

FUTURE GENERALI GROUP TERM LIFE INSURANCE PLAN
Group, Non-Linked, Non-Participating, Group Term Life Insurance Plan
(UIN 133N003V03)

This Policy is a contract between Future Generali India Life Insurance Co. Ltd, Unit 801 and 802, 8th floor, Tower C, Embassy 247 Park, L.B.S. Marg, Vikhroli (W), Mumbai – 400083.Tel:(022)-40976666, Fax: (022) 4097 6600 hereinafter called "the Company" and the Policyholder as better defined in the Policy Schedule.

The Policyholder (Master Policyholder) has submitted an application for insurance ('the Application') and has agreed to furnish such statements completed and signed by the Policyholder and by the employees / members together with, where necessary, evidence of insurability of the employees / members for whose benefit, the contract of assurance and benefits hereunder are being affected, as required by the Company. Such Application, statements and information already furnished and to be furnished by the employees / members and by the Policyholder, giving all variations in the particulars of the employees / members in so far as such variations have any bearing on the benefits to be provided under the Policy; have been agreed to by the Policyholder and the Company and the Company hereby declares to be the basis of this Policy.

The Company HEREBY AGREES to pay the benefits hereinafter specified, subject to all the provisions and conditions hereinafter set forth, which are hereby made a part of this Policy.

The commencement and continuation of this Policy is conditional upon the payment by the Policyholder of the premiums computed and payable as provided hereinafter at the Office of the Company.

All schedules, annexure and addendums to this Policy as well as all endorsements placed on this Policy shall be deemed to be a part of this Policy.

IN WITNESS WHEREOF, Future Generali India Life Insurance Company Ltd. has caused this Policy to be executed as of its Date of Issue to take effect on the Policy Effective Date.

On receipt of Policy document, You are requested review the Terms and Conditions of the Policy. In case You are not satisfied with Terms and Conditions as stated in the Policy, You have an option to return the Policy to the Company within 15 (30 days if policy is bought through Distance Marketing) days of its receipt, with a written request for cancellation, stating reasons for the same.

On such cancellation of the Policy, We will refund the premium after deducting a reasonable cost of insurance for the period on cover, expenses incurred towards medical examinations carried out and stamp duty.

For **Future Generali India Life Insurance Company Ltd.**

Authorised Signatory	
Name	Mr. S Mahesh
Designation	Executive Vice President and Head - Operations
Signature	

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

Agent/Broker/Intermediary Name:

Code

License No.

Mobile Number

Address

Email Id

**POLICY SCHEDULE
FUTURE GENERALI GROUP TERM LIFE INSURANCE PLAN
(UIN 133N003V03)**

Policy Number:

Policyholder's Name:

Policyholder's Address:

**Policy Effective / Cover: DD-Month- YYYY
Commencement Date**

Next Renewal Date: DD-Month- YYYY

Members Eligibility Criteria:

For Employer Employee Group:

Only full-time and permanent employees who are actively-at-work will be considered for eligible membership of the Scheme. All employees who are either performing in the usual way, regular duties of their work and not working contrary to medical advice received would be considered as 'active-at-work'. Absentees from work for reasons other than sickness, injury, disability medical or maternity leave will be considered as active-at-work. For those employees who are not active-at-work on the Cover Commencement Date / Policy Effective Date, then such employees must submit health declaration/questionnaire at the time of joining insurance scheme for coverage amount up to the free cover limit. If there is any abnormality found in the health questionnaire then the company shall reserve the right to call for further evidence of insurability in respect of such members.

The actively at work clause as stated above will not be applicable to members of any existing and takeover schemes provided these members are already covered in the existing/takeover scheme.

For Non Employer Employee Group: <<Clearly define the relationship with the Master Policyholder>>

Minimum/Maximum Age

Minimum Entry Age: _____ Years last birthday

Maximum Entry Age: _____ Years last birthday

Cease/Retirement age of members: _____ Years last birthday

New-Joinees after the Policy Effective Date who are aged ____ years and above will not be covered.

Amount of Insurance:

Category	Main Benefit
Benefit Description of Group (Base Plan)	
Benefit Description (Riders)	

Free Cover Limit (FCL)

Description	FCL (INR)
Base Plan	
Riders	

FCL for employees aged ____ years last birthday and above would be zero and they would be medically underwritten.

Premium Payment Mode: Yearly/Half Yearly/Quarterly/Monthly

Date of Last Instalment of Premium: _____

Premium Rates:

Benefit Description	Annual Premium Per Thousand Sum Assured (INR)
Base Plan	
Riders	

The Premium rate above excludes Goods and Services Tax. Currently the effective rate of Goods and Services Tax is ____%. This rate is subject to change depending upon the prevailing Tax Rules.

Summary of Benefits and Premiums including for the Riders opted for:

Benefit Description	Number of Members	Total Sum Assured (INR)	Premiums (INR)
Base Sum Assured	—		
Base Premium			
Rider Sum Assured			
Rider Premium			
Total Premium			
Goods and Services Tax on Total Premium			
TOTAL Premium including Goods and Services Tax			

The stamp duty of Rs. _____ paid by pay order, no _____ dated Government Notification Revenue and Forest Department No. Mudrank _____.

Special Provisions:

For Employer Employee Group:

Cover beyond FCL: In case of cover beyond FCL, the premiums quoted here would be applicable if the life, on individual assessment, is a standard life. For sub standard life, cover beyond FCL may be accepted subject to payment of additional premiums commensurate with our assessment of risk on a case to case basis.

Termination of Cover: The coverage would cease on the employee's exit from employment either due to resignation or superannuation or any other reasons as specified in the policy document, whichever is earlier.

The terms of this policy are based on the details as provided under the Application along with all the relevant annexure / documents basis which the contract is been entered and that sum assured of each employee, as provided in the census data, is within 10 times his / her annual salary (subject to a maximum of INR _____).

For Non Employer Employee Group:-

1. Eligible member must opt for the cover only after availing the services of <<Master Policyholder Name_____>>..
2. Maximum cover of <<INR _____>> would be available per life.
3. At the time of claim, proof of membership, standard age proof, identification proof, FIR / PMR (wherever applicable) must be provided along with other requirements as mentioned in the policy document.

4. <<Any other conditions as may be applicable at the time of quotation>>

Date of Issuance **For Future Generali India Life Insurance Company Ltd.**
MM DD, YYYY

Authorised Signatory	
Name	Mr. S Mahesh
Designation	Executive Vice President and Head - Operations
Signature	

ON EXAMINATION OF THE POLICY, if the Policyholder notices any mistake, the Policy Bond should be returned to the Company for correction.

Part A – Definitions

For the purpose of this Policy where consistent with the contents the singular shall include the plural and the plural the singular; words importing the masculine gender shall include the feminine gender; and each of the following words and expressions shall have the following meanings:

(In this policy “**Group policyholder**” and “**Master policyholder**” refer to the policyholder.)

“**Policy**” shall mean this policy document, all schedules and any addendums or endorsements therein, any amendments thereto signed by the Company and the Policyholder, the Application attached hereto of the Policyholder, and the Individual Enrolment Forms, which together constitute the entire contract between the parties.

“**Policy Effective Date**” shall mean the date from which the Coverage under this Policy becomes effective.

“**Next Renewal Date**” shall mean the anniversary of the Policy Effective Date and is mentioned in the Policy Schedule.

“**Policy Year**” shall mean a period starting from the Policy effective date/ latest renewal date and ending with a day prior to next renewal date.

“**Certificate year**” shall mean the period starting from the certificate start date or from the latest certificate anniversary date and ending with a day prior to the next anniversary date.

“**Death Benefit**” shall mean the benefit, agreed at the inception of the contract, which is payable on death as specified in this policy.

“**Coverage**” shall mean the Life Insurance affected in respect of the eligible member of the Policyholder under this Policy.

“**Employer – Employee Group**” means groups where an employer – employee relationship exists between the master policyholder and the member in accordance with the relevant laws

“**Non Employer – Employee Group**” means groups other than employer – employee where a clearly evident relationship between the member and the group policyholder for services other than insurance exist.

“**Eligible Members**” shall mean employees / members who, having met all the requirements set out in the Policy Schedule attached to this Policy; are entitled to participate in the insurance plan under this Policy.

“**Endorsement**” is a change agreed in writing by the Company in any of the particulars or terms & conditions of this policy.

“**Insured Member**” shall mean Eligible Member who, having met all the requirements set out in the provisions herein under this Policy, is participating in the insurance plan under this Policy.

“**Date of Entry**” shall mean the date on which an Eligible Member becomes an Insured Member.

“**Tenure of certificate**” shall mean the period from Certificate Start Date to the Certificate End Date.

“**Actively at Work**”: Only full-time and permanent employees who are actively-at-work will be considered for eligible membership of the Scheme.

An Eligible employee is ‘actively at work’ if he is performing in the usual way, regular duties of his work and is not working contrary to medical advice received. Absentees from work for reasons other than sickness, injury, disability or any medical/maternity leave will be considered as ‘actively at work’.

“**Underwriting**” refers to the process of initial selection undertaken by the Company so as to ensure suitability of the Eligible Member for insurance with regard to his mortality and/or morbidity/other risks so as to charge appropriate premiums for the risks posed.

“Rider Benefits” means an amount of benefit payable on a specified event offered under the rider, and is allowed as add-on benefit to main benefit.

“Surrender” means complete withdrawal / termination of the entire cover / policy by member / master policyholder.

“Surrender Value” means an amount, if any, that becomes payable in case of surrender in accordance with the terms and conditions of the policy.

Sample

Part B – Member Participation and Termination

Part – B – Section I – Participation

For Employer Employee Group:

1. Members already eligible as of the Policy Effective Date shall be eligible for participation on the Policy Effective Date.
2. Members not eligible as of the Policy Effective Date and new Members shall become eligible for participation hereunder on the day following the fulfilment of the requirements specified for eligibility in the Policy Schedule.
3. Members whose participation has been terminated and who re-apply for participation shall be considered as new Members.
4. Any Member who is not Actively at Work as herein defined on the date of entry, if he would otherwise become eligible for participation hereunder, shall not be entitled to become an Insured Member until he has returned to work and has provided suitable evidence of insurability satisfactory to the Company or is considered insurable by the Company based on Underwriting results.
5. In case of Voluntary cover, any member who does not opt for the benefits of the scheme within 30 days from the date of he/she being eligible for insurance cover, can participate for benefits only after he/she shall have furnished evidence of his insurability satisfactory to the Company or is considered insurable by the Company based on Underwriting results.
6. Each Member shall be insured hereunder on the first day on which he becomes eligible provided that all the conditions set forth in this Section have been satisfied, and that the duly completed Enrolment Form and the appropriate evidence of insurability required by the Company, if any, have been received and the Coverage confirmed by the Company.
7. Any possible evidence of insurability required by the Company shall be at the expense of the Company.
9. Schedules of premiums and benefits in respect of the Insured Members who become entitled to the benefits under this Policy shall be issued to the Policyholder from time to time and such Schedules shall be deemed to form part of the Policy. Variations of benefits assured hereunder shall be effective as on the Next Renewal Date and shall be given effect to by Endorsements under the signature of a duly authorized signatory of the Company.

For Non Employer Employee Group:

1. Members already eligible as of the Policy Effective Date / Cover Commencement Date shall be eligible for participation on the Policy Effective Date.
2. Members not eligible as of the Policy Effective Date / Cover Commencement Date and new Members shall become eligible for participation hereunder on the day following the fulfilment of the requirements specified for eligibility in the Policy Schedule.
3. Members whose participation has been terminated and who re-apply for participation shall be considered as new Members.
4. Each Member shall be insured hereunder on the first day on which he becomes eligible provided that all the conditions set forth in this policy have been satisfied, and the appropriate evidence of insurability required by the Company, if any, have been received and the Coverage confirmed by the Company.

5. Any possible evidence of insurability required by the Company shall be at the expense of the Company.

6. Schedules of premiums and benefits in respect of the Insured Members who become entitled to the benefits under this Policy shall be issued to the Policyholder from time to time and such Schedules shall be deemed to form part of the Policy. Variations of benefits assured hereunder shall be effective as on the Next Renewal Date and shall be given effect to by Endorsements under the signature of a duly authorized signatory of the Company.

Sample

Part B – Section II – Termination

The Policy is considered to be in force if Termination has not occurred by virtue of Provisions mentioned herein

For Employer Employee Group:

The insurance Coverage hereunder of any Insured employee shall automatically cease on the earliest of the following:

1. The date on which the Policy is terminated.
2. The date of expiry of the period for which the last premium payment is made on account of the Insured employee's insurance.
3. The end of the Policy Year during which the Insured employee attains the retirement age as mentioned in the schedule or such other age as may be agreed by the Company and the Policyholder in writing.
4. The date on which he is no longer an Eligible Member as defined in the Policy Schedule. Cessation of employment of the Insured employee is deemed to constitute the termination of his membership, except that while an Insured employee is temporarily absent on account of sickness, injury or leave of absence, membership shall be deemed to continue until premium payments for such Insured employee's insurance are continued.
5. The Policy may be discontinued at the option of the Master Policyholder or the Company by giving the other party at least three month's prior notice of its intention to do so in writing, or such shorter notice period or other terms and conditions as may be mutually agreed between the Master Policyholder and the Company in writing. The Parties will continue to be liable during the notice period provided that both the parties fulfill their obligations under this Policy. The date of death of the Insured employee.

For Non Employer – Employee Group:

The insurance Coverage hereunder of any Insured Member shall automatically cease on the earliest of the following:

1. The date on which the policy is terminated.
2. The date of death of the Insured Member.
3. The date of expiry of the period for which the last premium payment is made for the member's insurance
4. The date on which he is no longer an Eligible Member as defined in the Policy Schedule. Cessation of membership of the Insured Member with the policyholder is deemed to constitute the termination of his membership under the policy.
5. The Policy may be discontinued at the option of the Master Policyholder or the Company by giving the other party at least three month's prior notice of its intention to do so in writing, or such shorter notice period or other terms and conditions as may be mutually agreed between the Master Policyholder and the Company in writing. The Parties will continue to be liable during the notice period provided that both the parties fulfill their obligations under this Master Policy.

Part C – General Provisions as to Benefits

1. Amount of Insurance

While the Policy is in force, upon the happening of death of an Insured employee / Member during the Policy year, upon the receipt by the Company of satisfactory proof of death of an Insured Member / employee, the Amount of Insurance determined in accordance with the Policy Schedule shall be payable by the Company in the manner herein provided and subject to the conditions set out hereinafter.

2. Description of Benefits:

Death Benefit: In case of death of the insured member / employee, the benefits as mentioned in the policy schedule are payable.

3. Free Cover Limit (FCL):

Amount of Insurance in excess of the FCL as stated in the Policy Schedule may be accepted subject to evidence of insurability satisfactory to the Company. In the absence of written acceptance by the Company, the Amount of Insurance shall be limited to the FCL and the premium payable shall be based on such amount.

Eligible members / employees whose Amount of Insurance is greater than the FCL their Amount of Insurance shall be restricted to FCL, till the Company completes the required Underwriting process based on the statements and information including medical tests, provided by the Insured Member / employees and the Policyholder as per internal guidelines of the Company.

The Insured Member / employee shall be covered for full Amount of Insurance for which they are eligible once the Underwriting process is completed, the full premium is paid and risk is accepted by the Company in writing. In case the Insured Member does not complete the requirements necessary for the Underwriting process within prescribed timeline set by the Company, the Amount of Insurance will be restricted to the FCL. The Insured Member may also be declined this additional Coverage, in which case the insurance cover will be restricted to the FCL.

In certain cases based on the Underwriting results, extra premium above the standard premium quoted earlier may be required to be paid for the balance amount of insurance. The cost of Underwriting will be borne by the Company if all the medical examinations are carried out in India.

4. Payment of Benefits

a) Payments of any benefits under this Policy shall be made to the nominee / Policyholder as receiving agent for the Insured Member's / employee's legal representative(s) or to the beneficiary of the employee / member as the case be.

b) The receipt of the Policyholder in respect of any payment made by the Company under this Policy shall be a full discharge to the Company in respect of that payment.

5. Loan:

No loan would be available under this policy.

6. Maturity Benefit

There is no maturity benefit under this policy.

7. Surrender Value

No surrender value is available under the master policy

8. Paid Up value

No paid up value is available under the master policy

9. Claim intimation and claim documents:

Policyholder shall inform the Company of any claim within 30 days of the claim event.

Primary claim documents required for settlement of claim are:

Type of Claim	Requirement
Death (all causes of death #) Critical Illness, Disability and Terminal Illness	1. Claim Forms Part I: Application Form for Death Claim (Claimant's Statement) # Part II: Physician's Statement, relevant Hospital records and report from the concerned medical specialist giving nature of disability and illness.
	2. Death Certificate issued by a local government body like Municipal Corporation/Village Panchayat #
	3. Medical Cause of Death Certificate issued by attending physician/hospital #
	4. Attested True Copies of Indoor case Papers of the hospital(s)
	5. Post-mortem Report (Autopsy Report) & Chemical Viscera Report – if performed #
	6. The Beneficiary : - Photo ID with DOB with relationship to the insured - Proof of legal title to the claim proceeds (e.g. legal succession papers, assignment deed etc.)
	7. Employer's Certificate / Policyholder Certificate confirming the amount of insurance cover.
	8. Leave Records for the past 3 years
If Death due to Accident (submit in addition to the above)	All Police Reports / First Information & Final Investigation Report
	Proof of Accident – Panchnama / Inquest Report
	Newspaper cutting / Photographs of the accident – if available

All the documents submitted to the Company should be in original along with photocopies.

All medical reports, documents and certification shall be issued by the attending physician and who is qualified to provide such documents/certification according to Indian Laws

In addition to the above documents FGI reserves the rights to ask for more documents/information as may be required for consideration of the claim.

Notification of claim, submission of claim forms and/or claim documents to the Company shall not be construed that the claim is payable by the Company.

10. Maximum Liability

The maximum amount payable in respect of an Insured Member /employee in relation to a combination of insurances under this Policy and under the Addendum to Group Core Critical Illness Accelerated Rider, Group Extended Critical Illness Accelerated Rider, Group Accelerated Terminal Illness Rider or any other accelerated rider to this Policy shall not exceed the Amount of Insurance payable under this Policy.

Upon admission of claim for the benefit under either of the above addendums, the Insured Amount under the Base Plan Benefit shall be reduced by the amount of Insurance under these addendums. The premiums payable Base Plan Cover will also be suitably reduced and the coverage will continue for such reduced amount of Insurance.

If however such reduced Coverage under the Base Policy becomes zero, then the Coverage under the all attaching addendums along with the premiums there under shall cease for that Insured Member / employee.

11. Increase in the Amount of Insurance (For Employer Employee Group):

Members / employees covered under this policy are eligible for change in the Amount of Insurance arising out of a change in Grade or Salary.

Eligible members / employees whose Amount of Insurance consequent to the increase is greater than Free Cover Limit would be subjected to an Underwriting.

For takeover / renewal schemes, if for any reason, employees (life insured) whose cover was declined or rated-up by incumbent insurer, medical reports of the same should be provided and depending on the same the FCL would be decided, For employees, who have not gone for medical underwriting with their existing insurer, their FCL would be defined as lower of (FCL provided by incumbent, FCL as per this policy).

Insurance Cover for Foreign Nationals / Expats / members working overseas will be subject to underwriting. The details of such employees/members should be provided at the time of commencement of policy.

Part D – General Provisions as to Premiums

1. Premium Payment

Premiums are payable by the Policyholder to the Company in advance and according to the Premium Payment Mode specified in the Policy Schedule. The first premium instalment shall be payable prior to the Policy Effective Date / Cover Commencement Date and subsequent premium instalments shall be due and payable on the Premium Due Dates stated in the Policy Schedule.

In the event of the Insured Member / employee ceasing to be an Insured Member / employee, the Company will refund to the Policyholder any excess Premium paid in appropriate proportion.

2. Grace Period, Termination and Renewal of Policy

a) In case of monthly premium payment mode, a grace period of 15 days from the premium due date will be allowed for payment of premiums.

In case of quarterly and half yearly premium payment mode, a grace period of 30 days from the premium due date will be allowed for payment of premiums.

There will be no grace period for clients opting for annual premium payment mode.

b) This Policy may be terminated at any Policy Anniversary by either the Policyholder or the Company by giving the other party at least three month's prior notice of its intention to do so in writing on which such termination shall be effective. Termination shall be without prejudice to any claim originating prior to the effective date of termination.

c) This Policy is issued for the term as specified in the schedule and thereafter shall be automatically renewed provided that the Company issues an official receipt for the payment of the premium due on the following Policy Anniversary, to be paid by the Policyholder on that date or within the applicable grace period.

3. Premium Rates

a) Premiums payable under this Policy shall be calculated in accordance with the Premium Rate(s) agreed between Policyholder and the Company and specified in the Policy Schedule.

The Premiums payable for the Insurance in respect of an Insured Member / employee on the Policy Effective Date / Cover Commencement Date or on the Next Renewal Date shall be ascertained from the Premium Rates as mentioned in the Policy Schedule and the Amount of Insurance in respect of the Insured Member/ employee. If in respect of the Insured Member, the Date of Entry is different (later) to the Policy Effective Date / Cover Commencement Date, proportionate Premiums shall be payable immediately and thereafter the insurance Coverage shall be effective.

b) The Company shall have the right to change the rate(s) at which the Premiums shall be calculated on any Policy Anniversary, provided that the Company notifies the Policyholder at least thirty days in advance of the Policy Anniversary provided the Master Policyholder shares complete and updated member data on which the new rate(s) would take effect. In case of failure of agreement between the Company and the Policyholder in respect of a change in rate(s), notice of termination of the contract of insurance shall be given by the dissenting party before the Policy Anniversary on which such termination shall be effective.

c) Notwithstanding what is stated above, without prejudice to any other provision in this Policy document, the Company shall have the right to change the premium rate(s) at which the premiums are payable, any time during the Policy Year if, as a result of substantial number of addition and deletion of

Insured Members into or from the Policy after the Policy Effective Date / Cover Commencement Date, the membership profile of the scheme changes substantially. Alternatively, a separate premium rate(s) may be charged for the Insured Members / employees added to the policy subsequent to the Policy Effective Date.

d) In addition to the premiums at the above rates, Service Tax and other related Taxes will be charged separately at the time of payment of premium at the prevailing tax rates.

Sample

Part E – Other General Provisions

1. Certificate of Insurance <<applicable only in case of non employer employee groups and voluntary covers>>

Future Generali shall issue the certificate of insurance to the insured members. In case of any contradiction between Certificate of Insurance and the policy, the terms and conditions as mentioned in the policy shall prevail.

2. Nomination requirements <<<applicable only in case of non employer employee groups and voluntary covers>>

The insured member may, at any time before the certificate end date, nominate a person / persons as per Sec 39 of the Insurance Act 1938, to receive the insurance benefits as stated in the certificate of insurance in the event of his death.

Please note the terms of Section 39 of the Insurance Act, 1938, as amended from time to time, which states as follows:

(1) The holder of a policy of life insurance on his own life, may, when effecting the policy or at any time before the policy matures for payment, nominate the person or persons to whom the money secured by the policy shall be paid in the event of his death:

Provided that, where any nominee is a minor, it shall be lawful for the policyholder to appoint any person in the manner laid down by the insurer, to receive the money secured by the policy in the event of his death during the minority of the nominee.

(2) Any such nomination in order to be effectual shall, unless it is incorporated in the text of the policy itself, be made by an endorsement on the policy communicated to the insurer and registered by him in the records relating to the policy and any such nomination may at any time before the policy matures for payment be cancelled or changed by an endorsement or a further endorsement or a will, as the case may be, but unless notice in writing of any such cancellation or change has been delivered to the insurer, the insurer shall not be liable for any payment under the policy made bona fide by him to a nominee mentioned in the text of the policy or registered in records of the insurer.

(3) The insurer shall furnish to the policyholder a written acknowledgment of having registered a nomination or a cancellation change thereof, and may charge a fee as may be specified by regulations for registering such cancellation or change.

(4) A transfer or assignment of a policy made in accordance with section 38 shall automatically cancel a nomination:

Provided that the assignment of a policy to the insurer who bears the risks on the policy at the time of the assignment, in consideration of a loan granted by that insurer on the security of the policy within its surrender value, or its re-assignment on repayment of the loan shall not cancel a nomination, but shall affect the rights of the nominee only to the extent of the insurer's interest in the policy:

Provided further that the transfer or assignment of a policy, whether wholly or in part, in consideration of a loan advanced by the transferee or assignee to the policyholder, shall not cancel the nomination but shall affect the rights of the nominee only to

the extent of the interest of the transferee or assignee, as the case may be, in the policy:

Provided also that the nomination, which has been automatically cancelled consequent upon the transfer or assignment. the same nomination shall stand automatically revived when the policy is reassigned by the assignee or retransferred by the transferee in favour of the policy-holder on repayment of loan other than on a security of policy to the insurer.

(5) Where the policy matures for payment during the lifetime of the person whose life is insured or where the nominee or, if there are more nominees than one, all the nominees die before the policy matures for payment, the amount secured by the policy shall be payable to the policy-holder or his heirs or legal representatives or the holder of a succession certificate, as the case may be.

(6) Where the nominee or if there are more nominees than one, a nominee or nominees survive the person whose life is insured, the amount secured by the policy shall be payable to such survivor or survivors.

(7) Subject to the other provisions of this section, where the holder of a policy of insurance on his own life nominates his parents , or his spouse ,or his children, or his spouse and children ,or any of them , the nominee or nominees shall be beneficially entitled to the amount payable by the insurer to him or them under sub-section (6) unless it is proved that the holder of the policy, having regard to the nature of his title to the policy, could not have conferred any such beneficial title on the nominee.

(8) Subject as aforesaid, where the nominee, or if there are more nominees than one , a nominee or nominees , to whom sub-section (7) applies, die after the person whose life is insured but before the amount secured by the policy is paid , the amount secured by the policy, or so much of the amount secured by the policy as represents the share of the nominee or nominees so dying (as the case may be), shall be payable to the heirs or legal representatives of the nominee or nominees or the holder of a succession certificate, as the case may be, and they shall be beneficially entitled to such amount.

(9) Nothing in sub-sections (7) and (8) shall operate to destroy or impede the right of any creditor to be paid out of the proceeds of any policy of life insurance.

(10) The provisions of sub-sections (7) and (8) shall apply to all policies of life insurance maturing for payment after the commencement of the Insurance Laws (Amendment) Act, 2015.

(11) Where a policy-holder dies after the maturity of the policy but the proceeds and benefit of his policy has not been made to him because of his death, in such a case, his nominee shall be entitled to the proceeds and benefit of his policy.

(12) The provisions of this section shall not apply to any policy of life insurance to which section 6 of the Married Women's Property Act, 1874 , applies or has at any time applied:

Provided that where a nomination made whether before or after the commencement of the Insurance Laws (Amendment) Act,

2015, in favour of the wife of the person who has insured his life or of his wife and children or any of them is expressed, whether or not on the face of the policy, as being made under this section, the said section 6 shall be deemed not to apply or not to have applied to the policy.

3. Assignment

No benefit under this Policy may be assigned.

4. The Contract

a) The rights of the Policyholder or of any Insured Member or of any beneficiary under this Policy shall not be affected by any provision other than those contained in this Policy or in any Addendum, annexures, schedules and endorsements to this Policy.

b) The Policy, and all rights, obligations and liabilities arising hereunder, shall be construed and determined in accordance with the laws of the country (India) in force and the Policyholder and the Company hereby recognizes the exclusive competence of the Courts of India in this respect.

5. Provision of Information

a) The Policyholder shall furnish to the Company all particulars and information the Company may require in respect of Eligible Members / employees necessary to give effect to the provisions of this Policy.

b) Neither clerical errors in keeping any records pertaining to the insurance under this Policy, nor delays in making entries thereon, shall invalidate insurance otherwise validly in force or continue insurance otherwise validly terminated, but upon discovery of such error or delay an equitable adjustment of premiums shall be made.

c) The Policyholder shall furnish to the Company Member Enrolment Forms where necessary and evidence of insurability for each Eligible Member in the form prescribed by the Company.

d) The Policyholder shall furnish following whenever called by the Company

- i) name, address, and date of birth and age of the Member as on Date of Commencement of the Policy
- ii) name of Nominee(s), age of Nominee(s) and their relationship and name of guardian in case of minor nominee(s).

6. Suicide Exclusion:

In case the insured member commits suicide whether sane or insane within 12 months from the policy commencement date or risk commencement date of the member, whichever is later, the nominee will receive 80% of the premiums paid in respect of the insured member. This clause will not be applicable during renewal of cover.

Applicability of above mentioned suicide clause for different groups:

- For employer employee group where participation for insurance cover is compulsory, suicide clause as stated above will not be applicable. In other words, claims resulting from suicide will be covered.
- For employer employee group where participation for insurance cover is on a voluntary basis, suicide clause as stated above will be applicable.
- For non-employer employee groups, suicide clause as stated above will be applicable.

7. Free look provision:

On receipt of Policy document, the Policyholder should review the Terms and Conditions of the Policy. In case Policyholder is not satisfied with Terms and Conditions as stated in the Policy, he has an option to return the Policy to the Company within 15 (30 days if policy is bought through Distance Marketing) days of its receipt, with a written request for cancellation, stating reasons for the same.

On such cancellation of the Policy, the Company will refund the premium after deducting a reasonable cost of insurance for the period on cover, expenses incurred towards medical examinations carried out and stamp duty.

Note: Distance Marketing means insurance solicitation/lead generation by way of telephone calling/ Short Messaging Service (SMS)/Other Electronic modes like e-mail, internet & Interactive Television (DTH)/Direct Mail/ newspaper & magazine inserts or any other means of communication other than in person

8. Revival Period:

If the due premiums are not paid within the grace period then the policy will lapse. The same can be revived before the next renewal date of the policy subject to the board approved underwriting guidelines.

9. Misstatement

a) If the declared age or date of birth relating to an Insured Member shall be found to have been misstated and if such misstatement affects the Amount of Insurance in the sense that a higher premium should have been charged for this Amount of Insurance, the benefits payable shall be based on the Amount of Insurance that would have been purchased at the actual age of the Insured Member. If the declared age of the Insured Member has been misstated and a lower premium should have been charged, the Company will refund any excess premiums paid without interest. The actual age and facts shall however be used in determining whether insurance is in force under the terms of this Policy and the Amount of Insurance if any, payable there under; and an equitable adjustment of premiums and/or the Insurance Amount shall be made. Where however, the Insured Member was not eligible for Coverage, his membership of the Policy shall stand terminated from inception of the Policy and the premium paid in respect of his Coverage shall be refunded without interest to the Policyholder.

b) Where a misstatement of any material relevant facts have caused an Insured Member to be insured hereunder when he would otherwise be not eligible for insurance, or where such statement has caused an Insured Member to remain insured when he would otherwise be disqualified in accordance with the terms and conditions of this Policy, the Coverage in respect of such Insured Member shall be void and the Company shall reimburse to the Policyholder the premiums paid in respect of such Insured Member, subject however to the provisions of Sec 45 of the Insurance Act 1938.

10. Discontinuance of the Master Policy

This Master Policy may be discontinued for new members / employees at the option of the Policyholder or the Company by giving the other party at least three month's prior notice in writing, or such shorter notice period or other terms and conditions as agreed between the Policyholder and the Company in writing. Both the Parties will continue, during the notice period, to be liable to fulfil their obligations under this Master Policy. Both the parties will also continue to be liable to fulfil their obligations in respect of existing members even after discontinuance of the policy till the coverage is terminated.

11. Grievance / dispute reconciliation

(i) In the event of any grievance the Policyholder may have 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

Future Generali India Life Insurance Co. Ltd,
Unit 801 and 802, 8th floor, Tower C,
Embassy 247 Park, L.B.S. Marg,
Vikhroli (W), Mumbai – 400083
Email: care@futuregenerali.in

Website of the Company: www.futuregenerali.in

(ii) 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 of the grievance.

Grievance Redressal Officer

Future Generali India Life Insurance Co. Ltd,
Unit 801 and 802, 8th floor, Tower C,
Embassy 247 Park, L.B.S. Marg,
Vikhroli (W), Mumbai – 400083
Contact No: 1800-102-2355
Email: gro@futuregenerali.in

iii) In case you are not satisfied with the decision / resolution of the Company, you may approach the IRDA (Insurance Regulatory and Development Authority) through ***Integrated Grievance Management System (IGMS)***. IGMS provides a gateway for policyholders to register complaints with insurance companies first and if need be escalate them to the IRDA Grievance Cells.

IRDA Grievance Call Centre (IGCC)

CALL CENTER: TOLL FREE NUMBER (155255) for voice calls

Email ID: complaints@irda.gov.in

REGISTER YOUR COMPLAIN ONLINE AT: <http://www.igms.irda.gov.in/>

Address for communication for complaints by paper/fax:

Consumer affairs Department,
Insurance Regulatory and Development Authority,
9th Floor, United Towers,
Basheerbagh,
Hyderabad -500 029
Fax 91 – 40 - 66789768

iv) In case Our decision/resolution is not satisfactory, 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 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)
- v) 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:

<http://www.ecoi.co.in>

Address of Company for correspondence

Any notice, information or instruction to the Company must be in writing and delivered to the address intimated by the Company to the Policyholder which is currently:

Chief – Operations
Future Generali India Life Insurance Co. Ltd,
Unit 801 and 802, 8th floor, Tower C,
Embassy 247 Park, L.B.S. Marg,
Vikhroli (W), Mumbai – 400083
Toll Free Number: 1800 102 2355

Email: care@futuregenerali.in.

The Company may change the address stated above and intimate the Policyholder of such change by suitable means.

Any notice, information or instruction from the Company to the Policyholder shall be mailed to the address of the Policyholder stated in the Schedule of this policy or to the changed address as intimated to the Company in writing.

Please communicate any change in Your address or any other communication details immediately, as it helps Us to reach to You faster. The correct address ensures that all our communications reach to you timely.

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 rules/regulations made there under as may be amended from time to time.

Section 45 of the Insurance Act 1938 states that no Policy of life insurance, effected before the commencement of this Act shall after the expiry of two years from the date of commencement of this Act and no policy of life insurance effected after the coming into force of this Act shall after the expiry of 2 years from the date on which it was effected, shall be called in question by the Company on the ground that a statement made in the proposal for insurance, or in any report of a medical officer, or referee, or friend of the insured, or any other document leading to the issue of the Policy, was inaccurate or false, unless the Company shows that such statement was on a material matter or suppressed facts which was material to disclose and that it was fraudulently made by the Policyholder and that the Policyholder knew at the time of making it that the statement was false or that it suppressed facts which it was material to disclose.

Provided that nothing above shall prevent the Company from calling for proof of age at any time if it is entitled to do so, and no Policy shall be deemed to be called in question merely because the terms of the Policy are adjusted on subsequent proof that age of the Insured Member was incorrectly stated.

Prohibition of rebates

Section 41. (1) No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer:

Provided that acceptance by an insurance agent of commission in connection with a policy of life insurance taken out by himself on his own life shall not be deemed to be acceptance of a rebate of premium within the meaning of this sub-section if at the time of such acceptance the insurance agent satisfies the prescribed conditions establishing that he is a bona fide insurance agent employed by the insurer.

Section 41 (2) Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to five hundred rupees.

Annexure- I LIST OF INSURANCE OMBUDSMEN

CONTACT DETAILS	JURISDICTION (Union Territory, District)
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 / 27546139 Fax: 079 - 27546142 Email: bimalokpal.ahmedabad@ecoi.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
BENGALURU Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru - 560 078. Tel.: 080 - 26652048 / 26652049	Karnataka.

<p>Email: bimalokpal.bengaluru@ecoi.co.in</p>	
<p>BHOPAL Office of the Insurance Ombudsman, Janak Vihar 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@ecoi.co.in</p>	<p>Madhya Pradesh Chattisgarh.</p>
<p>BHUBANESHWAR Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar - 751 009. Tel.: 0674 - 2596461 / 2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@ecoi.co.in</p>	<p>Orissa.</p>
<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 / 2706468 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@ecoi.co.in</p>	<p>Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir and Union territory of Chandigarh.</p>
<p>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@ecoi.co.in</p>	<p>Tamil Nadu, Pondicherry Town and Karaikal (which are part 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 - 23239633 / 23237532 Fax: 011 - 23230858 Email: bimalokpal.delhi@ecoi.co.in</p>	<p>Delhi.</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@ecoi.co.in</p>	<p>Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.</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@ecoi.co.in	Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry.
JAIPUR Office of the Insurance Ombudsman, Jeevan Nidhi - II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: Bimalokpal.jaipur@ecoi.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@ecoi.co.in	State of Kerala and Union Territory of (a) Lakshadweep (b) Mahe-a part of Union Territory of Pondicherry.
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@ecoi.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@ecoi.co.in	Districts of Uttar Pradesh : Laitpur, 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.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 Email: bimalokpal.mumbai@ecoi.co.in	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.

<p>NOIDA Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, G.B. Nagar, Noida. Email: bimalokpal.noida@ecoi.co.in</p>	<p>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, Gautambodhanagar, 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@ecoi.co.in</p>	<p>Bihar, Jharkhand.</p>
<p>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 - 32341320 Email: bimalokpal.pune@ecoi.co.in</p>	<p>Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.</p>