



PART A

1. FORWARDING LETTER

Ref.:

Date:

Mr. ABC DEF GHI

XXXXXXXXXXXX

XXXXXXXXXXXX

Tel:

Dear Mr. ABC DEF GHI

Customer ID	<i>All your policies shall be mapped to this ID, which also serves as your customer portal login credential.</i>
Product Name	<i>Generali Central Saral Ashray Yojana</i>
Product UIN	<i>133N105V01</i>
Product Type	<i>Individual, Non Linked, Non-Participating (without profits), Pure Risk Premium, Life Insurance Plan</i>
Policy Number	
Premium to be paid for	

Welcome to Generali Central Life Insurance Company Limited, a joint venture between Central Bank of India and Generali Participations Nederland N.V. (a wholly owned subsidiary of over 190 years old insurer, Assicurazioni Generali S.p.A).

At Generali Central Life Insurance Company Limited, it is Our endeavor to bring to You easy, simple to understand products which are most suitable for You and service processes which will put the power of managing Your Policy in Your own hands through multiple self-servicing digital channels. On receipt of this Policy Document, we would request You to:-

- Go through the Policy Document carefully and acknowledged Customer Information Sheet. You may write back to us in case You find any information which is not in line with Your expectations. The copy of the Customer Information Sheet, as duly acknowledged by you, contains a synopsis of the benefits payable and the conditions subject to which the benefits are payable. However, the provisions contained in the Policy document will be final and binding. Therefore, please read the Policy document for a detailed & complete understanding of the terms and conditions.
- Login to Our customer portal at customer.generalicentrallife.com and create Your Online ID immediately to manage Your Policy at Your convenience. You can also view your medical reports, if medical examination was done during the process of buying the policy.
- Download GC Life App from Google Playstore / Apple Appstore

Please note that this is a <<single/regular>> Premium paying Policy<< and Premium payment is due on (every year till year ____). We would request You to pay all renewal Premiums on time to avail all the benefits of the Policy without any hassles>>.

For Your convenience, we have provided You with multiple channels of communication to reach out to Us, should You have any concern about Your Policy or should You need any information about Your Policy. You should feel free to get in touch with us on any one of the below options:

- | | |
|-----------------------------|---|
| 1. Servicing Branch Address | Unit 801 and 802, 8th floor, Tower C, Embassy 247 Park, L.B.S. Marg, Vikhroli (W), Mumbai – 400083 |
| 2. Toll Free Access Number | 18001022355 |
| 3. Customer Service Email | care@generalicentral.com |
| 4. Website | www.generalicentrallife.com |
| 5. Customer Portal | customer.generalicentrallife.com OR GC Life App |
| 6. Tel | + 91-22-4097 6666 (T) |

Free Look Option

You have the right to return this Policy within 30 days of receipt of the Policy Document (whether received electronically or otherwise), if You disagree with any of the terms and conditions of the policy, by giving Us a request for cancellation of this Policy which states the reasons for Your objections. We will cancel this Policy, if You have not made any claims and refund the Premium received after deducting proportionate risk premium for the period of cover, stamp duty charges and expenses incurred by Us on the medical examination of the Life Assured (if any).

For your convenience, we are providing your sales / servicing agent details below:

Agent/Broker/Intermediary Name:

Code:

License No.:

Mobile Number:

Address:

If the policy is opted through Insurance Repository (IR), the computation of the said Free Look Period will be as stated below: -

- For existing e-Insurance Account: Computation of the said Free Look Period will commence from the date of delivery of the e-mail confirming the credit of the Insurance policy by the IR.
- For New e-Insurance Account: If an application for e-Insurance Account accompanies the proposal for insurance, the date of receipt of the 'welcome kit' from the IR with the credentials to log on to the eInsurance Account (eIA) or the delivery date of the email confirming the grant of access to the eIA or the delivery date of the email confirming the credit of the Insurance policy by the IR to the eIA, whichever is later shall be reckoned for the purpose of computation of the Free Look Period.

We once again welcome You to Generali Central Life Insurance Company Limited and Our world of simpler, smarter, faster insurance solutions and assure You of Our best service always.

Sincerely,

<<Name>>

<<Designation>>

For and on behalf of Generali Central Life Insurance Company Limited
(formerly known as Future Generali India Life Insurance Company Limited)

2. POLICY PREAMBLE

Information Provided by you: The information that You have given in Your proposal form, all supporting documents, any other information or declaration given by You, medical evidence (if any) shall form a part of this contract of insurance with us and it is the basis on which the contract of insurance has been issued. Your Policy Document, comprising this Policy Schedule and all the information provided in this booklet along with any Endorsements is the evidence of this contract. We would request You to read this document carefully as it is vital to securing the need for which You have bought this Policy and also to keep this document in a very safe place.

In case You find any errors in the Policy Document, please take this document to the servicing branch to enable Us to affect any corrections that may need to be made or write to Us at care@generalicentral.com.

	Generali Central Life Insurance Company Limited (formerly known as Future Generali India Life Insurance Company Limited)
	IRDAI Registration No. 133; CIN: U66010MH2006PLC165288

The benefits set out in the Policy will be paid to the persons entitled to receive these payments subject to the terms and conditions on providing evidence of the occurrence of the event giving rise to such claim and of the title of the person(s) receiving the payouts while the Policy is in-force.

Please communicate any change in Your address or any other communication details immediately.

3. POLICY SCHEDULE

PLEASE GO THROUGH THE POLICY SCHEDULE CAREFULLY

<<Generali Central Saral Ashray Yojana>>
 <<Individual, Non-Linked, Non-Participating (without profits), Pure Risk Premium, Life Insurance Plan>>

THIS SCHEDULE FORMS AN INTEGRAL PART OF THE POLICY AND MUST BE READ IN
 CONJUNCTION WITH THE POLICY DOCUMENT.

3(a) Your Customer ID:

Your Proposal No.:

3(b) Details of the Life Assured and Policyholder

Details of	Life Assured	Policyholder
Full Name:		
Date of Birth:		
Age Admitted:	Yes/No	
Gender		
Email address:		
Mobile phone no:		
Residence No:		
Address:		
Landmark:		
City:		
Pin Code:		

3(c) Nominee(s) to this Policy are:

Detail of	Full Name	Date of Birth	Age	Gender	Relationship with Policyholder	Address	Percentage share of Benefit

	Generali Central Life Insurance Company Limited (formerly known as Future Generali India Life Insurance Company Limited)
	IRDAI Registration No. 133; CIN: U66010MH2006PLC165288

Nominee 1							
Nominee 2							

3(d) The Appointee of this Policy is (in case the Nominee mentioned is a minor):

Full Name:	
Date of Birth:	
Gender	
Address of the Appointee:	
Relationship with Nominee:	

3(e) Policy Details

Plan Name	UIN	Policy Commencement Date	Date of commencement of risk	Policy Term	Premium Payment Term	Maturity Date	Sum Assured

3(f) Premium Details

Plan name	UIN	Annualized Premium (Rs.)	Instalment Premium (Rs.)	Relevant Modal Factor	Applicable Taxes*	Total Instalment Premium	Premium Frequency	Premium Due Dates	Last Premium Due Date

	First Year	Renewal Years
Total Instalment Premium		
Total Applicable Taxes*		
Total Instalment Premium after Applicable Taxes*		

3(g) Disclaimers

- *Includes applicable taxes at prevailing rates under applicable laws and amendments thereto.
- Total Premium is subject to change in case of any variance in the present tax rates or in the event of any new or additional tax/cess/by whatever name called levy being made applicable/ imposed on the premium(s) under applicable laws and amendments thereto.

- Tax benefits under this Policy shall be subject to applicable laws as amended from time to time. Any payment made under this Policy shall be subject to deduction of applicable taxes, if applicable as per law from time to time. You are advised to consult your tax consultant for details.

3(h) Stamp Duty

The stamp duty of Rs. Xxx (xxxx ONLY) paid by Payorder no. XXXXX dated DD/MM/YYYY. Government Notification Revenue and Forest Department No. Mudrank 2004/4125/CR 690/M-1, Dt.31/12/2004.

3(i) What You are covered for:

Policy Benefits (Please refer Part C for details)

Death Benefit	The death benefit shall be equal to the Death Sum Assured and shall be payable upon the death of the life assured. << Death Sum Assured for Regular Premium is defined as higher of: 1. <<Sum Assured>> 2. << 10 X Annualized Premium (excluding the applicable taxes, Rider premiums and underwriting extra premiums, if any) >> 3. 105% of Total Premiums Paid (excluding any extra premium, any Rider premium and applicable taxes) as on date of death.>> <<Death Sum Assured for Single Premium is defined as higher of: 1. <<1.25 times of Single premium >> 2. <<Sum Assured>>>>
Accelerated Accidental Total and Permanent Disability Benefit and Accelerated Critical Illness Benefit	1. On diagnosis of either Accidental Total and Permanent Disability or covered Critical illness condition, 50% of the Sum Assured shall be payable. On subsequent diagnosis of covered Critical illness condition or Accidental Total and Permanent Disability or on Death, the remaining 50% of Sum Assured shall be payable. 2. There are 20 Critical Illness covered under this product. For details, please refer to Annexure IV. 3. On the first diagnosis of either a valid Accidental Total and Permanent Disability claim or Critical Illness claim, all future premiums will be waived off for the policyholder.

3(j) What You are not covered for

a. Exclusions under Death Benefit



Generali Central Life Insurance Company Limited
(formerly known as Future Generali India Life Insurance Company Limited)

IRDAI Registration No. 133; CIN: U66010MH2006PLC165288

Suicide Exclusion:

In case of death of Life Assured due to suicide within 12 months from the Date of commencement of Risk under the Policy or from the date of Revival of the Policy, as applicable, the Nominee or beneficiary of the Policyholder shall be entitled to at least 80% of the Total Premiums paid till the date of death or the Policy Cancellation Value available as on the date of death whichever is higher, provided the Policy is in-force.

Other Exclusion:

We shall not be under any obligation to provide cover and shall not be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose the Company to any sanction, prohibition or restriction under OFAC, United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United States of America or as directed by the Government of India, from time to time.

Accelerated ATPD Benefit Exclusions: Please refer to Part F for the details.

Accelerated CI Benefit Exclusions: Please refer to Part F for the details.

For and on behalf of Generali Central Life Insurance Company Limited (formerly known as Future Generali India Life Insurance Company Limited).

Authorised Signature

PART B

DEFINITIONS & INTERPRETATION

Definitions: The terms defined below are important terms which apply under this Policy. These terms are used with initial capitals in the Policy Document and shall have the meaning ascribed to them below wherever they appear in the Policy Document:

- 1) **“Accident”** means a sudden, unforeseen and involuntary event caused by external, visible and violent means.
- 2) **“Accidental Total and Permanent Disability Benefit (ATPD benefit)”** is the benefit payable under the policy, in case of Accidental Total and Permanent Disability of the Life Assured, subject to the exclusions as specified under Part F.
- 3) **“Accidental Total and Permanent Disability (ATPD)”** shall mean that the Life Assured is deemed totally and permanently disabled as a result of an Accident, to the extent that the Life Assured is unable to perform at least three of the six “Activities of Daily Living”, as defined under Annexure IV, Clause 2, Section 19(III) of the Definitions of Critical Illness (CI) conditions, without continuous assistance from another person. (Ref: Annexure IV, Clause 2, Section 19(III))
- 4) **“Age”** means age as on last birthday which is the number of completed years on the last birthday.
- 5) **“Annualized Premium”** shall be the premium amount payable in a year excluding taxes, Rider premiums, underwriting extra premiums and loadings for modal premiums, if any as specified in the Schedule
- 6) **“Appointee”** means the person named in the Schedule to whom the Death Benefit shall become payable if the Nominee is less than Age 18 when the Death Benefit becomes payable.
- 7) **“Assignee”** is the person to whom the rights and benefits are transferred by virtue of an Assignment, in accordance with the provisions of Section 38 of Insurance Act, 1938, as amended from time to time.
- 8) **“Assignment”** is the process of transferring the rights and benefits to an Assignee, in accordance with the provisions of Section 38 of Insurance Act, 1938, as amended from time to time.
- 9) **“Claimant”** means Nominee/ Appointee (if Nominee is a minor) / assignee /Your legal heirs (where there is no Nominee/Appointee/ assignee).

- 10) **“Critical Illness (CI)”** means any illness, medical event or surgical procedure specifically defined in Annexure IV whose signs or symptoms first commences post the Waiting Period.
- 11) **“Critical Illness Benefit (CI benefit)”** is the benefit payable under the policy, in case of diagnosis of Critical Illness of the Life Assured, subject to the exclusions as specified under Part F.
- 12) **“Date of commencement of risk”** means the date specified in the Schedule on which the risk under this Policy commences.
- 13) **“Death Benefit”** means the benefit which becomes payable on the Life Assured’s death in accordance with Part C of this Policy.
- 14) **“Endorsement”** means a written confirmation issued by Us on the Schedule to record any changes to the applicable terms and conditions of this Policy or the details contained in the Schedule. Endorsements shall form a part of this Policy and shall be binding on You and Us. It is agreed that the terms of an Endorsement shall supersede any conflicting provisions in this Policy Document, Rider or Schedule.
- 15) **“Financial Year”** means the twelve-month period between 1st April of each calendar year and 31st March of next calendar year.
- 16) **“Grace Period”** means the time granted by the insurer from the due date of payment of premium, without any penalty or late fee, during which time the policy is considered to be in-force with the risk cover without any interruption, as per the terms & conditions of the policy. The grace period for payment of the premium for all types of life insurance policies shall be fifteen (15) days, where the policyholder pays the premium on a monthly basis and thirty (30) days in all other cases.
- 17) **“In-force”** means a policy in which all the due premiums have been paid, and the premiums are not outstanding
- 18) **“Injury”** means accidental physical bodily harm excluding Illness or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a Medical Practitioner.
- 19) **“Instalment Premium”** means the premium amount specified in the Schedule which is payable under this Policy at the frequency specified in the Schedule.
- 20) **“Insured Event”** means the death of the Life Assured or Accidental Death (if opted), provided the event happens during the Policy Term while Policy is in-force.
- 21) **“IRDAI”** means the Insurance Regulatory and Development Authority of India.
- 22) **“Lapse”** means the status of the Policy where due Instalment Premium, for the period as specified in the Part D of the Policy, have not been paid within the Grace Period and where Policy benefits ,if any, shall become payable in accordance with Part D.
- 23) **“Life Assured”** means the person named in the Schedule on whose life the insurance cover under this Policy has been granted.

- 24) **Maturity Benefit**” means sum assured on maturity, any additional and accrued benefit, which is payable on maturity in accordance with the terms and conditions of the policy.
- 25) **“Maturity Date”** means the date specified in the Schedule on which the Maturity Benefit (if any) becomes payable if the conditions specified in Part C of this Policy are satisfied.
- 26) **“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 his license. ; but excluding:
- Insured/Policyholder himself or an agent of the Insured
 - Insurance Agent , business partner(s) or employer/employee of the Insured or
 - A member of the Insured's immediate family
- 27) **“Nominee”** means the person named in the Schedule who has been nominated by You to whom the Death Benefit shall become payable if the conditions specified in Part C of this Policy are satisfied. Any change of Nominee shall be in accordance with Section 39 of the Insurance Act, 1938 as amended from time to time.
- 28) **“Nomination”** is the process of nominating a person(s) in accordance with provisions of Section 39 of the Insurance Act, 1938 as amended from time to time.
- 29) **“Policy”** means the contract of insurance entered into between the Policyholder and Us as evidenced by the “Policy Document”
- 30) **“Policy Document”** means this Policy Document, the Proposal Form, the Schedule and any additional information or documentation provided to Us in relation to the Proposal Form, any Endorsements issued by Us and any Riders attached to this Policy.
- 31) **“Policyholder”** means the person named in the Schedule on whom the contract under this Policy is executed and owns this Policy and, subject to the terms and conditions of this Policy, holds all the rights under the Policy.
- 32) **“Policy Anniversary”** means the same date as the Policy Commencement Date in each Policy Year during the Policy Term.
- 33) **“Policy Cancellation”** means complete withdrawal or termination of the entire Policy before the stipulated Maturity Date.
- 34) **“Policy Commencement Date”** means the date specified in the Schedule on which this Policy commenced.
- 35) **“Policy Term”** means the period specified in the Schedule which is the number of years from the Policy Commencement Date to the Maturity Date.
- 36) **“Policy Year”** means a period of 12 consecutive months reckoned from the Policy Commencement Date and every subsequent Policy Anniversary, thereafter.
- 37) **“Pre-Existing Disease”**

Pre-existing Disease means any condition, ailment, Injury or disease:

- a) That is/are diagnosed by a physician within 36 months prior to the effective date of the Policy issued or it's reinstatement by the insurer or
- b) For which medical advice or treatment was recommended by, or received from, a physician within 36 months prior to the effective date of the Policy or its reinstatement.

- 38) **“Premium Payment Term”** means the period in years as specified in the Schedule during which the Instalment Premiums are payable.
- 39) **“Premium Due Date”** means date specified in the Schedule on which the Instalment Premium will become due.
- 40) **“Proposal Form”** means a form to be filled in by You in utmost good faith, in written or electronic or any other format as provided by Us, for furnishing all material information as required by Us in respect of a risk, in order to enable Us to take informed decision in the context of underwriting the risk, and in the event of acceptance of the risk, to determine the rates, advantages, terms and conditions of the cover to be granted under this Policy.
- 41) **“Reduced Paid-up Policy”** means a Policy on which due Instalment Premiums are not received after a specified number of Instalment Premiums have been received. Part D of this Policy will specify whether and under which conditions this Policy may be considered to be a Reduced Paid-up Policy. If this Policy is converted to a Reduced Paid-up Policy, then only those reduced benefits specified in Part D of this Policy will be payable on the occurrence of the insured events.
- 42) **“Revival”** means restoring the Lapsed or a Reduced Paid-up Policy to an in-force Policy as per the revival conditions mentioned in Part D of the Policy.
- 43) **“Revival Period”** means the period of five consecutive complete years from the date of first unpaid premium.
- 44) **“Rider”** means the insurance cover(s) added to a base product for additional premium or charge .
- 45) **“Schedule”** means the Policy schedule given in Part A of the Policy which is issued by Us and attached to this Policy together with any amendments to the Schedule or Endorsements which may be issued by Us from time to time.
- 46) **“Sum Assured”** means the amount specified in the Schedule
- 47) **“Surrender”** means the complete withdrawal/termination of the entire Policy. Part D of this Policy will specify whether and under which conditions this Policy can be surrendered.
- 48) **“Surrender Value”** means an amount, if any, that becomes payable on surrender of a policy during its term, in accordance with the terms and conditions of the policy.
- 49) **“Total Premiums Paid ”** means total of all the premiums paid under the base product, excluding any extra premium and taxes, if collected explicitly.
- 50) **“Waiting Period”** means a period of 90 days starting from Date of Commencement of Policy during which no benefits are payable under the respective Benefit Options chosen



51) “We, Us, Our, Company” means Generali Central Life Insurance Company Limited (formerly known as Future Generali India Life Insurance Company Limited).

52) “You, Your” means the Policyholder of this Policy as named in the Schedule.

Interpretation:

- 1) References in this Policy to the singular shall include the plural and vice versa.
- 2) References in this Policy to one gender shall include the other gender.
- 3) References in this Policy to any statutes, rules, regulations or guidelines shall include any re-enactments or amendments to the same.
- 4) Section/paragraph headings are for ease of reference only and shall not have any interpretative value.
- 5) Words and expressions used in this Policy but not defined herein shall, unless the context specifies otherwise, have the same meaning as defined in the Insurance Act 1938 and/or the rules/regulations/guidelines made thereunder as may be amended from time to time.

PART C

POLICY BENEFITS & PREMIUM PAYMENT CONDITIONS

This Policy is a Non-Participating, Non-Linked, Life, Individual, Pure Risk insurance product which provides cover on Death, Accelerated Critical illness Benefit & Accelerated Accidental Total & Permanent Disability Benefit with Waiver of Premium on diagnosis of Critical Illness or Accidental Total and Permanent Disability. Amendments to this Policy shall be effective only if such amendments are carried out only through Endorsements issued by Us.

1. Commencement of Risk Cover under this Policy

The risk cover under this Policy shall commence only on the Date of commencement of risk as specified in the Schedule.

2. Benefits

a) Death Benefit

In case of Death of the Life Assured on or after the Date of commencement of risk but before the stipulated Maturity Date and provided that the Policy has not Lapsed or Terminated in accordance with the provisions of Part D, then subject to exclusions mentioned in Part F, Death Benefit payable shall be higher of the following:

i. For Regular Premium

- 10 times Annualized Premium (excluding the applicable taxes, Rider premiums and underwriting extra premiums, if any), or
- 105% of all the premiums paid (excluding any extra premium, any Rider premium and applicable taxes, if collected explicitly) as on date of death, or
- Sum Assured as specified in the Schedule.

ii. For Single Premium

- 1.25 times of Single premium or
- Sum Assured as specified in the Schedule.

Payout conditions:

- On Death before diagnosis of Critical illness or Accidental Total & Permanent Disability, Death Sum Assured will be payable.
- On Death after diagnosis of either Critical illness or Accidental Total & Permanent Disability, 50% of the Sum Assured will be payable.
- On Death after diagnosis of both Critical illness and Accidental Total & Permanent Disability, no benefit will be payable.

The Policy shall terminate upon payment of entire Death Benefit.

b) Accelerated Accidental Total and Permanent Disability Benefit and Accelerated Critical Illness Benefit

- On diagnosis of either Accidental Total and Permanent Disability or covered Critical illness condition, 50% of the Sum Assured shall be payable.

On subsequent diagnosis of covered Critical illness condition or Accidental Total and Permanent Disability or on Death, the remaining 50% of Sum Assured shall be payable.

- ii. On the first diagnosis of a valid Accidental Total and Permanent Disability or Critical illness claim, all future premiums will be waived off for the policyholder.
- iii. There are 20 Critical Illness covered under this product. For details, please refer to Annexure IV.
- iv. The Accidental Total and Permanent Disability Benefit is payable if the disability persists, without interruption, for at least six consecutive months and a qualified & registered Medical Practitioner deems it permanent. The Company shall subject the insured to an independent medical assessment, if required.
- v. If the claim trigger is the same for both Critical illness and Accidental Total & Permanent Disability (eg. 'Loss of Limbs') only one claim will be payable.

c) Maturity Benefit

There is no Maturity Benefit payable under this Policy.

3. Premium Rate Guarantee

Premium rates are guaranteed for the entire Policy Term.

4. Premium Payment Conditions

a) Payment of Instalment Premium:

Instalment Premiums shall be payable in full on the Premium Due Dates until the expiry of the Premium Payment Term or death of the Life Assured or Waiver of premium on diagnosis of ATPD claim or CI claim whichever is earlier. The Instalment Premiums shall be deemed to have been paid only when they have been received at Our head office or any other office authorized by Us for this purpose and due written acknowledgment has been issued by Us against such payment.

b) Change in Premium Payment Frequency:

The premium payment frequency selected at inception cannot be changed during the term of the Policy

c) Deduction of Instalment Premiums from the Claim Amount:

If this Policy is in-force and the Death Benefit or Accidental Total and Permanent Disability Benefit or Critical Illness Benefit becomes payable in accordance with the Part C, any Instalment Premiums that becomes due till the next Policy Anniversary, shall be deducted from the Death Benefit or Accidental Total and Permanent Disability Benefit or Critical Illness Benefit respectively payable under this Policy.

d) Cessation of Payment of Instalment Premium:

- i. If the Life Assured dies during the Policy Term, any Instalment Premiums that would otherwise have been due on or after following the death of the Life Assured are not required to be paid to Us other than Instalment Premiums due as per Clause 4(c).
- ii. On the diagnosis of ATPD or CI claim any Instalment Premiums that would otherwise have been due on or after the claim are not required to be paid to Us other than Instalment Premiums due as per Clause 4(c).

5. Grace Period

Any Instalment Premium which is not received in full by the Premium Due Date may be paid in full during the Grace Period of 30 days for yearly premium payment frequency from the Premium Due Date. This Policy will remain in-force during the Grace Period. If a valid claim arises during the Grace Period,



Generali Central Life Insurance Company Limited
(formerly known as Future Generali India Life Insurance Company Limited)

IRDAI Registration No. 133; CIN: U66010MH2006PLC165288

the claim shall be honoured in accordance with the provisions of Part C above after deducting the due premium. If any Instalment Premium remains unpaid at the end of the Grace Period, the policy shall Lapse as per clause 1 of Part D.

SAMPLE

PART D

POLICY SERVICING CONDITIONS

The procedure and conditions applicable to various Policy servicing aspects pertaining to this Policy are specified below.

Non-Forfeiture Provisions

If any Instalment Premium remains unpaid at the end of the Grace Period (Refer Part C), this Policy will be subject to the non-forfeiture provisions as stipulated below.

1. Lapse of this Policy

- a) For Regular Pay Policy (where Premium Payment Term is equal to Policy Term), if due Instalment Premiums have not been paid within the Grace Period: -
 - i. This Policy shall Lapse and will have no value.
 - ii. All risk cover ceases while the Policy is in Lapsed status.
 - iii. This Policy may be revived by You within the Revival Period in accordance with clause 5 of Part D.
 - iv. If this Policy is not revived within the Revival Period, no benefit shall be payable on the date of expiry of Revival Period, and this Policy will terminate.
- b) For Single Pay Policy: -
Not Applicable

2. Conversion of this Policy to a Reduced Paid-up Policy

There are no Reduced Paid-Up benefits under this Policy.

3. Surrender

Surrender Value is not applicable under this Policy.

4. Policy cancellation value

Policy cancellation value is not applicable under this Policy.

5. Initial Waiting Period

Only applicable for Critical Illness Benefit

- a) A Waiting Period of 90 days is applicable from the Policy Commencement Date or date of Revival or reinstatement which is later.
- b) No benefit will be payable if there is diagnosis of any Critical Illness or any signs or symptoms related to any Critical Illness occurs within the Waiting Period as applicable from either the Policy Commencement Date or date of Revival whichever is later.
- c) The Waiting Period is not applicable if a covered Critical Illness condition happens due to Accident.

6. Revival (For Regular Pay)

- a) If this Policy has Lapsed, it may be revived within the expiry of the Revival Period or the Maturity Date, whichever is earlier, unless this Policy has been cancelled. Revival Period is five (5) consecutive years from the date of first unpaid premium. Revival of this policy cannot be done once the policy term is over.
- b) In order to Revive this Policy, You must give Us a request for Revival along with:
 - i) The Life Assured's health declaration and other evidence of continued insurability as required under Our Board-Approved Underwriting policy. We, however, reserve the right to accept the

revival on original terms, accept with modified terms, or decline the revival. The Revival of the discontinued Policy shall take effect only after the same is approved by the Company and is specifically communicated to the Policyholder.

- ii) Payment of all overdue Instalment Premiums in full (along with the applicable taxes, cesses or levies, if any) and interest, if any, at such a rate as may be determined by Us from time to time.
- iii) Upon Revival, the simple interest rate of 9% p.a. (applicable for FY 2025-26) may be charged. The revival interest rate shall be determined by the company from time to time based on the current market interest rate on 10-year Government securities (G-Sec) yield as on 31st March every year + 2% rounded to nearest 1%. The interest rate applicable for the financial year will be declared at start of the financial year. 10-year G-Sec rates are as declared by FIMMDA (Fixed Income Money Market and Derivatives Association of India). However, We reserve the right to revise the interest rate, charged on revival, from time to time with prior approval from IRDAI. The company may also offer revival campaigns during which interest may be fully waived or capped to a specified amount or percentage, applicable to all policies eligible for revival during the campaign period.
- iv) The Policy shall be considered to be revived only when a written confirmation to this effect is issued by the Company to You.
- c) This Policy will be revived in accordance with Our board approved underwriting policy.
- d) Revival of Rider, if opted for, will only be considered along with the revival of the Base Policy and not in isolation.
- e) If a lapsed Policy is not revived within the Revival Period but before the Date of Maturity, the Policy will automatically terminate. In case of Regular Premium policies, nothing shall be payable.
- f) Any Revival shall only cover the loss or Insured Event which occurs after the Revival Date.
- g) If during the Revival Period You do not revive the Policy then after completion of the Revival Period, the contract will be terminated.

7. Loans

No loans shall be granted by the Company under the Policy.

8. Free Look Period

- a) You may return this Policy within 30 days of receipt of the Policy Document, (whether received electronically or otherwise), if You disagree with any of the terms and conditions of the Policy, by giving Us a request for cancellation of this Policy which states the reasons for Your objections. We will cancel this Policy if You have not made any claims and refund the Instalment Premium received after deducting proportionate risk premium for the period of a cover, stamp duty charges and expenses incurred by Us on the medical examination of the Life Assured (if any).

If the policy is opted through Insurance Repository (IR), the computation of the said Free Look Period will be as stated below:-

- a) For existing e-Insurance Account: Computation of the said Free Look Period will commence from the date of delivery of the e-mail confirming the credit of the Insurance policy by the IR.
- b) For New e-Insurance Account: If an application for e-Insurance Account accompanies the proposal for insurance, the date of receipt of the 'welcome kit' from the IR with the credentials to log on to the eInsurance Account (eIA) or the delivery date of the email confirming the grant of access to the eIA or the delivery date of the email confirming the credit of the Insurance policy by the IR to the eIA, whichever is later shall be reckoned for the purpose of computation of the Free Look Period.

PART E

Applicable Charges, Funds & Fund Options

- 1) No charges or fees are applicable under this Policy.
- 2) This Policy is a non-linked insurance product, so no funds or fund options are available.

SAMPLE

PART F

General Terms & Conditions

1. Fraud and Misstatement

Please note the terms of Section 45 of the Insurance Act, 1938, as amended from time to time, which states as follows:

- a) No policy of life insurance shall be called in question on any ground whatsoever after the expiry of three years from the date of the policy, i.e., from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the Rider to the policy, whichever is later.
- b) A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the Rider to the policy, whichever is later, on the ground of fraud:
Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision is based.

Explanation I.—For the purposes of this sub-section, the expression "fraud" means any of the following acts committed by the insured or by his agent, with intent to deceive the insurer or to induce the insurer to issue a life insurance policy:—

- i. the suggestion, as a fact of that which is not true and which the insured does not believe to be true;
- ii. the active concealment of a fact by the insured having knowledge or belief of the fact;
- iii. any other act fitted to deceive; and
- iv. any such act or omission as the law specially declares to be fraudulent.

Explanation II.—Mere silence as to facts likely to affect the assessment of the risk by the insurer is not fraud, unless the circumstances of the case are such that regard being had to them, it is the duty of the insured or his agent keeping silence, to speak, or unless his silence is, in itself, equivalent to speak.

- c) Notwithstanding anything contained in sub-section(2), no insurer shall repudiate a life insurance policy on the ground of fraud if the insured can prove that the mis-statement of or suppression of a material fact was true to the best of his knowledge and belief or that there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of a material fact are within the knowledge of the insurer:

Provided that in case of fraud, the onus of disproving lies upon the beneficiaries, in case the policyholder is not alive.

Explanation. —A person who solicits and negotiates a contract of insurance shall be deemed for the purpose of the formation of the contract, to be the agent of the insurer.

- d) A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the Rider to the policy, whichever is later, on the ground that any statement of or suppression of a fact material to the expectancy of the life of the insured was incorrectly made in the proposal or other document on the basis of which the policy was issued or revived or Rider issued:

Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision to repudiate the policy of life insurance is based.

Provided further that in case of repudiation of the policy on the ground of mis-statement or suppression of a material fact, and not on the ground of fraud, the premiums collected on the policy till the date of repudiation shall be paid to the insured or the legal representatives or nominees or assignees of the insured within a period of ninety days from the date of such repudiation.

Explanation.—For the purposes of this sub-section, the misstatement of or suppression of fact shall not be considered material unless it has a direct bearing on the risk undertaken by the insurer, the onus is on the insurer to show that had the insurer been aware of the said fact no life insurance policy would have been issued to the insured.

- e) Nothing in this section shall prevent the insurer from calling for proof of age at any time if he is entitled to do so, and no Policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof that the age of the life insured was incorrectly stated in the proposal.

2. Statement of Age

- a) This Policy is issued at the Age shown in the Schedule which is the Life Assured's declared Age as at the Policy Commencement Date. In the event the declared Age as at the Policy Commencement Date is found to be different from the actual Age on the Policy Commencement Date, without prejudice to Our other rights and remedies, including those under the Insurance Act, 1938, as amended from time to time, one of the following actions may be taken:
 - i) If the Age of the Life Assured has been misstated and if the correct Age of the Life Assured makes the Life Assured ineligible for this Policy, We may offer a suitable plan as per the then existing underwriting norms. If the Life Assured does not wish to opt for the alternative plan or if it is not possible for Us to grant any other plan, then this Policy shall be cancelled and the premiums paid shall be refunded without interest, subject to deduction of stamp duty paid and the cost of medicals, if any. The Policy will terminate on the said payment.
 - ii) If the actual Age of the Life Assured is higher than the declared Age and higher Instalment Premiums should have been charged as per Our board approved underwriting Policy, the benefits payable under this Policy shall be reduced to the amount that the Instalment Premiums received would have purchased at the actual Age of the Life Assured.
 - iii) If the actual Age of the Life Assured is lower than the declared Age and lower Instalment Premiums should have been charged as per Our board approved underwriting Policy, We will refund any excess premiums received, without any interest.
 - iv) This clause will be as per provisions of Section 45 of the Insurance Act, 1938 as amended from time to time.

3. Claims Procedures

Payment of Death Benefits

- a) The death of the Life Assured must be notified to Us in writing.
- b) Proof of death and any appropriate documents as required by Us must be completed and furnished to Us, not later than 90 days from the date of death of the Life Assured, unless specified otherwise. However, delay in intimation of the genuine claim by the Claimant, may be condoned by the Company, on merit, and where delay is proved to be for the reasons beyond his/her control.
- c) The following documentation must necessarily be submitted to Us in order to process the death claim:
 - i) Original Policy Document;
 - ii) Original death certificate issued by the competent authority;
 - iii) Post mortem report / FIR, where applicable;
 - iv) Claim forms duly completed as required by Us;
 - v) Certificate from physician/hospital last attended showing cause of death wherever applicable;
 - vi) A copy of past medical records for diagnosis and treatment with complete details of Illness, wherever applicable.
 - vii) Legal evidence of title of the claimant where no valid nomination or assignment under this Policy exists or in cases where the title is in dispute;
 - viii) Proof of Age, if the Age has not been admitted under the Policy earlier.
 - ix) Self-attested copy of the PAN Card or Form 60 of Claimant
 - x) KYC documents including photograph of the Claimant
 - xi) Bank details with supporting documents of Claimant
- d) We may, however, call for additional documents, if found necessary, in support of the claim.

Payment of Maturity Benefits

There is no maturity benefit under this plan.

4) Termination of the Policy

This Policy will cease immediately and/or automatically on the happening of the earliest of any of the following and will constitute a valid discharge of Our liability under the Policy:

- i) on the date of payment of the entire Death Benefit upon the death of the Life Assured;
- ii) on the date of payment of the amount as per suicide clause in accordance with Clause 6 (a) i. of this Part F;
- iii) on the Maturity Date of Policy;
- iv) in case both accelerated Critical Illness benefit and accelerated Accidental Total & Permanent Disability benefit have been paid;
- v) on the date of receipt of Free Look request in accordance with Part D of this Policy;
- vi) on the expiry of the Revival Period provided We have not received the due unpaid Premiums along with interest, if any, from You till the expiry of such period and this Policy.

5) The Policyholder's Rights

- a) You are the Policyholder of this Policy. Unless provided otherwise in the terms of this Policy or through the provisions of applicable Indian law, only You can, during the lifetime of the Life Assured, exercise all rights, privileges and options provided under this Policy subject to any Nominee's vested interest or any assignee's rights, if any.

- b) This Policy describes the options available to You upon non-payment of due premium as specified in Part D of this Policy. In no event, Company is under any obligation to send any separate notice(s) to You for reiteration of these options or payment of Instalment Premium. You are solely responsible to pay Instalment Premium on time as specified in this Policy Document.

6) Exclusions

a) Exclusions under Death Benefit

i. **Suicide Exclusion:**

In case of death of Life Assured due to suicide within 12 months from the Date of commencement of Risk under the Policy or from the date of Revival of the Policy, as applicable, the Nominee or beneficiary of the Policyholder shall be entitled to at least 80% of the Total Premiums Paid till the date of death or the Policy Cancellation Value available as on the date of death whichever is higher, provided the Policy is in-force.

ii. **Other Exclusion:**

We shall not be under any obligation to provide cover and shall not be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose the Company to any sanction, prohibition or restriction under OFAC, United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United States of America or as directed by the Government of India, from time to time.

b) Exclusions Under Accidental Total and Permanent Disability Benefit

The Life Assured shall not be entitled to any Accidental Total and Permanent Disability Benefit directly or indirectly due to or caused, occasioned, accelerated or aggravated by any of the following:

- i. Disability occurs as a result of any pre-existing condition.
- ii. Disability occurs as a result of participation by the insured person in a criminal or unlawful act
- iii. Disability occurs as a consequence of the insured person being under the influence of alcohol, drugs, narcotics or psychotropic substances unless taken in accordance with the lawful directions and prescription of a qualified & registered medical practitioner.
- iv. Disability occurs as a result of self-inflicted injuries or attempted suicide; while sane or insane
- v. Disability occurs as a result of taking part in any naval, military or air force operation during peace time or during service in any police, paramilitary or any similar organisation.
- vi. Disability occurs as a result of the person engaging in or taking part in professional sport(s) or any hazardous pursuits, including but not limited to any kind of race; diving or underwater activities involving the use of breathing apparatus or not; martial arts; hunting; mountaineering; parachuting; bungee-jumping etc.
- vii. Disability occurs as a result of participation by the insured person in any flying activity, except as a bona fide fare-paying passenger of a recognized airline flying on regular routes and on a scheduled timetable.
- viii. Disability occurs 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.
- ix. Disability occurs as a result of nuclear or radio-active contamination.

c) Exclusions under Critical Illness Benefit

The Life Assured shall not be entitled to any Critical Illness benefit directly or indirectly due to or caused, occasioned, accelerated or aggravated by any of the following:

- i. Any Illness, sickness or disease other than those specified as Critical Illnesses under this Product;
- ii. Any Critical Illness caused by any Pre-existing Disease (PED) or any complications arising therefrom.
- iii. Any Critical Illness caused due to use or misuse of alcohol, drugs or any addictive substance and consequences thereof.
- iv. Any Critical Illness caused due to narcotics used by the Life Assured unless taken as prescribed by a registered Medical Practitioner,
- v. Any Critical Illness caused due to intentional self-Injury, suicide or attempted suicide
- vi. Any Critical Illness caused by or arising from or attributable to a foreign invasion, act of foreign enemies, hostilities, warlike operations (whether war be declared or not or while performing duties in the armed forces of any country during war or at peace time), civil war, public defense, rebellion, revolution, insurrection, military or usurped power;
- vii. Any Critical Illness caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or from any nuclear waste from the combustion of nuclear fuel or caused by nuclear, chemical or biological attack.
- viii. Any Critical Illness caused by Congenital External Anomalies, inherited disorders or any complications or conditions arising therefrom including any developmental conditions of the Insured;
- ix. Any Critical Illness caused by any treatment necessitated due to participation as a professional in hazardous or adventure sport, including but not limited to para jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep sea diving etc.
- x. Any Critical Illness caused by any treatment necessitated due to participation by the Life Assured in any flying activity, except as a bona fide, fare-paying passenger of a recognized airline flying on regular routes and on a scheduled timetable.
- xi. Any Critical Illness caused by Medical treatment traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy. Any Critical Illness caused due to miscarriages (unless due to an accident) and lawful medical termination of pregnancy during the policy period.
- xii. Any Critical Illness caused by any unproven/ experimental treatment, service and supplies for or in connection with any treatment. Unproven/ experimental treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.
- xiii. Any Critical Illness based on certification/diagnosis/treatment from persons not registered as Medical Practitioners or from a Medical Practitioner who is practicing outside the discipline that he/ she is licensed for.
- xiv. Any Critical Illness caused due to any treatment, including surgical management, to change characteristics of the body to those of opposite sex.
- xv. Any Critical Illness caused due to cosmetic or plastic surgery or any treatment to change the appearance unless for reconstruction following an Accident, Burn(s), or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For

this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.

- xvi. Any Critical Illness caused due to surgical treatment of obesity that does not fulfil all the below conditions:
 - a) Surgery to be conducted is upon the advice of the Medical Practitioner
 - b) The Surgery / Procedure conducted should be supported by clinical protocols.
 - c) The member has to be 18 years of age or older and
 - d) Body Mass Index (BMI):
 - i. greater than or equal to 40 or
 - ii. greater than or equal to 35 in conjunction with any of the following severe co-morbidities
 - Obesity related cardiomyopathy
 - Coronary heart disease
 - Severe Sleep Apnea
 - Uncontrolled Type 2 Diabetes
- xvii. Any Critical Illness caused by treatment directly arising from or consequent upon any Life Assured committing or attempting to commit a breach of law with criminal intent.
- xviii. In the event of the death of the Life Assured within the stipulated survival period as set out in the policy terms and conditions.
- xix. Any Critical Illness caused by sterility and infertility. This includes:
 - a) Any type of contraception, sterilization
 - b) Assisted Reproductive services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
 - c) Gestational Surrogacy
 - d) Reversal of sterilization

7) Assignment and transfer of insurance policies

Assignment should be in accordance with provisions of section 38 of the Insurance Act, 1938, as amended from time to time. Please refer to Annexure II for more details on this section.

8) Nomination by Policyholder

Nomination should be in accordance with provisions of section 39 of the Insurance Act, 1938, as amended from time to time. Please refer to Annexure III for more details on this section.

9) Loss of Policy Document

- a) If the Policy Document is lost or misplaced, You should submit to Us a written request stating the fact and the reason for the loss. We will issue You a duplicate Policy Document by charging an amount as decided by Us from time to time. The current applicable fee is Rs. 250. Upon the issue of the duplicate Policy Document, the original Policy Document will automatically cease to have any validity with immediate effect.
- b) You agree to indemnify Us and hold Us free and harmless from any costs, expenses, claims, awards or judgments arising out of or in relation to the original Policy Document.

10) Restrictions on Travel, Residence & Occupation

This Policy does not impose any restrictions on to travel, residence or occupation, unless specified otherwise in Part F of this Policy or under applicable Indian law.

11) Governing Law & Jurisdiction

- a) Any and all disputes arising under or in relation to this Policy shall be subject to the jurisdiction of the Indian courts.
- b) The terms and conditions of this Policy, including the premiums and benefits payable under this Policy shall be governed by the applicable Indian law and are subject to variation in accordance with directions of the IRDAI.

12) Electronic Transactions

All remote transactions effected through the Internet, world wide web, electronic data interchange, call centres, teleservice operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication, established by Us or on Our behalf, for and in respect of this Policy or its terms, shall constitute legally binding on either part if valid transactions as per extant laws applicable and are done in adherence to and in compliance with Our terms and conditions for such facilities, as may be prescribed from time to time.

13) Policy Currency

All amounts payable either to or by Us under this Policy shall be payable in India and in Indian Rupees only.

14) Address for Correspondence

- a) Any notice, information, request, or instruction You send to Us must be in writing and delivered to the address We have communicated to you, which is currently as follows:

:

Head – Operations

Generali Central Life Insurance Company Limited,
Unit 801 and 802, 8th floor, Tower C,
Embassy 247 Park, L.B.S. Marg,
Vikhroli (W), Mumbai – 400083
Email: care@generalicentral .com

- b) In the event of any change in our address, we will notify you of such change in writing.
- c) Any notice, information, or instruction from Us will be sent to the address provided by You in the Schedule, or to any updated address that You have communicated to Us in writing
- d) Please inform us immediately of any changes to your registered address, email ID, or other contact details specified in the Schedule. Keeping your information up to date helps us reach you quickly and ensures that all our communications are delivered to you on time.



Generali Central Life Insurance Company Limited
(formerly known as Future Generali India Life Insurance Company Limited)

IRDAI Registration No. 133; CIN: U66010MH2006PLC165288

15) Applicable Taxes & Duties

The tax benefits on this Policy shall be as per the prevailing tax laws in India and amendments thereto from time to time. In respect of any payment made or to be made under this Policy, We will deduct or charge or recover applicable taxes and other levies, as applicable at such rates as notified by the government or such other body authorised by the government from time to time. Tax laws are subject to change.

SAMPLE

PART G

Grievance Redressal Procedure & List of Insurance Ombudsmen

1) In case of any grievance, please approach the following in the order given below:

- a) In the event of any complaint/grievance under this Policy, a reference may be made to Our office at the following address giving the nature and full particulars of the grievance: -

Grievance Redressal Department
Generali Central Life Insurance Company Limited

Unit 801 and 802, 8th floor, Tower C,
Embassy 247 Park, L.B.S. Marg,
Vikhroli (W), Mumbai – 400083
Email ID: care@generalicentral.com
Our website: www.generalicentrallife.com
Contact No: 022-41514500
Toll Free No: 1800 102 2355

You may also reach out to Your nearest branch. You can locate Your nearest branch on Our website at <https://www.generalicentrallife.com/customer-service/branch-locator/>

If you are a Senior citizen, you may write to us at the following id:
senior.citizens@generalicentral.com for priority assistance.

- b) In case the decision of the above office is not satisfactory, or there is no response from the office within 10 days, the following official for resolution of the grievance may be contacted:-

Grievance Redressal Officer
Generali Central Life Insurance Company Limited

Unit 801 and 802, 8th floor, Tower C,
Embassy 247 Park, L.B.S. Marg,
Vikhroli (W), Mumbai – 400083
Contact No: 022 41514712
Toll Free: 1800 102 2355
Email: gro@generalicentral.com

- c) In case Our decision/resolution of the grievance is not satisfactory or in case You do not receive a response within 15 days from Us, the IRDAI (Insurance Regulatory and Development Authority of India) through the Integrated Grievance Management System (IGMS) may be approached on the following contact details. The IGMS provides a gateway for Policyholders to register complaints with insurance companies first and if required the same can be escalated to the IRDAI Grievance Cell.

IRDAI Grievance Call Centre (IGCC)

Call Center: TOLL FREE NUMBER (155255) or 1800 4254 732 for voice calls

Email ID: complaints@irdai.gov.in

A complaint may also be registered online at: <https://bimabharosa.irdai.gov.in/>

Address for communication for complaints by paper/fax:

General Manager,

Policyholder's protection & Grievance Redressal Department – Grievance Redressal Cell,

Insurance Regulatory and Development Authority of India,

Sy.No.115/1, Financial District, Nanakramguda,

Gachibowli, Hyderabad – 500 032

You can also make use of the Bima Bharosa system - IRDAI Portal at

<https://bimabharosa.irdai.gov.in/> for registering the complaints and to monitor the status of the complaints.

d) Insurance Ombudsman

i) In case Our decision/resolution is not satisfactory or in case You have not received any response within 30 days from the date filing of complaints with Us, You can approach Insurance Ombudsman as per the details specified in Annexure I, the Insurance Ombudsman Appointed under the provisions of Insurance Ombudsman Rules, 2017 may be approached if the grievance pertains 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, General insurer or the health 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, general insurance Policy including health 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 general insurance including health insurance; and
- i) any other matter resulting from the violation of provisions of the Insurance Act, 1938 as amended from time to time 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)

ii) Further, As per Rule 14(3) of the Insurance Ombudsman Rules 2017, the complaint to the Insurance Ombudsman can be made only if:

- 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 fails to furnish reply to the complainant

The Insurance Ombudsman is an organization that addresses grievances that are not settled to Your satisfaction. The list of Insurance Ombudsmen offices is provided as Annexure I to this Policy. Further, the list of Insurance Ombudsmen offices is also available at the website below:
<https://www.cioins.co.in/ombudsman>

ANNEXURE I

LIST OF INSURANCE OMBUDSMAN CONTACT DETAILS	JURISDICTION (Union Territory, District)
AHMEDABAD Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02 Email: oio.ahmedabad@cioins.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
BENGALURU Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: oio.bengaluru@cioins.co.in	Karnataka.
BHOPAL Insurance Ombudsman Office of the Insurance Ombudsman, 1st floor, "Jeevan Shikha", 60-B, Hoshangabad Road, Opp. Gayatri Mandir, Arera Hills Bhopal – 462 011. Tel.: 0755 - 2769201 / 2769202 / 2769203 Email: oio.bhopal@cioins.co.in	Madhya Pradesh Chhattisgarh.
BHUBANESWAR Insurance Ombudsman Office of the Insurance Ombudsman, 62, Forest park, Bhubaneswar – 751 009. Tel.: 0674 - 2596461 / 2596455 / 2596429 / 2596003 Email: oio.bhubaneswar@cioins.co.in	Odisha.
CHANDIGARH Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Deep Building SCO 20-27, Ground Floor Sector- 17 A, Chandigarh – 160 017. Tel.: 0172 - 2706468 Email: oio.chandigarh@cioins.co.in	Punjab, Haryana (excluding Gurugram, Faridabad, Sonapat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh.
CHENNAI Insurance Ombudsman Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24333678 Email: oio.chennai@cioins.co.in	Tamil Nadu, Puducherry Town and Karaikal (which are part of Puducherry).

DELHI Insurance Ombudsman Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 46013992/23213504/23232481 Email: _oio.delhi@cioins.co.in	Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh.
GUWAHATI Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Near Pan Bazar, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 / 2631307 Email: oio.guwahati@cioins.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
HYDERABAD Insurance Ombudsman Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp.Hyundai Showroom, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 / 23376991 / 23376599 / 23328709 / 23325325 Email: oio.hyderabad@cioins.co.in	Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.
JAIPUR Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 – 2740363 Email: oio.jaipur@cioins.co.in	Rajasthan.
KOCHI Insurance Ombudsman Office of the Insurance Ombudsman, 10th Floor, Jeevan Prakash, LIC Building, Opp to Maharaja's College Ground, M.G.Road, Kochi - 682 011. Tel.: 0484 - 2358759 Email: oio.ernakulam@cioins.co.in	Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.
KOLKATA Insurance Ombudsman Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 7th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124341 Email: oio.kolkata@cioins.co.in	West Bengal, Sikkim, Andaman & Nicobar Islands.

LUCKNOW Insurance Ombudsman Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 4002082 / 3500613 Email: oio.lucknow@cioins.co.in	Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
MUMBAI Insurance Ombudsman Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 69038800/27/29/31/32/33 Email: oio.mumbai@cioins.co.in	<u>List of wards</u> under Mumbai Metropolitan Region excluding wards in Mumbai – i.e M/E, M/W, N , S and T covered under Office of Insurance Ombudsman Thane and excluding areas of Navi Mumbai.
NOIDA Insurance Ombudsman Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514252 / 2514253 Email: oio.noida@cioins.co.in	State of Uttarakhand and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kannauj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam Buddh nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
PATNA Insurance Ombudsman Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001 Tel.: 0612-2547068 Email: oio.patna@cioins.co.in	Bihar, and Jharkhand.
PUNE Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020 –24471175 Email: oio.pune@cioins.co.in	State of Goa and State of Maharashtra excluding areas of Navi Mumbai, Thane district, Palghar District, Raigad district & Mumbai Metropolitan Region
THANE Insurance Ombudsman Office of the Insurance Ombudsman, 2nd Floor, Jeevan Chintamani Building, Vasantrao Naik Mahamarg, Thane (West), Thane – 400604 Tel.: 022-20812868/69 Email: oio.thane@cioins.co.in	Area of Navi Mumbai, Thane District, Raigad District, Palghar District and <u>wards of Mumbai</u>, M/East, M/West, N, S and T.

Annexure II

Section 38 - Assignment or Transfer of Insurance Policies should be in accordance with Section 38 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015 dated 23.03.2015. The extant provisions in this regard are as follows:

- (1) This policy may be transferred/assigned, wholly or in part, with or without consideration.
- (2) An assignment may be affected in a policy by an endorsement upon the policy itself or by a separate instrument under notice to the Insurer.
- (3) The instrument of assignment should indicate the fact of transfer or assignment and the reasons for the assignment or transfer, antecedents of the assignee and terms on which assignment is made.
- (4) The assignment must be signed by the transferor or assignor or duly authorized agent and attested by at least one witness.
- (5) The transfer or assignment shall not be operative as against an insurer until a notice in writing of the transfer or assignment and either the said endorsement or instrument itself or copy thereof certified to be correct by both transferor and transferee or their duly authorised agents have been delivered to the insurer.
- (6) Fee to be paid for assignment or transfer can be specified by the Authority through Regulations.
- (7) On receipt of notice with fee, the insurer should Grant a written acknowledgement of receipt of notice. Such notice shall be conclusive evidence against the insurer of duly receiving the notice.
- (8) If the insurer maintains one or more places of business, such notices shall be delivered only at the place where the policy is being serviced.
- (9) The insurer may accept or decline to act upon any transfer or assignment or endorsement, if it has sufficient reasons to believe that it is (a) not Bonafide or (b) not in the interest of the policyholder or (c) not in public interest or (d) is for the purpose of trading of the insurance policy.
- (10) Before refusing to act upon endorsement, the Insurer should record the reasons in writing and communicate the same in writing to Policyholder within 30 days from the date of policyholder giving a notice of transfer or assignment.
- (11) In case of refusal to act upon the endorsement by the Insurer, any person aggrieved by the refusal may prefer a claim to IRDAI within 30 days of receipt of the refusal letter from the Insurer.
- (12) The priority of claims of persons interested in an insurance policy would depend on the date on which the notices of assignment or transfer is delivered to the insurer; where there are more than one instruments of transfer or assignment, the priority will depend on dates of delivery of such notices. Any dispute in this regard as to priority should be referred to Authority.
- (13) Every assignment or transfer shall be deemed to be absolute assignment or transfer and the assignee or transferee shall be deemed to be absolute assignee or transferee, except
 - a. where assignment or transfer is subject to terms and conditions of transfer or assignment OR
 - b. where the transfer or assignment is made upon condition that
 - i. the proceeds under the policy shall become payable to policyholder or nominee(s) in the event of assignee or transferee dying before the insured OR
 - ii. the insured surviving the term of the policy

Such conditional assignee will not be entitled to obtain a loan on policy or surrender the policy. This provision will prevail notwithstanding any law or custom having force of law which is contrary to the above position.

- (14) In other cases, the insurer shall, subject to terms and conditions of assignment, recognize the transferee or assignee named in the notice as the absolute transferee or assignee and such person
 - a. shall be subject to all liabilities and equities to which the transferor or assignor was subject to at the date of transfer or assignment and
 - b. may institute any proceedings in relation to the policy



c. obtain loan under the policy or surrender the policy without obtaining the consent of the transferor or assignor or making him a party to the proceedings

(15) Any rights and remedies of an assignee or transferee of a life insurance policy under an assignment or transfer effected before commencement of the Insurance Laws (Amendment) Act, 2015 shall not be affected by this section.

[Disclaimer: 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 Insurance Laws (Amendment) Act, 2015 dated 23.03.2015 for complete and accurate details.]

SAMPLE

Annexure III

Nomination of a life insurance Policy is as below in accordance with Section 39 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015 dated 23.03.2015. 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. The manner of appointment to be laid down by the insurer.
- 3) Nomination can be made at any time before the Maturity Date 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 insurer and can be registered by the insurer 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 insurer for the insurer to be liable to such Nominee. Otherwise, insurer will not be liable if a bonafide payment is made to the person named in the text of the policy or in the registered records of the insurer.
- 7) Fee to be paid to the insurer for registering change or cancellation of a nomination can be specified by the Authority through Regulations.
- 8) On receipt of notice with fee, the insurer should 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 insurer 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 insurer'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 insurer 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 (i.e. 23.03.2015).
- 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 applies or has at any time applied except where before or 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



Generali Central Life Insurance Company Limited
(formerly known as Future Generali India Life Insurance Company Limited)

IRDAI Registration No. 133; CIN: U66010MH2006PLC165288

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.

[Disclaimer: 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 Insurance Laws (Amendment) Act, 2015 dated 23.03.2015 for complete and accurate details

SAMPLE

Annexure IV

1. Definition of Accidental Total and Permanent Disability

Accidental Total Permanent Disability means, disability of the Life assured as a result of bodily Injury caused by an Accident and such Injury shall within 180 days of its occurrence solely, directly and independently of any other cause, result in the Life Assured's disability which must be permanent and total and must result in one of the following:

- (i) Loss of both eyes
- (ii) Loss of both arms or both hands
- (iii) Loss of one arm and one leg
- (iv) Loss of one arm and one foot
- (v) Loss of one hand and one foot
- (vi) Loss of one hand and one leg
- (vii) Loss of both legs
- (viii) Loss of both feet
- (ix) Loss of one limb and one eye

The disability must have lasted, without interruption, for at least six consecutive months and must, in the opinion of a qualified & registered Medical Practitioner, be deemed permanent and if required, the Company shall subject the insured to an independent medical assessment

2. Definitions of Critical Illness (CI) conditions

1. Cancer of Specified Severity

I. A malignant tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukaemia, lymphoma, and sarcoma.

II. The following are excluded –

- 1. All tumours which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behaviour, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -2, and CIN3.
- 2. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond.
- 3. Malignant melanoma that has not caused invasion beyond the epidermis.
- 4. 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.
- 5. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below.
- 6. Chronic lymphocytic leukaemia less than RAI stage 3
- 7. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification.
- 8. All Gastro-Intestinal Stromal Tumours histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs.

2. Myocardial Infarction (First Heart Attack of specific severity)

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

The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria:

1. A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g., typical chest pain)
2. New characteristic electrocardiogram changes
3. Elevation of infarction specific enzymes, Troponins, or other specific biochemical markers.

II. The following are excluded:

1. Other acute Coronary Syndromes
2. Any type of angina pectoris
3. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.

3. Open Chest Cabg

I. The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breastbone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography, and the realization of surgery has to be confirmed by a cardiologist.

II. The following are excluded:

Angioplasty and/or any other intra-arterial procedures.

4. Open Heart Replacement or Repair of Heart Valves

I. The actual undergoing of open-heart valve surgery is to replace or repair one or more heart valves, 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.

5. Coma Of Specified Severity

I. A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following:

1. No response to external stimuli continuously for at least 96 hours;
2. Life support measures are necessary to sustain life; and
3. Permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.

II. The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse is excluded.

6. 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.

7. Stroke Resulting In Permanent Symptoms

I. 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.

II. The following are excluded:

1. Transient ischemic attacks (TIA)
2. Traumatic Injury of the brain
3. Vascular disease affecting only the eye or optic nerve or vestibular functions.

8. 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, provided that the procedure is confirmed by a specialist medical practitioner.

The following are excluded:

- I Any other type of stem-cell transplants.
- II Procedures where only islets of Langerhans are transplanted

9. 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.

10. Motor Neuron Disease with Permanent Symptoms

I. Motor neuron disease diagnosed by a specialist medical practitioner as spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis. There must be progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurons. There must be current significant and permanent functional neurological impairment with objective evidence of motor dysfunction that has persisted for a continuous period of at least 3 months.

11. Multiple Sclerosis with Persisting Symptoms

I. The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:

1. Investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and
2. There must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.

II. Other causes of neurological damage such as SLE are excluded.

12. Benign Brain Tumor

I. Benign brain tumour is defined as a life threatening, non-cancerous tumour in the brain, cranial nerves or meninges within the skull. The presence of the underlying tumour must be confirmed by imaging studies such as CT scan or MRI.

II. This brain tumor must result in at least one of the following and must be confirmed by the relevant medical specialist.

1. Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or
2. Undergone surgical resection or radiation therapy to treat brain tumors.

III. The following conditions are excluded:

Cysts, Granulomas, malformations in the arteries or veins of the brain, hematomas, abscesses, pituitary tumours, tumours of skull bones and tumours of the spinal cord.

13. Blindness

I. Total, permanent and irreversible loss of all vision in both eyes as a result of illness or accident.

II. Blindness is evidenced by:

1. Corrected visual acuity being 3/60 or less in both eyes or;
2. The field of vision being less than 10 degrees in both eyes.

III. The diagnosis of blindness must be confirmed and must not be correctable by aids or surgical procedure.

14. Deafness

I. Total and irreversible loss of hearing in both ears as a result of illness or accident. This diagnosis must be supported by pure tone audiogram test and certified by an Ear, Nose and Throat (ENT) specialist. Total means “the loss of hearing to the extent that the loss is greater than 90 decibels across all frequencies of hearing” in both ears.

15. End Stage Lung Failure

I. End stage lung disease, causing chronic respiratory failure, as confirmed and evidenced by all of the following:

1. FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart; and
2. Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and
3. Arterial blood gas analysis with partial oxygen pressure of 55mmHg or less ($\text{PaO}_2 < 55\text{mmHg}$); and
4. Dyspnea at rest.

16. End Stage Liver Failure

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

1. Permanent jaundice; and
2. Ascites; and
3. Hepatic encephalopathy.

II. Liver failure secondary to drug or alcohol abuse is excluded.

17. Loss Of Speech

I. Total and irrecoverable loss of the ability to speak as a result of Injury or disease to the vocal cords. The inability to speak must be established for a continuous period of 12 months. This diagnosis must be supported by medical evidence furnished by an Ear, Nose, throat (ENT) specialist.

II. All psychiatric related causes are excluded.

18. Loss of Limbs

The physical separation of two or more limbs, at or above the wrist or ankle level as a result of Injury or disease. This will include medically necessary amputation necessitated by Injury or disease. The separation has to be permanent without any chance of surgical correction. Loss of Limbs resulting directly or indirectly from self-inflicted Injury, alcohol or drug abuse is excluded.

19. Major Head Trauma

I. Accidental head Injury resulting in permanent Neurological deficit to be assessed no sooner than 3 months from the date of the accident. This diagnosis must be supported by unequivocal findings on Magnetic Resonance Imaging, Computerized Tomography, or other reliable imaging techniques. The accident must be caused solely and directly by accidental, violent, external, and visible means and independently of all other causes.

II. The Accidental Head Injury must result in an inability to perform at least three (3) of the following Activities of Daily Living either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons. For the purpose of this Benefit, the word “permanent” shall mean beyond the scope of recovery with current medical knowledge and technology.

III. The Activities of Daily Living are:

- i. Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means.
- ii. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances.
- iii. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa.
- iv. Mobility: the ability to move indoors from room to room on level surfaces.
- v. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene.
- vi. Feeding: the ability to feed oneself once food has been prepared and made available.

IV. The following are excluded:

1. Spinal cord Injury.

20. Primary (Idiopathic) Pulmonary Hypertension

I. An unequivocal diagnosis of Primary (Idiopathic) Pulmonary Hypertension by a Cardiologist or specialist in respiratory medicine with evidence of right ventricular enlargement and the pulmonary artery pressure above 30 mm of Hg on Cardiac Catheterization. There must be permanent irreversible physical impairment to the degree of at least Class IV of the New York Heart Association Classification of cardiac impairment.

II. The NYHA Classification of Cardiac Impairment are as follows:

1. Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.



2. Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.

III. Pulmonary hypertension associated with lung disease, chronic hypoventilation, pulmonary thromboembolic disease, drugs and toxins, diseases of the left side of the heart, congenital heart disease and any secondary cause are specifically excluded.

SAMPLE