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

IDBI Federal Termsurance Group Protection Insurance Plan (UIN 135N043V01)

PART B

DEFINITIONS

Insert if accidental death benefit option has been chosen

"Accident"

A sudden, unforeseen and involuntary event caused by external, visible and violent means

"**Accidental death"**

Shall mean

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 provided the Accident occurs during the coverage period.

"**Bodily Injury"**

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

"**Accidental death benefit**"

It means the sum assured for accidental death benefit shown in the member schedule. >

Subject to the conditions set out below if, whilst the policy is in force, proof satisfactory to the Company is submitted that prior to the attainment of age 70 any life assured shall sustain any bodily injury resulting solely and directly through external violent and accidental means and such injury shall within 180 days of its occurrence result in the death of the member the Company will pay an additional amount equal to the sum assured under the Accidental Death Benefit.

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.

Accidental Death Benefit sum assured will be less than or equal to Death Sum Assured, as opted by the master policyholder at the outset or on renewal, subject to a maximum of Rs. 1,00,00,000.

Insert if master policyholder is non employer employee

<"Certificate of Insurance"

It means the document certifying the coverage of the insured member under the terms, conditions and parameters as mentioned therein.>

"Critical Illness benefit"

It means the Critical illness benefit that is shown in the member schedule which is payable in the event of occurrence of any of the 12 specified critical illness conditions defined under Critical Illness benefit section 3.3 of Part C

Critical illness benefit sum assured is an accelerated benefit and will be less than or equal to Death Sum Assured, as opted by the master policyholder at the outset or on renewal, subject to a maximum of Rs. 50,00,000.

"Cover"

It means the insurance cover provided to the insured members under a master policy.

"Cover commencement date"
It means the date of commencement of cover for the insured member

"Cover term"
It means the duration of cover for each insured member as chosen at the time of joining the scheme as shown in the certificate of insurance or master policyholder schedule.

"Death Benefit"
It means the sum assured for the death benefit shown in the member schedule.

"Insured member"
It means the eligible member of the group who is enrolled under the master policy.

"Master policy"
It means the document containing the terms, conditions and parameters issued to the master policyholder.

"Master policyholder"
It means the holder of the master policy, as shown in the policy schedule.

"Premium"
It means the premium due and payable under the master policy for cover provided to the insured members.

"Policy Commencement Date"
It means the commencement date of the master policy.

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

"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.

"Terminal Illness benefit"
It means the Terminal Illness benefit shown in the member schedule which payable on diagnosis by specialized independent medical practitioners that the insured member is terminally ill and expected to live for not more than six months.
Terminal illness benefit sum assured is an accelerated benefit and will be equal to Death Sum Assured as opted by the master policyholder at the outset or on renewal.

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

"You/Your"
These refer to the master policyholder named in the schedule or his/her legal personal representative

PART C

POLICY BENEFITS

IDBI Federal Termsurance Group Protection Insurance Plan

The policy benefit section is part C of your policy document. It includes detailed description of the following:

1. Premium
2. Death benefit
3. Optional benefits
4. Maturity benefit

1. Premium:

The premium rates per thousand Sum Assured for death benefit, terminal illness benefit, accidental death benefit and critical illness benefit are shown in the schedule and the premium for a member is equal to the applicable premium rate multiplied by the sum assured divided by 1,000.

<insert for common annual review

We will calculate the total premium due under this master policy on the policy commencement date and on each premium renewal date as the sum of the premiums for all insured members of the group as on the date of calculation. On payment of this total premium when due, whether it is due annually, half yearly, quarterly or monthly, we will hold all insured members covered for their full benefits adjusted for fluctuations in the membership over the year.

At each anniversary of the policy commencement date we will calculate an adjustment premium to allow for the actual changes in membership and sums assured which may have occurred during the policy year. The adjustment premium may be a debit amount, in which case it is payable by the master policyholder immediately on receipt of our premium notice, or a credit amount, in which case we will offset it against future premiums becoming due, or in case the policy has terminated, we will refund the adjustment amount to the master policyholder.

In case of new members becoming eligible for the plan, the premium for these new members will be calculated by the master policyholder on pro-rata basis for the balance term till policy annual renewal date.

We reserve the right to calculate the adjustment premium at any time if the number of insured members in the group increases by more than 10% of the number of insured members at the previous policy anniversary.>

<insert for continuous review

Premiums are payable continuously from the cover commencement date for new members and as renewal premiums fall due in respect of existing insured members.>

The master policyholder is responsible for collecting and paying all premiums to us by the premium renewal dates and we will not accept premiums directly from insured members. 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 policy holder and a valid proof of payment.In case of Non employer employee groups where the premium is being contributed by insured members a separate Certificate of Insurance will be issued for each member. For all other groups we will inform the master policy holder about additions and deletions and cover details through the schedule

2. 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 for the scheme shall be determined basis Death Sum Assured for each member.

Critical Illness and Terminal Illness 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 benefit, the cover for deceased member will terminate and all rights, benefits and interests under the policy for deceased member will stand extinguished.

3. Optional Benefits

The following three 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 options will be available to the class of lives and subject to the maximum cover for each such class as specified in the board approved underwriting policy. The quantum of benefit for each member is determined by the master policyholder at inception and premium for each option shall be based on the benefit amount for that option for each member.

3.1. Accidental Death Benefit:

In the event of death of the member by accident while being the member of the group and during the period of cover and if accidental death benefit is chosen additional benefit is payable, provided the premiums are paid to date. Accidental Death Benefit sum assured will be as opted by the master policyholder at the outset or on renewal but will be less than or equal to Death Sum Assured, subject to a maximum of Rs. 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.
It is an additional benefit payable in addition to Death Sum Assured 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 death benefit is defined as mentioned in Definitions.

Exclusions for accidental death benefit

The benefit shall not be paid on death of the insured person 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. 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. 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
4. 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
5. Participation by the insured person in a criminal or unlawful act with criminal intent.

6. 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..
7. 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.

3.2. Terminal Illness Benefit:

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

On payment of terminal illness sum assured, cover for basic death will terminate and all rights, benefits and interests under the policy for deceased member will stand extinguished.
During the period from reporting of Terminal illness claim to its settlement or non-admission premium that fall due will not be collected in respect of that member. The cover for Death Sum Assured and Accidental Death Sum Assured, if any, shall be in force and in case of a claim on these benefits, the amount shall be paid post deduction of premiums falling due before death.
In case of admission of terminal illness claim and if member survives during the period of reporting of claim to settlement of claim, terminal illness Sum Assured shall be payable and premiums falling due during this period will not be deducted.
In case of non-admission of a terminal illness claim, and if the member survives, the policy shall continue with all benefits as in force policy, provided premiums that fall due are paid within a period of 15 days of receipt of our communication of non-admission. We will continue the cover till the end of this 15 days period.

Exclusion of Terminal Illness benefit:

The benefit 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
3. For any medical conditions suffered by the life assured or any medical procedure undergone by the life assured, if that medical condition or that medical procedure was caused directly or indirectly by 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 benefit. Should the insured member subsequently die while cover is in-force, then the death benefit will be paid.

3.3. Critical Illness Benefit:

Critical illness benefit is chosen by the master policyholder at the outset or on renewal. If 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 covered. Consequently the member's death sum assured under the policy will reduce to the extent of the benefit paid out.

If Critical Illness 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 Critical Illness Sum Assured is less than the Death Sum Assured, Death Sum Assured will continue as reduced by the Critical Illness 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 Critical Illness claim has been paid shall not be covered for Critical Illness Sum Assured and the cover for Death Sum Assured as reduced by Critical Illness Sum Assured shall be given subject to Underwriting
During the period from reporting of Critical Illness claim to its settlement or non-admission, premium that fall due shall not be collected. The cover for Death Sum Assured and Accidental Death Sum Assured, if any, shall be in force and shall be paid post deduction of any unpaid premium.

In case of admission of a Critical Illness claim and if a member survives during the reporting of claim to settlement of claim, Critical Illness Sum Assured shall be payable and premiums falling due during this period of reporting of claim to settlement of claim shall not be deducted.

In case of non-admission of a Critical Illness claim, and if the member survives, the policy shall continue with all benefits as in force policy, provided premiums that fall due are paid within a period of 15 days of receipt of our communication of non-admission. We will continue the cover till the end of this 15 days period.

Critical Illness Sum Assured will be less than or equal to Death Sum Assured, subject to a maximum of Rs. 50, 00,000.

Definitions of Critical Illnesses covered:

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.
ii. Any skin cancer other than invasive malignant melanoma
iii. All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0.....
iv. Papillary micro - carcinoma of the thyroid less than 1 cm in diameter
v. Chronic lymphocyctic 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
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.

Exclusions of Critical Illness Benefit:
The benefit 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 Critical Illness only the death sum assured will be paid. No additional benefit will be payable under Critical Illness benefit.

3. Intentional self-inflicted injury, suicide or attempted suicide, while sane or insane;
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;
   *Hazardous Activities mean any sport or pursuit or hobby, which is potentially dangerous to the Insured Member whether he is trained 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.

    The benefit shall not be offered to those who disclose or otherwise known to be suffering, through medical examination at underwriting, from any of exclusions above. These exclusions relate only to payments under the Critical Illness benefit, should the insured member die while cover is in-force, then the death benefit will be paid.

4. Maturity benefit:

There is no maturity benefit payable under the master policy.

PART D

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

a. Surrender value
b. Termination of cover
c. Revival
d. Grace period

POLICY TERMS AND CONDITIONS

a. Surrender value:

There is no surrender value under this policy

In case of surrender of the group policy, an option shall be given to the individual members of the group, on such surrender, to continue the cover and we shall continue to be responsible to serve such members till their coverage is terminated.

b. Termination of cover:

Termination of a member's cover

We will terminate the cover for any insured member on the earliest of following dates:

- a due premium remains unpaid till the end of the grace period;
- 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 may terminate this policy at any time by giving us written notice. In this event we will not accept any new members and we will not accept renewal premiums in respect of existing insured members. We will not refund any premium or pay any surrender value. 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.

c. Revival:

A lapsed policy can be revived within 3 months from the date of lapse, subject to it being within the cover term of one year i.e. not later than the annual renewal date of the policy. Before the end of the revival period, the cover can be revived on payment of all due premiums, subject to satisfactory evidence of health if required as per Board approved underwriting policy.

d. 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 policy. 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, if the due premium is not paid within this period, the policy will lapse. If any death claim arises during the grace period, it is paid out after deduction of the due premium.

PART E

This section is not applicable as this is not a unit linked plan

PART F

GENERAL TERMS AND CONDITIONS

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

1. **Suicide claim provision**

   Suicide clause is not applicable for this policy.

2. **Claim requirements:**

   We have requirements to establish the validity of any claim under this policy before we can make any benefit payment. We will ask for:

   a) proof of death in the case of a death claim,

   b) a claim discharge duly signed by the party to whom the benefits are payable, and

   c) any further documentation or information we may need before we can process the claim

   Insert if non employer-employee group

   d) the original certificate of insurance for non employer employee cases

   Insert if accidental death benefit applies

   e)<FIR (First Information Report), PIR (Police Inquest Report), post mortem report or Final Inquest Report> in case of accidental death claim

   Insert if terminal illness benefit is chosen

   f)<evidence of terminal illness in the case of the terminal illness claim>

   Insert if critical illness benefit is chosen

   g)< evidence of critical illness in the case of the critical illness claim.>

   We may conduct any investigation we consider necessary before we initiate processing of the claim application.

In case the cover is offered to the credit scheme:

As per guidelines on claim processing for Group Life Insurance Policies under Lender-borrower Group Insurance Schemes dated 29th Dec 2014. At the time of death claim settlement we will call for a credit account statement from the master policyholder. In case there is any outstanding loan balance, the death benefit will be paid to the master policyholder to the extent of outstanding loan balance, balance claim amount (if any) is payable to the beneficiary of the Insured member. Balance claim amount is equal to death benefit less outstanding loan balance.

The claim amount is payable to master policyholder upon authorization by insured member', only in case of policies administered by RBI regulated SCBs, NBFCs having certificate of Registration from RBI and NHB regulated housing finance companies. In all other cases claim amount is payable to claimant/beneficiary of the insured member and not master policyholder.

The master policyholder will provide to us the following details in the credit account statement

- Name and policy number of the Group Master policyholder
- Name of the Insured Member
- Original amount of Loan

- Particulars of the recoveries made by the Master Policyholder towards the Loan
- Outstanding Loan Balance as on the date of the claim

The credit account statement should have a Declaration/undertaking of the Master policyholder that the information/details furnished in the credit account statement are verified for accuracy.

We will require you to certify the accuracy of the credit account statements submitted at the completion of every financial year. In addition we will audit the accuracy of the credit account statement of the insured members for whom claims have been paid during the financial year.

3. Loans:

No loan is available under this policy.

4. Participation in profits:

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

5. Nomination:

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

6. Assignment and transfer:

Assignment and transfer will not be allowed under this plan. .

7. Endorsements:

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

8. Travel, residence and occupation:

This master policy and the insurance cover are free from all restrictions as to travel, residence and occupation unless specifically restricted.

9. Changes in applicable law:

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

10. Fraud, Misrepresentation and forfeiture:

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

11. Governing law & jurisdiction:

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

12. Currency and place of payment:

All payment to or by us will be in accordance with the prevailing Exchange Control regulations and other relevant laws and regulations of India.

Indian Rupee is the currency of this master policy/insurance cover. We will make or accept payments at any of our offices in India or such other locations as determined by us from time to time.

13. Free look period:

A free-look period of 15 days from the date of receipt of the master policy is provided, to review the terms and conditions of the master policy by the master policyholder. In case the master policyholder does not agree with any of the terms and conditions in the master policy, the master policyholder will have the option to return the original policy document to us for cancellation by communicating the same in writing stating the reasons for objections. We will refund you the premium amount after deducting the proportionate risk premium for the cover provided during that time plus any medical examination cost and stamp duty charges incurred by us in respect of the policy. All the benefits under the policy will stand extinguished immediately on the cancellation of the Policy under the free look. A master policy once returned cannot be revived, revived or restored at any point in time and a new proposal will have to be made for a new master policy.

14. Member data:

Information regarding members has to be provided to us through the member enrolment form or in electronic format as prescribed at the time of inception of the scheme. Acceptance of each member is subject to underwriting and our acceptance of the risk and our communication of the same

PART G

GRIEVANCES

1. Notices

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

All notices meant for the policyholder will be in writing and will be sent by us to the most recent address of the policyholder as shown in the schedule. Please notify us immediately in case of any change in postal/permanent address/contact details along with relevant KYC documents. This will enable the Company to send you regular updates on your policy.

2. Grievances

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

Manager-Customer & Sales Support
IDBI Federal Life Insurance Company Limited
22nd Floor, A Wing, Marathon Futurex
N. M. Joshi Marg, Lower Parel – East,
Mumbai - 400 013.
Contact No:
Toll free No.: 1800 209 0502
Email ID: support@idbifederal.com

2. 1 In case you are not satisfied with the decision of the above office, or have not received any response within 10 days, you may contact the following official for resolution:

Chief Operations Officer
IDBI Federal Life Insurance Company Limited
22nd Floor, A Wing, Marathon Futurex,
N. M. Joshi Marg, Lower Parel – East,
Mumbai 400 013.

Contact No.: 022 23029200
Email ID: grievance@idbifederal.com

2. 2 If you are not satisfied with the response or do not receive a response from us within 15 days, you may approach the Grievance Cell of IRDAI on the following contact details:
IRDAI Grievance Call Centre (IGCC) TOLL FREE NO:155255
Email ID: complaints@irda.gov.in

You can also register your complaint online at http://www.igms.irda.gov.in/
Address for communication for complaints by fax/paper:
Consumer Affairs Department
Insurance Regulatory and Development Authority
9th floor, United India Towers, Basheerbagh
Hyderabad – 500 029, Telangana
Fax No: 91- 40 – 6678 9768

2.3 In case you are not satisfied with the decision/resolution of IRDAI, you may approach the Insurance Ombudsman at the address given below.

Address of Insurance Ombudsman

CONTACT DETAILS	JURISDICTION

AHMEDABAD Office of the Insurance Ombudsman, 2nd floor, Ambica House, Near C.U. Shah College, 5, Navyug Colony, Ashram Road, Ahmedabad – 380 014 Tel.:- 079-27546150/139 Fax:- 079-27546142 Email:- bimalokpal.ahmedabad@ecoi.co.in	State of Gujarat and Union Territories of Dadra & Nagar Haveli and Daman and Diu.
BENGALURU Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No.57-27-N-19, Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru-560 078. Tel.:- 080-26652048 / 26652049 Email:- bimalokpal.bengaluru@ecoi.co.in	Karnataka.
BHOPAL Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp.Airtel Office, Near New Market, Bhopal – 462 033. Tel.:- 0755-2769200/201/202 Fax:- 0755-2769203 Email:- bimalokpalbhopal@ecoi.co.in	States of Madhya Pradesh and Chattisgarh.
BHUBANESHWAR Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.:- 0674-2596461 / 2596455 Fax:- 0674-2596429 Email:- bimalokpal.bhubaneswar@ecoi.co.in	State of Orissa.
CHANDIGARH Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.:- 0172-2706196/5861 / 2706468 Fax:- 0172-2708274 Email:- bimalokpal.chandigarh@ecoi.co.in	States of Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir and Union territory of Chandigarh.
CHENNAI Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, CHENNAI – 600 018. Tel.:- 044-24333668 / 24335284 Fax:- 044-24333664 Email:- bimalokpal.chennai@ecoi.co.in	State of Tamil Nadu and Union Territories - Pondicherry Town and Karaikal (which are part of Union Territory of Pondicherry).
DELHI Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.:- 011-23239611/7539/7532 Fax:- 011-23230858 Email:- bimalokpal.delhi@ecoi.co.in	State of Delhi
ERNAKULAM Office of the Insurance Ombudsman, 2nd floor, Pulinat Building,	Kerala, Lakshadweep, Mahe-a part of Pondicherry

Opp. Cochin Shipyard, M.G. Road, Ernakulum - 682 015. Tel.:- 0484-2358759/2359338 Fax:- 0484-2359336 Email:- **bimalokpal.ernakulum@ecoi.co.in**	
GUWAHATI Office of the Insurance Ombudsman, 'Jeevan Nivesh', 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.:- 0361- 2132204 / 2132205 Fax:- 0361-2732937 Email:- **bimalokpal.guwahati@ecoi.co.in**	States of Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
HYDERABAD Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court" Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.:- 040-65504123/23312122 Fax:- 040-23376599 Email:- **bimalokpal.hyderabad@ecoi.co.in**	States of Andhra Pradesh, Telangana and Union Territory of Yanam - a part of the Union Territory of Pondicherry.
JAIPUR Office of the Insurance Ombudsman, Jeevan Nidhi-II Bldg., Ground Floor, Bhawani Singh Marg, Jaipur - 302005. Tel.:- 0141-2740363 Email:- **bimalokpal.jaipur@ecoi.co.in**	State of Rajasthan.
KOLKATA Office of the Insurance Ombudsman, Hindustan Building Annexe, 4th floor, 4, CR Avenue, Kolkata - 700 072. Tel.:- 033-22124339 / 22124340 Fax:- 033-22124341 Email:- **bimalokpal.kolkata@ecoi.co.in**	States of West Bengal, Bihar, Sikkim and Union Territories of Andaman and Nicobar Islands.
LUCKNOW Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow-226 001. Tel.:- 0522-2231330 / 2231331 Fax:- 0522-2231310. Email:- **bimalokpal.lucknow@ecoi.co.in**	District of Uttar Pradesh: Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, Fatehpur, Pratapgarh, Jaunpur, Varansi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sulanpur, Maharajganj, Santkabirnagar, Azamgarh, Kaushinagar, Gorkhpur, Deoria, Mau, Chandauli, Ballia, Sidharathnagar.
MUMBAI Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.:- 022-26106928/360/889 Fax:- 022-26106052 Email:- **bimalokpal.mumbai@ecoi.co.in**	States of Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.
NOIDA Office of the Insurance Ombudsman, Bhagwan Sahai Palace, 4th Floor, Main Road, Naya Bans, Sector-15, Gautam Budh Nagar, Noida Email:- **bimalokpal.noida@ecoi.co.in**	States 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, Firozabad, Gautam Budh Nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
PATNA	States of Bihar and Jharkhand.

Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna - 800 006. Email:- **bimalokpal.patna@ecoi.co.in**	
PUNE Office of the Insurance Ombudsman, Jeevan Darshan Building, 3rd Floor, CTS Nos. 195 to 198, NC Kelkar Road, Narayan Peth, Pune - 411 030 Tel: 020 -32341320 Email:- **bimalokpal.pune@ecoi.co.in**	States of Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.

2.4 The Ombudsman shall receive and consider complaints or disputes relating to—

(a) delay in settlement of claims, beyond the time specified in the regulations, framed under the Insurance Regulatory and Development Authority of India Act, 1999;
(b) any partial or total repudiation of claims by the life insurer;
(c) disputes over premium paid or payable in terms of insurance policy;
(d) misrepresentation of policy terms and conditions at any time in the policy document or policy contract;
(e) legal construction of insurance policies in so far as the dispute relates to claim;
(f) policy servicing related grievances against insurers and their agents and intermediaries;
(g) issuance of life insurance policy, which is not in conformity with the proposal form submitted by the proposer;
(h) non-issuance of insurance policy after receipt of premium in life insurance; and
(i) any other matter resulting from the violation of provisions of the Insurance Act, 1938 or the regulations, circulars, guidelines or instructions issued by the IRDAI from time to time or the terms and conditions of the policy contract, in so far as they relate to issues mentioned at clauses (a) to (f).

2.5 Any person who has a grievance against an insurer, may himself or through his legal heirs, nominee or assignee, make a complaint in writing to the Insurance Ombudsman within whose territorial jurisdiction the branch or office of the insurer complained against or the residential address or place of residence of the complainant is located.

2.6 The complaint shall be in writing, duly signed by the complainant or through his legal heirs, nominee or assignee and shall state clearly the name and address of the complainant, the name of the branch or office of the insurer against whom the complaint is made, the facts giving rise to the complaint, supported by documents, the nature and extent of the loss caused to the complainant and the relief sought from the Insurance Ombudsman.

2.7 No complaint to the Insurance Ombudsman shall lie unless—

(a) the complainant makes a written representation to the insurer named in the complaint and—

(i) either the insurer had rejected the complaint; or
(ii) the complainant had not received any reply within a period of one month after the insurer received his representation; or
(iii) the complainant is not satisfied with the reply given to him by the insurer;

(b) The complaint is made within one year—

(i) after the order of the insurer rejecting the representation is received; or
(ii) after receipt of decision of the insurer which is not to the satisfaction of the complainant;
(iii) after expiry of a period of one month from the date of sending the written representation to the insurer if the insurer named fails to furnish reply to the complainant .

2.8 No complaint before the Insurance Ombudsman shall be maintainable on the same subject matter on which proceedings are pending before or disposed of by any court or consumer forum or arbitrator.

Annexure A

B. Section 39 - Nomination by policyholder

Nomination of a life insurance Policy is as below in accordance with Section 39 of the Insurance Act, 1938 as amended from time to time. The extant provisions in this regard are as follows:

1. The policyholder of a life insurance on his own life may nominate a person or persons to whom money secured by the policy shall be paid in the event of his death.
2. Where the nominee is a minor, the policyholder may appoint any person to receive the money secured by the policy in the event of policyholder's death during the minority of the nominee.
3. Nomination can be made at any time before the maturity of the policy.
4. Nomination may be incorporated in the text of the policy itself or may be endorsed on the policy communicated to the company and can be registered by the company in the records relating to the policy.
5. Nomination can be cancelled or changed at any time before policy matures, by an endorsement or a further endorsement or a will as the case may be.
6. A notice in writing of Change or Cancellation of nomination must be delivered to the Company for the Company to be liable to such nominee. Otherwise, we will not be liable if a bonafide payment is made to the person named in the policy or in the registered records of the company.
7. Fee to be paid to the Company for registering change or cancellation of a nomination can be specified by the Authority through Regulations.
8. On receipt of notice with fee, we will grant a written acknowledgement to the policyholder of having registered a nomination or cancellation or change thereof.
9. A transfer or assignment made in accordance with Section 38 shall automatically cancel the nomination except in case of assignment to the Company or other transferee or assignee for purpose of loan or against security or its reassignment after repayment. In such case, the nomination will not get cancelled to the extent of the Company's or transferee's or assignee's interest in the policy. The nomination will get revived on repayment of the loan.
10. The right of any creditor to be paid out of the proceeds of any policy of life insurance shall not be affected by the nomination.
11. In case of nomination by policyholder whose life is insured, if the nominees die before the policyholder, the proceeds are payable to policyholder or his heirs or legal representatives or holder of succession certificate.
12. In case nominee(s) survive the person whose life is insured, the amount secured by the policy shall be paid to such survivor(s).
13. Where the policyholder whose life is insured nominates his
    a. parents or
    b. spouse or
    c. children or
    d. spouse and children
    e. or any of them

the nominees are beneficially entitled to the amount payable by the Company to the policyholder unless it is proved that policyholder could not have conferred such beneficial title on the nominee having regard to the nature of his title.

14. If nominee(s) die after the policyholder but before his share of the amount secured under the policy is paid, the share of the expired nominee(s) shall be payable to the heirs or legal representative of the nominee or holder of succession certificate of such nominee(s).
15. The provisions of sub-section 7 and 8 (13 and 14 above) shall apply to all life insurance policies maturing for payment after the commencement of Insurance Laws (Amendment) Act, 2015.
16. If policyholder dies after maturity but the proceeds and benefit of the policy has not been paid to him because of his death, his nominee(s) shall be entitled to the proceeds and benefit of the policy.
17. The provisions of Section 39 are not applicable to any life insurance policy to which Section 6 of Married Women's Property Act, 1874 (MWP Act) applies or has at any time applied except where before or after Insurance Laws (Amendment) Act, 2015 a nomination is made in favour of spouse or children or spouse and children whether or not on the face of the policy it is mentioned that it is made under Section 39. Where nomination is intended to be made to spouse or children or spouse and children under Section 6 of MWP Act, it should be specifically mentioned on the policy. In such a case only, the provisions of Section 39 will not apply

Please note: This is not a comprehensive list of amendments of Insurance Laws (Amendment) Act, 2015 and only a simplified version prepared for general information. Policy Holders are advised to refer to Original Ordinance Gazette Notification dated December 26, 2014 for complete and accurate details.

Annexure B

Section 45 – Policy shall not be called in question on the ground of mis-statement after three years

Provisions regarding policy not being called into question in terms of Section 45 of the Insurance Act, 1938, as amended from time to time are as follows:

1. No Policy of Life Insurance shall be called in question **on any ground whatsoever** after expiry of 3 yrs from
   a) the date of issuance of policy or
   b) the date of commencement of risk or
   c) the date of revival of policy or
   d) the date of rider to the policy

whichever is later.

2. On the ground of fraud, a policy of Life Insurance may be called in question within 3 years from
   a) the date of issuance of policy or
   b) the date of commencement of risk or
   c) the date of revival of policy or
   d) the date of rider to the policy

whichever is later.

For this, we will communicate in writing to the insured or legal representative or nominee or assignees of insured, as applicable, mentioning the ground and materials on which such decision is based.

3. Fraud means any of the following acts committed by insured or by his agent, with the intent to deceive the Company or to induce the Company to issue a life insurance policy:
   a) The suggestion, as a fact of that which is not true and which the insured does not believe to be true;
   b) The active concealment of a fact by the insured having knowledge or belief of the fact;
   c) Any other act fitted to deceive; and
   d) Any such act or omission as the law specifically declares to be fraudulent.

4. Mere silence is not fraud unless, depending on circumstances of the case, it is the duty of the insured or his agent keeping silence to speak or silence is in itself equivalent to speak.
5. We will not repudiate a life insurance Policy on the ground of fraud, if the Insured / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of material fact are within the knowledge of the Company. Onus of disproving is upon the policyholder, if alive, or beneficiaries.
6. Life insurance Policy can be called in question within 3 years on the ground that any statement of or suppression of a fact material to expectancy of life of the insured was incorrectly made in the proposal or other document basis which policy was issued or revived or rider issued. For this, the Company will communicate in writing to the insured or legal representative or nominee or assignees of insured, as applicable, mentioning the ground and materials on which decision to repudiate the policy is based.
7. In case repudiation is on ground of mis-statement and not on fraud, the premium collected on policy till the date of repudiation shall be paid to the insured or legal representative or nominee or assignees of insured, within a period of 90 days from the date of repudiation.
8. Fact shall not be considered material unless it has a direct bearing on the risk undertaken by the Company. The onus is on the Company to show that if the Company had been aware of the said fact, no life insurance policy would have been issued to the insured.
9. The insurer can call for proof of age at any time if it 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 of age of life insured. So, this Section will not be applicable for questioning age or adjustment based on proof of age submitted subsequently.

Please note: This is not a comprehensive list of amendments of Insurance Laws (Amendment) Act, 2015 and only a simplified version prepared for general information. Policy Holders are advised to refer to Original Ordinance Gazette Notification dated December 26, 2014 for complete and accurate details.