

Annexure – A

Customer Information Sheet/Know Your Policy

This document provides key information about your policy. You are also advised to go through your policy document.

Sr. No.	TITLE	DESCRIPTION	Policy Clause Number
1	Name of Insurance Product/Policy	HDFC Life Cardiac Care	NA
2	Policy number	<Policy number>	NA
3	Type of insurance Product /Policy:	Benefit (Where an Insurance Policy pays a fixed amount under the policy on the occurrence of a covered event)	NA
4	Sum Insured (Basis) (Along with amount)	Rs.<Sum Insured>	NA
5	Policy Coverage (What the policy covers?) (Policy Clause Number/s)	<p><u>Base Benefit:</u> The product provides a fixed benefit payout on diagnosis of the cardiovascular conditions or undergoing any of the below specified surgeries based on the severity of the condition/ surgery:</p> <p><u>Group A (100% of sum Assured) High Severity</u></p> <ul style="list-style-type: none"> a) Myocardial Infarction (First Heart Attack – of Specific Severity) b) Open Chest CABG c) Open Heart Replacement or Repair of Heart Valves d) Major Surgery of Aorta e) Heart Transplant f) Cardiomyopathy g) Primary (Idiopathic) Pulmonary Hypertension <p><u>Group B (50% of Sum Assured) Moderate Severity</u></p> <ul style="list-style-type: none"> a) Balloon Valvotomy or Valvuloplasty1 b) Surgery to place Ventricular Assist Devices or Total Artificial Hearts1 c) Implantable Cardioverter Defibrillator (ICD) d) Carotid Artery Surgery <p><u>Group C (25% of Sum Assured) Mild Severity</u></p> <ul style="list-style-type: none"> a) Pericardectomy b) Minimally Invasive Surgery of Aorta c) Angioplasty 	Part C: Clause 1

		<p>d) Infective Endocarditis e) Surgery for Cardiac Arrhythmia f) Insertion of Pacemaker g) Pulmonary Thrombo Embolism</p> <p>On diagnosis of any of the conditions or the undergoing any one of the surgeries listed above, you will receive a fixed benefit equal to a lump sum payout of: 100% of the Sum Assured for any of the conditions/surgery in the Severe category 50% of the Sum Assured for any of the conditions/surgery in the Moderate category 25% of the Sum Assured for any of the conditions/surgery in the Mild category</p> <p><u>Optional Benefits</u></p> <p>In addition to the base benefit as described in the previous section, you may also opt for the following optional benefits to ensure that you have additional protection:</p> <p>A. Hospitalization Benefit B. Indexation Benefit C. Income Benefit</p> <p>You may choose any combination of optional benefits to be added to your base plan For more details on the optional benefits, please refer to the Product Brochure or the Policy Document</p>	
6	<p>Exclusions (What the policy does not cover) :</p>	<p>Unless expressly stated to the contrary in this Policy, we will not make any payment for any claim in respect of Life Assured if it is directly or indirectly- caused by or aggravated directly or indirectly by or arises from or is in any way attributable to any of the following:</p> <ol style="list-style-type: none"> 1. No benefits will be payable for any condition(s) which is a direct or indirect result of any Pre-Existing Disease unless Life Assured has disclosed the same at the time of Proposal or date of reinstatement whichever is later and the company has accepted the same. Any investigation or treatment for any Illness, disorder, complication or ailment arising out of or connected with the pre-existing Illness shall be considered part of that Pre-existing Disease. 2. Any disease/disorder of the heart having occurred and/or Hospitalization and/or treatment (availed or advised) for the same within the Waiting Period. 3. Failure to seek or follow Medical Advice or the Life Assured has delayed medical treatment in order to circumvent the Waiting Period or other conditions and restriction applying to this Policy. 4. Self-inflicted injuries, suicide, and immorality, and deliberate participation of the Life Assured in an illegal or criminal act. 	<p>Part F Clause 2</p>

		<p>5. Use of intoxicating drugs / alcohol / solvent, taking of drugs except under the direction of a qualified Medical Practitioner.</p> <p>6. Radioactive contamination due to nuclear accident.</p> <p>7. Engaging in hazardous sports / pastimes, i.e. taking part in (or practising for) boxing, caving, climbing, horse racing, jet skiing, martial arts, mountaineering, off pastel skiing, pot holing, power boat racing, underwater diving, yacht racing or any race, trial or timed motor sport, bungee jumping, hand gliding etc. or any Injury, sickness or disease received as a result of aviation (including parachuting or skydiving), gliding or any form of aerial flight other than as a fare-paying passenger or crew on a licensed passenger-carrying commercial aircraft operating on regular routes and on a scheduled timetable unless agreed by special endorsement..</p>	
7	<p>Waiting period Time period during which specified diseases /treatments are not covered It is counted from beginning of the policy coverage</p>	<p>On inception:</p> <ul style="list-style-type: none"> • A waiting period of 180 days shall apply from the date of risk commencement. <p>On revival:</p> <ul style="list-style-type: none"> • If the policy is revived within 60 days of premium due date, only the remaining part of waiting period, if any will apply. • If the policy is revived after 60 days of premium due date, full 180 days waiting period will apply afresh. <p>The Company will refund the premiums paid without any interest from risk commencement date of the policy, the policy shall terminate and no future premiums & benefits shall be payable where a claim is made for any disease/disorder of the heart having occurred and/or hospitalization and/or treatment (availed or advised) for the same within the waiting period. However, no refund shall be made where coverage is called in question on the grounds as provided under sec. 45 of the Insurance Act, 1938 as amended from time to time.</p>	<p>Part F Clause 1</p>
8	<p>Financial limits coverage of</p> <p>i. Sub-limit (It is a pre-defined limit and the insurance company will not pay any amount in excess of this limit)</p> <p>ii. Co-payment (It is a</p>	<p>Base Benefit: The product provides a fixed benefit payout on diagnosis of the cardiovascular conditions or undergoing any of the below specified surgeries based on the severity of the condition/ surgery:</p> <p>Group A (100% of sum Assured) High Severity</p> <ol style="list-style-type: none"> 1.Myocardial Infarction (First Heart Attack – of Specific Severity) 2.Open Chest CABG 3.Open Heart Replacement or Repair of Heart Valves 4.Major Surgery of Aorta 5.Heart Transplant 6.Cardiomyopathy 7.Primary (Idiopathic) Pulmonary Hypertension 	<p>PART C Clause 1</p>

	<p>specified amount/percentage of the admissible claim amount to be paid by policyholder/insured).</p> <p>iii. Deductible (It is a specified amount: up to which insurance company will not pay any claim, and which will be deducted from total claim amount (if claim amount is more than the specified amount)</p> <p>iv. Any other limit (as applicable)</p>	<p>Group B (50% of Sum Assured) Moderate Severity</p> <ol style="list-style-type: none"> 1. Balloon Valvotomy or Valvuloplasty¹ 2. Surgery to place Ventricular Assist Devices or Total Artificial Hearts¹ 3. Implantable Cardioverter Defibrillator (ICD) 4. Carotid Artery Surgery <p>Group C (25% of Sum Assured) Mild Severity</p> <ol style="list-style-type: none"> 1. Pericardectomy 2. Minimally Invasive Surgery of Aorta 3. Angioplasty 4. Infective Endocarditis 5. Surgery for Cardiac Arrhythmia 6. Insertion of Pacemaker 7. Pulmonary Thrombo Embolism <p>On diagnosis of any of the conditions or the undergoing any one of the surgeries listed above, you will receive a fixed benefit equal to a lump sum payout of:</p> <ol style="list-style-type: none"> i) 100% of the Sum Assured for any of the conditions/surgery in the Severe category ii) 50% of the Sum Assured for any of the conditions/surgery in the Moderate category iii) 25% of the Sum Assured for any of the conditions/surgery in the Mild category 	
9	Claims/Claims Procedure	<p>The benefits under this Policy, subject to other conditions prescribed under this Policy, will be payable to the Policyholder if:</p> <ol style="list-style-type: none"> (1) The Life Assured survives for a period of 30 days from the date of Occurrence/recurrence of the Covered Condition; (2) The Occurrence/recurrence takes place within the Policy Term. However, if the survival period crosses the end point of Policy Term, a valid claim arising as a result of such an Occurrence/recurrence shall not be denied; (3) The standard Policy provisions specified in Part F Clause 1 (Cooling Off Period and Waiting Period), Clause 2 (Exclusions) and Clause 8 (Incorrect Information and Non Disclosure) are not attracted; (4) The Policy has not lapsed or been cancelled or terminated; (5) Where the Premium is not paid on or before due date, benefit under this Policy shall not be available for the period beginning on Premium due date and ending on date of Premium payment. 	<p>Part F Clause 4</p>

		<p>(6) All relevant documents in support of the claim have been provided to the Company. These would normally include the following:</p> <ul style="list-style-type: none"> • Fully completed claim form (including NEFT details), • Original Policy document, • Claimant's identity and residence proof, • Advance discharge voucher, • A copy of medical records for diagnosis & treatment attested by <ul style="list-style-type: none"> • treating doctor, • A copy of past medical records attested by self, • Attending physician statement, • Usual family doctor certificate, • Employer certificate (if applicable), and <p>Depending on the circumstances, further documents may be called for as we deem fit.</p> <p>(7) The claim is required to be intimated to us along with all necessary claim documents required within 60 days from the date of diagnosis of the condition. However, we may condone the delay in claim intimation, if any, where the delay is proved to be for reasons beyond the control of the claimant.</p> <p>(8) In the event of a claim, provisions of Section 45 of the Insurance Act 1938, as amended from time to time, will apply.</p> <p>(9) The Company shall settle the claim within 30 days from the date of receipt of last necessary document. In case of delay in the payment of a claim, the Company shall be liable to pay interest from the date of receipt of last necessary document to the date of payment of claim at a rate 2% (or such rate as may be notified by the Authority, from time to time) above the bank rate.</p> <p>(10) However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, the Company shall settle the claim within 45 days from the date of receipt of last necessary document. In case of delay beyond stipulated 45 days the Insurer shall be liable to pay interest at a rate 2% (or such rate as may be notified by the Authority, from time to time) above the bank rate from the date of receipt of last necessary document to the date of payment of claim.</p>	
10	Policy Servicing	<p>Email ID: service@hdfclife.com Helpline number: 022-68446530 (charges apply)</p>	Part G (i)
11	Grievances/Complaints	<p>(i) The customer can contact us on the below mentioned address or at any of our branches in case of any complaint/grievance: Grievance Redressal Officer HDFC Life Insurance Company Limited</p>	Part G

11th Floor, LodhaExcelus, Apollo Mills Compound,
N. M. Joshi Marg, Mahalaxmi, Mumbai, Maharashtra -
400011

Help line: 022-68446530 (STD charges apply)

E-mail: service@hdfclife.com

Our senior citizen customers can now avail of a privileged service to have their query/grievance addressed by simply giving a missed call on 8000006607 from their registered phone number. One of our specialists will call back to assist further.

- (ii) All grievances (Service and sales) received by the Company will be responded to within the prescribed regulatory Turn Around Time (TAT) of 15 days.
- (iii) Written request or email from the registered email id is mandatory.
- (iv) If required, we will investigate the complaints by taking inputs from the customer over the telephone or through personal meetings.
- (v) We will issue an acknowledgement letter to the customer within 3 working days of the receipt of complaint.
- (vi) The acknowledgement that is sent to the customer has the details of the complaint number, the Policy number and the Grievance Redressal Officer's name who will be handling the complaint of the customer.
- (vii) If the customer's complaint is addressed within 3 days, the resolution communication will also act as the acknowledgment of the complaint.
- (viii) The final letter of resolution will offer redressal or rejection of the complaint along with the appropriate reason for the same.
- (ix) In case the customer is not satisfied with the decision sent to him or her, he or she may contact our Grievance Redressal Officer within 8 weeks of the receipt of the communication at any of the touch points mentioned in the document, failing which, we will consider the complaint to be satisfactorily resolved.
- (x) The following is the escalation matrix in case there is no response within the prescribed timelines or if you are not satisfied with the response. The number of days specified in the below- mentioned escalation matrix will be applicable from the date of escalation.

Level	Designation	Response Time	Email ID	Address
1st Level	Sr. Manager OR Associate Vice President	10 working days	escalation1@hdfclife.in	11 th Floor, LodhaExcelus, Apollo Mills Compound

	– Customer Relations			d, N M Joshi Marg , Mahalaxmi, Mumbai 400011						
2nd Level (for response not received from Level 1)	Vice President OR Sr. Vice President – Customer Relations	7 working days	escalation2@hdfclife.in							
<p>You are requested to follow the aforementioned matrix to receive satisfactory response from us.</p> <p>(xi) 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: 155255/18004254732 Email ID: complaints@irdai.gov.in Online- You can register your complaint online at http://www.igms.irdai.gov.in/ Address for communication for complaints by fax/paper: General Manager Consumer Affairs Department – Grievance Redressal Cell Insurance Regulatory and Development Authority of India Sy No. 115/1, Financial District, Nanakramguda, Gachibowli, Hyderabad – 500 032</p> <p>In the event you are dissatisfied with the response provided by us, you may approach the Insurance Ombudsman in your region. The details of the existing offices of the Insurance Ombudsman are provided below. You are requested to refer to the IRDAI website at “www.irdai.gov.in” for the updated details.</p> <p>Details and addresses of Insurance Ombudsman List of Ombudsman</p> <table border="1"> <thead> <tr> <th>Office of the Ombudsman</th> <th>Contact Details</th> <th>Areas of Jurisdiction</th> </tr> </thead> <tbody> <tr> <td>AHMEDABAD</td> <td>Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06</td> <td>Gujarat, Dadra & Nagar Haveli, Daman and Diu.</td> </tr> </tbody> </table>					Office of the Ombudsman	Contact Details	Areas of Jurisdiction	AHMEDABAD	Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
Office of the Ombudsman	Contact Details	Areas of Jurisdiction								
AHMEDABAD	Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06	Gujarat, Dadra & Nagar Haveli, Daman and Diu.								

		Email: bimalokpal.ahmedabad@cioins.co.in	
	BHOPAL	Office of the Insurance Ombudsman, JanakVihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@cioins.co.in	Madhya Pradesh Chattisgarh.
	BHUBANESHWAR	Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@cioins.co.in	Orissa.
	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@cioins.co.in	Karnataka.
	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 / 2706468 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@cioins.co.in	Punjab, Haryana(excluding Gurugram, Faridabad, Sonapat and Bahadurgarh) Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh.
	CHENNAI	Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@cioins.co.in	Tamil Nadu, Tamil Nadu Puducherry Town and Karaikal (which are part of Puducherry).
	DELHI	Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@cioins.co.in	Delhi & Following Districts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh.

		GUWAHATI	Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@cioins.co.in	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 - 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@cioins.co.in	Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.	
		JAIPUR	Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: bimalokpal.jaipur@cioins.co.in	Rajasthan.	
		ERNAKULAM	Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@cioins.co.in	Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.	
		KOLKATA	Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 Email: bimalokpal.kolkata@cioins.co.in	West Bengal, Sikkim, Andaman & 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@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	Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 69038821/23/24/25/26/27/28/28/ 29/30/31 Fax: 022 - 26106052 Email: bimalokpal.mumbai@cioins.co.in	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, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhana gar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.	
	PATNA	Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001.	Bihar, Jharkhand.	

		Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in		
	PUNE	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.: 020-41312555 Email: bimalokpal.pune@cioins.co.in		Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.
<p>b. Insurance Ombudsman-</p> <p>1) The Ombudsman shall receive and consider complaints alleging deficiency in performance required of an insurer (including its agents and intermediaries) or an insurance broker, on any of the following grounds—</p> <p>(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;</p> <p>(b) any partial or total repudiation of claims by the life insurer, general insurer or the health insurer;</p> <p>(c) disputes over Premium paid or payable in terms of insurance Policy;</p> <p>(d) misrepresentation of Policy terms and conditions at any time in the Policy document or Policy contract;</p> <p>(e) legal construction of insurance policies in so far as the dispute relates to claim;</p> <p>(f) Policy servicing related grievances against insurers and their agents and intermediaries;</p> <p>(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;</p> <p>(h) non-issuance of insurance Policy after receipt of Premium in life insurance and general insurance including health insurance; and</p> <p>(i) any other matter arising from non-observance of or non-adherence to the provisions of any regulations made by the Authority with regard to protection of policyholders' interests or otherwise, or of any circular, guideline or instruction issued by the Authority, or of the terms and conditions of the policy contract, insofar as such matter relates to issues referred to in clauses (a) to (h).</p> <p>c. Manner in which complaint is to be made -</p> <p>1) Any person who has a grievance against an insurer or insurance broker, 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 or the insurance broker, as the case may be, complained against or the residential address or</p>				

	<p>place of residence of the complainant is located.</p> <p>The complaint shall be in writing, duly signed or made by way of electronic mail or online through the website of the Council for Insurance Ombudsmen, 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</p> <p>2) No complaint to the Insurance Ombudsman shall lie unless—</p> <p>(a) the complainant has made a representation in writing or through electronic mail or online through website of the insurer or insurance broker concerned to the insurer or insurance broker, as the case may be, named in the complaint and—</p> <ol style="list-style-type: none"> i. either the insurer or insurance broker, as the case may be, had rejected the complaint; or ii. the complainant had not received any reply within a period of one month after the insurer or insurance broker, as the case may be, received his representation; or iii. the complainant is not satisfied with the reply given to him by the insurer or insurance broker, as the case may be; <p>(b) The complaint is made within one year—</p> <ol style="list-style-type: none"> i. after the order of the insurer or insurance broker, as the case may be, rejecting the representation is received; or ii. after receipt of decision of the insurer or insurance broker, as the case may be, 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 or insurance broker, as the case may be, if the insurer named fails to furnish reply to the complainant. <p>3) The Ombudsman shall be empowered to condone the delay in such cases as he may consider necessary, after calling for objections of the insurer or insurance broker, as the case may be, against the proposed condonation and after recording reasons for condoning the delay and in case the delay is condoned, the date of condonation of delay shall be deemed to be the date of filing of the complaint, for further proceedings under these rules.</p> <p>4) 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.</p> <p>5) The Council for Insurance Ombudsmen shall develop a complaints management system, which shall include an online platform developed for the purpose of online submission and tracking of the status of complaints made under rule 14 of</p>	
--	---	--

		Insurance Ombudsman Rules, 2017.	
12	Things to Remember	<p>Free look Cancellation: In case the Policyholder is not agreeable to any of the provisions stated in the Policy, the Policyholder has an option to return the Policy to the Company stating the reasons thereof, within 15 days from the date of receipt of the Policy. If the Policy has been purchased through Distance Marketing mode, this period will be 30 days. On receipt of the Policyholder's letter requesting a free-look cancellation along with the original Policy document, the Company shall arrange to refund the Premium paid by the Policyholder, subject to deduction of the expenses incurred by the Company for medical examination (if any) and stamp duty, (if any).</p>	Part D Clause 6
		<p>Policy Renewal : Since this is a Fixed Benefit product, it does not offer renewability after the expiry of the Policy Term</p>	Part D Clause 2
		<p>Grace Period: Single Pay Policy- Not Applicable Regular Pay Policy- A Grace Period of not more than 30 days is allowed for the payment of each renewal Premium after the first Premium. We will not accept part payment of the Premium. The policy is considered to be in-force with the risk cover during the grace period without any interruption.</p>	Part D Clause 7
		<p>Premium Guarantee: Single Pay Policy - Not Applicable Regular Pay Policy- Premium rates if and when revised, shall be guaranteed to the policyholder until subsequent review (or the remaining Policy Term, if lower) by the Company. The Company shall review the Premiums at the end of three years from the date of approval of the product by the Authority. Upon the completion of three Policy Years, the Premiums may be revised by us subject to IRDAI's approval. Any revision in the Premium rates shall be notified to you at least three months prior to the date of such revision and you will be given a period of 30 days from Premium due date (on or after the effective date of change) to continue the Policy. If you fail to pay the revised Premium within 30 days of Premium due date, the Policy will lapse. All terms and conditions applicable to a lapsed Policy shall apply. Premium rates, if and when revised, shall be guaranteed for a subsequent block of three years.</p>	Part C Clause 3
		<p>Lapsed Policies : Single Pay Policy - Not Applicable Regular Pay Policy –If you do not pay Premiums until expiry of Grace Period, the Policy will lapse with effect from the Premium Due Date.</p>	Part D Clause 1
		<p>Revival of the Policy Single Pay Policy - Not Applicable Regular Pay Policy –</p>	Part D Clause 3

		<p>(1) A lapsed Policy can be revived within 5 years from the subject to the terms and conditions we may specify from time to time.</p> <p>(2) All pending Premium should be immediately paid along with any interest that is advised by us. The current interest used for revival is 9.5%</p> <p>(3) Any agreement to revive or reinstate would be subject to satisfactory evidence of good health</p> <p>(4) If the Policy is revived within 60 days, only the remaining part of all time bound exclusions and waiting period will apply.</p> <p>(5) If the Policy is revived after 60 days, all time bound exclusions and waiting period will be applied afresh.</p> <p>(6) The reinstatement request is required to be made for the Life Assured originally covered under the lapsed Policy</p>	
		<p>Alterations No alterations to the Policy will be allowed during the Policy Term</p>	<p>Part D Clause 4</p>
		<p>Loans No loans shall be granted by the Company under the Policy.</p>	<p>Part D Clause 5</p>
13	Your Obligations	<p>Before buying this policy, please disclose all material information such as any Pre-existing Disease, smoking habits, adverse family history, any past or present hospitalization /surgery/treatment taken/medical investigations done, current health status as it has a direct bearing on the risk being undertaken in this policy.</p> <p>Please note that non-disclosure of above may affect the claim settlement.</p>	<p>NA</p>

Declaration by the Policy Holder:

I have read the above and confirm having noted the details.

Place:

Date:

(Signature of the Policyholder)

(LEGALDISCLAIMER)NOTE: The information must be read in conjunction with the product brochure and policy document. In case of any conflict the terms and conditions mentioned in the policy document shall prevail.