 FUTURE GENERALI TOTAL INSURANCE SOLUTIONS	Future Generali India Life Insurance Company Limited
	IRDAI Registration No. 133; CIN No: U66010MH2006PLC165288

FUTURE GENERALI CANCER PROTECT PLAN

UIN: 133N063V03



Part A

1) Welcome Letter

Dear Mr. /Mrs. xxxxx,

Welcome to Future Generali India Life Insurance, a joint venture between Future Group - a leading retailer of India, Generali Group - a global insurance group and one of the world’s 50 largest companies and Industrial Investment Trust Limited - a leading Non-Banking Financial Company.

Thank You for choosing Us as Your preferred insurance partner. It is indeed, Our privilege to serve You. We shall strive to be worthy of the trust reposed in Us, at every step of this journey in safeguarding You and Your loved ones. It is Our mission to offer products that best suit Your need in the simplest and most hassle-free manner.

We’re happy to present to You, the original Insurance Policy Certificate along with the First Premium Receipt of Your Policy no. , which is enclosed in this kit. We request You to go through the document, check Your personal details and the Policy provisions.


Some key details of the Policy are mentioned below for Your ready reference.

Your name (Policyholder)	
Life Assured Name	
Name of the Plan	
Plan Option	
Your Nominee’s Name	
Policy No.	
Policy Term	
Sum Assured	
Installment Premium	
Premium Payment Term	
Premium Payment Frequency	
Intermediary’s Name	
Intermediary’s Code	
Intermediary’s License No.	
Intermediary’s Mobile / Landline Telephone Number	
Intermediary’s Email Address	

We give You the option of cancellation of the Policy, within 15 days (30 days if You have purchased this Policy Online or through Distance Marketing Mode) from the date of receipt of the Policy. In case You may have any concerns. You may return the Policy Document along with a letter stating Your intention for the same.

Rest assured, Your refund will be processed within 15 days. Refund amount will be equal to the Premium paid towards this Policy less expenses towards medical examination, if any, less Policy stamp duty less proportionate risk premium for period of cover.

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

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

We look forward to being Your Total Insurance Solutions Provider. Assuring You Our best services always
Sincerely,

Authorized Signatory

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2) Policy Preamble

Simplicity is at the core of Our business at Future Generali. At every step, We shall strive to make Your insurance experience as easy and hassle-free as it can be. Which is why, We have created this Policy document in a manner that You find easy to comprehend.

From Your Policy Schedule and payment period to Your benefits, the next few pages will familiarize You with all the details and information You need to know regarding Your Policy. Do check Your personal details as well as Your Nominee-related information thoroughly. In case of any errors, do notify Us on the same so that We can rectify it. Make sure You keep this Policy Document at a safe place and always refer to it, in case You need any clarity.

This is a contract of insurance between You and Future Generali India Life Insurance Company Limited. This contract has been effected on the receipt of the premium deposit and is based on the details provided in the Proposal Form together with the other information, documentation and declarations received from You for effecting a life insurance contract on the life of the Insured.

We agree to pay the benefits under this Policy on the occurrence of the insured events described in Part C of the Policy, subject to the terms, conditions and exclusions of the Policy.

We wish You the very best in this journey of safeguarding Yourself and Your loved ones.

IMPORTANT: You Are Requested To Read This Policy Document Thoroughly. On Examination Of This Policy, If Any Error Or Incorrect Description Is Found, This Policy Should Be Returned To Us Immediately For Correction.

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3) Schedule

Future Generali Cancer Protect Plan
 UIN: 133N063V03
 Individual, Non Linked, Non-Participating, Pure Risk, Health Insurance Plan

THIS SCHEDULE IS PART OF THIS POLICY AND IS SUBJECT TO AND HAS TO BE READ ALONG WITH THE ATTACHED POLICY DOCUMENT.

3a) Details of Life Assured

Full Name:	
Date of Birth:	
Age	
Age Admitted:	Yes/No
Gender	
Tobacco Consumption	Yes/No
Email address:	
Mobile phone no:	
Residence No:	
Address:	
Landmark:	
City:	
Pin Code:	

3b) You the Policyholder

Full Name:	
Date of Birth:	
Gender	
Email address:	
Mobile phone no:	
Residence No:	
Address:	
Landmark:	
City:	
Pin Code:	

3c) This Policy:

Policy Name	
Policy Number	
Plan Option	
Customer ID	

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

Nominee 1	Nominee 2
Full Name:	Full Name:
Date of Birth:	Date of Birth:

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Gender:	Gender:
Age:	Age:
Relationship with Policyholder:	Relationship with Policyholder:
Address	Address
Percentage share of Benefit:	Percentage share of Benefit:

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

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

3f) What You are covered for:

Policy Benefits

Plan Name	Plan Option	UI N	Policy Commencement Date	Risk Commencement Date	Maturity Date	Sum Assured	Policy Term	Premium Payment Term

Premium Details

Plan Name	Annualised Premium/Single Premium	Installment Premium / Single Premium	Relevant Modal Factor	Applicable Tax*	Total Installment Premium / Single Premium	Premium Frequency	Premium Due Dates	Last Premium Due Date

3g) What You are not covered for

- No benefit is payable under the Plan for any Minor Stage Cancer and Major Stage Cancer, resulting directly or indirectly from or caused or contributed by (in whole or in part) any of the following:
 - Sexually Transmitted Disease,
 - Any congenital conditions; or
 - Any pre-existing diseases
 - Intoxication by alcohol or narcotics or drugs not prescribed by a Registered Medical Practitioner.
 - Nuclear, biological or chemical contamination (NBC).
- No benefits shall be payable under this Policy for Minor Stage Cancer, and Major Stage Cancer diagnosed or with the signs or symptoms of which first occurred within 180 days following the effective date of the Policy or reinstatement date (whichever is later).
- No benefit is payable under this Policy for Minor Stage Cancer and Major Stage Cancer if the Insured Person has survived for less than or equal to seven (7) days following the date of first diagnosis of Minor Stage Cancer and Major Stage Cancer respectively by any medical practitioner/pathologist. However We may confirm the same with independent medical practitioner/pathologist.
- The following are excluded under Major Stage Cancer :

- Tumours showing the malignant changes of carcinoma in situ & tumours which are histologically described as premalignant or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -2 & CIN-3.
- Any skin cancer other than invasive malignant melanoma
- 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.
- Papillary micro - carcinoma of the thyroid less than 1 cm in diameter
- Chronic lymphocytic leukaemia less than RAI stage 3
- Microcarcinoma of the Bladder

- **Pre-existing condition:**

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

a) That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued or its reinstatement by the insurer or

b) For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to effective date of the policy or its reinstatement.

Reinstatement means the Revival of Policy post expiry of grace period

- **Minor Stage Cancer:**

- Clinical diagnosis or Cervical Intraepithelial Neoplasia (CIN) classification which reports CIN I, CIN II and CIN III (where there is severe dysplasia without carcinoma in situ) does not meet the required definition and are specifically excluded.
- Pre-malignant lesions and conditions, unless listed in the definition of Minor Stage Cancer in Part C are excluded.
- All CIS of the skin and prostate are specifically excluded

3h) Disclaimers

- *Includes applicable tax at prevailing rates.
- Total Premium is subject to change in case of any variance in the present rates or in the event of any new or additional tax/levy being made applicable/ imposed on the premium(s).
- Tax laws are subject to change.

3i) Stamp Duty

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

For and on behalf of Future Generali India Life Insurance Company Ltd

Authorised Signature

Part B

Definitions & Interpretation:

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

- 1) **“Age”** means Age as on last birthday which is the number of completed years on the last birthday.
- 2) **“Annualised Premium”** means the premium amount payable in a year chosen by the policyholder, excluding the taxes, rider premiums, underwriting extra premiums and loadings for modal premiums, if any as specified in the Schedule.
- 3) **“Appointee”** means the person named in the Schedule to whom the Benefit shall become payable if the Nominee is less than Age 18 when the Benefit becomes payable.
- 4) **“Distance Marketing Mode”** means insurance solicitation/lead generation by way of telephone calling/ Short Messaging Service (SMS)/other electronic modes such as e-mail, internet and interactive television (DTH)/direct mail/newspaper and magazine inserts or any other means of communication other than in person.
- 5) **“Endorsement”** means a written endorsement issued by Us on the Schedule to record any changes to the applicable terms and conditions of this Policy or the details contained in the Schedule. Endorsements shall form a part of this Policy and shall be binding on You and Us. It is agreed that the terms of an Endorsement shall supersede any conflicting provisions in this Policy Document, Rider or Schedule.
- 6) **“Financial Year”** means the twelve month period between 1st April of each calendar year and 31st March of next calendar year.
- 7) **“Grace Period”** means the period of time, as specified in Part C, from the Premium Due Date which is specified in this Policy during which You can pay the due Installment Premium to Us. During the Grace Period, this Policy will be considered to be in force with the risk cover and without any interruption, as per the terms of this Policy.
- 8) **“Installment Premium”** means the premium amount specified in the Schedule which is payable under this Policy at the frequency and in the modes specified in the Schedule.
- 9) **“IRDAI”** means the Insurance Regulatory and Development Authority of India.
- 10) **“Lapse”** means the status of the Policy where due Instalment Premium, for the period as specified in the Part C of the Policy, have not been paid within the Grace Period and where Policy benefits, if any, shall become payable in accordance with Part C.

- 11) **“Life Assured”** means the person named in the Schedule on whose life the insurance cover under this Policy has been granted.
- 12) **“Maturity Benefit”** means the benefits which become payable on or after the Maturity Date in accordance with Part C of this Policy. Part C will specify whether a Maturity Benefit is payable under this Policy.
- 13) **“Maturity Date”** means the date specified in the Schedule on which the Maturity Benefit (if any) becomes payable if the conditions specified in Part C of this Policy are satisfied.
- 14) **“Nominee”** means the person named in the Schedule to whom the Benefit shall become payable if the conditions specified in Part C of this Policy are satisfied.
- 15) **“Policy”** means the contract of insurance entered into between You and Us as evidenced by the Policy Document.
- 16) **“Policyholder”** means the person named in the Schedule on whom the contract under this Policy is executed and owns this Policy and, subject to the terms and conditions of this Policy, holds all the rights under the Policy.
- 17) **“Policy Anniversary”** means the same date as the Policy Commencement Date in each Policy Year during the Policy Term.
- 18) **“Policy Commencement Date”** means the date specified in the Schedule on which this Policy commenced.
- 19) **“Policy Document”** means this Policy Document, the Proposal Form, the Schedule and any additional information or documentation provided to Us in relation to the Proposal Form, any Endorsements issued by Us and any Riders attached to this Policy.
- 20) **“Policy Term”** means the period specified in the Schedule which is the number of years from the Policy Commencement Date to the Maturity Date.
- 21) **“Policy Year”** means a period of 12 consecutive calendar months from the Policy Commencement Date and every subsequent Policy Anniversary, thereafter.
- 22) **“Premium Due Date”** means date specified in the Schedule on which the Installment Premium will become due.
- 23) **“Premium Paying Term”** means the period specified in the Schedule during which the Installment Premiums are payable.
- 24) **“Proposal Form”** means the Proposal Form provided by Us which is completed by You in utmost good faith and sets out the various particulars which form the basis of the insurance cover under this Policy.
- 25) **“Regular Premium Payment”** means the premiums are to be paid throughout the Policy Term and are paid at regular intervals like yearly, half-yearly etc., as mentioned in the Schedule.
- 26) **“Revival”** means restoring the Lapsed Policy to an in-force Policy as per the Revival conditions mentioned in Part D of the Policy.

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- 27) **“Revival Period”** means a period of 5 consecutive years from the first Premium Due Date on which the Installment Premium was unpaid during which a Lapsed Policy may be revived in accordance with the terms of Part D of this Policy.
- 28) **“Rider”** means a Rider contract which is attached to and forms a part of this Policy. The Schedule will specify whether any Riders are applicable under this Policy and the premium amounts payable for such Riders.
- 29) **“Risk Commencement Date”** means the date specified in the Schedule on which the risk under this Policy commences.
- 30) **“Schedule”** means the Policy Schedule which is issued by Us and attached to this Policy together with any amendments to the Schedule or Endorsements which may be issued by Us from time to time.
- 31) **“Single Premium”** means the Premium amount specified in the Schedule payable in Lump Sum at the inception of the Policy. No further Premiums are payable under this Policy.
- 32) **“Sum Assured”** means the amount specified in the Schedule.
- 33) **“Surrender”** means the complete withdrawal/termination of the entire Policy. Part D of this Policy will specify whether and under which conditions this Policy can be Surrendered.
- 34) **“Surrender Value”** means the amount payable, if any, on the Surrender of this Policy. Part D of this Policy will specify the manner of calculation of the Surrender Value, if any.
- 35) **“We, Us, Our”** means Future Generali India Life Insurance Company Limited.
- 36) **“You, Your”** means the Policyholder of this Policy as named in the Schedule.

Interpretation:

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

Part C

Policy Benefits and Premium Payment Conditions:

This Policy is an individual, non-linked, non-participating, pure risk, health insurance plan. This Policy provides lump sum and / or income benefit if the Life Assured is diagnosed with Cancer.

The benefits provided by Your Policy as regards the amounts payable by Us and the events on the happening of which such amounts are payable, as well as the Premiums payable by You and the duration for which such Premiums are payable are as indicated on the Policy Schedule.

In order to secure the full benefits available under this Policy, Installment Premiums /Single Premium must be paid in full and on time for the Premium Paying Term. If the Installment Premiums are not received on time, then the non-forfeiture provisions in this Part C will apply.

Amendments to this Policy shall be effective only if such amendments are carried out only through Endorsements issued by Us.

1. Commencement of Risk Cover under This Policy

The risk cover under this Policy shall commence only on the Risk Commencement Date.

2. Benefits:

Provided the Policy is not Lapsed or terminated, if the Life Assured is diagnosed with Cancer as defined below, on or after the Risk Commencement Date but during the Policy Term, then the following benefits are payable subject to the Exclusions as mentioned in clause 3 of Part C below.

Benefit payable on diagnosis of cancer:

Diagnosis	Benefit Amount
<p>On diagnosis of Minor Stage Cancer:</p> <p>Minor Stage Cancer includes:</p> <ul style="list-style-type: none"> • Carcinoma in Situ (CIS) of all organs (except skin and prostate), as defined below and • Early Stage Cancer, as defined below <p><u>Carcinoma in Situ (CIS) of all organs (except skin and prostate) :</u></p> <ul style="list-style-type: none"> • Carcinoma in situ (CIS) means the focal autonomous new growth of carcinomatous cells confined to the cells in which it originated and has not yet resulted in the invasion and/or destruction of surrounding tissues. 'Invasion' 	<p>For Option 1 and 2</p> <p><u>Single Premium Paying policies:</u></p> <p>25% of Sum Assured is payable on diagnosis of Minor Stage Cancer.</p> <p><u>Regular Premium Paying policies:</u></p> <p>25% of Sum Assured is payable on diagnosis of Minor Stage Cancer and future Premiums will be waived for 3 years or till the end of the Policy Term, whichever is earlier.</p>

<p>means an infiltration and/or active destruction of normal tissue beyond the basement membrane.</p> <ul style="list-style-type: none"> • The diagnosis of the Carcinoma in situ must always be supported by a histopathological report. • Furthermore, the diagnosis of Carcinoma in situ must always be positively diagnosed upon the basis of a microscopic examination of the fixed tissue, supported by a biopsy result. • In the case of the cervix uteri, Pap smear alone is not acceptable and should be accompanied with cone biopsy or colposcopy with the cervical biopsy report clearly indicating presence of CIS. • Clinical diagnosis or Cervical Intraepithelial Neoplasia (CIN) classification which reports CIN I, CIN II and CIN III (where there is severe dysplasia without carcinoma in situ) does not meet the required definition and are specifically excluded. • All CIS of the skin and prostate are specifically excluded. However, tumours of the prostate histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0 are covered under the Major Stage Cancer Benefit. • This coverage is available only on the first occurrence of CIS for a particular organ. <p>Early Stage Cancer: Early Stage Cancer shall mean the presence of one of the following malignant conditions:</p> <ol style="list-style-type: none"> Tumour of the thyroid histologically classified as T1N0M0 according to the TNM classification; Prostate tumour should be histologically described as TNM Classification T1a or T1b or T1c are of another equivalent or lesser classification. Chronic lymphocytic leukaemia classified as RAI Stage I or II; Basal cell and squamous skin cancer that has 	<p>For both Single Premium and Regular Premium Paying policies:</p> <ol style="list-style-type: none"> The benefit amount is payable on first occurrence of Minor Stage Cancer in an organ. Minor Stage Cancer benefit shall be payable once during the entire life of the Policy including its renewability for a cancer of a particular organ. The benefit amount is payable upto a maximum of 4 times for cancer of different organs. Maximum 4 times Minor Stage Cancer benefit is payable upto a maximum of Sum Assured, for separate organs, in the entire life of the Policy. <p>The Policy will terminate once the Sum Assured is exhausted.</p>
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<p>spread to distant organs beyond the skin,</p> <p>v. Hodgkin’s lymphoma Stage I by the Cotswolds classification staging system.</p> <p>vi. All tumors of the urinary bladder histologically classified as T1N0M0</p> <p>The Diagnosis must be based on histopathological features and confirmed by a Pathologist. Pre-malignant lesions and conditions, unless listed above, are excluded.</p>	
<p>On diagnosis of Major Stage Cancer</p> <p>Major Stage Cancer</p> <p>A malignant tumour characterized by the uncontrolled growth & spread of malignant cells with invasion & destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy & confirmed by a pathologist. The term cancer includes leukemia, lymphoma and sarcoma.</p>	<p><u>For both Single Premium Paying and Regular Premium Paying policies:</u></p> <p>Option 1:</p> <p>100% of Sum Assured less the benefit amount already paid, if any during the entire life of the Policy.</p> <p>Option 2:</p> <p>100% of Sum Assured less the benefit amount already paid, if any during the entire life of the Policy.</p> <p>For option 2, an additional benefit of a monthly income of 2% of Sum Assured is paid with the first installment being paid at the time of claim settlement and the remaining 59 installments payable on each of the following monthly anniversary.</p> <p>a) The Policy will terminate once the benefit amount of Major Stage Cancer is paid.</p>

Sum Assured shall be highest of the following:

- i. 10 times Annualised Premium(*excluding the taxes, rider premiums, underwriting extra premiums and loadings for modal premiums, if any*) or
- ii. 105% of total premiums paid (*excluding taxes, Rider premium and extra premiums, if any*) as on date of claim event, or
- iii. Maturity Sum Assured which is NIL.
- iv. Absolute amount payable on death which is NIL.
- v. Sum Assured

3. Exclusions

i. Waiting period

Waiting Period is 180 days following the effective date of the Policy or reinstatement date (whichever is later).

No benefits shall be payable under this Policy for Minor Stage Cancer and Major Stage Cancer diagnosed or with the signs or symptoms of which first occurred within 180 days following the effective date of the Policy or reinstatement date (whichever is later).

In case of any cancer (Minor Stage or Major Stage) diagnosed or with the signs or symptoms of which first occurred during Waiting Period, this Policy shall continue providing cover for all Benefits as mentioned in clause 2 above except for the specified cancer (Minor Stage or Major Stage) diagnosed or with the signs or symptoms of which first occurred during Waiting Period.

ii. Survival period

No benefit is payable under this Policy for Minor Stage Cancer and Major Stage Cancer if the Insured Person has survived for less than or equal to seven (7) days following the date of first diagnosis of Minor Stage Cancer and Major Stage Cancer respectively by any medical practitioner/pathologist. However We may confirm the same with independent medical practitioner/pathologist.

iii. No benefit is payable under the Plan for any Minor Stage Cancer and Major Stage Cancer, resulting directly or indirectly from or caused or contributed by (in whole or in part) any of the following:

- a. Sexually Transmitted Disease,
- b. Any congenital conditions; or
- c. Any pre-existing diseases (as defined below)
- d. Intoxication by alcohol or narcotics or drugs not prescribed by a Registered Medical Practitioner.
- e. Nuclear, biological or chemical contamination (NBC).

• Pre existing diseases

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

- a) That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued or its reinstatement by the insurer or
- b) For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to effective date of the policy or its reinstatement.

Reinstatement means the Revival of Policy post expiry of grace period

iv. The following are excluded under Major Stage Cancer :

- a. Tumours showing the malignant changes of carcinoma in situ & tumours which are histologically described as premalignant or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -2 & CIN-3.
- b. Any skin cancer other than invasive malignant melanoma
- c. 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.
- d. Papillary micro - carcinoma of the thyroid less than 1 cm in diameter
- e. Chronic lymphocytic leukaemia less than RAI stage 3
- f. Microcarcinoma of the Bladder.

4. No Maturity Benefit, Paid up or Death Benefit is payable under this Policy.



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5. Premium Guarantee

- Premium rates are guaranteed for an initial period of 5 years from the date of issuance of the Policy and thereafter for a period of every block of three years. We can review the renewal premium after the completion of first 5 Policy years and that reviewed premiums will remain unchanged for a period of every block of three years. Any such change in premium shall be subject to prior approval from IRDAI.
- In case of any change in Premium rates, the revised Premium rates shall be applicable based on Age at Policy Commencement Date and original Policy Term chosen. In case of no revision in Premium rates, the original Premium rates shall be applicable
- Any revision in the Premium rates shall be notified to You at least three months prior to the date of such revision and You will be given a period of 30 days from Premium Due Date (on or after the effective date of change) to continue the Policy.
- If You are not willing to continue the Policy with the revised Premium rates, the Policy shall lapse as per provisions of Lapse as specified in clause 1 of part D.

6. Riders:

No Riders will be available under this Policy.

7. Premium Payment Conditions:

- a) Payment of Installment Premium:
Installment Premiums shall be payable in full on the Premium Due Dates until the expiry of the Premium Paying Term or on death of the Life Assured or on payment of full Sum Assured by Us whichever is earlier subject to waiver of premium as defined in Clause 2 (Benefits) of Part C above. The Installment Premiums shall be deemed to have been paid only when they have been received at Our head office or any other office authorized by Us for that purpose.
- b) Deduction of Installment Premiums from the Claim Amount:
If this Policy is in force and the claim becomes payable in accordance with this Part C, any Installment Premiums due till date of diagnoses, shall be deducted from the claim payable under this Policy.
- c) Cessation of Payment of Installment Premium:
If the Life Assured dies during the Policy Term or if full Sum Assured is paid by Us, any Installment Premiums that would otherwise have been due on or after following the death of the Life Assured or, on or after full Sum Assured is paid by Us, are not required to be paid to Us.

8. Grace Period:

- A Grace Period of 30 days from the Premium Due Date for annual mode and 15 days for monthly mode will be allowed for payment of Premium. The Policy shall remain In-force during this period.
- If a valid claim arises under the Policy during the Grace Period, but before the payment of due premium, the claim will be honored. In such cases, the due premium will be deducted from the benefit payable



Part D

Policy Servicing Conditions

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

1. Lapse

- (1) If due Instalment Premium has not been paid within the Grace Period, this Policy shall Lapse and no Benefit shall be payable if the Life Assured is diagnosed with Minor Stage Cancer and/or Major Stage cancer after this Policy has Lapsed and before it has been revived in accordance with Part D of this Policy.
- (2) This Policy may be revived within the Revival Period in accordance with Part D of this Policy.
- (3) If this Policy is not revived within the Revival Period, no benefit shall be payable on the date of expiry of Revival Period, and this Policy will terminate.

2. Surrender

- a. Regular premium Policy: No Surrender Benefit is available under Regular Premium Payment Policy.
- b. Single premium Policy: The Policy acquires a Surrender Value immediately after payment of Single Premium. The Policyholder may terminate the Policy anytime by surrendering the Policy for a Surrender Value. Surrender Benefit is equal to Single Premium including extra premium for substandard lives, if any (exclusive of applicable tax) multiplied by Surrender Value Factor as given below.

Policy Year of Surrender	Guaranteed Surrender value as a percentage of premium
1	56%
2	42%
3	28%
4	14%
5	NIL

No Surrender Benefit shall be payable if Policy is Surrendered in the last year Policy year.

3. Revival

- a) If this Policy has Lapsed, it may be revived within the earlier of the expiry of the Revival Period and the Maturity Date unless this Policy has been Surrendered in accordance with this Part D. Revival Period is 5 consecutive years from the due date of first unpaid premium.
- b) In order to revive this Policy, You must give Us a written request for Revival along with:
 - i) The Life Assured’s health declaration and other evidence of insurability to Our satisfaction.
 - ii) Payment of all overdue Instalment Premiums in full (along with the any other applicable taxes, cesses or levies if any).

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- iii) No interest shall be charged on Revival.
- c) This Policy will be revived in accordance with Our board approved underwriting Policy.
- d) Reinstatement request will attract a Waiting Period of 180 days from date of reinstatement as defined in Clause 3 (i) of part C of this Policy.

4. Loans

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

5. Free Look Period

1. You will be allowed a period of 15 days from the date of receipt of the Policy Document (30 days if the policy is purchased online or through Direct Marketing mode) to review the terms and conditions of Your Policy and to return the same if not acceptable
2. If You have not made any claim during the free look period, You shall be entitled to:
 - a. A refund of the premium paid less any expenses incurred by Us on medical examination of the Life Assured and the stamp duty charges or;
 - b. where the risk has already commenced and the option of return of the Policy is exercised by the Policyholder, a deduction towards the proportionate risk premium for period on cover or;
 - c. Where only a part of the risk has commenced, such proportionate risk premium commensurate with the risk covered during such period.
3. If the Policy is opted through Insurance Repository (IR), the computation of the said Free Look Period will be as stated below:-
 - For existing e-Insurance Account: Computation of the said Free Look Period will commence from the date of delivery of the e mail confirming the credit of the Insurance Policy by the IR.
 - For New e-Insurance Account: If an application for e-Insurance Account accompanies the proposal for insurance, the date of receipt of the 'welcome kit' from the IR with the credentials to log on to the e-Insurance Account(e IA) or the delivery date of the email confirming the grant of access to the e-IA or the delivery date of the email confirming the credit of the Insurance Policy by the IR to the e-IA, whichever is later shall be reckoned for the purpose of computation of the Free Look Period.

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6. Termination of the Policy

This Policy will cease immediately and automatically on the happening of the earliest of any of the following:

- a) on the date of payment of the 100% Sum Assured upon the diagnosis of Minor Stage Cancer or Major Stage Cancer of the Life Assured; or
- b) on the date of payment of Surrender Value of this Policy; or
- c) on Maturity Date; or
- d) on the date of receipt of Free Look request in accordance with Part D of this Policy; or
- e) on the expiry of the Revival Period provided We have not received the due unpaid Regular Premiums from You.

7. Withdrawal of the Health Insurance Product:

- a) The product can be withdrawn with prior approval from IRDAI.
- b) In case the product is withdrawn, the Policyholder shall be intimated about the same 3 months prior to Policy expiry date.
- c) The withdrawn product shall not be offered to prospective customers.



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Part E

Applicable Charges, Funds & Fund Options

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

Part F

1. Non-Disclosure & Fraud

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

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.

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

- (a) the suggestion, as a fact of that which is not true and which the insured does not believe to be true;*
- (b) the active concealment of a fact by the insured having knowledge or belief of the fact;*
- (c) any other act fitted to deceive; and*
- (d) any such act or omission as the law specially declares to be fraudulent.*

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

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 policyholder is not alive.

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

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

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

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.*

2. Prohibition of Rebates

- a) Please note the terms of Section 41 of the Insurance Act, 1938, as amended from time to time, which states as follows:

“ (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.

(2) Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.”

3. Statement of Age

- a) This Policy is issued at the Age shown in the Schedule which is the Life Assured’s declared Age as at the Policy Commencement Date. In the event the declared Age as at the Policy Commencement Date is found to be different from the actual Age on the Policy Commencement Date, without prejudice to Our other rights and remedies, including those under the Insurance Act, 1938, one of the following actions may be taken:
- i) If the actual Age of the Life Assured is such that the Life Assured would not have been eligible under this insurance product either on Policy Commencement Date or on date of claim for insurance coverage, this Policy shall be cancelled with effect from the Policy Commencement Date and the Instalment Premium received shall be refunded after the deduction of the stamp duty charges and costs incurred by Us on the medical examination of the Life Assured, if any.
 - ii) If the actual Age of the Life Assured is higher than the declared Age and higher Instalment Premiums should have been charged per Our board approved underwriting policy, the benefits payable under this Policy shall be reduced to the amount that the Instalment Premiums received would have purchased at the actual Age of the Life Assured.
 - iii) If the actual Age of the Life Assured is lower than the declared Age and lower Instalment Premiums should have been charged per Our board approved underwriting policy, We will refund any excess premiums received, without any interest.

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4. Special provisions where Life Assured is a minor

- a) Risk commencement for a minor Life Assured: For a minor Life Assured, the risk will commence immediately on the Policy Commencement Date.
- b) Vesting of the Policy for a minor life:
 - The Policy vests on the Life Assured on the Policy Anniversary coinciding with or immediately following the 18th birthday of the Life Assured.
 - Upon such vesting, the Policy will be deemed to be a contract between Us and the Life Assured (also the Policyholder henceforth) as the owner of the Policy. The erstwhile Policyholder and his estate shall cease to have any right or interest in the Policy.
- c) Death of the Policyholder while the Life Assured is a minor:

The proposer can be either of the parents or legal guardian of the Life Assured.
In an unfortunate event of death of the Policyholder, when the Life Assured Age is less than 18 years.

 1. The Policy may be continued with the appointment of the Life Assured's parents or legal guardian as the Policyholder under the Policy.
 2. If a new Policyholder is not available and/or legal guardian is not interested to continue the Policy the Policy will be Surrendered. The Surrender benefit as stated under Part D Surrender shall be paid to Life Assured's parents or legal guardian.

5. Claims Procedure

1. The Benefits under this Policy will be payable only if ;
 - i. The conditions to receive any benefit meets the definition of cancer as per Part C (Benefits),
 - ii. The standard Policy provisions specified in Part C (Exclusions) are not attracted,
 - iii. The Policy has not been Surrendered or cancelled or terminated; and
 - iv. All relevant documents in support of the claim have been provided to the Company. These would normally include the following:
 - a) Original Policy Document;
 - b) Claim forms duly completed as required by Us;
 - c) Legal evidence of title of the claimant where no valid nomination or assignment under this Policy exists or in cases where the title is in dispute;
 - d) A copy of past medical records for diagnosis & treatment attested by treating doctor;
 - e) Proof of Age, if the Age has not been admitted earlier.
 - f) Legal evidence of title of the claimant where no valid nomination of assignment under this Policy exists or in case where the title is in dispute.
2. We may, however call for additional documents, if found necessary, in support of the claim.

3. The claim is required to be intimated to Us along with all necessary claim documents required within 60 days from the date of diagnosis of the condition. However, We may condone the delay in claim intimation, if any, where the delay is proved to be for reasons beyond the control of the claimant.

4. We shall settle or reject a claim as the case may be, giving all the relevant reasons, within thirty days of the last 'necessary' document and required clarifications. However, where the circumstances of a claim warrant an investigation, We shall initiate the same at the earliest and complete such investigation expeditiously within 30 days from the date of receipt of last necessary document and the claim shall be settled within 45 days thereafter. In the cases of delay in the payment, We shall pay interest at a rate which is 2% above the bank rate from the date of receipt of last necessary document. Bank rate applicable shall be the bank rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due. The same shall be as per Regulation 16 of IRDAI (Protection of Policyholders' Interests) Regulations, 2017 as amended from time to time.

6. The Policyholder's Rights

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

7. Assignment or Transfer

Please note the terms of Section 38 of the Insurance Act, 1938, as amended from time to time, which states as follows:

(1) A transfer or assignment of a policy of insurance, wholly or in part, whether with or without consideration, may be made only by an endorsement upon the policy itself or by a separate instrument, signed in either case by the transferor or by the assignor or his duly authorised agent and attested by at least one witness, specifically setting forth the fact of transfer or assignment and the reasons thereof, the antecedents of the assignee and the terms on which the assignment is made.

(2) An insurer may, accept the transfer or assignment, or decline to act upon any endorsement made under subsection (1), where it has sufficient reason to believe that such transfer or assignment is not bonafide or is not in the interest of the policy-holder or in public interest or is for the purpose of trading of insurance policy.

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(3) *The insurer shall, before refusing to act upon the endorsement, record in writing the reasons for such refusal and communicate the same to the policy-holder not later than thirty days from the date of the policy-holder giving notice of such transfer or assignment.*

(4) *Any person aggrieved by the decision of an insurer to decline to act upon such transfer or assignment may within a period of thirty days from the date of receipt of the communication from the insurer containing reasons for such refusal, prefer a claim to IRDAI.*

(5) *Subject to the provisions in sub-section (2), the transfer or assignment shall be complete and effectual upon the execution of such endorsement or instrument duly attested but except, where the transfer or assignment is in favour of the insurer, shall not be operative as against an insurer, and shall not confer upon the transferee or assignee, or his legal representative, any right to sue for the amount of such policy or the moneys secured thereby until a notice in writing of the transfer or assignment and either the said endorsement or instrument itself or a copy thereof certified to be correct by both transferor and transferee or their duly authorised agents have been delivered to the insurer:*

Provided *that where the insurer maintains one or more places of business in India, such notice shall be delivered only at the place in where the policy is being serviced.*

(6) *The date on which the notice referred to in sub-section (5) is delivered to the insurer shall regulate the priority of all claims under a transfer or assignment as between persons interested in the policy; and where there is more than one instrument of transfer or assignment, the priority of the claims under such instruments shall be governed by the order in which the notices referred to in sub-section (5) are delivered:*

Provided *that if any dispute as to the priority of payment arises as between assignees, the dispute shall be referred to the IRDAI.*

(7) *Upon the receipt of the notice referred to in sub-section (5), the insurer shall record the fact of such transfer or assignment together with the date thereof and the name of the transferee or the assignee and shall, on the request of the person by whom the notice was given, or of the transferee or assignee, on payment of such fee as may be specified by regulations, grant a written acknowledgment of the receipt of such notice; and any such acknowledgment shall be conclusive evidence against the insurer that he has duly received the notice to which such acknowledgment relates.*

(8) Subject to the terms and conditions of the transfer or assignment, the insurer shall, from the date of the receipt of the notice referred to in subsection (5), recognise the transferee or assignee named in the notice as the absolute transferee or assignee entitled to benefit under the policy, and such person shall subject to all liabilities and equities to which the transferor or assignor was subject at the date of the transfer or assignment and may institute any proceedings in relation to the policy, obtain a loan under the policy or surrender the policy without obtaining the consent of the transferor or assignor or making him a party to such proceedings.

Explanation. – Except where the endorsement referred to in sub-section (1) expressly indicates that the assignment or transfer is conditional in terms of subsection (10) hereunder, every assignment or transfer shall be deemed to be an absolute assignment or transfer and the assignee or transferee, as the case may be, shall be deemed to be the absolute assignee or transferee respectively.

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

(10) Notwithstanding any law or custom having the force of law to the contrary, an assignment in favour of a person made upon the condition that -

(a) the proceeds under the policy shall become payable to the policyholder or the nominee or nominees in the event of either the assignee or transferee predeceasing the insured ;or

(b) The insured surviving the term of the policy, shall be valid:

Provided that a conditional assignee shall not be entitled to obtain a loan on the policy or surrender a policy.

(11) In the case of the partial assignment or transfer of a policy of insurance under sub-section (1), the liability of the insurer shall be limited to the amount secured by partial assignment or transfer and such policy-holder shall not be entitled to further assign or transfer the residual amount payable under the same policy.



8. Nomination by policyholder

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 othets 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

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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.

9. Loss of Policy Document

If the Policy Document is lost or misplaced, You should submit to Us a written request stating the fact and the reason for the loss. If We are satisfied that the Policy Document is lost or misplaced, then, We will issue You a duplicate Policy Document by charging an amount as decided by Us from time to time. Upon the issue of the duplicate Policy Document, the original Policy Document will automatically cease to have any validity with immediate effect.

You agree to indemnify Us and hold Us free and harmless from any costs, expenses, claims, awards or judgments arising out of or in relation to the original Policy Document.

10. Restrictions On Travel, Residence And Occupation

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

11. Governing Law and Jurisdiction

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

12. Electronic Transaction:

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

13. Policy Currency:


- a) All amounts payable either to or by Us under this Policy shall be in Indian Rupees only

14. Address for Correspondence

- a) Any notice, information, request or instruction to Us must be in writing and delivered to the address intimated by Us to You, which is currently intimated to You as follows:

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

- b) We may change the address stated above and intimate You of such change in writing.
- c) Any notice, information or instruction from Us to You shall be mailed to Your address stated in the Schedule or to the changed address as intimated by You to Us in writing.

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- d) 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.

15. Applicable Taxes and Duties

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

Part G

Grievance Redressal Procedure & List of Insurance Ombudsmen

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

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

Grievance Redressal Department

Future Generali India Life Insurance Company Limited
Unit 801 and 802, 8th floor,
Tower C, Embassy 247 Park,
L.B.S. Marg, Vikhroli (W),
Mumbai - 400083
Email ID: care@futuregenerali.in
Our website: life.futuregenerali.in
Contact No : 022-41514500
Toll Free No: 1800 102 2355

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

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

Grievance Redressal Officer

Future Generali India Life Insurance Company Limited

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

In case you have not received any response within 30 days from the date filing of complaints with us, you can approach Insurance Ombudsman as per the details specified in Annexure I.

- c) In case Our decision/resolution of the grievance is not satisfactory, the IRDAI (Insurance Regulatory and Development Authority of India) through the Integrated Grievance Management System (IGMS) may be

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approached on the following contact details. The IGMS provides a gateway for Policyholders to register complaints with insurance companies first and if required the same can be escalated to the IRDAI Grievance Cell.

IRDAI Grievance Call Centre (IGCC)

CallCenter: TOLL FREE NUMBER (155255) for voice calls
Email ID: complaints@irda.gov.in

A complaint may also be registered online at: <http://www.igms.irda.gov.in/>

Address for communication for complaints by paper/fax:

Consumer affairs Department,
Insurance Regulatory and Development Authority of India ,
Sy.No.115/1, Financial District, Nanakramguda,
Gachibowli, Hyderabad – 500 032

d) Insurance Ombudsman

- i) 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)

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- ii) Further, As per Rule 14(3) of the Insurance Ombudsman Rules 2017, the complaint to the Insurance Ombudsman can be made only if:
- (a) the complainant makes a written representation to the insurer named in the complaint and –
 - (i) either the insurer had rejected the complaint; or
 - (ii) the complainant had not received any reply within a period of one month after the insurer received his representation; or
 - (iii) the complainant is not satisfied with the reply given to him by the insurer;
 - (b) The complaint is made within one year –
 - (i) after the order of the insurer rejecting the representation is received; or
 - (ii) after receipt of decision of the insurer which is not to the satisfaction of the complainant;
 - (iii) after expiry of a period of one month from the date of sending the written representation to the insurer if the insurer fails to furnish reply to the complainant

The Insurance Ombudsman is an organization that addresses grievances that are not settled to Your satisfaction. The list of Insurance Ombudsmen offices is provided as Annexure I to this Policy. Further, the list of Insurance Ombudsmen offices is also available at the website below:

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

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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 Email: bimalokpal.bengaluru@ ecoi.co.in	Karnataka.
BHOPAL Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal - 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@ ecoi.co.in	Madhya Pradesh Chattisgarh.
BHUBANESHWAR Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar - 751 009. Tel.: 0674 - 2596461 / 2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@ ecoi.co.in	Orissa.
CHANDIGARH Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 - D, Chandigarh - 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@ ecoi.co.in	Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir and Union territory of Chandigarh.

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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	Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry).
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	Delhi.
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	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
HYDERABAD Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 65504123 / 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@ ecoi.co.in	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.



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<p>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</p>	<p>West Bengal, Sikkim, Andaman & Nicobar Islands.</p>
<p>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</p>	<p>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.</p>
<p>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</p>	<p>Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.</p>
<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>

 FUTURE GENERALI TOTAL INSURANCE SOLUTIONS	Future Generali India Life Insurance Company Limited
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