**ASSURED COVER.
FOR THE MOST VALUABLE ASSETS.**

Terminsurance[®]
IDBI Federal Terminsurance Group Protection Insurance Plan

 **IDBI FEDERAL**
In association with Ageas
IDBI Federal Life Insurance Co Ltd

IDBI Federal Terminsurance Group Protection Insurance Plan - A one year renewable group term insurance plan

Your employees are the driving force behind the success of your organization. Appreciate and encourage their invaluable contribution by gifting them an insurance cover. With IDBI Federal Termsurance Group Protection Insurance Plan hereinafter also referred to as Termsurance Group you can ensure that every employee's family remains financially secure even in the unfortunate absence of their bread earner. Plus, you can also opt for additional protection with Termsurance Group plan's comprehensive protection features for Accidental Death, Critical Illness and Terminal Illness. All this comes to you at economical rates. This means that you will not have to incur high cost to provide these benefits.

So go ahead, nurture other business relationships – your employees, customers, suppliers, etc. by rewarding them with extensive financial security in an uncertain world.



Introducing

IDBI Federal Termsurance Group Protection Insurance Plan

IDBI Federal Termsurance Group Insurance Plan is a pure term plan formulated for defined groups like employer – employees, bank – depositors, suppliers, professionals or similar other affinity groups with common economic interests. The plan provides life insurance benefit to the members of a group with a single policy document issued to the policyholder who is the representative of that group. For example, in case of an employer – employee group, the employer will be the master policyholder and the employees will be the members of the policy.

Termsurance Group also offers the advantage of optional, add-on benefits for Accidental Death, Critical Illness and Terminal Illness. Hence, it sums up as an expansive financial protection to counter not just death but also other fatal probabilities in the life of the insured members.

The win – win format of this plan extends advantages to both the master policyholder as well as the members of the group:



Eligibility Criteria

Parameters	Minimum	Maximum
Entry age of insured member	<ul style="list-style-type: none"> - Death, Terminal illness and Accidental death benefit (Employer employee groups): 18 years - Death, Terminal illness and Accidental death benefit (Non-employer-employee groups): 15 years - Critical Illness Benefit: 18 years 	<ul style="list-style-type: none"> - Death Benefit: 79 years - Critical Illness Benefit: 65 years (age last birthday) - Terminal Illness Benefit, Accidental Death Benefit: 69 years
Cover ceasing age of insured member)	<ul style="list-style-type: none"> - Death, Terminal illness and Accidental death benefit employer employee groups: 19 years - Death, Terminal illness and Accidental death benefit Non-employer-employee groups: 16 years - Critical Illness Benefit: 19 years 	<ul style="list-style-type: none"> - Death Benefit: 80 years (age last birthday) - Critical Illness Benefit: 66 years (age last birthday) - Terminal Illness Benefit, Accidental Death Benefit: 70 years
Death Sum Assured	₹5,000 per member	No limit *
Accidental Sum Assured	₹5,000 per member	Lower of Death Sum assured or ₹1,00,00,000
Terminal Illness Sum Assured	₹5,000 per member	No limit *
Critical Illness Sum Assured	₹5,000 per member	Lower of Death Sum assured or ₹50,00,000
Size of group	Employer employee - 25 members Non employer employee and Social Sector Schemes - 50 members	No limit
Policy Term	Terminsurance is a yearly renewable group term insurance plan. The master policy is renewed at the annual renewal date provided all due premiums are regularly received.	

*Subject to underwriting approval
All ages are as on last birthday



If you are an Employer – Employee Group

Advantages to the Employer:

- ◆ Helps you attract and retain your most important asset, your employees.
- ◆ Premiums are tax deductible as business expense under section 37 of the Income Tax Act, 1961.
- ◆ The plan is economical and easy to administer

Advantages to the Employee:

- ◆ In the unfortunate event of death of the employee, the death sum assured is paid to his/her beneficiary.
- ◆ Death benefit is exempt from income tax* in the hands of the beneficiaries.
- ◆ No medical examination is required up to a certain coverage limit.



If you are a Non Employer – Employee Group

Term Insurance Group Plan can be used to match the needs and benefit a wide variety of groups defined on relationship basis such as customer – supplier, bank – depositors, professionals etc.

Here, as an example, we have presented the advantages for a bank – depositor relationship:

Advantages to the Policyholder:

- ◆ A deposit account bundled with a life cover will definitely attract new customers and also increase customer loyalty for the bank
- ◆ This will give the bank a competitive edge and help establish a 'we care' identity in the market.
- ◆ The plan is economical and simple to administer

Advantages to the Member:

- ◆ Hassle free issuance by answering simple health related questions.
- ◆ In the unfortunate event of death of the insured member, the death sum assured is paid to his/her

beneficiary.

- ◆ If the plan is voluntary, account holders can claim tax benefits* on the premiums paid by them.
- ◆ Life cover is available for joint account holders and for age groups starting 15 years onwards.

Tax benefit*



If premium is paid by the insured member, then he/she can claim tax benefit under section 80C of the Income Tax Act, 1961. Benefits received are exempt from income tax in the hand of the beneficiaries under section 10(10D) of the Income Tax Act, 1961.

Where premium is paid by the group master policyholder, tax benefit can be availed under section 37 of the Income Tax Act, 1961.

Tax benefits are subject to change in tax laws. You are advised to consult your tax advisor for details.

Benefits available under Termsurance Group Plan



Death Benefit



In the event of death of an insured member while being the member of the group and during the period of cover, Death Sum Assured for that member is payable, provided the premiums are paid to date. Premium payable (exclusive of service tax) for the scheme shall be determined basis Death Sum Assured for each member.

Critical Illness Sum Assured and Terminal Illness Sum Assured are accelerated benefits. Critical Illness Sum Assured, if any, shall be less than or equal to Death Sum Assured. If Critical Illness Sum Assured is less than Death Sum Assured and if already paid will be deducted from the Death Sum Assured. If Critical Illness Sum Assured is equal to Death Sum Assured and if already paid then cover for this member shall terminate. Terminal Illness Sum Assured, if any, shall be equal to Death Sum Assured and cover for this member shall terminate post its payment.

On payment of death sum assured, the cover for deceased member will terminate and all rights, benefits and interests under the policy for deceased member will stand extinguished.

Optional Benefits

The following three inbuilt options are available under the product. The master policyholder can opt for any one or more of these options at inception as well as on renewal by payment of additional premium for each

option opted. The quantum of benefit for each member is determined by the master policyholder at inception or on renewal. Premium for each option shall be based on the benefit amount for that option for each member.

The master policyholder can opt for any of the following combinations of the options for the scheme:

1. Death sum assured + Accidental Death Benefit
2. Death sum assured + Terminal Illness Benefit
3. Death sum assured + Critical Illness Benefit
4. Death sum assured + Accidental Death Benefit + Terminal Illness Benefit
5. Death sum assured + Accidental Death Benefit + Critical Illness Benefit

Accidental Death benefit



If the accidental death benefit option is chosen by the master policyholder at the outset or on renewal, then, in the event of accidental death of the insured member, the accidental death sum assured is paid out to the beneficiary. This is in addition to the death sum assured. Accidental death sum assured will be less than or equal to the death sum assured, subject to a maximum of ₹1,00,00,000.

On payment of this benefit, the cover for deceased member will terminate and all rights, benefits and interests under the policy for deceased member will stand extinguished.

Benefits available under Termsurance Group Plan (contd...)

The benefit is payable in the event of death by an accident within 180 days of occurrence of accident. In case where death happens beyond one year term of the policy, but within 180 days of occurrence of accident, claim shall be payable, provided the accident happened during the coverage period.

Accidental is defined as follows:

“Accident” is a sudden, unforeseen and involuntary event caused by external, visible and violent means.

“Accidental Death” shall mean death:

- a. Which is caused by bodily injury resulting from an Accident as defined above, and
- b. Which occurs due to the said Bodily injury solely, directly and independently of any other causes, and
- c. Which occurs within 180 days of the occurrence of such Accident. The Accident should occur before the expiry of the cover.

“Bodily Injury” means injury must be evidenced by external signs such as contusion, bruise and wound except in cases of drowning and internal injury.

If the policy is in force, and satisfactory proof is submitted that prior to the attainment of age 70, the life assured had an Accidental Death subject to the exclusions below, an additional amount equal to the Accidental Death Sum Assured shall be paid.

Accidental Death Benefit will cease to have effect and the additional premium will cease to become payable if:

- a) The Life Assured attains age 70.
- b) The Policy is lapsed.
- c) The life assured ceases to be a member of the Group for which Insurance is granted.

Terminal Illness Benefit (TI)



Terminal illness sum assured will be as opted by the master policyholder at the outset or on renewal and will be equal to Death Sum Assured.

Terminal illness benefit is an accelerated benefit payable on diagnosis by specialised independent medical practitioners that the insured member is terminally ill and expected to live for not more than six months.

On payment of terminal illness sum assured, cover for death will terminate and all rights, benefits and interests under the policy for deceased member will stand extinguished.

Critical Illness Benefit (CI)



If the Critical illness benefit is chosen by the master policyholder at the outset or on renewal, and the insured member is diagnosed with any of the 12 specified critical illnesses listed below, then the Critical illness sum assured will be paid and critical illness benefit will be terminated, subsequent critical illnesses will not be

Benefits available under Termsurance Group Plan (contd...)

covered. Consequently the member's death benefit under the policy will reduce to the extent of the benefit paid out.

On payment of a CI claim, if CI Benefit Sum Assured is equal to the Death Sum Assured, the member's cover will terminate and all rights, benefits and interests under the policy for that member will stand extinguished.

If CI Sum Assured is less than the Death Sum Assured, Death Sum Assured will continue as reduced by the CI Sum Assured and future due premiums, for non-annual mode, shall continue as is. Full cover for Accidental Death Benefit, if any, will continue till the end of the cover term. At the subsequent renewal of the policy, the member on which CI claim has been paid shall not be covered for CI Sum Assured and the cover for Death Sum Assured as reduced by CI Sum Assured shall be given subject to Underwriting. CI Sum Assured will be less than or equal to Death Sum Assured, subject to a maximum of ₹50,00,000.

The 12 critical illnesses covered under this product are as follows:

1. First Heart Attack – Of Specified Severity:

The first occurrence of myocardial infarction which means the death of a portion of the heart and 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:

i. A history of typical clinical symptoms consistent with

the diagnosis of Acute Myocardial Infarction (for e.g. typical chest pain)

- ii. New characteristic electrocardiogram changes
- iii. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

The following are excluded:

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

2. 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:

- i. 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.

Benefits available under Termsurance Group Plan (contd...)

- ii. Any skin cancer other than invasive malignant melanoma
- iii. All tumours of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0.....
- iv. Papillary micro - carcinoma of the thyroid less than 1 cm in diameter
- v. Chronic lymphocytic leukaemia less than RAI stage 3
- vi. Microcarcinoma of the bladder
- vii. All tumours in the presence of HIV infection

3. 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:

- i. Transient ischemic attacks (TIA)
- ii. Traumatic injury of the brain

- iii. Vascular disease affecting only the eye or optic nerve or vestibular functions.

4. Open Chest CAGB (Coronary Artery Bypass Grafting)

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:

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

5. 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.

6. Major Organ/Bone Marrow Transplant:

The actual undergoing of a transplant of:

- i. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or

Benefits available under Termsurance Group Plan (contd...)

- ii. 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:

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

7. 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.

8. Loss Of Limbs:

Permanent and complete severance of two limbs at or above the wrist or ankle due to injury or disease.

9. AORTA Surgery:

Undergoing of a laporotomy or thoracotomy to repair or correct an aneurysm, narrowing, obstruction or dissection of the aortic artery. For this definition, aorta means the thoracic and abdominal aorta but not its branches. Surgery performed using only minimally invasive or intra-arterial techniques such as percutaneous endovascular aneurysm repair are excluded

10. Major Burns:

There must be third-degree burns with scarring that cover at least 20% of the body's surface area. A certified physician must confirm the diagnosis and the total area involved using standardized, clinically accepted, body surface area charts.

11. Open Heart Replacement Or Repair Of Heart Valves:

The actual undergoing of open-heart valve surgery is to replace or repair one or more heartvalves, as a consequence of defects in, abnormalities of, or disease-affected cardiac valve(s). The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of surgery has to be confirmed by a specialist medical practitioner. Catheter based techniques including but not limited to, balloon valvotomy/valvuloplasty are excluded.

12. End Stage Liver Disease:

Permanent and irreversible failure of liver function that has resulted in all three of the following:

- i. Permanent jaundice; and
- ii. Ascites; and
- iii. Hepatic encephalopathy.

Liver failure secondary to drug or alcohol abuse is excluded.

Benefits available under Termsurance Group Plan (contd...)

Specialist Independent Medical practitioner

A Specialist Independent 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 licence.

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 prior to the policy issued or reinstated by the insurer.

No claim shall be repudiated after 4 consecutive years of benefit coverage from policy inception or reinstatement on account of pre-existing diseases disclosed or discovered through medical examination at underwriting/revival.

Maturity Benefit



There is no maturity benefit under this plan.

Other features of Termsurance Group Plan



Premium Details



Premium payment:

- ◆ The master policyholder of the group, is responsible for paying all member premiums. However, if the plan is voluntary, members can also contribute their own premium. However, the master policyholder is responsible for collecting and remitting all contributions to the insurer. All premiums have to be routed only through the master policyholder.
- ◆ The insured member's cover continues on timely payment of due renewal premiums for the cover term as specified in the rules of the plan.
- ◆ Premium rates are not guaranteed and may be adjusted at any anniversary of the policy commencement date for existing members

Premium payment frequency:

- ◆ The entire year's premium can be paid in advance at the inception of the policy or on the policy annual renewal date, as applicable.
- ◆ Else you can also opt for half yearly/quarterly or monthly modes of premium payment. In this case, the premium amount can be ascertained by multiplying the annual premium with the frequency factor tabled below for reference:

Premium frequency	Monthly	Quarterly	Half-Yearly
Modal factor	0.09	0.26	0.51

New entrants and exits:

- ◆ For new members to be included in an existing Termsurance Group plan, the group master policyholder will have to furnish necessary details of all such new entrants.
- ◆ The premium in respect of these new members shall be calculated by the group master policyholder for the remaining tenure of the policy on pro-rata basis.
- ◆ The group master policyholder needs to pay premiums as and when due in respect of existing members; and as applicable for new members at the time we accept them into the plan.
- ◆ The master policyholder will get a premium refund for the unexpired period of risk of the exited member.

Large scheme discounts



For Premium greater than ₹10,00,000, there is a discount on premium of 3%.

Grace Period



You get a grace period of 30 days (15 days in case monthly mode of premium payment is opted) to pay the premiums due towards your Termsurance Group policy.

Other features of Termsurance Group Plan (contd...)

This grace period is effective from the due date of the last unpaid premium. The cover remains in force, complete with all benefits, during the grace period. However, for non annual modes of premium payment, if the due premium is not paid within this period, the policy will lapse. No benefits are payable, if claims arises, unless cover is revived. If any death claim arises during the grace period, it is paid out after deduction of the due premium.

In case we do not receive the due premiums within the grace period, the cover will lapse. In such a case no benefits are payable, if claims arises, unless cover is revived. If the premium is paid by the Insured Member but the same is not remitted by the master policyholder to us within the grace period then the insured member will be covered subject to producing a premium receipt issued by master policyholder and a valid proof of payment.

In case of valid claim during the grace period, the benefit, as applicable, will be paid after deducting the unpaid premium.

Lapse



If any due premium is not received within the grace period, the policy lapses and no benefits are payable for a lapsed policy.

Reinstatement/Revival



A lapsed Termsurance group policy can be revived within 3 months from the date of lapse, subject to it being

within the policy term of one year i.e. not later than the annual renewal date of the policy. The company will reinstate cover on payment of all premiums due, subject to satisfactory evidence of the members' health as per Board approved underwriting policy.

Surrender value



Termsurance Group plan has no surrender value.

Loan Facility



There is no loan facility available under Termsurance Group plan.

Assignment



Assignment and transfer will not be allowed under this plan.

Nomination of beneficiary



Nomination shall be as per Section 39 of the Insurance Act, 1938, as amended from time to time

Other features of Termsurance Group Plan (contd...)

Termination of cover



Termination of a member's cover: A member's cover will be terminated if:

- ◆ A due premium remains unpaid till the end of the grace period; (unless the plan is revived)
- ◆ The insured member's cover term ends; or
- ◆ The anniversary of a member's commencement date which follows that member's maximum maturity age for respective benefits
- ◆ Exit of member from the scheme for reasons other than covered events as per scheme rules. In this case, premium would be refunded for that member for the unexpired period of cover, if any.

Termination by master policyholder: The master policyholder can choose to terminate the policy at any time with a written intimation to the company. In this event, no new members and no renewal premiums in respect of existing members will be accepted. Also, there will be no refund of the premiums paid.

The treatment for existing members shall be as below:

Annual mode of premium payment:

Existing members shall be covered for the outstanding term of the policy i.e. till the renewal date.

Non-annual mode of premium payment:

Existing members shall be covered till the next premium falls due or end of the policy term, whichever is earlier.

Free look period



Termsurance Group comes with a free look period of 15 days from the date of receipt of the policy document. If before the end of that time, the master policyholder does not wish to continue the policy, a written request to cancel the policy may be forwarded to the company. In this case the premiums paid will be refunded, subject only to a deduction of a proportionate risk premium for the cover period and the expenses incurred by IDBI Federal on medical examination and stamp duty charges.



Terms and Conditions

Exclusions:

Exclusions for Accidental Death Benefit



Accidental Death sum assured shall not be paid on death of the insured member occurring directly or indirectly as a result of:

1. Intentional self – inflicted injury, suicide or attempted suicide, while sane or insane.
2. The insured person being under the influence of drugs, alcohol, narcotics or psychotropic substances unless taken in accordance with the lawful directions and prescriptions of a registered medical practitioner.
3. Participation by the insured person in any flying activity, except as a bona fide, fare paying passenger of a recognized airline on regular routes and on a scheduled time table.
4. Participation by the insured person in a criminal or unlawful act with criminal intent.
5. 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.
6. 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.

7. Engaging in or taking part in any hazardous* activities, including but not limited to, diving or riding or any kind of race; underwater activities involving the use of breathing apparatus or not; martial arts; hunting; mountaineering; parachuting; bungee-jumping.

*Hazardous Activities mean any sport or pursuit or hobby, which is potentially dangerous to the Insured Member whether he is trained or not.

Exclusions for Terminal Illness Benefit



The Terminal Illness sum assured shall not be paid in the event of any claim occurring directly or indirectly as a result of any of the following:

1. Intentional self-inflicted injury, suicide or attempted suicide, while sane or insane;
2. 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);
3. For any medical conditions suffered by the life assured or any medical procedure undergone by the

Terms and Conditions (contd...)

life assured, if that medical condition or that medical procedure was caused directly or indirectly by influence of drugs, alcohol, narcotics or psychotropic substances unless taken in accordance with the lawful directions and prescriptions of a registered medical practitioner

4. 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.
5. Participation by the insured person in a criminal or unlawful act with criminal intent.
6. 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.
7. 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.

8. 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.

These exclusions relate only to payments under the TI Sum Assured. Should the insured member subsequently die while cover is in-force, then the Death Sum Assured will be paid.

Exclusions for Critical Illness Benefit



The Critical Illness sum assured shall not be paid in the event of any claim occurring directly or indirectly as a result of any of the following:

1. If the diagnosis of such Critical Illness was made within 90 days of the start of coverage (i.e. during the waiting period). This would not be applicable on consecutive renewal of the Critical Illness cover for the member with the company.
2. If the insured dies within 30 days of the diagnosis of the covered CI only the death sum assured will be paid. No additional benefit will be payable under CI benefit.
3. Intentional self-inflicted injury, suicide or attempted suicide, while sane or insane;

Terms and Conditions (contd...)

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 Acquired Immunodeficiency Syndrome (AIDS), AIDS related complex or infection by Human Immunodeficiency Virus (HIV);
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 any congenital anomaly or defect;
6. 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 influence of drugs, alcohol, narcotics or psychotropic substances unless taken in accordance with the lawful directions and prescriptions of a registered medical practitioner
7. 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;
8. Participation by the insured person in a criminal or unlawful act with criminal intent.
9. 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.
10. 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.
11. 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.

These exclusions relate only to payments under Critical illness. Should the insured member die while cover is in-force, then the Death Sum Assured will be paid.

*Hazardous Activities mean any sport or pursuit or hobby, which is potentially dangerous to the Insured Member whether he is trained or not.



Statutory Information

Prohibition of rebate under section 41 of the Insurance act 1938, as amended from time to time



The Insurance Act, 1938, prohibits an agent or any other person from passing any portion of his commission to the customer whether as incentive or rebate of the premium. Section 41 of the Act states:

- 1) No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out 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 prospectuses or tables of the Insurer.
- 2) 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.

Policy Document



This brochure gives only the salient features of the IDBI Federal Termsurance Group Protection Insurance Plan. It uses easy-to-understand language to explain the features. Your plan is governed only by the full legal terms, conditions and exclusions as contained in the policy document.

IDBI Federal Termsurance Group Insurance Plan is non-linked, non-participating group term plan with no benefits other than those indicated in this sales brochure.

Tax Benefits are as per the Income Tax Act, 1961 and are subject to changes in the tax laws from time to time. IDBI Federal Life Insurance Company Ltd. does not assume responsibility on tax implication mentioned anywhere in this advertisement. Please consult your own tax consultant to know the tax benefits available to you

'IDBI Federal Life Insurance Company Limited' is the name of the insurance company and 'IDBI Federal Termsurance Group Insurance Plan' is the name of this plan. Neither the name of the insurance company nor the name of the plan in anyway indicates the quality of the plan, its future prospects or returns. Substandard lives will be charged extra premium.

This product is underwritten by IDBI Federal Life Insurance Company Limited (IRDAI Regn. No 135; Corporate Identity Number (CIN) – U66010MH2007PLC167164) having its registered office at: 22nd Floor, A Wing, Marathon Futurex, N. M. Joshi Marg, Lower Parel (East), Mumbai 400013. Tel: 022 2490 8109 Fax: 022 2494 1016. www.idbifederal.com

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IRDA of India clarifies to public that

- IRDA of India or its officials do not involve in activities like sale of any kind of insurance or financial products nor invest premiums.
- IRDA of India does not announce any bonus. Public receiving such phone calls are requested to lodge a police complaint along with details of phone call, number.



How to contact us

You can reach us in the following convenient ways:



Branches

Visit or call any branch of IDBI Bank, Federal Bank or IDBI Federal Life Insurance Co Ltd. For the list of branches, please visit www.idbifederal.com



SMS

SMS 'TERM' to 5757515 and receive a call from us.



Phone

Call our nationwide toll free number 1800 209 0502 from Monday to Saturday at any time between 8 am to 8 pm.



Write

Write to customer service desk:
IDBI Federal Life Insurance Co Ltd,
22nd Floor,
A Wing, Marathon Futurex,
N. M. Joshi Marg, Lower Parel (E),
Mumbai 400013. India.



Website

Visit our website www.idbifederal.com



Email

Email us at: support@idbifederal.com