



Shriram Life
**COMPREHENSIVE
CANCER CARE**



Shriram Life Comprehensive Cancer Care

A Non-Linked Non-Participating Protection Plan

UIN: 128N070V01



POLICY DOCUMENT

Shriram Life Insurance Company Limited

Regd Office: 5th Floor, Plot No. 31 & 32, Ramky Selenium, Beside Andhra Bank Training Centre,
Financial District, Gachibowli, Hyderabad-500032

Phone: 040-23009400, Fax: 040-23009456, www.shriramlife.com, Toll Free: 1800 3000 6116

Shriram Life Insurance Company Limited hereinafter called “the Company”, having received a proposal and declaration with the statements contained and referred to therein, and the first premium from the proposer / life assured named in the schedule hereunder, and the said proposal, declaration and the statements thereto having been agreed to by the proposer / life assured and the company as basis of this assurance, do by this policy agree, in consideration and subject to the due receipt of premiums on the days stipulated in the schedule annexed, to pay the sum as defined under this policy, to the person’s to whom the same is payable as per the schedule, on submitting that the said sum becomes payable as set out in the schedule, together with the proof of the claimant’s right to the policy moneys, and acceptable proof of age of the policy holder, if age is not admitted earlier. Further, it is hereby declared that this policy of assurance shall be subject to the conditions and privileges printed in the policy document and that the following schedule and any endorsement placed by the Company shall be deemed part of the policy.

For Shriram Life Insurance Company Limited



Authorized signatory

SHRIRAM LIFE COMPREHENSIVE CANCER CARE & UIN: 128N070V01

POLICY CONDITIONS AND PRIVILEGES:

PART B: Definitions

- B1. Age:** Age of Life assured as on last birthday (in completed years)
- B2. Annualized Premium:** Shall be the premium payable in a policy year chosen by the policy holder excluding the taxes, underwriting extra premium, rider premium, and loading for modal premiums, if any.
- B3. Assignment:** Assignment is the process of transferring the rights and benefits to an "Assignee". Assignment should be in accordance with the provisions of Section 38 of Insurance Act, 1938, as amended from time to time
- B4. Assignee:** Assignee is the person to whom the rights and benefits are transferred by virtue of an Assignment
- B5. Authority:** Means the Insurance Regulatory and Development Authority of India established under the provisions of section 3 of the Insurance Regulatory and development Authority Act, 1999 (41 of 1999)
- B6. Bank Rate:** Means "Bank rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due"
- B7. Beneficiary:** Beneficiary means the person who is entitled to receive benefits under this Policy. The Beneficiary may be proposer or Life Assured or his Assignee or Nominees or proved Executors or Administrators or other Legal Representatives as the case may be.
- B8. Complaint/Grievance:** Means written expression (includes communication in the form of electronic mail or other electronic scripts) of dissatisfaction by a complainant with insurer, distribution channels, intermediaries, insurance intermediaries or other regulated entities about an action or lack of action about the standard of service or deficiency of service of such insurer, distribution channels, intermediaries, insurance intermediaries or other regulated entities
- B9. Complainant:** Means a policyholder or prospect or any beneficiary of an insurance policy who has filed a complaint or grievance against an insurer or a distribution channel
- B10. Cover:** Means an insurance contract either in the form of a policy or a cover note or a Certificate of insurance or any other form as approved by the Authority to evidence the existence of an insurance contract.
- B11. Date of Commencement of Risk:** The date from which the insurance cover under the policy starts.
- B12. Date of Commencement of the Policy:** Date on which the policy commences.
- B13. Date of Inception:** Date of issuance of the policy or date of effecting the policy.
- B14. Death Benefit:** Shall mean benefit agreed at the inception of the contract, which is payable on death as specified in the policy document.
- B15. Distribution Channels:** Means persons and entities authorized by the Authority to involve in sale and service of insurance products
- B16. Due Date:** Due Date means a fixed date on which the policy premium is due and payable by the policyholder
- B17. Endorsement:** Endorsement means conditions attached / affixed to this Policy incorporating any amendments or modifications agreed to or issued by the Company
- B18. Free-Look:** Free Look Period is the stipulated period from the date of receipt of the Policy Document by the Policyholder to review the terms and conditions of this policy and where the Policyholder disagrees to any of those terms and conditions, he/she has the option to return this policy as detailed in Condition 5 of Part D

- B19. Grace Period:** Grace period means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of pre-existing diseases.
- B20. In-force Policy:** In-force policy means a policy in which all the due premiums have been paid and the premium are not outstanding.
- B21. IRDAI:** Insurance Regulatory and Development Authority of India.
- B22. Lapsed/ Discontinued Policies:** If the renewal premium is unpaid at the end of the grace period, and the policy has not attained a surrender value, the policy status will be changed to lapse and benefits are not payable.
- B23. Life Assured:** The person on whose life cancer illness risk is covered.
- B24. Medical Practitioner:** Medical Practitioner means 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 its scope and jurisdiction of license.
- B25. Nomination:** Nomination is the process of nominating a person who is named as “Nominee” in the proposal form or subsequently included / changed by an endorsement. Nomination should be in accordance with provisions of Section 39 of the Insurance Act, 1938 as amended from time to time
- B26. Nominee:** Nominee is the person/persons appointed by the life assured to receive the benefit herein upon his/her death.
- B27. Policy/Policy Document:** Policy/Policy Document means this document along with endorsements, if any, issued by the Company which is a legal contract between the Policyholder and the Company
- B28. Policyholder:** Person who has proposed to purchase the policy and pays the premium under the policy.
- B29. Policy Schedule:** Document featuring the main details and benefits of the policy.
- B30. Proposal Form:** Means a form to be filled in by the prospect in written or electronic or any other format as approved by the Authority, for furnishing all material information as required by the insurer in respect of a risk, in order to enable the insurer 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.
- B31. Pre-existing Condition:** Any cancer condition (primary or metastatic) or pre-cancerous condition or related condition(s) that is Pre-existing. Pre-existing condition means any condition, ailment, injury or disease:
1. That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or
 2. For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy or its reinstatement.
 3. A condition for which any symptoms and or signs if presented and have resulted within three months of the issuance of the policy in a diagnostic illness or medical condition where metastatic cancer is defined as spread of cancer from one part of the body to another part of the body.
- B32. Proposer:** Person proposing insurance on own life or on the life of another person.
- B33. Prospect:** Means any persons who is a potential customer of an insurance and likely to enter into an insurance contract either directly with the insurer or through a distribution channel.

- B34. Prospectus:** Means a document either in physical or electronic or any other format issued by the insurer to sell or promote the insurance products.
- B35. Renewal:** Renewal means the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of gaining credit for pre-existing diseases, time-bound exclusions and for all waiting periods.
- B36. Revival:** Restoration of policy which was discontinued due to non-payment of premiums.
- B37. Rider Benefits:** An amount of benefit payable on a specified event offered under the rider and is allowed as an add on benefit.
- B38. Sum Assured on Death (Death Sum Assured):** Absolute amount which is guaranteed to become payable on death of the life assured in accordance with the terms & conditions of the policy
- B39. Sum Assured:** Absolute amount chosen by the policyholder at the time of proposal in accordance with the terms & conditions of the policy
- B40. Surrender:** Option exercised by the policy holder for complete withdrawal/termination of the entire policy.
- B41. Surrender Value:** An amount if any, that becomes payable in case of surrender in accordance with the terms and conditions of the policy.
- B42. Underwriting:** Underwritings the process based on which, a decision on acceptance or rejection of proposal as well as applicability of suitable premium or modified terms, if any, is taken.
- B43. UIN:** UIN means the Unique Identification Number allotted to this plan by the IRDAI.
- B44. We, Us, Our, Insurer or the Company:** Shriram Life Insurance Co. Ltd.
- B45. You, or Your:** The Policyholder as mentioned in the Policy Schedule. The Policyholder may or may not be the life Assured.

PART C: Product Benefits

C1. Benefits Under the Plan

1. Death Benefit:

There is no death benefit payable under this plan as the plan's objective is to support insured financially to recoup expenses and survive through the dreaded disease like Cancer.

2. Maturity Benefit:

There is no maturity benefit payable under the plan.

3. Cancer Illness Benefits:

Benefit on Diagnosis of Initial Stage Cancer:

Applicable under Option 1 and Option 2

- 25% of Sum Assured is paid if the life assured is diagnosed with Initial stage cancer and
- Future premiums falling due from the date of diagnosis will be waived for a period of 3 years or till the end of the policy term, whichever is earlier.

The policy shall be continued with cover for critical stage cancer for the balance policy term

Benefit on Diagnosis of Critical Stage Cancer:

Under Option 1

- 100% of Sum Assured (less amount already paid during the policy term, if any) is paid if the life assured is diagnosed with Critical stage cancer and the policy shall be terminated.

Under Option 2

- 100% of Sum Assured (less amount already paid during the policy term, if any) is paid if the life assured is diagnosed with Critical stage cancer and the cover will cease.
- In addition to the amount paid in lump sum, a monthly income of 2% of Sum Assured is paid for a period of five years from the date of diagnosis of critical stage cancer.
- Any arrear of monthly payments due from the date of diagnosis to the date of intimation will be paid as lump sum.
- If the life assured dies during the payment of monthly income, all outstanding monthly payments shall be paid as scheduled to the nominee or beneficiary as applicable.
- The policy will be terminated only on payment of last monthly income benefit.

Where the sum assured is sum assured on cancer incidence which is defined as Highest of following:

- 10 times the annualised premium
- Absolute amount assured to be paid on incidence of cancer
- 105% of all the premiums paid till the date of incidence of critical stage cancer

Where

-'Annualized premium' means the premium payable in a year chosen by the policyholder excluding underwriting premiums for model premiums, if any.

'Absolute amount assured to be paid on incidence of cancer' is the Sum Assured chosen by the policyholder at inception of the policy.

All premium paid means total of all the premium received, excluding any extra premium, any rider premium and taxes.

Initial Stage Cancer

The diagnosis of any of the listed below conditions must be established by histological evidence and be confirmed by an independent Medical Practitioner who is an Oncologist.

Carcinoma in-situ

Carcinoma-in-situ means the presence of malignant cancer cells that remain within the cell group from which they arose. It must involve the full thickness of the epithelium but does not cross basement membranes and it does not invade the surrounding tissue or organ. The diagnosis of which must be positively established by microscopic examination of fixed tissues.

Prostate Cancer – Initial Stage

Initial Prostate Cancer that is histologically described using the TNM classification as T1N0M0 with a Gleason Score 2 (two) to 6(six).

Thyroid Cancer – Initial Stage

All thyroid cancers that are less than 2.0 cm and histologically classified as T1N0M0 according to TNM classification.

Bladder Cancer – Initial Stage

All tumors of the urinary bladder histologically classified as TaN0M0 according to TNM classification.

Chronic Lymphocytic Leukaemia – Initial Stage

Chronic Lymphocytic Leukemia categorized as stage 0 (zero) to 2 (two) as per the Rai classification.

Cervical Intraepithelial Neoplasia

Severe Cervical Dysplasia reported as Cervical Intraepithelial Neoplasia 3 (CIN3) on cone biopsy.

Critical Stage

A malignant tumour 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.

Other Conditions

- a) Any claim admitted under Initial Stage Cancer will not entitle the life assured to make another claim under the Initial Stage of same or any other Cancer over the lifetime of the life assured.
- b) If the life assured claims for different stages of the same Cancer at the same time, the benefit will only pay the higher claim which is admitted under the policy.
- c) If there is more than one Cancer diagnosed in an event, the Company will only pay one benefit. That benefit will be the amount relating to the stage of Cancer which has the highest benefit amount.

C2. Grace Period

If the premiums are not paid within the due date, the policyholders are allowed to pay premiums within 30 days from the date of First Unpaid Premium.

If a valid claim arises under the policy during the grace period, but before the payment of due premium, the claim will be honored and the benefit shall be paid after deducting the said unpaid premium.

If the premium remains unpaid at the expiry of the Grace Period, the policy will lapse and no benefits will be paid.

If the policy is in force and in case of valid claim, the benefit shall be paid after deducting all unpaid premiums.

C3. Waiting Period

The waiting period of 180 days is applicable from the date of inception or the date of revival whichever later. No benefit will be payable if there is diagnosis of any stage of cancer (i.e. initial or critical stage cancer) within 180 days from either the date of inception of the policy or date of revival whichever is later subjected to the following conditions. In such cases, the premiums paid by policyholder will be refunded and policy will be terminated.

In case of revivals, the waiting period of 180 days will not apply if

- The period of lapse is less than 60 days, and
- The waiting period of 180 days has already been completed under the policy.

C4. Survival Period

Survival period of 7 days between the date of diagnosis of a condition and the date of the eligibility for a benefit payment would be applicable, i.e. the life assured should have survived for a period of at least 7 days from the date of diagnosis to be accepted as a valid claim.

C5. Surrender Value:

No surrender benefit is payable under the plan.

C6. Paid up Benefits:

No paid up benefits are payable under the plan.

PART D: Non-forfeiture Benefits & Policy Servicing

D1. Lapse:

The objective of this plan is to ensure that insured receives the guaranteed amount to recoup expenses related to cancer treatment. This will be realized only if you continue to pay premiums as and when due.

If the premium remains unpaid at the expiry of the Grace Period during the first five years, the policy will lapse and no benefits will be paid.

D2. Revival of Lapsed Policies:

A lapsed policy can be revived within a revival period of five years from the date of first unpaid premium as per Board approved underwriting policy subject to the following conditions:

- A written request has to be submitted by the policyholder within a period of ~~two~~ five years from the date of first unpaid premium,
- Satisfactory evidence of insurability of the Life Assured as per Board approved under writing policy is submitted and accepted by the Company in writing.
- All Premiums due from the date of first unpaid premium to the date of revival together with interest at a rate equal to 8% p.a. is paid by the policy holder.
- The waiting period of 180 days will not apply if
 - o The period of lapse is less than 60 days, and
 - o The waiting period of 180 days has already been completed under the policy.

D3. Alterations:

No alterations are allowed under this plan.

D4. Free Look Period:

The insured has a period of 30 days from the date of receipt of the policy to review the terms and conditions of the policy and where you disagree to any of these terms or conditions, you have the option to return the policy to the Company for cancellation, stating the reasons for your objection. The insured shall be entitled to a refund of the premium paid less the stamp duty charges.

A request received by the Company for free look cancellation of the policy shall be processed and premium shall be refunded within 15 days of receipt of the request

For any delay, the Company shall pay penal interest at a rate, which is 2% above bank rate from the date of request or last necessary document if any whichever is later, from the insured/claimant as stated above.

D5. Premium Guarantee

The premiums are guaranteed for a period of three years from the date of issuance of policy. Upon the completion of three policy years, the premiums may be revised subject to IRDAI's prior approval. Any revision in the premium rates shall be notified to policyholder at least three months prior to the date of such revision. Premium revision will be based on overall claims experience and not on individual claims experience basis.

Premium rates, if revised, shall be guaranteed to the policyholder for a subsequent period of three years from the date of revision.

D6. Renewability

If the policyholder has successfully completed the original term of the policy without any critical stage cancer claim, then the policyholder has the option to renew the policy within 30 days from the date of expiry of original policy term, subject to existence of the product and prevailing terms and conditions such as maximum maturity age, policy term allowed and premium rates. If the product is withdrawn, then the policyholder will be given an option to take new policy under the similar product. The coverage is not available till the policy gets renewed from the date expiry of original policy term.

D7. Portability

This policy is portable where the “portability” means the right accorded to an individual health insurance policyholder (including family cover), to transfer the credit gained for pre-existing conditions and time bound exclusions, from one insurer to another or from one plan to another plan of the same insurer.

D8. Premium Payment Mode:

The policy holder can pay the premiums in Yearly, Half-yearly and Quarterly mode only.

D9. Surrendering the Policy:

No surrender benefit is payable under the plan

D10. Loans:

No loans are available under the plan.

PART E: Charges under the Plan

NOT APPLICABLE

PART F: Terms & Conditions

F1. Change of Your Communication Address:

For all future communication we require the correct contact details of policy holder. If there is any change in your contact details after issuance of the policy, then you shall submit your new contact details along with address proof to our nearest branch /divisional office or to our customer care executive at customercare@shriamlife.in or can call on our toll free no: 1800 3000 6116.

F2. Correct Age Disclosure is Important - Proof of Age:

The premium has been calculated based on life assureds' age declared at the time of proposal. The minimum and maximum age at entry is 18 and 65 years respectively. Age is most important criteria for calculating premium. If, at any time (including at claim stage) age is found to be different from what is stated in proposal form then following would be applicable:

- If the age is proved to be higher than the age declared in the proposal, the premium will be revised based on the correct age effective from the date of commencement provided the age is within the age band as shown above. Total difference amount between the revised premium and original premium with interest rate @ 8% p.a. will be collected from policyholder or deducted from the claim amount whichever is applicable.
- If the age is proved to be lower than declared in the proposal, the premium under the policy will be revised effective from the date of commencement. The difference between the revised premium and the original premium will be refunded to the policyholder without interest.
- However, if the correct age at entry is such that the policy cannot be offered or would have made the life assured ineligible, the policy contract will be terminated immediately by refunding the premiums paid after deducting a proportionate risk premium for the period on cover, stamp duty and the expenses incurred by the company on medical examination, if any, subject to the section 45 of the Insurance Act 1938 as amended from time to time.

F3. Payment of Premium:

The schedule of the policy clearly specifies the due dates for payment of premium. In view of this, it is not obligatory for the insurer to issue a reminder in this respect. The Life Assured/ Proposer should pay premiums as and when they fall due. The premium shall be adjusted on the due date even if it has been paid in advance.

F4. General Exclusions

The benefit will not be payable under any stage of Cancer if the covered conditions result directly or indirectly from any of the following sources:

- o For any medical conditions suffered by the life assured or any medical procedure undergone by the life assured if that medical condition or that medical procedure was caused directly or indirectly by Acquired Immunodeficiency Syndrome (AIDS), AIDS related complex or infection by Human Immunodeficiency Virus (HIV);
- o Any cancer condition (primary or metastatic) or pre-cancerous condition or related condition(s) that is Pre-existing. Pre-existing condition means any condition, ailment, injury or disease:
 1. That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or
 2. For which medical advice or treatment was recommended by, or received from, a physician

within 48 months prior to the effective date of the policy or its reinstatement.

3. A condition for which any symptoms and or signs if presented and have resulted within three months of the issuance of the policy in a diagnostic illness or medical condition where metastatic cancer is defined as spread of cancer from one part of the body to another part of the body
 - o For any medical condition or any medical procedure arising from the donation of any of the life assured's organs;
 - o For any medical conditions suffered by the life assured or any medical procedure undergone by the life assured, if that medical condition or that medical procedure was caused directly or indirectly by alcohol or drug abuse, unless prescribed by a medical practitioner.
 - o For any medical condition or any medical procedure arising from nuclear contamination; the radioactive, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature

F5. Initial Stage Cancer Benefits Exclusions

The following are specifically excluded from all initial cancer benefits:

- o All tumours which are histologically described as benign, borderline malignant, or low malignant potential
- o Dysplasia, intra-epithelial neoplasia or squamous intra-epithelial lesions
- o Carcinoma in-situ of skin and Melanoma in-situ
- o All tumours in the presence of HIV infection are excluded
- o Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond
- o Malignant melanoma that has not caused invasion beyond the epidermis

F6. Critical Stage Cancer Benefits Exclusions

The following are specifically excluded from all critical stage cancer benefits:

- o 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 CIN-3.
- o Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
- o Malignant melanoma that has not caused invasion beyond the epidermis
- o 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
- o All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below
- o Chronic lymphocytic leukaemia less than RAI stage 3
- o Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,
- o 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.
- o All tumours in the presence of HIV infection

F7. Termination of the Policy:

The policy will be terminated on earliest of the following events:

1. Payment of critical stage cancer benefits
2. Completion of the policy term and not renewed within grace period
3. At the end of revival period if the policy is not revived

F8. Nomination under the Policy:

Nominee is the person who can receive the benefits under the policy herein upon policyholder's death. It is insisted that nomination should be made in proposal form as per Section 39 of The Insurance Act, 1938 as amended from time to time. If the nomination has not been made at the time of taking the policy in the proposal form, then it is advised to do so at the earliest.

[A Leaflet containing the simplified version of the provisions of Section 38 is enclosed in Schedule – II for reference]

F9. Assignments under the Policy:

Assignment is transferring the title and rights of policy either absolutely or conditionally. Assignment can be made as per section 38 of The Insurance Act, 1938 as amended from time to time.

[A Leaflet containing the simplified version of the provisions of Section 38 is enclosed in Schedule – II for reference]

Nomination, assignment or change of nomination can be done through the Divisional Office of the Company (please check the policy document) where the policy is being serviced. Nomination or assignment will be effective only after it is recorded /registered with us.

In accepting the nomination/assignment or change of nomination/assignment we do not take any responsibility or express any opinion as to its validity or legality / legal effect.

Policies purchased under the Married Women's Property Act, 1874 cannot be assigned.

F10. Issuance of Duplicate Policy:

In case of loss of the policy document, an indemnity bond duly notarized must be submitted. A processing fee of Rs.100 and stamp duty of Rs. 0.2 per thousand sum assured will be payable by the policy holder.

F11. Currency:

All monies payable under the Policy to or by the Insurer shall be payable in Indian Rupees only.

F12. Documents required for making a Claim:

- a) Original Policy Document
- b) Duly completed claims form
- c) Consultation report/summary from a registered medical practitioner
- d) Valid copy of the Biopsy Reports
- e) Identity proof of nominee (where applicable)

F13. Claims Payment Conditions

It is a condition precedent to the Company's liability to make any payment under the Policy that:

- a) The Company is immediately notified of the Life Insured's diagnosis of being detected with cancer in writing.
- b) The Company is provided with the opportunity of establishing to its satisfaction that a claim is payable.
- c) The Company shall be entitled to receive all reasonable cooperation and to seek any documentation and information, including but not limited to:
 - The Company's claim form duly completed.
 - The Policy Document in original.
 - Consultation report/summary from a registered medical practitioner
 - Valid copy of the Biopsy Reports.
 - Chemotherapy and/or Radiation therapy reports.
 - All medical/hospital records - admission notes, test records, discharge summary, etc. (where applicable)
 - Any other relevant document which may be called for by the company on a case to case basis.

F14. Delay in Claim Intimation:

Please communicate to us about the insured event claim ~~without any delay~~ within 90 days. However, if there is any delay in claim intimation due to reasons that are beyond the control of claimant then the claim would be considered for processing.

F15. Timelines and Delay in Settlement of Claims:

The following are the timelines stipulated for settlement of claims/requests as per the Board approved policy for Protection of Interests of Policy holders:

- The claims will be paid or rejected or repudiated giving relevant reasons, within 30 days from the date of receipt of last necessary document in accordance with the provisions of Regulation 27 of IRDAI (Health Insurance) Regulations, 2016. However where the circumstances of a claim warrant an investigation in the opinion of the insurer, it shall initiate the same at the earliest and complete the such investigation expeditiously, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, Insurer shall settle the claim within 45 days from the date of receipt of last necessary document.
- In respect of return of premiums on cancellation during free look period, the payments will be paid within 15 days of receipt of request or last necessary document.

For any delay, the Company shall pay penal interest at a rate, which is 2% above Bank rate from the date of request or receipt of last necessary document if any whichever is later, from the insured/claimant.

F16. Taxes(GST)

Premiums are exclusive of taxes.

All Premiums are subject to applicable taxes, cesses and levies which shall be paid by the policyholder along with the Premium. If any additional Taxes/Cess/Levies are imposed by any statutory or

administrative body of this country under this Policy, the Company reserves the right to claim the same from policyholder”.

F17. Fraud or Misrepresentation:

In case of fraud or misrepresentation, any monies payable under the policy shall be in accordance with Section 45 of The Insurance Act, 1938 as amended from time to time.

Section 45 of the insurance Act, 1938 as amended from time to time

(1) 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.

(2) 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.

(3) 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 policy holder is not alive.

(4) 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 misstatement 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.

(5) 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.

PART G: Complaints and Grievances

In case you have any Query, Complaint or Grievances

First Step:

You can contact our Customer care on our Toll free no: 1800 3000 6116 & through email id: customercare@shriramlife.in

You may also approach our office at the following address:

Branch/Divisional In Charge

Shriram Life Insurance Company Limited,

Branch/Divisional Office,
Address:

Second Step

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

Grievance Redressal Officer,

Shriram Life Insurance Company Limited,

Regd Office: Plot no 31-32, Ramky Selenium

Financial district, Gachibowli

Hyderabad,

Telangana - 500032

Contact No: 040-23009400

Email Id: grievance.redressal@shriramlife.in

If you are not satisfied with the response or do not receive a response from us within 14 days, you may approach the Grievance Cell of the Insurance Regulatory and Development Authority of India (IRDAI). The contact details are as follows:

IRDAI Grievance Call Centre (IGCC)

TOLL FREE NO: 155255

Email ID: complaints@irda.gov.in

You can also register your complaint online at <http://www.igms.irda.gov.in/>

Address for communication for complaints by fax/paper:

Consumer Affairs Department

Insurance Regulatory and Development Authority of India, 9th floor, United India Towers, Basheerbagh

Hyderabad – 500 029, Telangana Fax No: 91- 40 – 6678 9768

Third Step

In case you are not satisfied with the decision or resolution of the company, you may approach the Insurance Ombudsman at the address given overleaf, if your 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;
- c) Disputes over premium paid or payable in terms of insurance policy;
- d) Misrepresentation of policy terms and conditions at any time in the policy document or policy contract;
- e) Legal construction of insurance policies in so far as the dispute relates to claim;
- f) Policy servicing related grievances against insurers and their agents and intermediaries;
- g) Issuance of life insurance policy, which is not in conformity with the proposal form submitted by the proposer;
- h) Non-issuance of insurance policy after receipt of premium in life insurance
- i) Any other matter resulting from the violation of provisions of the Insurance Act, 1938 or the regulations, circulars, guidelines or instructions issued by the IRDAI from time to time or the terms and conditions of the policy contract, in so far as they relate to issues mentioned at clauses (a) to (f)

Manner in which complaint to be made

As per provision 14 (3) of the Redressal of Public Grievances Rules 1998,

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

No complaint to the Insurance Ombudsman shall lie unless—

- a) The complainant makes a written representation to the insurer named in the complaint and—
 - i. Either the insurer had rejected the complaint; or
 - ii. The complainant had not received any reply within a period of one month after the insurer received his representation; or
 - iii. The complainant is not satisfied with the reply given to him by the insurer;
- b) The complaint is made within one year—
 - i. After the order of the insurer rejecting the representation is received; or
 - ii. After receipt of decision of the insurer which is not to the satisfaction of the complainant;
 - iii. After expiry of a period of one month from the date of sending the written representation to the insurer if the insurer named fails to furnish reply to the complainant.

All communication in relation to this policy shall be addressed to:

SHRIRAM LIFE INSURANCE CO LTD.

Plot no. 31-32, Ramky Selenium,
Financial District, Gachibowli, Hyderabad,
Telangana-500032

In case of any grievance under the policy, the address of the Insurance Ombudsman is as under:-

Office of the Insurance Ombudsman

6-2-46, 1st Floor, Main Court Lane

Opp. Saleem Function Palace, AC Guards

Lakdi-ka-pool, HYDERABAD -500 004

Addresses and contact details of the Insurance Ombudsman along with its area of jurisdiction is mentioned in enclosed **Schedule-I**. The Policy Holder may approach the concerned Insurance Ombudsman.

Signature of the Authorized Legal officer

Signature of the Appointed Actuary

Company Seal:

Schedule - I

List of Ombudsman

CONTACT DETAILS	JURISDICTION
<p>AHMEDABAD Office of the Insurance Ombudsman, 2nd floor, Ambica House, Near C.U. Shah College, 5, Navyug Colony, Ashram Road, Ahmedabad – 380 014 Tel.:- 079-27546150/139 Fax:- 079-27546142 Email:- bimalokpal.ahmedabad@gbic.co.in</p>	State of Gujarat and Union Territories of Dadra & Nagar Haveli and Daman and Diu.
<p>BENGALURU Office of the Insurance Ombudsman, JeevanSoudha 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@gbic.co.in</p>	Karnataka.
<p>BHOPAL Office of the Insurance Ombudsman, JanakVihar Complex, 2nd Floor, 6, Malviya Nagar, Opp.Airtel Office, Near New Market, Bhopal – 462 033. Tel.:- 0755-2769200/201/202 Fax:- 0755-2769203 Email:- bimalokpalbhopal@gbic.co.in</p>	States of Madhya Pradesh and Chattisgarh.
<p>BHUBANESHWAR Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.:- 0674-2596461 / 2596455 Fax:- 0674-2596429 Email:- bimalokpal.bhubaneswar@gbic.co.in</p>	State of Orissa.
<p>CHANDIGARH Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.:- 0172-2706196/5861 / 2706468 Fax:- 0172-2708274 Email:- bimalokpal.chandigarh@gbic.co.in</p>	States of Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir and Union territory of Chandigarh.

<p>CHENNAI Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, CHENNAI – 600 018. Tel.:- 044-24333668 / 24335284 Fax:- 044-24333664 Email:- bimalokpal.chennai@gbic.co.in</p>	<p>State of Tamil Nadu and Union Territories - Pondicherry Town and Karaikal (which are part of Union Territory of Pondicherry).</p>
<p>DELHI Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.:- 011-23239611/7539/7532 Fax:- 011-23230858 Email:- bimalokpal.delhi@gbic.co.in</p>	<p>State of Delhi</p>
<p>ERNAKULAM Office of the Insurance Ombudsman, 2nd floor, Pulinat Building, Opp. Cochin Shipyard, M.G. Road, Ernakulum - 682 015. Tel.:- 0484-2358759/2359338 Fax:- 0484-2359336 Email:- bimalokpal.ernakulum@gbic.co.in</p>	<p>Kerala, Lakshadweep, Mahe-a part of Pondicherry</p>
<p>GUWAHATI Office of the Insurance Ombudsman, 'Jeevan Nivesh', 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.:- 0361- 2132204 / 2132205 Fax:- 0361-2732937 Email:- bimalokpal.guwahati@gbic.co.in</p>	<p>States of Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.</p>
<p>HYDERABAD Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court" Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.:- 040-65504123/23312122 Fax:- 040-23376599 Email:- bimalokpal.hyderabad@gbic.co.in</p>	<p>States of Andhra Pradesh, Telangana and Union Territory of Yanam - a part of the Union Territory of Pondicherry.</p>
<p>JAIPUR Office of the Insurance Ombudsman, Jeevan Nidhi-II Bldg., Ground Floor, Bhawani Singh Marg, Jaipur - 302005. Tel.:- 0141-2740363 Email:- bimalokpal.jaipur@gbic.co.in</p>	<p>State of Rajasthan.</p>

<p>KOLKATA Office of the Insurance Ombudsman, Hindustan Building Annexe, 4th floor, 4, CR Avenue, Kolkata - 700 072. Tel.:- 033-22124339 / 22124340 Fax:- 033-22124341 Email:- bimalokpal.kolkata@gbic.co.in</p>	<p>States of West Bengal, Bihar, Sikkim and Union Territories of Andaman and Nicobar Islands.</p>
<p>LUCKNOW Office of the Insurance Ombudsman, 6th Floor, JeevanBhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow-226 001. Tel.:- 0522-2231330 / 2231331 Fax:- 0522-2231310. Email:- bimalokpal.lucknow@gbic.co.in</p>	<p>District of Uttar Pradesh: Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varansi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sulanpur, Maharajganj, Santkabirnagar, Azamgarh, Kaushinagar, Gorkhpur, Deoria, Mau, Chandauli, Ballia, Sidharathnagar.</p>
<p>MUMBAI Office of the Insurance Ombudsman, 3rd Floor, JeevanSevaAnnexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.:- 022-26106928/360/889 Fax:- 022-26106052 Email:- bimalokpal.mumbai@gbic.co.in</p>	<p>States of Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.</p>
<p>NOIDA Office of the Insurance Ombudsman, BhagwanSahai Palace, 4th Floor, Main Road, Naya Bans, Sector-15, GautamBudh Nagar, Noida Email:- bimalokpal.noida@gbic.co.in</p>	<p>States of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozabad, GautamBudh Nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.</p>
<p>PATNA Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna - 800 006. Email:- bimalokpal.patna@gbic.co.in</p>	<p>States of Bihar and Jharkhand.</p>
<p>PUNE Office of the Insurance Ombudsman, JeevanDarshan Building, 3rd Floor, CTS Nos. 195 to 198, NC Kelkar Road, Narayan Peth, Pune - 411 030 Tel: 020 -32341320 Email:- bimalokpal.pune@gbic.co.in</p>	<p>States of Maharashtra, Area of Navi Mumbai and Andhra, Thane excluding Mumbai Metropolitan Region.</p>

Schedule - II

Simplified version of provisions of Section 38 & 39 of Insurance Act 1938 as amended from time to time.

A. Section 38 - Assignment and Transfer of Insurance Policies as amended from time to time

Assignment or transfer of a policy should be in accordance with Section 38 of the Insurance Act, 1938 as amended from time to time. 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 effected 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 of 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) Ordinance, 2014 shall not be affected by this section.

B. Section 39 - Nomination by policyholder

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

1. The policyholder of a life insurance on his own life may nominate a person or persons to whom money secured by the policy shall be paid in the event of his death.
2. Where the nominee is a minor, the policyholder may appoint any person to receive the money secured by the policy in the event of policyholder's death during the minority of the nominee. The manner of appointment to be laid down by the insurer.
3. Nomination can be made at any time before the maturity of the policy.
4. Nomination may be incorporated in the text of the policy itself or may be endorsed on the policy communicated to the 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

