Canara HSBC Life Insurance Group Advantage Term Plus
Non-Linked Non-Participating Renewable Group Term Insurance Pure Life Insurance Plan
UIN 136N077V02

Date:
WELCOME LETTER
{{POLICY OWNER_NAME}}
{{FATHERS_NAME/HUSBAND NAME}}
{{PO_M_ADD_1}}
{{PO_M_ADD_2}}
{{PO_M_ADD_3}}
{{PO_M_ADD_CITY}} -
{{PO_M_ADD_STATE}}{{PO_M_ADD_PINCODE}}
{{PO_M_ADD_COUNTRY}}
Contact No.: {{POLICY OWNER_CONTACT}}
Email id -

Your Policy Details:	
Client ID.	{{POLICY OWNER_CLIENT_ID}}
Policy No.	{{POLICY_NUMBER}}
Proposal No.	{{PROPOSAL_NUMBER}}

Your Branch Representative Details:	
Name	{{AGENT_NAME}}
Code	{{AGENT_CODE}}
Contact No.	{{AGENT_CONTACT}}

Dear {{Policy Owner_name}},

Welcome to the Canara HSBC Life Insurance family. We would like to congratulate You on purchasing **Canara HSBC Life Insurance Group Advantage Term Plus**.

This document is Your Policy Document and We recommend that You read it to ascertain if the details are accurate. If You wish to rectify any of the details provided by You, please get in touch with our **Resolution center**: **1800-103–0003 /1800-891-0003** or your **bank branch representative**. You can also **SMS** Us at **7039004411** or write to Us at customerservice@canarahsbclife.in and our representative will contact You at your convenience.

In case You do not agree with the terms and conditions of the Policy or otherwise and have not made any claim, You can opt for cancellation of the Policy by returning the Policy Document (if issued physically upon request) along with a written request stating the reasons for non-acceptance to the Company within the free-look period of 30 days from the date of receipt of this Policy Document whether received electronically or otherwise (whichever is earlier).In case You opt to return the Policy within the said period, We shall refund the Premium received by Us subject only to deduction of the proportionate risk Premium for the period of life cover, stamp duty and medical expenses (if any).
We also offer an easy-to-navigate online system to manage Your Policy. Log on to our website www.canarahsbclife.com and register to start using this service.

In case of any claim related or other matters, You or the Claimant may contact Us at Canara HSBC Life Insurance Company Limited, 139 P, Sector 44, Gurugram – 122003, Haryana, India. You can also get in touch with Us on 1800-103-0003 / 1800-891-0003 or SMS Us at 7039004411 or write to Us at customerservice@canarahsbclife.in

We request You to pay Your Premiums on due dates to enjoy uninterrupted benefits under the Policy. Thank You for giving Us the opportunity to service Your insurance needs and We will ensure We are here to fulfill all Your Policy servicing needs.

Yours Sincerely,

Chief Operating Officer
Canara HSBC Life Insurance Company Limited

(ii) Policy Preamble:

This Master Policy Document evidences a legal contract between You and Us which has been concluded on the basis of Your statements and declarations in the Proposal Form and other documents evidencing insurability of the Insured Members.

This is a non-linked non-participating renewable group term insurance pure life insurance plan which provides for protection against risk of death to the members of employer-employee (EE) groups and non-employer-employee (NEE) groups. Further, depending on the In-built Cover Options chosen by the Master Policyholder, Members can also be covered for contingent events of Terminal Illness/ Critical Illness/ Accidental Death Benefit/ Accidental Total and Permanent Disability. This product can also be offered to meet Group Term Life requirements in lieu of Employee Deposit Linked Insurance (EDLI) under Employer-Employee Groups.

This Master Policy Document is divided into numbered clauses for ease of reference and reading. The Clause headings do not limit the Master Policy or its interpretation in any way. Reference to any legislation, Act, regulation, guideline, etc includes subsequent changes or amendments to the same. The terms ‘You’, ‘Your’ used in this document refer to the Master Policyholder and shall include the Insured Member/ Claimant/Beneficiary for the purpose of payment of benefits. ‘We’, ‘Us’, ‘Company’, or ‘Our’ refers to Canara HSBC Life Insurance Company Limited. The word ‘Authority’ would refer to the Insurance Regulatory and Development Authority of India (IRDAI).

Canara HSBC Life Insurance Group Advantage Term Plus
Non-Linked Non-Par Renewable Group Term Insurance Pure Life Insurance Plan

MASTER POLICY SCHEDULE

Master Policyholder Details

Proposal Number	
Master Policy Number	
Master Policyholder's Name	
Master Policyholder's Address & Contact details	

Master Policy Details

Plan Name	Group Advantage Term Plus
Type of Group	Employer-Employee (EE) Group of Individuals of a Corporate/ PSU/ MNC or Non-Employer-Employee (NEE) Groups
Master Policy Commencement Date	{{DD/MM/YYYY}}
Risk Commencement Date	{{DD/MM/YYYY}}
Premium Payment Mode	
Premium Due Date	{{DD/MM/YYYY}}
Policy Term	
Policy End Date	{{DD/MM/YYYY}}
Renewal Date	{{DD/MM/YYYY}}

Master Policy Conditions/Options

Benefit Option	{{<Base Death Benefit> }}
	{{<Death and Terminal Illness >}}
	{{< Death, Terminal Illness and Accidental Death Benefit >}}
	{{< Death, Terminal Illness, Accidental Death Benefit and Accidental Total & Permanent Disability >}}
	{{< Death and Accidental Death Benefit>}}
	{{< Death and Accidental Total & Permanent Disability >}}
	{{< Death , Terminal Illness and Critical Illness >}}
	{{< Death, Terminal Illness and Accidental Total & Permanent Disability >}}
	{{< Death, Terminal Illness, Accidental Death Benefit and Critical Illness >}}
	{{< Death and Critical Illness>}}
	{{< Death, Accidental Death Benefit and Critical Illness>>}}
	{{< Death, Accidental Death Benefit and Accidental Total & Permanent Disability >>}}
In-built Cover Options Variant	Critical Illness Benefit: <CI Classic>/<CI Advantage>/<CI Advanced> Accidental Death Benefit: <25%/50%/100%> of Base Death Sum Assured> ATPD Benefit: <25%/50%/100%> of Base Death Sum Assured>
Minimum Age at Entry for Member	Base Death Benefit [ ]/ TI, CI, ADB, ATPD[ ]
Maximum Age at Entry for Member	Base Death Benefit [ ]/ TI, CI, ADB, ATPD[ ]
Maximum Cover Ceasing Age	

Details of the Members

No of Insured Members at Master Policy Commencement Date	
Total Base Death Sum Assured (`)	

Premium Payment Details

Premium (`)	
Extra Underwriting Premium, if any (`)	
Goods & Services Tax (`)	
Total Amount (`)	

<Plan Specific Fields/Riders if any may be added>

For. **Canara HSBC Life Insurance Company Limited**
By:
Name: _____
Title: **Chief Operating Officer**

First Premium Receipt

Receipt Number: {{RECEIPT_NUMBER}} **Date of Issue: {{FPR_DATE}}**

To: <<Name of MPH>>

This is to acknowledge receipt of Premium against above referred Master Policy Number, as per detail given below.

SUMMARY OF MASTER POLICY INFORMATION

Company Details

Name	{{Name Of The Insurance Company}}
Address	{{Head Office Address of Insurance Company}}
Goods and Services Tax Identification Number	{{Goods And Services Tax Identification Number of Insurance Company}}

Master Policyholder Details

Name	{{Name Of The Master Policyholder}}
Current Address	{{Current Address of the Master Policyholder}}
Goods and Services Tax Identification Number	{{Goods And Services Tax Identification Number}}
HSN Code	{{ HSN Code}}
State/ Union Territory & Code	{{Master Policy Holder State & Code}}
Plan Name	{{Canara HSBC Life Insurance Group Advantage Term Plus}}
Basic Premium (`)	{{Amount}}
Extra Underwriting Premium, if any (`)	{{Amount}}
Goods and Services Tax * (`)	{{Amount}}
Total Premium (`)	{{Amount}}

***Break-up of Goods and Services Tax on Basic Premium and Underwriting Extra Premiums, if any**	**Rate (%)**	**Amount (`)**
Central Goods and Services Tax		
State Goods and Services Tax/ Union Territory Goods and Services Tax		
Integrated Goods and Services Tax		
Cess (es)/Other levy		

"Goods and Services Tax as above is not payable on reverse charge basis"
"Address of Delivery is same as that of place of supply"
"**On Examination of the Policy, if the Policyholder notices any mistake, the Policy Document is to be returned for correction to the Company, if issued physically upon request** "
Canara HSBCLife Insurance Company Limited. IRDAI Registration no: 136
Registered Office: 8th Floor, Unit No. 808 - 814, Ambadeep Building, Plot No.14, Kasturba Gandhi Marg, New Delhi - 110001, India

Head Office: 139 P, Sector 44, Gurugram – 122003, Haryana, India

Yours Sincerely,

Chief Operating Officer
Canara HSBC Life Insurance Company Limited

Stamp Endorsement

Master Policyholders Details:

Name of Master Policyholder		Master Policy No.	
Plan Name	Canara HSBC Life Insurance Group Advantage Term Plus	Stamp Value (`)	

Insurance Stamps Affixed below:

Endorsements

PART B

GLOSSARY OF IMPORTANT TERMS

Accident	Accident means a sudden, unforeseen and involuntary event, caused by an external, visible and violent means which occurs during the lifetime of the Insured Member.
Accidental Death	The Accident shall result in Bodily Injury or injuries to the Insured Member independently of any other means. Such injury or injuries shall, within 180 days of the occurrence of the Accident, directly and independently of any other means cause the death of the Insured Member. Such a death is defined as "Accidental Death" The date of the Accident should be after the Risk Commencement Date and before the termination / expiry of the Insured Member's insurance coverage.
Accidental Death Benefit Sum Assured (ADB Sum Assured)	The Sum Assured which is agreed to be paid by Us on occurrence of Accidental Death and as specified in the Certificate of Insurance/Register of Members. The Accidental Death Benefit Sum Assured variant/s opted is/are as specified in the Master Policy Schedule.
Accidental Total and Permanent Disability (ATPD)	Accidental Total and Permanent Disability refers to a disability, which a) Is caused by Bodily Injury resulting from an Accident; and b) Occurs solely and directly due to the said Bodily Injury and shall be independent of any other cause; and c) Occurs within 180 days of the occurrence of such Accident; and d) Results in the loss of both arms, or of both legs, or of one arm and one leg, or of both eyes. The above is exclusive of and without prejudice to the other causes of total and permanent disability. Where, **"Loss of an arm or a leg"** shall mean physical severance of the arm at or above the wrist or physical severance of the leg at or above the ankle. "**Loss of both eyes**" shall mean total and irrevocable loss of sight of both eyes. The date of the Accident should be after the Risk Commencement Date and before the termination / expiry of the Insured Member's insurance coverage.
ATPD Sum Assured	The Sum Assured which is agreed to be paid by Us on occurrence of ATPD and as specified in the Certificate of Insurance/Register of Members. The ATPD Sum Assured variant/s opted is/are as specified in the Master Policy Schedule.
Age	The Insured Member's age at his/her last birthday, as on the Risk Commencement Date for that Insured Member.
Base Death Sum Assured	The Sum Assured which is agreed to be paid by Us on occurrence of death as the Base Death Benefit and as specified in the Certificate of Insurance/Register of Members.
BAUP	It means Board Approved Underwriting Policy of the Company.
Beneficiary	The person or persons who has/have been nominated by the Insured Member as beneficiary/beneficiaries and whose name or names has/have been entered by the Master Policyholder in the Register of Insured Members.
Benefit	Benefit means the benefit as defined in Clause 4 hereto which is payable by Us to the Beneficiary of the Insured Member in accordance with the terms and conditions of the Master Policy.
Bodily Injury	Bodily Injury means an Injury which must be evidenced by external signs such as contusion, bruise and wound except in cases of drowning and internal injury.
Claimant	It means the Master Policyholder or the Insured Member or the Beneficiary who is entitled to register a claim for the insured event under the Master Policy as per Clause 4 in Part C hereof; and where there is no Beneficiary(s), then the Insured Member's legal heir or legal representative or the holder of a succession certificate.
Coverage Amount	The Coverage Amounts for various benefits offered under the product for the individual Members will be as per the scheme rules.
Coverage End Date	The date of the expiry of Insurance Coverage as provided to the Insured Member under this Master Policy.
In-built Cover Options	In addition to Base Death Benefit, Master Policyholder can opt for one or more of the following in-built cover options:

	Accidental Death Benefit (ADB), Accidental Total and Permanent Disability Benefit (ATPD), Terminal Illness (TI) and Critical Illness (CI). Note, Accidental Total & Permanent Disability (ATPD) benefit and Critical Illness (CI) benefit cannot be opted together.
Critical Illness Condition	Critical Illness Condition means the first diagnosis of any of the covered Critical Illnesses, as per chosen CI variant, as listed below or performance of any of the specified medical procedures/ surgeries by a specialist Medical Practitioner – 1. CANCER OF SPECIFIED SEVERITY A malignant tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukemia, lymphoma and sarcoma. The following are excluded: i. All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN - 2 and CIN-3. ii. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond; iii. Malignant melanoma that has not caused invasion beyond the epidermis; iv. All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0 v. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below; vi. Chronic lymphocytic leukemia less than RAI stage 3 vii. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification, viii. All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs; 2. MYOCARDIAL INFARCTION (First Heart Attack of specific severity) The first occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria: i. A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. typical chest pain) ii. New characteristic electrocardiogram changes iii. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers. The following are excluded: i. Other acute Coronary Syndromes ii. Any type of angina pectoris iii. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure. 3. STROKE RESULTING IN PERMANENT SYMPTOMS Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extracranial source. Diagnosis has to be confirmed by a specialist Medical Practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced. The following are excluded: • Transient ischemic attacks (TIA) • Traumatic injury of the brain • Vascular disease affecting only the eye or optic nerve or vestibular functions.

4. MAJOR ORGAN/BONE MARROW TRANSPLANTATION

The actual undergoing of a transplant of:

i. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or

ii. Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist Medical Practitioner.

The following are excluded:

- Other stem-cell transplants
- Where only islets of langerhans are transplanted

5. KIDNEY FAILURE REQUIRING REGULAR DIALYSIS

End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (haemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist Medical Practitioner.

6. OPEN CHEST CABG

The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breast bone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist. The following are excluded: Angioplasty and/or any other intra-arterial procedures

7. OPEN HEART REPLACEMENT OR REPAIR OF HEART VALVES

The actual undergoing of open-heart valve surgery is to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease- affected cardiac valve(s). The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of surgery has to be confirmed by a specialist Medical Practitioner.

Catheter based techniques including but not limited to, balloon valvotomy/valvuloplasty are excluded.

8. PERMANENT PARALYSIS OF LIMBS

Total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist Medical Practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months.

9. THIRD DEGREE BURNS

There must be third-degree burns with scarring that cover at least 20% of the body's surface area. The diagnosis must confirm the total area involved using standardized, clinically accepted, body surface area charts covering 20% of the body surface area.

10. COMA OF SPECIFIED SEVERITY

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

i. no response to external stimuli continuously for at least 96 hours;

ii. life support measures are necessary to sustain life; and

iii. permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.

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

11. AORTA GRAFT SURGERY

The undergoing of surgery to treat narrowing, obstruction, aneurysm or dissection of the aorta. Minimally invasive procedures like endovascular repair are covered under this definition. The surgery must be determined to be medically necessary by a Consultant Surgeon and supported by imaging findings.

For the above definition, the following are not covered:

i. Surgery to any branches of the thoracic or abdominal aorta (including aortofemoral or aortoiliac bypass grafts)
ii. Surgery of the aorta related to hereditary connective tissue disorders (e.g. Marfan syndrome, Ehlers–Danlos syndrome)
iii. Surgery following traumatic injury to the aorta

12. MOTOR NEURON DISEASE WITH PERMANENT SYMPTOMS

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

13. ALZHEIMER'S DISEASE

A definite diagnosis of Alzheimer's disease evidenced by all of the following:

i. Loss of intellectual capacity involving impairment of memory and executive functions (sequencing, organizing, abstracting, and planning), which results in a significant reduction in mental and social functioning

ii. Personality change

iii. Gradual onset and continuing decline of cognitive functions

iv. No disturbance of consciousness

v. Typical neuropsychological and neuroimaging findings (e.g. CT scan, MRI, PET scan of the Brain)

The disease must require constant supervision (24 hours daily) [before age 65]. The diagnosis and the need for supervision must be confirmed by a Consultant Neurologist.

The disease must result in a permanent inability to perform three or more Activities with "Loss of Independent Living" or must require the need of supervision and permanent

presence of care staff due to the disease. This must be medically documented for a period of at least 90 days.

For the above definition, the following conditions are however not covered:

a. non-organic diseases such as neurosis and psychiatric Illnesses;

b. alcohol related brain damage; and

c. any other type of irreversible organic disorder/dementia

14. LOSS of LIMBS

The physical separation of two or more limbs, at or above the wrist or ankle level limbs as a result of injury or disease. This will include medically necessary amputation necessitated by injury or disease. The separation has to be

permanent without any chance of surgical correction. Loss of Limbs resulting directly or indirectly from self-inflicted injury, alcohol or drug abuse is excluded.

15. END STAGE LUNG FAILURE

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

i. FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart; and
ii. Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and
iii. Arterial blood gas analysis with partial oxygen pressure of 55mmHg or less (PaO2 < 55mmHg); and
iv. Dyspnea at rest.

16. END STAGE LIVER FAILURE

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

i. Permanent jaundice; and
ii. Ascites; and
iii. Hepatic encephalopathy.
Liver failure secondary to drug or alcohol abuse is excluded.

17. BENIGN BRAIN TUMOUR

Benign brain tumor is defined as a life threatening, non-cancerous tumor in the brain, cranial nerves or meninges within the skull. The presence of the underlying tumor must be confirmed by imaging studies such as CT scan or MRI. This brain tumor must result in at least one of the following and must be confirmed by the relevant medical specialist.

i. Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or
ii. Undergone surgical resection or radiation therapy to treat the brain tumor.

The following conditions are excluded:
Cysts, Granulomas, malformations in the arteries or veins of the brain, hematomas, abscesses, pituitary tumors, tumors of skull bones and tumors of the spinal cord.

18. APALLIC SYNDROME

Apallic syndrome or Persistent vegetative state (PVS) or unresponsive wakefulness syndrome (UWS) is a universal necrosis of the brain cortex with the brainstem remaining intact.

A persistent vegetative state is absence of responsiveness and awareness due to dysfunction of the cerebral hemispheres, with the brain stem, controlling respiration and cardiac functions, remaining intact. The definite diagnosis must be evidenced by all of the following:

i. Complete unawareness of the self and the environment
ii. Inability to communicate with others
iii. No evidence of sustained or reproducible behavioural responses to external stimuli
iv. Preserved brain stem functions

v. Exclusion of other treatable neurological or psychiatric disorders with appropriate neurophysiological or neuropsychological tests or imaging procedures

The diagnosis must be confirmed by a Consultant Neurologist and the condition must be medically documented for at least one month without any clinical improvement.

19. MAJOR HEAD TRAUMA

I. Accidental head injury resulting in permanent Neurological deficit to be assessed no sooner than 3 months from the date of the accident. This diagnosis must be supported by unequivocal findings on Magnetic Resonance Imaging,

Computerized Tomography, or other reliable imaging techniques. The accident must be caused solely and directly by accidental, violent, external and visible means and independently of all other causes.

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

III. The Activities of Daily Living are:

i. Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;

ii. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;

iii. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;

iv. Mobility: the ability to move indoors from room to room on level surfaces;

v. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;

vi. Feeding: the ability to feed oneself once food has been prepared and made available.

IV. The following are excluded:

i. Spinal cord injury;

20. MULTIPLE SCLEROSIS WITH PERSISTING SYMPTOMS

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

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

Other causes of neurological damage such as SLE are excluded.

21. SYSTEMIC LUPUS ERYTHEMATOUS – WITH LUPUS NEPHRITIS

A definite diagnosis of systemic lupus erythematosus evidenced by all of the following:

i. Typical laboratory findings, such as presence of antinuclear antibodies (ANA) or anti-dsDNA antibodies
ii. Symptoms associated with lupus erythematosus (butterfly rash, photosensitivity, serositis)
iii. Continuous treatment with corticosteroids or other immunosuppressants
iv. Additionally, one of the following organ involvements must be diagnosed:
v. Lupus nephritis with proteinuria of at least 0.5 g/day and a glomerular filtration rate of less than 60 ml/min (MDRD formula)
vi. Libman-Sacks endocarditis or myocarditis
vii. Neurological deficits or seizures over a period of at least 3 months and supported by cerebrospinal fluid or EEG findings. Headaches, cognitive abnormalities are specifically excluded.
viii. The diagnosis must be confirmed by a Consultant Rheumatologist or Nephrologist.

For the above definition, the following are not covered:

i. Discoid lupus erythematosus or subacute cutaneous lupus erythematosus
ii. Drug-induced lupus erythematosus

22. LOSS OF SPEECH

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

23. APLASTIC ANAEMIA

A definite diagnosis of aplastic anaemia resulting in severe bone marrow failure with anaemia, neutropenia and thrombocytopenia. The condition must be treated with blood transfusions and, in addition, with at least one of the following:

i. Bone marrow stimulating agents

ii. Immunosuppressants

iii. Bone marrow transplantation

iv. The diagnosis must be confirmed by a Consultant Haematologist and evidenced by bone marrow histology.

24. PRIMARY (IDIOPATHIC) PULMONARY HYPERTENSION

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

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

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

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

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

25. PARKINSON'S DISEASE

A definite diagnosis of primary idiopathic Parkinson's disease, which is evidenced by at least two out of the following clinical manifestations:

i. Muscle rigidity
ii. Tremor
iii. Bradykinesia (abnormal slowness of movement, sluggishness of physical and mental responses)

Idiopathic Parkinson's disease must result [before age 65] in a total inability to perform, by oneself, at least 3 out of 6 Activities of Daily Living for a continuous period of at least 3 months despite adequate drug treatment.

Activities of Daily Living are:

i. Washing – the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means.
ii. Getting dressed and undressed – the ability to put on, take off, secure and unfasten all garments and, if needed, any braces, artificial limbs or other surgical appliances.
iii. Feeding oneself – the ability to feed oneself when food has been prepared and made available.

iv. Maintaining personal hygiene – the ability to maintain a satisfactory level of personal hygiene by using the toilet or otherwise managing bowel and bladder function.
v. Getting between rooms – the ability to get from room to room on a level floor.
vi. Getting in and out of bed – the ability to get out of bed into an upright chair or wheelchair and back again.

The diagnosis must be confirmed by a Consultant Neurologist.
The implantation of a neurostimulator to control symptoms by deep brain stimulation is, independent of the Activities of Daily Living, covered under this definition. The implantation must be determined to be medically necessary by a Consultant Neurologist or Neurosurgeon.

For the above definition, the following are not covered:
i. Secondary parkinsonism (including drug-, trauma or toxin-induced parkinsonism)
ii. Essential tremor
iii. Parkinsonism related to other neurodegenerative disorders

26. BLINDNESS

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

II. The Blindness is evidenced by:

i. corrected visual acuity being 3/60 or less in both eyes or ;

ii. the field of vision being less than 10 degrees in both eyes.

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

27. DEAFNESS

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

28. MEDULLARY CYSTIC DISEASE TYPE 1 AND TYPE 2

A definite diagnosis of medullary cystic disease evidenced by all of the following:

i. Ultrasound, MRI or CT scan showing multiple cysts in the medulla and corticomedullary region of both kidneys

ii. Typical histological findings with tubular atrophy, basement membrane thickening and cyst formation in the corticomedullary junction

iii. Glomerular filtration rate (GFR) of less than 40 ml/min (MDRD formula)

The diagnosis must be confirmed by a Consultant Nephrologist.

For the above definition, the following are not covered:

i. Polycystic kidney disease

ii. Multicystic renal dysplasia and medullary sponge kidney

iii. Any other cystic kidney disease

29. MUSCULAR DYSTROPHY

A definite diagnosis of one of the following muscular dystrophies:

i. Duchenne Muscular Dystrophy (DMD)

ii. Becker Muscular Dystrophy (BMD)

iii. Emery-Dreifuss Muscular Dystrophy (EDMD)

iv. Limb-Girdle Muscular Dystrophy (LGMD)

v. Facioscapulohumeral Muscular Dystrophy (FSHD)

vi. Myotonic Dystrophy Type 1 (MMD or Steinert's Disease)

vii. Oculopharyngeal Muscular Dystrophy (OPMD)

The disease must result in a total inability to perform, by oneself, at least 3 out of 6 Activities of Daily Living for a continuous period of at least 3 months with no reasonable chance of recovery.

Activities of Daily Living are:

i. Washing – the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means.
ii. Getting dressed and undressed – the ability to put on, take off, secure and unfasten all garments and, if needed, any braces, artificial limbs or other surgical appliances.
iii. Feeding oneself – the ability to feed oneself when food has been prepared and made available.
iv. Maintaining personal hygiene – the ability to maintain a satisfactory level of personal hygiene by using the toilet or otherwise managing bowel and bladder function.
v. Getting between rooms – the ability to get from room to room on a level floor.
vi. Getting in and out of bed – the ability to get out of bed into an upright chair or wheelchair and back again.

The diagnosis must be confirmed by a Consultant Neurologist and supported by electromyography (EMG) and muscle biopsy findings.

For the above definition, the following are not covered: Myotonic Dystrophy Type 2 (PROMM) and all forms of myotonia

30. POLIOMYELITIS

A definite diagnosis of acute poliovirus infection resulting in paralysis of the limb muscles or respiratory muscles. The paralysis must be medically documented for at least 3 months from the date of diagnosis.

The diagnosis must be confirmed by a Consultant Neurologist and supported by laboratory tests proving the presence of the poliovirus.

For the above definition, the following are not covered:

i. Poliovirus infections without paralysis

ii. Other enterovirus infections

iii. Guillain-Barré syndrome or transverse myelitis

31. FULMINANT VIRAL HEPATITIS

A definite diagnosis of fulminant viral hepatitis evidenced by all of the following:

i. Typical serological course of acute viral hepatitis

ii. Development of hepatic encephalopathy

iii. Decrease in liver size

iv. Increase in bilirubin levels

v. Coagulopathy with an international normalized ratio (INR) greater than 1.5

vi. Development of liver failure within 7 days of onset of symptoms

vii. No known history of liver disease

The diagnosis must be confirmed by a Consultant Gastroenterologist.

For the above definition, the following are not covered:

i. All other non-viral causes of acute liver failure (including paracetamol or aflatoxin intoxication)

ii. Fulminant viral hepatitis associated with intravenous drug use

32. LOSS OF INDEPENDENT EXISTENCE [BEFORE AGE 65]

A definite diagnosis [before age 65] of a total inability to perform, by oneself, at least 3 out of 6 Activities of Daily Living for a continuous period of at least 3 months with no reasonable chance of recovery.

Activities of Daily Living are:

i. Washing – the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means.
ii. Getting dressed and undressed – the ability to put on, take off, secure and unfasten all garments and, if needed, any braces, artificial limbs or other surgical appliances.
iii. Feeding oneself – the ability to feed oneself when food has been prepared and made available.
iv. Maintaining personal hygiene – the ability to maintain a satisfactory level of personal hygiene by using the toilet or otherwise managing bowel and bladder function.
v. Getting between rooms – the ability to get from room to room on a level floor.
vi. Getting in and out of bed – the ability to get out of bed into an upright chair or wheelchair and back again.

The diagnosis has to be confirmed by a Specialist.

33. ENCEPHALITIS

A definite diagnosis of acute viral encephalitis resulting in a persistent neurological deficit documented for at least 3 months following the date of diagnosis. The diagnosis must be confirmed by a Consultant Neurologist and supported by typical clinical symptoms and cerebrospinal fluid or brain biopsy findings.

For the above definition, the following are not covered:

i. Encephalitis caused by bacterial or protozoal infections

ii. Myalgic or paraneoplastic encephalomyelitis

34. SPORADIC CREUTZFELDT-JAKOB DISEASE (SCJD)

A diagnosis of sporadic Creutzfeldt-Jakob disease, which has to be classified as "probable" by all of the following criteria:

i. Progressive dementia

ii. At least two out of the following four clinical features: myoclonus, visual or cerebellar signs, pyramidal/extrapyramidal signs, akinetic mutism

iii. Electroencephalogram (EEG) showing sharp wave complexes and/or the presence of 14-3-3 protein in the cerebrospinal fluid

iv. No routine investigations indicate an alternative diagnosis

The diagnosis must be confirmed by a Consultant Neurologist.

For the above definition, the following are not covered:

i. Iatrogenic or familial Creutzfeldt-Jakob disease

ii. Variant Creutzfeldt-Jakob disease (vCJD)

35. AMYOTROPHIC LATERAL SCLEROSIS (LOU GEHRIG'S DISEASE) - resulting in permanent loss of physical abilities

A definite diagnosis of amyotrophic lateral sclerosis. The disease must result in a total inability to perform, by oneself, at least 3 out of 6 Activities of Daily Living for a continuous period of at least 3 months with no reasonable chance of recovery.

Activities of Daily Living are:

i. Washing – the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means.

ii. Getting dressed and undressed – the ability to put on, take off, secure and unfasten all garments and, if needed, any braces, artificial limbs or other surgical appliances.

iii. Feeding oneself – the ability to feed oneself when food has been prepared and made available.

iv. Maintaining personal hygiene – the ability to maintain a satisfactory level of personal hygiene by using the toilet or otherwise managing bowel and bladder function.

v. Getting between rooms – the ability to get from room to room on a level floor.

vi. Getting in and out of bed – the ability to get out of bed into an upright chair or wheelchair and back again.

The diagnosis must be confirmed by a Consultant Neurologist and supported by nerve conduction studies (NCS) and electromyography (EMG).

For the above definition, the following are not covered:

i. Other forms of motor neurone disease

ii. Multifocal motor neuropathy (MMN) and inclusion body myositis

iii. Post-polio syndrome

iv. Spinal muscular atrophy

v. Polymyositis and dermatomyositis

36. BACTERIAL MENINGITIS - resulting in persistent symptoms

A definite diagnosis of bacterial meningitis resulting in a persistent neurological deficit documented for at least 3 months following the date of diagnosis. The diagnosis must be confirmed by a Consultant Neurologist and supported by growth of pathogenic bacteria from cerebrospinal fluid culture.

For the above definition, the following are not covered:

Aseptic, viral, fungal, parasitic or non-infectious meningitis

37. CHRONIC PANCREATITIS – leading to exocrine and endocrine pancreatic insufficiency

A definite diagnosis of severe chronic pancreatitis evidenced by all of the following:

i. Exocrine pancreatic insufficiency with weight loss and steatorrhoea

ii. Endocrine pancreatic insufficiency with pancreatic diabetes

iii. Need for oral pancreatic enzyme substitution

These conditions have to be present for at least 3 months. The diagnosis must be confirmed by a Consultant Gastroenterologist and supported by imaging and laboratory findings (e.g. faecal elastase).

For the above definition, the following are not covered:

i. Chronic pancreatitis due to alcohol or drug use

ii. Acute pancreatitis

38. CHRONIC ADRENOCORTICAL INSUFFICIENCY (ADDISON'S DISEASE)

Chronic autoimmune adrenal insufficiency is an autoimmune disorder causing gradual destruction of the adrenal gland resulting in inadequate secretion of steroid hormones. A definite diagnosis of chronic autoimmune adrenal insufficiency which must be

confirmed by a Consultant Endocrinologist and supported by all of the following diagnostic tests:

i. ACTH stimulation test

ii. ACTH, cortisol, TSH, aldosterone, renin, sodium and potassium blood levels

For the above definition, the following are not covered:
Secondary, tertiary and congenital adrenal insufficiency

Adrenal insufficiency due to non-autoimmune causes (such as bleeding, infections, tumours, granulomatous disease or surgical removal)

39. PRIMARY CARDIOMYOPATHY

A definite diagnosis of one of the following primary cardiomyopathies:

i. Dilated Cardiomyopathy

ii. Hypertrophic Cardiomyopathy (obstructive or non-obstructive)

iii. Restrictive Cardiomyopathy

iv. Arrhythmogenic Right Ventricular Cardiomyopathy

The disease must result in at least one of the following:

i. Left ventricular ejection fraction (LVEF) of less than 40% measured twice at an interval of at least 3 months.

ii. Marked limitation of physical activities where less than ordinary activity causes fatigue, palpitation, breathlessness or chest pain (Class III or IV of the New York Heart Association classification) over a period of at least 6 months.

iii. Implantation of an Implantable Cardioverter Defibrillator (ICD) for the prevention of sudden cardiac death

The diagnosis must be confirmed by a Consultant Cardiologist and supported by echocardiogram, cardiac MRI or cardiac CT scan findings.
The implantation of an Implantable Cardioverter Defibrillator (ICD) must be determined to be medically necessary by a Consultant Cardiologist.

For the above definition, the following are not covered:

i. Secondary (ischaemic, valvular, metabolic, toxic or hypertensive) cardiomyopathy

ii. Transient reduction of left ventricular function due to myocarditis

iii. Cardiomyopathy due to systemic diseases

iv. Implantation of an Implantable Cardioverter Defibrillator (ICD) due to primary arrhythmias (e.g. Brugada or Long-QT-Syndrome)

40. SYSTEMIC SCLEROSIS (SCLERODERMA) – with organ involvement

A definite diagnosis of systemic sclerosis evidenced by all of the following:

i. Typical laboratory findings (e.g.anti-Scl-70 antibodies)

ii. Typical clinical signs (e.g. Raynaud's phenomenon, skin sclerosis, erosions)

iii. Continuous treatment with corticosteroids or other immunosuppressants

Additionally, one of the following organ involvements must be diagnosed:

i. Lung fibrosis with a diffusing capacity (DCO) of less than 70% of predicted

ii. Pulmonary hypertension with a mean pulmonary artery pressure of more than 25 mmHg at rest measured by right heart catheterisation

iii. Chronic kidney disease with a glomerular filtration rate of less than 60 ml/min (MDRD-formula)

iv. Echocardiographic signs of significant Grade III left ventricular diastolic dysfunction

	The diagnosis must be confirmed by a Consultant Rheumatologist or Nephrologist. For the above definition, the following are not covered: i. Localized scleroderma without organ involvement ii. Eosinophilic fasciitis iii. CREST – Syndrome
Critical Illness Sum Assured (CI Sum Assured)	The Sum Assured which is agreed to be paid by Us on occurrence of the covered Critical Illness condition and as specified in the Certificate of Insurance/Register of Members. The CI Sum Assured variant/s opted is/are as specified in the Master Policy Schedule.
Effective Date of Coverage	The date on which the Insurance Coverage under the Master Policy in respect of the Insured Members commences which will be later of the date of realization of the full Premium by Us or the date of underwriting decision communicated by Us or the date specified towards the respective Insured Member in the Register of Insured Members.
Free Cover Limit	It is a limit up to which all Insured Members are accepted without evidence of insurability and beyond this limit; the Insured Members are subject to underwriting. There would be respective Free Cover Limit for Base Death Sum Assured and Sums Assured for the In Built Optional Benefits (wherever applicable). The said Free Cover Limit shall be determined by the Board Approved Underwriting Policy (BAUP) of the Company.
Full Term Cover	Under this option, all members who join on or after the commencement / renewal of the scheme will be covered from the date of becoming an Insured Member for the period of the original Policy Term of the Master Policy. Full Term Cover cannot be co-opted with the option where in the insurance coverage is provided up to the next renewal date. Note, if Policy Term is one month then only Full Term Cover will be provided.
Grace Period	It means a period of 15 days in respect of monthly mode and 30 days in respect of quarterly and half yearly modes from the Premium Due Date for paying overdue Premium to Us without any penalty/late fee during which time the Master Policy/Insurance Coverage of Insured Member will be considered to be in force with the risk cover without any interruption as per the terms of the Master Policy. However, Grace Period is not allowed at the time of renewal of the Policy.
Injury	Injury means accidental physical bodily harm excluding any Illness or disease, solely and directly caused by an external, violent, visible and evident means which is verified and certified by a Medical Practitioner.
Insurance Coverage	The risk cover under this Master Policy, issued to an Insured Member as per the Benefit Option in force under the Master Policy.
Insured Member	An individual who satisfies the eligibility criteria and is covered under this Master Policy.
Lapsed Status	A state which arises due to non Payment of due Premium within Grace Period.
Master Policy	Master Policy means the contract of insurance entered into between the Master Policyholder and Us as evidenced by this Master Policy Document.
Master Policy Document	Master Policy Document means this Canara HSBC Life Insurance Group Advantage Term Plus life insurance Policy comprising these terms and conditions, the attached Master Policy Schedule, the Proposal Form and all endorsements issued by Us.
Master Proposal Form	It means proposal form containing details about the Master Policyholder and its members filled and submitted by the Master Policyholder to Us, pursuant to and on the basis of which We have issued this Master Policy.
Medical Practitioner	Medical Practitioner means a person who holds a valid registration from the Medical Council of any State of India or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of the license issued; but excludes a Medical Practitioner who is: • himself/ herself an Insured Member or an agent of the Insured Member; or • an Insurance Agent, business partner(s) or employer/ employee of the Insured Member; or • A member of the Insured Member's immediate family.
Member Coverage Term	Member Coverage Term implies the duration of Insurance Coverage of Insured Member from date of joining Master Policy.
Nominee(s)	The person(s) named in the policy who is/are entitled to receive the policy proceeds upon the death of the Insured Member.
Other Entities	Other Entities shall mean to include the entities other than Regulated Entities.
Premium	The amount payable to Us in exchange for Our obligation to pay benefits upon the occurrence of the contractually-specified contingencies.
Premium Payment Mode	It means single/yearly/half-yearly/quarterly/monthly mode of Premium payment that is permitted under the Master Policy and as specified in the Schedule of the Master Policy.
Renewal Date	Renewal Date means the date of renewal of the Master Policy as specified in the Master Policy Schedule.

Revival	It means restoration of a Master Policy/Insured Member's cover in Lapsed Status to in-force status subject to terms and conditions of the Master Policy.
Register of Insured Members	A register maintained by Us or the Master Policyholder containing details of each Insured Member and any special conditions applicable to the Insured Member.
Regulated Entities	It refer to the group insurance policies/ schemes administered by the following entities as group organizer/ Master Policyholder (i) RBI regulated Scheduled Commercial Banks (including Co-operative Banks); (ii) NBFCs having Certificate of Registration from RBI; (iii) National Housing Bank (NHB) regulated Housing Finance Companies (iv) National Minority Development Finance Corporation (NMDFC) and its State channelizing agencies (v) Small Finance Banks regulated by RBI (vi) Mutually Aided Cooperative Societies formed and registered under the applicable State Act concerning such Societies (vii) Microfinance companies registered under section 8 of the Companies Act, 2013 (viii) Any other category as approved by the Authority, in accordance with IRDAI guidelines as amended from time to time.
Scheme Rules/Scheme	It means the rules framed by the Master Policyholder for the scheme and approved by Us from time to time, governing the grant of benefits to the Insured Members of the scheme including the Coverage Options.
Sum Assured (SA)	The amount/s specified in the Register of Insured Members/Certificate of Insurance which is payable as per the terms of the Master Policy upon the contingent event of an Insured Member.
Survival Period	The Survival Period is the period of 30 days from the date of the first diagnosis of covered Critical Illness Condition that the Insured Member has to survive to be eligible for receiving CI Sum Assured (if opted) under the Master Policy.
Terminal Illness	Terminal Illness is defined as an advanced or rapidly progressing incurable illness where, in the opinion of appropriate independent Medical Practitioner, life expectancy is no greater than six (6) months from the date of notification of claim. The Terminal Illness must be diagnosed and confirmed by Medical Practitioner. The Medical Practitioner should be a specialist from that field of medicine for which the Terminal Illness is being claimed. The Company reserves the right for an independent assessment by a different Medical Practitioner other than the Medical Practitioner whose diagnosis has been provided by the Insured Member.
Terminal Illness Sum Assured (TI Sum Assured)	The Sum Assured which is agreed to be paid by Us on occurrence of the Terminal Illness and as specified in the Certificate of Insurance/Register of Members.
Waiting Period	Waiting Period is defined as a period of 90 days starting from the date the Member becomes an Insured Member or from the date of reinstatement of Insured Member's insurance coverage. No amount shall be payable in case of occurrence of covered Critical Illness Condition within the Waiting Period. Waiting Period shall not be applicable for the Insured Member(s) whose cover is renewed with the Company, provided who have already completed their Waiting Period fully. In cases where the Waiting Period is only partially exhausted at the time of renewal, the balance Waiting Period shall be applicable on the renewed coverage.

The terms "Master Policyholder", "Master Policy Commencement Date", "Policy Term" and "Premium Due Date" will derive their meaning from the Master Policy Schedule.

PART C

1. Eligibility Criteria For An Insured Member

1.1 A person shall be eligible to become an Insured Member ("Eligible Member") if such person is:

a) above or equal to the minimum Age at entry and below or equal to the maximum Age at entry as specified in the Master Policy Schedule;
b) a member of the Master Policy; and
c) Employees or contract staff of the Master Policyholder. Where Master Policy is issued in lieu of Employee's Deposit Linked Insurance (EDLI) Scheme, such employee shall be eligible as long as his/her provident fund is deducted by the Master Policyholder under provident fund scheme. This point is only applicable to Employer Employee (EE) groups.

1.2 We will cover an Insured Member from the Effective Date of Coverage provided that:

a) We have received the Premium along with applicable taxes for such Insured Member; and
b) the Insured Member satisfies underwriting criteria as per Our Board Approved Underwriting Policy; and
c) We have received all documentation in respect of that Insured Member as required.
d) The Insured Member has not resigned/ terminated/ voluntarily withdraws from the membership etc., at the time of paying the claim.

2. Membership Provisions

a) An Eligible Member will become an Insured Member only when We or the Master Policyholder has entered the member's details into the Register of Insured Members and as per the provisions defined in the Scheme Rules.
b) Master Policyholder is responsible for providing the data on the Insured Members and for ensuring that it is accurate. Master Policyholder shall intimate Us of any change in the details of the Insured Members and addition of new member(s) and deletion in the Insured Member(s) in any month, within timelines as mentioned in the Scheme Rules.
c) Master Policyholder agrees to indemnify and hold Us harmless from and against any and all losses, costs, expenses, actions or proceedings suffered by Us in relation to any error or deficiency in or in respect of providing the data on members.
d) We may seek additional information and/or documentation in respect of any Insured Member at any time. If the information and/or documentation for such Insured Member is not received by Us within timelines as mentioned in the Scheme Rules, the name of the Insured Member shall be deemed to have been removed from the Register of Insured Members effective from the date of Our request of such information and/or documentation, and the Certificate of Insurance issued, if any, shall no longer be valid.

3. Insurance cover under Master Policy

a) We may provide Insurance Coverage to a person under this Master Policy who satisfies the eligibility criteria as provided in Clause 1.1.
b) Every Insured Member or Master Policyholder on behalf of Insured Member shall produce evidence of insurability in the form and manner as prescribed by Us before affecting the Insurance Coverage on Insured Member under this Master Policy or before affecting any increase/decrease in Sum Assured, if any.
c) After the Master Policy Commencement Date or the Renewal Date, an eligible member can become an Insured Member only after due intimation to Us and submission of all information and details in the form and manner specified by Us along with requisite Premium amount including applicable taxes.

4. Benefits

Subject to the applicable exclusions mentioned under Clause 13 and the other terms and conditions mentioned herein, We agree to pay to the Claimant, the following benefits depending upon the Benefit Option chosen by You, as specified in the Master Policy Schedule/Certificate of Insurance/Register of Insured Members.

Where the Master Policy is issued under Lender-Borrower category and the Master Policyholder falls under the list of Regulated Entities as per applicable laws, the Insured Member may give Us a written authorization in the form specified by Us to make payment of the Insured Member's outstanding loan balance to the Master Policyholder on occurrence of the insured event from the Benefit/s payable under this Master Policy. This written authorization may be given to Us at the stage of addition to the Master Policy as an Insured Member or at a later date.

If We have received a written authorization from the Insured Member to make payment of the Insured Member's outstanding loan balance amount to Master Policyholder, then occurrence of the insured event while the Insurance Coverage is in force, and on providing documents as mentioned in Scheme Rules, We will pay the outstanding loan balance amount to the Master Policyholder (to the extent of the applicable Sum Assured) and the remainder of the Sum Assured amount, if any, shall be payable to the Beneficiary/appointee/legal heirs of the Insured Member. We shall, under no circumstance, pay any amount more than the outstanding loan balance to the Master Policyholder.

Where no such authorization is received by Us from the Insured Member or the Master Policyholder is an Other Entity, We will pay the applicable Sum Assured directly to the Beneficiary/appointee/legal heirs of the Insured Member.

We will audit or delegate the responsibility of audit and require Master Policyholder to audit or cause an audit the accuracy of Credit Account statements of Insured Members in respect of which claims were settled as per applicable regulations issued by IRDAI and as specified in the Scheme Rules.

4.1 **<u>Base Death Benefit</u>**

On death of the Insured Member anytime during the Member Coverage Term where the Master Policy is in-force and all due Premiums have been received in full at the time of death, We will pay the Base Death Sum Assured as specified in

the Certificate of Insurance/Register of Members, and the Insurance Coverage under the Master Policy will immediately terminate.

4.2 **In-built Cover Options**

In addition to Base Death Benefit, the Master Policyholder can choose one or more of the following optional in-built Cover Options at inception or at renewal of the Master Policy. The Insured Member shall have the option to choose from the In-built Cover Options opted by the Master Policyholder as per the Scheme Rules. In case the Insured Member has to pay the Premiums for the In-built Cover Options chosen by the Master Policyholder, he/she has the option to not opt for the same.

The Certificate of Insurance/Register of Members will specify the In-built Cover Option in force under the Master Policy in respect of the Insured Member. Once opted, the In-built Cover Options can only be changed at subsequent Policy renewal.

4.2.1 **Terminal Illness (TI) Benefit**:

i. Subject to the terms and conditions of this coverage, TI Sum Assured as specified in the Certificate of Insurance/Register of Members shall be payable as lump sum upon the occurrence of Terminal Illness Condition in respect of the Insured Member, where such an occurrence happens while the Insured Member's TI coverage is in force.

ii. Where the TI Sum Assured is equal to the Base Death Sum Assured, the Base Death Benefit coverage in respect of the Insured Member shall cease immediately upon diagnosis of Terminal Illness.

iii. Where the TI Sum Assured is less than the Base Death Sum Assured, on payment of the TI Sum Assured, the Coverage Amount under the Base Death Benefit will be reduced to the extent of the TI Sum Assured paid, and such change in the Sum Assured shall be effective from the date of the occurrence of the Terminal Illness.

iv. We will not pay the TI Sum Assured when the Insurance Coverage/Certificate of Insurance is in Lapsed Status.

v. On admission of a claim under the Terminal Illness Benefit, the Insurance Coverage under the Master Policy shall continue in respect of all other in force In-Built Cover Options opted, for the remaining of the Member Coverage Term. In such cases, the Member will not be covered for any benefit on subsequent renewals.

TI Benefit is a 100% accelerated benefit and is payable only once during the life time of the Insured Member.

4.2.2 **Critical Illness (CI) Benefit**:

i. Subject to Waiting Period, Survival Period, applicable exclusions referred under Clause 13 and the other terms and conditions of this coverage, CI Sum Assured as specified in the Certificate of Insurance/Register of Members shall be payable as lump sum upon the occurrence of covered Critical Illness Condition in respect of the Insured Member, where such an occurrence happens while the Insured Member's CI coverage is in force.

ii. If the covered Critical Illness Condition occurs while the Insured Member's CI coverage is in force but the Survival Period ends after the end of the Member Coverage Term, CI Sum Assured applicable at the time of occurrence of covered CI Condition shall be payable. In such a case if the Insured Member's insurance coverage is renewed in the interim, any premiums charged for CI benefit at renewal will be refunded along with the CI Sum Assured.

iii. We will not pay the CI Sum Assured when the Insurance Coverage/Certificate of Insurance is in Lapsed Status.

iv. On admission of a claim under the Critical Illness Benefit, the Insurance Coverage under the Master Policy shall continue in respect of all other in force In Built Cover Options opted for the remaining of the Member Coverage Term. Once CI Sum Assured is payable to the Member, this cover cannot be opted on subsequent cover renewals and CI Benefit is payable only once during the life time of the Insured Member

v. The CI Sum Assured can be chosen independently from the Sum Assured at inception but cannot be more than the Base Death Sum Assured or maximum allowed CI Sum Assured under the Master Policy, whichever is lower, and CI Sum Assured once chosen cannot be increased.

vi. There are three CI variants offered under this benefit:
- CI Classic (10 Critical Illnesses)
- CI Advantage (20 Critical Illnesses)
- CI Advanced (40 Critical Illnesses)

CI Classic (10 CIs)	CI Advantage (20 CIs)	CI Advanced (40 CIs)
1.Cancer Of Specified Severity	1.Cancer Of Specified Severity	1.Cancer Of Specified Severity
2.Myocardial Infarction (First Heart Attack of specific severity)	2.Myocardial Infarction (First Heart Attack of specific severity)	2.Myocardial Infarction (First Heart Attack of specific severity)
3.Stroke Resulting In Permanent Symptoms	3.Stroke Resulting In Permanent Symptoms	3.Stroke Resulting In Permanent Symptoms

4.Major Organ /Bone Marrow Transplant	4.Major Organ /Bone Marrow Transplant	4.Major Organ /Bone Marrow Transplant
5.Kidney Failure Requiring Regular Dialysis	5.Kidney Failure Requiring Regular Dialysis	5.Kidney Failure Requiring Regular Dialysis
6.Open Chest CABG	6.Open Chest CABG	6.Open Chest CABG
7.Open Heart Replacement Or Repair Of Heart Valves	7.Open Heart Replacement Or Repair Of Heart Valves	7.Open Heart Replacement Or Repair Of Heart Valves
8.Permanent Paralysis Of Limbs	8.Permanent Paralysis Of Limbs	8.Permanent Paralysis Of Limbs
9.Third Degree Burns	9.Third Degree Burns	9.Third Degree Burns
10.Coma of Specified Severity	10.Coma of Specified Severity	10.Coma of Specified Severity
	11.Aorta Graft Surgery	11.Aorta Graft Surgery
	12.Motor Neuron Disease With Permanent Symptoms	12.Motor Neuron Disease With Permanent Symptoms
	13.Alzheimer's Disease	13.Alzheimer's Disease
	14.Loss Of Limbs	14.Loss Of Limbs
	15.End Stage Lung Failure	15.End Stage Lung Failure
	16.End Stage Liver Failure	16.End Stage Liver Failure
	17.Benign Brain Tumor	17.Benign Brain Tumor
	18.Apallic Syndrome	18.Apallic Syndrome
	19,Major Head Trauma	19,Major Head Trauma
	20.Multiple Sclerosis With Persisting Symptoms	20.Multiple Sclerosis With Persisting Symptoms
		21.Systemic Lupus Erythematous – with Lupus Nephritis
		22.Loss Of Speech
		23.Aplastic Anaemia
		24.Primary (Idiopathic) Pulmonary Hypertension
		25.Parkinson's disease
		26.Blindness
		27.Deafness
		28.Medullary Cystic Disease Type 1 and Type 2
		29.Muscular Dystrophy
		30.Poliomyelitis
		31.Fulminant Viral Hepatitis
		32.Loss of Independent Existence [before age 65]
		33.Encephalitis
		34.Sporadic Creutzfeldt-Jakob Disease (sCJD)
		35.Amyotrophic Lateral Sclerosis (Lou Gehrig's disease)
		36.Bacterial Meningitis
		37.Chronic Pancreatitis
		38.Chronic Adrenocortical Insufficiency (Addison's Disease)
		39.Primary Cardiomyopathy
		40.Systemic Sclerosis (Scleroderma)

vii. The Master Policyholder can choose one or two or all three Critical Illness variants as specified above at Policy inception or at subsequent Policy renewal; however the Insured Member can choose only one of the Critical Illness variants provided Master Policyholder has opted for them.

4.2.3 **Accidental Total & Permanent Disability (ATPD) Benefit**:

i. Subject to the applicable exclusions referred under Clause 13 and other terms and conditions of this coverage, ATPD Sum Assured as specified in the Certificate of Insurance/Register of Members shall be payable as lump sum upon occurrence of Accidental Total & Permanent Disability due to an Accident where such Accident happens while the Insured Member's ATPD coverage is in force.

ii. In the event the Accident occurs while the Insured Member's ATPD coverage is in force and the ATPD occurs after the end of the Member Coverage Term but within 180 days of the Accident, the ATPD Sum Assured as applicable at the time of such Accident will be payable. In such a case, if the Insured Member's insurance coverage is renewed in the interim, any premiums charged for the ATPD benefit at renewal will be refunded along with the ATPD Sum Assured.

iii. We will not pay the ATPD Sum Assured when the Insurance Coverage/Certificate of Insurance is in Lapsed Status.

iv. On admission of a claim under the ATPD benefit, the Insurance Coverage under the Master Policy shall continue in respect of all other in force In-Built Cover Options opted for the remaining of the Member Coverage Term. Once ATPD benefit is paid to the Member, this cover cannot be opted on subsequent cover renewals and ATPD benefit is payable only once during the life time of the Insured Member.

v. There are three ATPD Sum Assured Options offered under this benefit:
- 25% of Base Death Sum Assured
- 50% of Base Death Sum Assured
- 100% of Base Death Sum Assured

vi. The Master Policyholder can choose one, two or all three ATPD Sum Assured Options as specified above at Policy inception or at subsequent Policy renewal; however the Insured Member can choose only one of the ATPD Sum Assured Options provided Master Policyholder has opted for them.

Note: Accidental Total & Permanent Disability (ATPD) Benefit and Critical Illness (CI) Benefit cannot be opted together.

4.2.4 **Accidental Death Benefit (ADB)**:

i. Subject to the applicable exclusions referred under Clause 13 and other terms and conditions of this coverage, ADB Sum Assured as specified in the Certificate of Insurance/Register of Members shall be payable as lump sum upon occurrence of Accidental Death due to an Accident where such Accident happens while the Insured Member's ADB coverage is in force.

ii. In the event the Accident occurs while the Insured Member's ADB coverage is in force, but the Accidental Death occurs after the end of the Member Coverage Term and within 180 days of the Accident, ADB Sum Assured applicable at the time of such Accident will be payable. In such a case, if the Insured Member's insurance coverage is renewed in the interim, any premiums charged for the ADB benefit at renewal will be refunded along with the ADB Sum Assured.

iii. We will not pay the Accidental Death Sum Assured when the Insurance Coverage/Certificate of Insurance is in Lapsed Status.

iv. On admission of a claim under the Accidental Death Benefit, the Insurance Coverage under the Master Policy shall automatically and immediately terminate in respect of that Insured Member. Accidental Death Benefit is payable only once during the life time of the Insured Member.

v. There are three ADB Sum Assured Options offered under this benefit:
- 25% of Base Death Sum Assured
- 50% of Base Death Sum Assured
- 100% of Base Death Sum Assured

vi. The Master Policyholder can choose one, two or all three ADB Sum Assured Options as specified above at Policy inception or at subsequent Policy renewal; however the Insured Member can choose only one of the ADB Sum Assured Options provided Master Policyholder has opted for them.

Note: Where all the In-built Cover Options have been opted by the Master Policyholder, a maximum of four benefits can only be opted by an Insured Member in the order as detailed below:

- Death, TI, CI, ADB
- Death, TI, ADB, ATPD

5. Survival/Paid-up/Maturity Benefits: There is no survival/paid-up/maturity benefit payable under this Master Policy.

6. Payment of Premium

For Policy Term of 1 year: The Premium Payment Mode shall remain Yearly, Half-Yearly, Quarterly and Monthly. For Policy Term of less than 1 year: The Premium Payment Mode shall remain Single / Monthly. However, where Full Term Cover is chosen, only single Premium Payment Mode shall be available.

i. The Premium Payment Mode can by chosen by the Master Policyholder at inception/ scheme renewal. The Premium can be paid wholly/partly by the Master Policyholder and/or by the Insured Member as per the Premium Payment Mode opted by the Master Policyholder and as specified in the Master Policy Schedule.

ii. If the date of entry of the Insured Member is later than the Master Policy Commencement Date or the Revival Date, a proportionate Premium shall be payable from the date of entry, up to the next Renewal Date or the next Premium Due

Date whichever occurs first. However, if Full Term Cover is chosen, then Insurance Coverage will be provided for the original Policy Term from the date of becoming an Insured Member and correspondingly full Premium applicable for the Policy Term shall be payable.

iii. Premium will be calculated basis unit rate or age banded rates or age specific rates as requested by the Master Policyholder as in accordance with the Company's BAUP.

iv. At every scheme renewal date, Master Policyholder may renew the Master Policy and the Company will charge renewal Premium depending upon the factors such as group size, age, Sum Assured distribution of the group members, past claims experience, etc or decline the request for the renewal of the Master Policy in accordance with the BAUP.

v. The Insurer shall be held responsible to the Insured Member in respect of the coverage under the Master Policy in case the Master Policyholder fails to account for the business to the Insurer, if the Insured Member can prove that he/she had paid the Premium to the Master Policyholder and secured a proper receipt leading him to believe that he/she was duly insured.

7. Grace Period *(applies to Master Policyholder and Insured Member)*

In the event where the Master Policyholder or Insured Member (as applicable) fails to pay the due Premium on the Premium Due Date, We will allow a Grace Period. After the expiry of the Grace Period without receipt of the Premium in full, the Insurance Coverage for the respective Insured Member(s) shall lapse as at the Premium Due Date and all Our liability shall immediately and automatically cease. A Grace Period of 15 days in respect of monthly mode and 30 days in half-yearly and quarterly modes from the Premium Due Date for paying overdue Premium to Us without any penalty/late fee during which time the Master Policy/Insurance Coverage of Insured Member will be considered to be in force with the risk cover without any interruption as per the terms of the Master Policy. However, Grace Period is not allowed at the time of renewal of the Master Policy.

If the contingent event of Death/ TI/ CI/ ADB/ ATPD (as applicable) occurs during the Grace Period, Benefit shall be payable as mentioned under Part C after deducting the due unpaid Premium in respect of that Insured Member, in accordance with the terms and conditions of the Master Policy.

PART D

8. Option to Change the Coverage Amount:

The Coverage Amounts for Base Death Benefit and In-built Cover Options with respect to an Insured Member may be increased or decreased during the term of the Master Policy, subject to below conditions:

- The increase or decrease in the Coverage Amount(s) shall be within the minimum and maximum limits as per Coverage Option chosen.
- The increase or decrease in Coverage Amount(s) is applied basis defined criterion across all the Insured Members of the Master Policy and as defined in Scheme Rules.
- Receipt of additional premium / refund of excess premium shall be, calculated on a pro-rata basis for the remaining duration of the Insured Members' Coverage Terms basis the increase / decrease in the Coverage Amount(s). The pro-rata premium (additional premium / refund of excess premium) shall be calculated using following formula:
  Premium Rate * Change in Coverage Amount * N/T
  Where, 'N' is the number of days remaining in the Insured Member's Coverage Term till the next Premium due date.
  'T' is the number of days in the Insured Member's Coverage Term for which Modal Premium is paid.
- Intimation by the Company to the Master Policyholder on confirming the increase / decrease in the Coverage Amount(s).
- The acceptance of the change in Coverage Amount(s) for each Insured member shall be determined in accordance with the Company's BAUP.
- The Company reserves the right to calculate the additional Premium in respect of increase in Coverage Amount(s) at the original terms, modified terms or decline such request, in accordance with the Company's BAUP.
- Increase / decrease in Sum Assured will increase / decrease the ADB / ATPD Sum Assured such that the ratio of the revised ADB / ATPD Sum Assured to the revised Sum Assured remains same as at the inception of Member Coverage Term, subject to being within the minimum and maximum limits as per In-built Cover Options chosen.
- Where CI/ TI Benefit is applicable, reduction in Base Death Sum Assured shall be floored at higher of TI / CI Sum Assured.

The Master Policyholder or the Company is entitled to change the criteria for determining the Sum Assured at the time of Policy renewal.

This option is not applicable on TI / CI Sum Assured offered as an optional in-built cover option.

9. Backdate the Master Policy: The Master Policyholder has the option of backdating the Master Policy Commencement Date to a date prior than the Risk Commencement Date. Where Master Policy Commencement Date is backdated, pro-rata Premium will be payable for the period starting from Risk Commencement Date up to the next renewal date or the next Premium Due Date whichever is earlier and no claims will be admissible which occur prior to the Risk Commencement Date. If option of Full Term Cover is in force under the Master Policy, then for cases where Policy Commencement Date is backdated, Premium applicable for Full Term Cover will be charged for all Insured Members. Further no claims will be admissible which occur prior to the Risk Commencement Date. The Master Policy Commencement Date can be backdated up to a maximum of three (3) months from the Risk Commencement Date and within the same Financial Year.

10. Renewal of the Master Policy

a) Subject to the terms and conditions mentioned herein, the Master Policy can be subsequently renewed on each Renewal Date as specified in the Master Policy subject to payment of the renewal Premium as determined by Us.

b) The Company will charge renewal premium depending upon the factors such as group size, age, Sum Assured distribution of the group members, past claims experience, etc. or decline the request for the renewal of the Master Policy in accordance with the BAUP.

c) This Master Policy shall be renewed on mutually agreed terms, on the Renewal Date. We reserve the right to revise its existing Premium rates and insurability condition at the time of renewal of the Master Policy as per Our Board Approved Underwriting Policy.

d) We also reserve the right to decline such renewal as per Our BAUP.

11. Revival of the Master Policy/Insured Member's cover

A lapsed Master Policy/ Insurance Coverage can be revived within 90 days of the first unpaid premium or up to the scheme renewal date, whichever is earlier, subject to following conditions:

- The Master Policy has not been terminated.
- Payment of due Premiums along with applicable interest rate, on simple interest basis (as notified by the Company from time to time) is received by the Company in full. The basis for determining the interest rate is the average of the daily rates of 10-Year G-Sec rate over the last five calendar years ending 31st December every year rounded to the nearest 50 bps plus a margin of 100 bps. Any change in the basis of this interest rate will be subject to prior approval of the Authority. The Company undertakes the review of the Interest rates for revivals on 31st December every year. Any changes resulting from the review shall be effective from the 1st of April of the following year. The information is sourced from a reliable source. The applicable interest rate for FY 2024-25 is 7.5% per annum.
- Revival shall be as per the BAUP of the Company and the Company may require Insured Member(s) to furnish satisfactory evidence of health and other requirements in accordance with the Company's BAUP.
- The Company reserves the right to revive the Master Policy/ Insurance Coverage at the original terms, revive with modified terms or decline the Revival of the Policy/ Insurance Coverage, in accordance with the Company's BAUP.

- The Company will not be liable to pay for any relevant benefit while the Master Policy/ Insurance Coverage is in Lapsed State.
- The Revival of the Master Policy/ Insurance Coverage shall only be effective from the date on which the Company has issued a written endorsement confirming the Revival of the Master Policy/ Insurance Coverage.

12. No participation in surplus or profits

This Master Policy does not confer any rights on the Master Policyholder nor any Insured Member to participate in surplus or profits of the Company.

13. Exclusions-

13.1 **Suicide Exclusion:** In case of death of an Insured Member due to suicide within 12 months:

a. from the date of commencement of risk for the Insured Member, the nominee shall be entitled to 80% of the Premiums paid in respect of the Insured Member's cover, till the date of death or the Surrender Value (if any) as available on the date of death whichever is higher, provided the Insurance Coverage is in-force; or
b. from the date of revival of the Master Policy/Member Coverage, the nominee shall be entitled to an amount which is higher of 80% of the Premiums paid in respect of the Insured Member's cover till the date of death or the Surrender Value (if any) as available on the date of death.

Suicide provision will not be applicable to Insured Members who migrate from an existing scheme of another insurance provider to the scheme provided by the Company. Further, Suicide provision shall not apply to EDLI schemes / schemes with compulsory participation. Similarly, this provision will not be applicable for Insured Members(s) whose Insurance Coverage gets renewed upon renewal of the scheme with the Company.

13.2 **Exclusions for Critical Illness**

Notwithstanding anything to the contrary stated herein and in addition to the foregoing exclusions, no Critical Illness benefit will be payable if the Critical Illness Condition occurs from, or is caused by, either directly or indirectly, voluntarily or involuntarily, due to one of the following:

Congenital Condition: Any external congenital condition or related illness is not covered. In case any Internal congenital condition or related illness is known and was/is being treated, is disclosed at proposal stage and accepted, claims will be processed as per policy terms and conditions.

- Drug Abuse: Member is under the influence of Alcohol or solvent abuse or use of drugs except under the direction of a registered Medical Practitioner.
- Pre-existing disease (PED) means any condition, ailment, injury or disease: a) that is/are diagnosed by a physician not more than 36 months prior to the date of the commencement of the Coverage by the insurer; or its reinstatement , whichever is later or b) for which medical advice or treatment was recommended by, or received from, a physician, not more than 36 months prior to the date of the commencement of the Coverage, or its reinstatement, whichever is later. Self-inflicted Injury: Intentional self- inflicted injury by the Insured Member.
- Suicide: If the Critical Illness was contracted due to attempted suicide.
- Criminal Acts: Insured Member involvement in criminal activities with criminal intent.
- War and Civil Commotion: Exposure to war, invasion, hostilities, (whether war is declared or not), civil war, rebellion, revolution or taking part in a riot or civil commotion.
- Nuclear Contamination: Exposure to radioactive, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature.
- Aviation: Insured Member's participation in any flying activity, other than as a passenger in a commercially licensed aircraft.
- Hazardous sports and pastimes: Taking part or practicing for any hazardous hobby, pursuit or any race not previously declared and accepted by the Company.
- Failure to seek medical advice or treatment by a Medical Practitioner leading to occurrence of the insured event.

13.3 **Exclusions for Accidental Death Benefit**

No ADB benefit will be payable on death of the Insured Member occurring directly or indirectly as a result of any of the following:

- Intentional self-inflicted injury, attempted suicide while sane or insane.
- Insured Member being under the influence of drugs, alcohol, narcotics or psychotropic substance unless taken in accordance with the lawful directions and prescription of a registered Medical Practitioner.
- War, invasion, act of foreign enemy, hostilities (whether war be declared or not), armed or unarmed truce, civil war, mutiny, rebellion, revolution, insurrection, military or usurped power, riot or civil commotion, strikes.
- Participation by the Insured Member in any flying activity, except as a bona fide fare-paying passenger of a recognized airline on regular routes and on a scheduled timetable. However Pilots, Cabin crew, aeronautical staff members in a licensed passenger carrying commercial aircraft operating on a regular scheduled route will be covered under this product as per BAUP.
- Participation by the Insured Member in a criminal or unlawful act with criminal intent.
- Engaging in or taking part in professional sport(s) or any hazardous pursuits, including but not limited to underwater activities involving the use of breathing apparatus or not; martial arts; hunting; mountaineering; parachuting; bungee-jumping, horse racing or any kind of race.
- Nuclear contamination, the radio-active, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature.

13.4 **Exclusions for Accidental Total and Permanent Disability**

No ATPD benefit will be payable in respect of any of the conditions covered, arising directly or indirectly as a result of any of the following:

- Intentional self-inflicted injury, attempted suicide while sane or insane.
- Insured Member being under the influence of drugs, alcohol, narcotics or psychotropic substances unless taken in accordance with the lawful directions and prescription of a registered Medical Practitioner.
- War, invasion, act of foreign enemy, hostilities (whether war be declared or not), armed or unarmed truce, civil war, mutiny, rebellion, revolution, insurrection, military or usurped power, riot or civil commotion strikes.
- Participation by the Insured Member in any flying activity, except as a bona fide fare-paying passenger of a recognized airline on regular routes and on a scheduled timetable. However Pilots, Cabin crew, aeronautical staff members in a licensed passenger carrying commercial aircraft operating on a regular scheduled route will be covered under this product as per BAUP.
- Participation by the Insured Member in a criminal or unlawful act with criminal intent
- Engaging in or taking part in professional sport(s) or any hazardous pursuits, including but not limited to underwater activities involving the use of breathing apparatus or not; martial arts; hunting; mountaineering; parachuting; bungee-jumping, horse racing or any kind of race.
- Nuclear contamination, the radio-active, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature.

14. Termination

14.1 **Termination of the Master Policy**

The Master Policy shall terminate on the occurrence of the earliest of the following:

- the date on which We receive a valid Free-look Cancellation request
- if the lapsed Master Policy has not been revived
- at the end of Policy Term or Renewal Date if Master Policy is not renewed

Master Policy Holder may terminate this Master Policy by giving Us at least 30 days' written notice. If the Master Policy is terminated by the Master Policyholder, unexpired Premium (excluding taxes and levies etc.) shall be refunded without interest provided. However in the event of such termination, the Insured Member(s) shall have the option to continue the Insurance Coverage on an individual basis till the expiry of the Member Coverage Term by paying the Premium for the unexpired period or not taking the refund of the Premium for the unexpired period as the case may be. Further the Company / intermediary if any, shall continue to be responsible to serve such members till their coverage is terminated. The unexpired premium for the purpose of refund shall be calculated using following formula:

N/T x Modal Premium (summed for all Insured Members)

Where,

'N' is the number of days remaining in the Insured Member's Coverage Term till the next premium due date.

'T' is the number of days in the Insured Member's Coverage Term for which Modal Premium is paid.

14.2 Termination of Insurance Coverage of Insured Member under this Master Policy

Life cover for the Insured Member will cease on the earlier of,

- The Renewal Date on which the Insured Member attains the maximum maturity Age as defined above
- Death of Insured Member
- Non-payment of premium within the Grace Period Coverage end date
- Coverage end date
- On freelook cancellation
- The date, the Insured Member ceases to be an Eligible Member

If an Insured Member ceases to be member of the Master Policy or voluntary withdraws from the scheme, 100% of the unexpired premium shall be refunded.

In case of retirement of an Insured member from the services of the master Policyholder during the policy term, the cessation of insurance coverage of the said member shall be as per the Board Approved Underwriting Policy of the Company.

14.3 Termination by Company

The Company reserve the right to terminate the Master Policy by giving a written notice of at least 30 days. Upon termination of this Master Policy, no new Insured Members will be accepted under this master Policy by the Company.

15. Loans: No loans are available under this Master Policy.

16. Free-look period:

At Master Policy level: In case the Master Policyholder does not agree with the terms and conditions of the Master Policy or otherwise and have not made any claim, the Master Policyholder can opt for cancellation of the Master Policy by returning the Master Policy (if issued physically upon request) along with a written request stating the reasons for non-acceptance to the Company within the Free-Look period of 30 days from the date of receipt of this Master Policy Document

whether received electronically or otherwise (whichever is earlier). In such a case the Master Policy shall stand terminated with refund of Premium received by Us to the Master Policy Holders subjecting only to deduction of the proportionate risk Premium for the period of life cover, stamp duty and medical expenses (if any) and applicable stamp duty. All Insured Members' coverage will cease post the request for free look cancellation by the Master Policyholder.

At Member level: Where the Insured Member is paying the Premium for his / her coverage and the Insured Member does not agree with the terms and conditions of the Policy or otherwise and has not made any claim, he / she can opt for cancellation of his/ her Insurance coverage along with a written request stating the reasons for non-acceptance to the Company within the Free-Look period of 30 days from the inception of Insurance coverage. Upon such cancellation request, the Insurance Coverage with respect to that Insured Member shall stand terminated with refund of Premiums received by Us in respect of Insured Member after deducting proportionate risk Premium for the period of Insurance coverage and expenses incurred on medicals, if any and applicable stamp duty, for that Insured Member. The coverage for the Insured Member will cease post the request for such free look cancellation.

PART E

There are no explicit charges under the Plan

PART F

General Conditions

17. Your Duties:

The Master Policyholder shall give Us all particulars relevant to the Master Policy and the operation of the Master Policy which will be accepted by Us as conclusive. Any discharge given by Master Policyholder or on Master Policyholder's behalf shall be a valid discharge to Us in respect of any payment to be made under the Master Policy. The Master Policyholder shall indemnify and keep Us indemnified against any and all losses, liabilities, damages, costs, expenses, actions, proceedings, judgments suffered by Us as a result of Master Policyholder's failure to perform, fulfill or observe its obligations under this Master Policy.

18. Review, revision:

The Company reserves the right to review, revise, delete and / or alter any of the terms and conditions of this Master Policy, including without limitation the benefit(s) and Premiums/contributions, with the approval of the Authority.

19. List of Beneficiary:

The Master Policyholder shall maintain the Beneficiary details of the Insured Members covered under the Master Policy.

20. Register of Insured Members:

The Register of Insured Members at the Master Policy Commencement Date is attached to this Master Policy as **Annexure 2** to this Master Policy. The Register of Insured Members will be updated from time to time by Us in our policy administration system by addition or deletion of Insured Members as applicable, and a copy of such updated register shall be provided to the Master Policyholder at such times as may be agreed between the Master Policyholder and Us.

21. Nomination:

Nomination shall be in accordance with provisions of Section 39 of the Insurance Act 1938 as amended from time to time. The entire Section 39 is reproduced and enclosed in Annexure 3.

22. Assignment

Assignment shall be applicable in accordance with provisions of Section 38 of the Insurance Act 1938, as amended from time to time. The entire Section 38 is reproduced and enclosed in Annexure 5.

23. Misstatement of Age

The Age of the Insured Member is admitted on the basis of the declaration made by the Insured Member in the Membership Form or the details of the Insured Members as submitted by Master Policyholder. If the Age of the Insured Member is found to be different from that declared in the member data details, We may, adjust the Premiums and/or the Benefits payable and/or recover the additional amounts, if any, as We deems fit. Insurance Coverage of the Insured Member shall however become void from the Effective Date of Coverage, if at any time the Age of the Insured Member is found to be higher than the maximum entry Age or lower than the minimum entry Age permissible under this Master Policy at the time of Master Policy Commencement Date.

24. Policy Currency:

All Contributions/Premiums and benefits payable shall be paid in Indian Rupees only.

25. Travel And Occupation:

There are no restrictions on travel or occupation under this Master Policy.

26. Release and discharge:

The Insurance Coverage for an Insured Member will terminate automatically on payment of the Death Benefits/Terminal Illness Benefits, as applicable, as specified in the Register of Insured Members issued by the Company under the Master Policy and the Company will be relieved and discharged from all obligations.

27. Claim Procedures:

27.1 Death Claim Procedures:

Upon death of the Insured Member, in order to register a claim under the Master Policy, the Claimant shall endeavor to inform Us in writing immediately within a period of 90 days of such death through the Claim Form along with the following necessary documents:

- Death certificate
- Attested copy of photo identity and address proof of the Claimant
- Company Specific Claim formats duly completed and signed – Claim Form, Physician's Statement, Treating Hospital Certificate, Employer Certificate
- Hospital records/other medical records
- Post-mortem/ chemical viscera report, wherever conducted

Additionally in case of unnatural/ accidental death, following documents shall have to reach to us in addition to above requested documents:

- Police Records - First Information Report, Panchnama, Police Investigation Report, Final Police Report
- Newspaper cutting/ Photograph of the accident, in case of Accidental Deaths.

27.2 Terminal Illness Claim Procedure:

Upon the occurrence of the Terminal Illness, in order to register a claim under the Master Policy, the Claimant will endeavor to inform Us in writing immediately within a period of 90 days of such occurence through the Claim Form along with the following necessary documents:

- Attested copy of photo identity and address proof of the Claimant;
- Company Specific Claim formats duly completed and signed –Claim Form, Physician's Statement, Treating Hospital Certificate, Employer Certificate;
- Hospital records/other medical records;
- A certificate from the treating consultant regarding the life expectancy of the Insured Member is necessary. Additionally, a second opinion from another Medical Practitioner on diagnosis and life expectancy should also be obtained
- Police records including First information report (if conducted) and police investigation report.

27.3 Critical Illness Claim Procedure:

Upon the occurrence of the covered Critical Illness Condition, in order to register a claim under the Master Policy, the Claimant will endeavor to inform Us in writing immediately and in any event within a period of 90 days of the occurrence through the Claim Form along with the following necessary documents:

- Claim Forms
  - Part I: Application Form for Critical Illness Claim (Claimant's Statement)
  - Part II: Confidential Medical Report - to be filled by attending physician
- Attested True Copy of Indoor Case Papers of the Hospital
- Discharge Summary of Present and Past Hospitalizations
- Photo Identity of Insured Member with age and address proof
- Bank Details of the Claimant – Cancelled cheque (with printed name and account number)/bank passbook and/or attested NEFT Form
- Certificate of Diagnosis
- Medical Examination Certificate (First Consultation Notes, Follow- up consultation notes)
- All related clinical Reports pertaining to the claim insured event
  - Laboratory test reports
  - X-Ray / CT Scan / MRI Reports & Plates
  - Ultrasonography Report
  - Histopathology Report
  - Clinical / Hospital Reports
  - Angiography Reports & Plates
  - Chemotherapy, Radiotherapy etc
  - Others, as may be required

27.4 Accidental Total & Permanent Disability Claim Procedure:

Upon the occurrence of the Accidental Total & Permanent Disability, in order to register a claim under the Master Policy, the Claimant will endeavor to inform Us in writing immediately within a period of 90 days of such occurence through the Claim Form along with the following necessary documents:

- Claim Forms
  - Part I: Application Form for Disability Claim (Claimant's Statement)
  - Part II: Confidential Medical Report - to be filled by attending physician
- Attested True Copy of Indoor Case Papers of the Hospital
- Discharge Summary of Present and Past Hospitalizations
- Photo Identity of Insured Member with age and address proof
- Bank Details of the Claimant – Cancelled cheque (with printed name and account number)/bank passbook and/or attested NEFT Form
- Disability Certificate by attending Physician / Institute for disabled
- Rehabilitation Certificate - if applicable
- Employer's written confirmation / statement - for Disability claim, if applicable
- All related Medical Examination Reports, e.g. - Laboratory test reports, X-Ray / CT Scan / MRI Reports & Plates, Ultrasonography Report, Clinical / Hospital Reports
- Clinical Photographs showing the injured areas - if available
- All police reports- First Information Report Final Investigation Report

In case of death outside India, aside above mentioned documents, We would also require death certificate verified by Indian Embassy (Located in the country of death) and Embalming certificate. We reserve the right to call for any additional documents or information, including documents/ information concerning the title of the Claimant, to Our satisfaction for processing the claim.

If We do not receive notification for a claim within 90 days, We may condone the delay if We are satisfied that the delay was for reasons beyond the Claimant's control and pay the claim under the Master Policy/ Certificate of Insurance to the Claimant.

Any claim intimation to the Company must be made in writing and delivered to the following head office address:

Claims Unit
Canara HSBC Life Insurance Company Limited,
139 P, Sector 44, Gurugram – 122003, Haryana, India
Resolution Centre: 1800-103-0003 / 1800-891-0003
Any change in the address or details above will be communicated by the Company to the Master Policyholder.
For further details on the process, please visit our claims section on our website www.canarahsbclife.com

Alternately claim can be submitted at nearest hub locations of the Company. For latest hub locations list, please refer to our website: www.canarahsbclife.com. Our liability under the Master Policy will be automatically discharged on payment to the Claimant.

28. Grievance Redressal Procedure: The contact details and procedure to be followed in case of any grievance in respect of this Master Policy is provided in the "Grievance Redressal procedure" under **Part G**.

29. Taxes, duties and levies: It shall be the sole responsibility of the Master Policyholder/Claimant/Insured Member to ensure compliance with all applicable laws including Regulations, taxation laws, and payment of all applicable taxes in respect of the Premiums and Death Benefits or other payouts made or received by the Master Policyholder/Claimant under this Master Policy and the Company does not accept any liability or responsibility in this regard. Except as may be specifically required by the Regulations, the Company shall not be responsible for any tax liability arising in relation to this Master Policy, the Premiums payable or the Death Benefits or other payouts made in terms of this Master Policy. The Company shall be entitled to deduct such amounts towards taxes, duties or such other levies as may be required from any sum received by it or payable under this Master Policy, and deposit the amount so deducted with the appropriate government or regulatory authorities. Master Policyholder/Claimant/Insured Member acknowledge that they are solely responsible for understanding and complying with their respective tax obligations(including but not limited to, tax payment or filing of returns or other required documentation relating to the payment of all relevant taxes in all jurisdictions in which Your tax obligations arise and relating to the Services provided by Us. We do not provide any tax advice. Master Policyholder/Claimant/Insured Member is advised to seek independent legal and/or tax advice. We have no responsibility in respect of Master Policyholder/Claimant's/Insured Member tax obligations in any jurisdiction including but not limited to those that relate specifically to the Services provided by Us. Tax benefits, if any, may be available as per extant tax laws.

30. Loss of Master Policy document– issue of duplicate (only applicable for physical document if issued upon Your request): We will replace a lost Master Policy Document when satisfied that it is lost. We reserves the right to make such investigations into and to call for such evidence of the loss of the Master Policy Document at the Master Policyholder's expense, as We may consider necessary before issuing a duplicate Master Policy Document. No charge/fee will be levied for replacement of the Master Policy Document. It is hereby understood and agreed that if We replace the lost Master Policy Document, then: **i.** the original policy document will cease to be applicable and You agree to indemnify Us from any and all losses, claims, costs, expenses, awards, judgements, demands or damages arising from or in connection with the original policy document. **ii.** You will not be entitled to any free-look period cancellation on the duplicate Master Policy Document/ Certificate of Insurance issued. However, We may permit free-look period cancellation in cases where after investigation, it is evident that You did not receive the original Master Policy Document/Certificate of Insurance.

31. Terms & Conditions, Schedule, Scheme Rules, Endorsements etc to form part of Contract: This Master Policy Document or any other document executed by the Master Policyholder including quote questionnaire shall form an integral part and the entire contract, evidenced by this Master Policy. Our liability is at all times subject to the terms and conditions of this Master Policy and the endorsements made from time to time.

32. Communications & Notices: We will send you the Master Policy Document in accordance with the applicable laws. We will send the communication or notices to You either in physical or electronic mode (including sms) at Your registered address/email id or registered mobile number provided by You in Proposal Form/Membership Form or otherwise notified to Us. Any change in the registered address /email or registered mobile number of Master Policyholder/Insured Member or Claimant must be notified to Us immediately.

33. Electronic transactions:

In conducting electronic transactions, in respect of this Master Policy, You shall comply with all such terms and conditions as prescribed by Us which are in accordance with the applicable law. Such electronic transactions are legally valid and shall be binding on You.

34. Governing Law and Jurisdiction: This Master Policy shall be governed by and interpreted in accordance with the laws of India.

35. Section 45 - Mis-Statement or Suppression of material facts and Fraud

Fraud, mis-statement and forfeiture would be dealt with in accordance with provisions of Section 45 of the Insurance Act 1938 as amended from time to time. The entire Section 45 is reproduced and enclosed in Annexure 4.

PART G

GRIEVANCE REDRESSAL PROCEDURE

1. In case You wish to register a complaint with Us, You may visit our website to approach our resolution centre, Grievance Officers at Hub locations, or may write to Us at Complaint Redressal Unit: Canara HSBC Life Insurance Company Limited; 139 P, Sector-44, Gurugram 122003, Haryana, India, Email ID: cru@canarahsbclife.in, Toll Free Numbers: 1800-103-0003 / 1800-891-0003. We will respond to You within 2 weeks from the date of receipt of Your complaint. Kindly note that in case We do not receive a revert from You within eight weeks from the date of receipt of Our response by You, We will treat Your complaint as closed.
2. In case you are not satisfied with Our response, or have not received any response, You may write to our Grievance Redressal Officer at: Canara HSBC Life Insurance Company Limited; 139 P, Sector-44, Gurugram 122003, Haryana, India Toll Free: 1800-103-0003 / 1800-891-0003 or Email at: gro@canarahsbclife.in.
3. If You are still not satisfied with Our response/ decision or do not receive a response from Us within 2 weeks, You may approach the Grievance Cell of the Authority at: Insurance Regulatory and Development Authority of India Grievance Call Centre (Bima Bharosa Shikayat Nivaran Kendra), Toll Free No: 18004254732/ 155255, Email ID: complaints@irdai.gov.in., Website Address for registering the complaint online: https://bimabharosa.irdai.gov.in; Policyholder Protection & Grievance Redressal Department (PPGR) - Insurance Regulatory and Development Authority of India ; Survey no.115/1, Financial District, Nanakramguda, Gachibowali, Hyderabad, Telangana, PIN–500032.
4. Kindly note that You may approach the Insurance Ombudsman for Your State, if You do not receive response from Us within 30 days from the date of filing of the complaint or if Your complaint is rejected or if You are not satisfied with Our response, at the address mentioned in Annexure 1 below or at the Insurance Ombudsman website: https://cioins.co.in/Ombudsman for updated list and details of Ombudsman offices. The Ombudsman may receive complaints under Rule 13 of Insurance Ombudsman Rules, 2017 (amended from time to time): a) for any partial or total repudiation of claim by Us; b) for any dispute in regard to Premium paid or payable; c) for any dispute on the legal construction of the Policy in so far as such dispute relate to claim; d) for delay in settlement of claim; e) for non-issue of any insurance document after receipt of Premium; f) misrepresentation of policy terms and conditions; g) policy servicing related grievances against Company and their agents and intermediaries; h) issuance of policy which is not in conformity with the Proposal Form submitted by proposer; and i) any other matter resulting from the violation of provisions of Insurance Act, 1938 or regulations, circulars, guidelines or instructions issued by Authority from time to time or terms and conditions of the policy in so far as they relate to issues mentioned above.
5. As per provision 14(3) of the Insurance Ombudsman Rules, 2017:- No complaint to the Insurance Ombudsman shall lie unless—(a) the complainant makes a written representation to the insurer named in the complaint and—(i) either the insurer had rejected the complaint; or (ii) the complainant had not received any reply within a period of one month after the insurer received his representation; or (iii) the complainant is not satisfied with the reply given to him by the insurer; (b) The complaint is made within one year—(i) after the order of the insurer rejecting the representation is received; or (ii) after receipt of decision of the insurer which is not to the satisfaction of the complainant; (iii) after expiry of a period of one month from the date of sending the written representation to the insurer if the insurer named fails to furnish reply to the complainant . As per provision14(5) of the Insurance Ombudsman Rules, 2017:- No complaint before the Insurance Ombudsman shall be maintainable on the same subject matter on which proceedings are pending before or disposed of by any court or consumer forum or arbitrator.

BEWARE OF SPURIOUS PHONE CALLS AND FICTITIOUS/FRAUDULENT OFFERS!

IRDAI or its officials do not involve in activities like selling insurance policies, announcing bonus or investment of premiums. Public receiving such phone calls are requested to lodge a police complaint.

Annexure 1

LIST OF INSURANCE OMBUDSMAN*

1. Ahmedabad: Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@cioins.co.in Jurisdiction: Gujarat, Dadra & Nagar Haveli, Daman and Diu;
2. 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 - 26652049 / 26652048 Email: bimalokpal.bengaluru@cioins.co.in Jurisdiction: Karnataka;
3. Bhopal: Office of the Insurance Ombudsman, 1st Floor, Jeevan Shikha, 60-B, Hoshangabad Road, (Opp Gayatri Mandir) Bhopal 462011. Tel.: 0755-2769201 / 2769202, Email: bimalokpal.bhopal@cioins.co.in Jurisdiction: Madhya Pradesh & Chhattisgarh;
4. Bhubaneswar: Office of the Insurance Ombudsman, 62, Forest Park, Bhubaneswar-751 009. Tel.: 0674-2596461/ 2596455 Email: bimalokpal.bhubaneswar@cioins.co.in Jurisdiction: Odisha;
5. Chandigarh: Office of the Insurance Ombudsman, Jeevan Deep Building SCO,20-27,Ground Floor Sector-17A, Chandigarh–160017.Tel.: 0172 - 4646394 / 2706468, Email: bimalokpal.chandigarh@cioins.co.in Jurisdiction: Punjab,

Haryana (excluding Gurugram, Faridabad, Sonepat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh and Chandigarh;
6. Chennai: Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, Chennai-600018. Tel.: 044-24333668/24333678 , Email: bimalokpal.chennai@cioins.co.in Jurisdiction: Tamil Nadu, Puducherry Town and Karaikal (which are part of Puducherry);
7. New Delhi: Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi-110002 Tel.: 011-23237539 Email: bimalokpal.delhi@cioins.co.in Jurisdiction: Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonepat & Bahadurgarh;
8. Guwahati: Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Near Panbazar Overbridge, S.S. Road, Guwahati-781001(Assam). Tel.: 0361-2632204/ 2602205, Email: bimalokpal.guwahati@cioins.co.in Jurisdiction: Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura;
9. 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 - 500004. Tel.: 040 - 23312122, Email: bimalokpal.hyderabad@cioins.co.in Jurisdiction: Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry
10.Jaipur: Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 – 2740363 /2740798, Email: bimalokpal.jaipur@cioins.co.in . Jurisdiction: Rajasthan;
11.Kochi:Office of the Insurance Ombudsman, 10th Floor, Jeevan Prakash, LIC Building, Opp to Maharaja's College Ground,M.G.Road, Kochi-682011.,Tel.:0484-2358759, Email:bimalokpal.ernakulam@cioins.co.in **Jurisdiction** : Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.
12.Kolkata: Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 7th Floor, 4, C.R. Avenue, Kolkata – 700072. Tel: 033 22124339/ 221224341 Email: bimalokpal.kolkata@cioins.co.in Jurisdiction: West Bengal, Sikkim, Andaman & Nicobar Islands;
13. Lucknow: Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazaratganj, Lucknow-226001. Tel: 0522 -4002082 /3500613 , Email: bimalokpal.lucknow@cioins.co.in Jurisdiction: Districts of Uttar Pradesh: Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, 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;
14. Mumbai: Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S.V. Road, Santacruz (W), Mumbai- 400054. Tel: 022-69038800/27//29//31/32/33 Email: bimalokpal.mumbai@cioins.co.in Jurisdiction: Goa, Mumbai Metropolitan Region (excluding Navi Mumbai & Thane);
15. 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 – 411030. Tel.:020 – 24471175 ; Email: bimalokpal.pune@cioins.co.in Jurisdiction: Maharashtra, Area of Navi Mumbai and Thane (excluding Mumbai Metropolitan Region);
16. Noida: Office of the Insurance Ombudsman, Bhagwan Sahai Palace, 4th Floor, Main Road, Naya Bans, Sector 15, Distt. Gautam Buddh Nagar, U.P- 201301 Tel.: 0120-2514252/ 53 Email: bimalokpal.noida@cioins.co.in Jurisdiction: State of Uttarakhand and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanauj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam Budh Nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur;
17. Patna: Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800001. Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in Jurisdiction: Bihar, Jharkhand

*For updated list of Ombudsman please refer to the website at http://www.cioins.co.in/Ombudsman

Annexure 2

List of Insured Members covered at Master Policy Commencement Date / included

Master Policy No.	
Details on Insured Members	

(Details as notified by the Company at the time of issuance of the Master Policy)

Attached separately with the Master Policy Document
Note: For any future correspondence, kindly mention Member No of the Insured Members.

Annexure 3

Section 39 of Insurance Act, 1938 (as amended from time to time)- "Nomination by Policyholder" is reproduced below

39. (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 policy-holder 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 or change thereof, and may charge such 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 risk 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 policy-holder, 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.

Annexure 4

Section 45 of Insurance Act, 1938 (as amended from time to time)- "Policy not to be called in question on ground of misstatement after three years" is reproduced below-

(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 the 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 specifically 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 a 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 misstatement or suppression of a material fact, and not on 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 mis-statement 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 sections 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 assured was incorrectly stated in the proposal.

Annexure 5

Section 38 of Insurance Act, 1938 (as amended from time to time)- "Assignment and Transfer of Insurance Policies" is reproduced below-

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 sub-section (1), where it has sufficient reason to believe that such transfer or assignment is not bona fide or is not in the interest of the policy-holder or in public interest or is for the purpose of trading of insurance policy. 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 the Authority. 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 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 priority of payment arises as between assignees, the dispute shall be referred to the Authority. 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 acknowledgement of the receipt of such notice; and any such acknowledgement 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 sub-section (5), recognize the transferee or assignee named in the notice as the absolute transferee or assignee entitled to benefit under the policy, and such person shall be 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 sub- section (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 policy-holder 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.