

GO DIGIT LIFE INSURANCE LIMITED

Sales Brochure

digit GLOW LITE

A Non-Linked Non-Participating Individual
Pure Risk Premium Micro Life Insurance Plan

UIN: 165N006V01

Digit Glow Lite Term Life Insurance

A Non-Linked, Non-Participating, Individual Pure Risk Premium Micro Life Insurance Plan

(This product is also available for online sale)

Digit Glow Lite Term Life Insurance is a pure risk premium plan that provides life insurance coverage to you for the chosen policy term and financially protects your family in your absence.

It also offers a range of other inbuilt optional benefits to provide financial protection against accidental death, total permanent disability and terminal illness and provides a comprehensive protection solution.

Key Features of the Plan

- Life Insurance Cover for financial security of your family
- Inbuilt Optional Benefits for protection against Accidental Death, Accidental Total and Permanent Disability and Terminal Illness
- Flexibility to pay premium only once, pay for a limited period or pay regularly
- Option to pay the premium as per preferred premium payment frequency (Single, Annually, Half-Yearly, Quarterly, Monthly)
- Wellness Benefits to Life Assured

Please note: Premium will vary depending upon the variants/ options chosen.

Eligibility Conditions

Minimum Entry Age (as per last birthday)	18 years			
Maximum Entry Age (as per last birthday)	65 years			
Minimum Maturity Age (as per last birthday)	19 years			
Maximum Maturity Age (as per last birthday)	85 years (65 years for policies sourced under Point of Sale)			
Minimum Sum Assured on Death (in Rs.)	25,000 (50,000 for policies sourced under Point of Sale)			
Maximum Sum Assured on Death (in Rs.)	2,00,000 (subject to prevailing Board approved underwriting policy of Digit Life Insurance) (For policies sourced under Point of Sale, Sum Assured on Death would be in the multiple of Rs. 50,000 only)			
Minimum and Maximum Premium	Minimum and Maximum premium will be based upon the entry age, Premium Payment Term, Policy Term and will be consistent to the Minimum and Maximum Sum Assured on Death respectively.			
Policy Term	Premium Payment Option	Single Pay	Limited Pay	Regular Pay
	Minimum	1 year	Premium Payment Term + 5 years	3 years
	Maximum	40 years		
	<i>For policies sourced under Point of Sale, minimum policy term allowed will be 5 years</i>			
Premium Payment Term (PPT)	Single Pay	Limited Pay	Regular Pay	
	Single Pay	5, 10, 15 years	3 years to 40 years (5 to 40 years for policies sourced under Point of Sale) (In case of regular pay, premium payment term will be equal to chosen policy term)	
Premium Payment Frequency	Single Pay Annual , Half-Yearly, Quarterly, Monthly for Limited and Regular Pay			

Benefits in Detail

A. Death Benefit

Digit Glow Lite Term Life Insurance ensures that your family is financially protected in your absence by paying them the Death Benefit as a lumpsum amount as follows, subject to the policy being in-force:

Death Benefit payable will be higher of the following:

- 105% of total premiums paid as on date of death, or
- 10 times the Annualized Premium, or
- Sum Assured on Death

Where, **Total Premiums Paid** means total of all the premiums received, excluding any extra premium, any rider premium and taxes.

Annualized Premium means the premium amount payable in a year chosen by you, excluding the taxes, rider premiums, underwriting extra premiums and loadings for modal premiums, if any. The applicable taxes, if any, will be collected from you separately as over and above such premium.

Sum Assured on Death means an absolute amount of Benefit which is guaranteed to become payable on occurrence of the event of death of the Life Assured after the Risk Commencement Date and during the Policy Term and in accordance with the terms and conditions of the Policy.

Upon the payment of the death benefit, the policy will terminate, and no further benefits shall be payable.

B. Inbuilt Optional Benefits

You can choose one or more inbuilt optional benefits at the inception of the policy by paying extra premium, subject to terms and conditions of the policy. These optional benefits are not applicable for point of sale (POS) policies.

B.1 Additional Accidental Death Benefit (ADB)

If this benefit is chosen, then upon death of the life assured due to an accident, where such accident has happened during the policy term and the policy is in-force, in addition to the death benefit, the accidental death benefit will be paid in lumpsum.

Additional accidental death benefit payable will be equal to 100% of sum assured on death. A claim under this benefit option will be admitted provided that the death:

- is caused by injury resulting from an accident,
- occurs solely and directly due to the injury, and independent of any other causes,
- occurs within 180 days of the occurrence of accident and
- is not a result from any of the causes listed in the exclusions for additional accidental death benefit specified under general policy provisions/definitions/exclusions section below.

In case, the accident occurs while the life assured's additional accidental death benefit is in-force, but the accidental death occurs after the completion of policy term and within 180 days of the accident, additional accidental death benefit will be paid to the claimant.

Upon payment of additional accidental death benefit, the policy will terminate and no further benefits shall be payable.

B.2 Additional Accidental Total and Permanent Disability (ATPD) Benefit

If this benefit is chosen, then upon occurrence of total and permanent disability due to an accident, where such accident has happened during the policy term and the policy is in-force, additional accidental total and permanent disability benefit will be paid in lumpsum. Additional accidental total and permanent disability benefit payable will be equal to 100% of sum assured on death and will be in addition to death benefit and other inbuilt optional benefits chosen (if any).

In case, the accident occurs while the life assured's additional accidental total and permanent disability benefit is in-force, but the accidental total and permanent disability (ATPD) occurs after the completion of policy term and within 180 days of the accident, additional accidental total and permanent benefit will be paid to the claimant.

On payment of the additional ATPD benefit, coverage for this benefit under the policy terminates, however, the policy will continue for in-force death benefit and other in-force inbuilt optional benefits (if any) for the remaining policy term.

Definitions and exclusions pertaining to additional accidental death benefit and additional accidental total and permanent disability benefit are provided under general policy provisions/definitions/exclusions section below.

B.3 Accelerated Terminal Illness Benefit

Under this benefit, upon diagnosis of terminal illness during the policy term, accelerated terminal illness benefit will be paid in lumpsum. It is payable only once during the lifetime of the life assured and will be equal to the death benefit under the policy. It is an accelerated benefit which means this benefit facilitates an earlier payment of death benefit in lumpsum on prior occurrence of terminal illness. Upon payment of accelerated terminal illness benefit, the policy will terminate and no further benefits shall be payable.

Terminal Illness means an advanced or rapidly progressing incurable and un-correctable medical condition which, in the opinion of two independent medical practitioners, chosen by Digit Life Insurance and specializing in treatment of such illness, certify that the illness is expected to lead to death of the life assured within 6 months of the date of diagnosis of the terminal illness.

The terminal illness must be diagnosed and confirmed by medical practitioners. We reserve the right for an independent assessment by two different medical practitioners other than the medical practitioner whose diagnosis has been provided by the life assured.

C. Survival/ Maturity Benefit

This policy does not provide any survival or maturity benefit on survival of the life assured.

Other Important Benefits

D. Wellness benefit

We provide wellness benefits to the life assured which intends to incentivize him/her for taking care of his/her health/fitness and maintaining healthy lifestyle through such preventative and wellness services.

The applicability of the wellness benefit program and its features may be amended from time to time as per the availability of suitable service providers. The list of benefits under this program and terms and conditions applicable to it are provided in Annexure I.

E. Tax Benefit

You may be eligible for tax benefits as per prevailing tax laws:

- On the premiums paid*
- On proceeds of the policy*

*The aforesaid tax benefits are subject to change in tax laws. We therefore urge you to carefully analyse in consultation with your advisor the tax benefits/tax implications, if any that may arise on opting for this policy.

General Policy Provisions / Definitions / Exclusions:

Digit Simplification: You didn't think you needed to know definitions since your time in school, right? Well, the good news is that you don't need to learn these by heart, as long as you understand them. Certain words and phrases used throughout the Policy have specific meanings, and this section helps to understand them.

A. Grace Period

Grace Period means the extra time provided to you from the due date for the payment of premium without any penalty or late fee, during which time the policy is considered to be in-force with the risk cover and other applicable benefits without any interruption, as per the terms and conditions of the policy.

The grace period for payment of premium shall be fifteen (15) days, where you pay the premium on a monthly basis; and 30 days in case of other applicable premium payment frequencies. Grace period is not applicable for single pay policies.

Any unpaid due premium is deductible from the benefits that may be payable during the Grace Period. The Company will pay the applicable benefit during grace period, subject to the deduction of the premiums due as well as balance premiums, if any, for the policy year during which death has happened.

Grace period is not applicable for single pay policies.

B. Lapsation

In case of policy with limited and regular premium payment term, if premiums have not been paid within the grace period, the policy will lapse on the date of expiry of grace period. All the applicable benefits will cease and no benefits will be payable in case of lapsed policies.

However, for limited pay policies, if at least three full year's premiums are paid and no further premium is paid by the policyholder, then only in case of death of life assured after the grace period, death benefit equal to prevailing unexpired risk premium value payable on early termination of the policy, as applicable on the date of death will be paid to the claimant.

In any case, inbuilt optional benefits (if chosen) shall not be payable for the policy in lapsed status.

You may revive your lapsed policy subject to conditions stated in revival section.

Please Note: Single Pay policies will not lapse

C. Reduced Paid-up

This Policy does not have any reduced paid-up benefit.

D. Early Termination of Policy:

For Single Pay Policies, Policy can be terminated any time before the completion of policy term and unexpired risk premium value, if any, will be paid on such early termination of the policy.

Unexpired risk premium value on early termination of single pay policies = 60% x Single Premium amount x (Outstanding Policy Term/Policy Term)

For Limited Pay Policies, policy can be terminated any time before the completion of policy term and unexpired risk premium value, if any, will be payable on such early termination of the policy, provided three full years' premiums are received by us before

such termination.

Unexpired Risk Premium Value on early termination of limited pay policies = $60\% \times \text{Total Premiums Paid} \times (\text{Outstanding Policy Term/Policy Term}) \times (1 - \text{Premium Payment Term} / \text{Policy Term})$

In case, any limited pay policy is terminated where three full years' premiums are not paid, the unexpired risk premium value shall not be applicable.

For Regular Pay Policies: No unexpired risk premium value will be payable for regular pay policies.

All the rights / title and interest under the policy shall stand extinguished upon early termination of the policy.

Any change to the above-mentioned formula for deriving unexpired risk premium value shall be subject to the prior approval of the Authority.

F. Revival of the Policy:

A policy in lapsed status can be revived during the policy term but within a period of five years from the date of first unpaid premium by submitting the proof of continued insurability to the satisfaction of the board approved underwriting policy and making the payment of all due premiums together with payment of late fees calculated at such interest rate as per formula below and as may be prevailing at the time of the payment.

(10-year benchmark G-Sec Yield + 1.5%) rounded up to multiple of 25 basis points. The revival interest rate will be reviewed on 31st March of every year and any change in revival interest rate will be applicable from the following 1st July to 30th June period.

The current rate of interest for revival is 9.00% p.a. Interest rate will be as prevailing from time to time.

Any change in the basis of determination of interest rate for revivals shall be done only after prior approval of the Authority.

If needed the company may refer it to its medical examiner in deciding on revival of lapsed policy.

G. Policy Loan

Policy loan is not available under this Policy.

H. Free Look Period:

You will have a period of 30 days from the date of receipt of the policy document to review the terms and conditions of this policy and if you disagree with any of the terms and conditions, you will have the option to return the policy document to the Company stating the reasons for the cancellation upon which the Company shall return the premium paid subject to deduction of a proportionate risk premium for the period of insurance cover in addition to the expenses incurred on medical examination (if any) and the stamp duty charges. All benefits and rights under this policy shall immediately stand terminated on the cancellation of the policy.

I. Risk factors:

- Digit Glow Lite Term Life Insurance is a Non-Linked, Non-Participating Individual Pure Risk Premium Micro Life Insurance Plan.
- Go Digit Life Insurance Limited is only the name of the Insurance Company and Digit Glow Lite Term Life Insurance is only the name of the product and does not in any way indicate the quality of the product, its future prospect or returns.
- This product guarantees the benefits stated herein subject to all premiums being paid as and when due and policy being in force.
- The purpose of this brochure is to provide a general overview about this policy. The information herein is indicative of the terms, conditions and exceptions contained in the policy terms and conditions of Digit Glow Lite Term Life Insurance. Please refer to the policy terms and conditions to understand in detail the associated risks, benefits, etc.
- In the event of any inconsistency / ambiguity between the terms contained herein and the policy terms and conditions, the policy terms and conditions will prevail.
- The acceptance of the proposal shall be subject to prevailing board approved underwriting policy.

J. Policy changes/alterations:

Change the Premium Payment Frequency as per your need

For limited and regular pay policies, you may choose to pay your premiums annually, half-yearly, quarterly or monthly at inception of the policy. Furthermore, you can also change the premium payment frequency during the premium payment term by providing the written request to the Company, provided the limits of minimum premium for the chosen premium payment frequency under this policy are adhered to, the benefits remain unchanged and in accordance with terms and conditions of the policy. Such change will become effective on the policy anniversary date following the receipt of such request, subject to policy being in force.

For non-annual premium payment frequency, instalment premiums are calculated by applying the loading factor as given below on annual premium:

Premium frequency	Loading factor
Monthly	4%
Quarterly	3%
Half-yearly	2%

K. Suicide Exclusion

In case of death of the life assured due to suicide within 12 months from the date of commencement of risk under the policy or from the date of revival of the policy, as applicable, the nominee or beneficiary of the policyholder shall be entitled to at least 80% of the total premiums paid till the date of death or unexpired risk premium value available as on the date of death whichever is higher, provided the policy is In Force. The policy will terminate thereafter.

L. Medical Practitioner

Means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within its scope and jurisdiction of license. The registered practitioner should not be the insured or close member of the family.

The person shall not be:

- The Policyholder/ Life Assured himself/herself; or
- An authorized Insurance Intermediary (or related persons) involved with selling or servicing the insurance contract in question; or
- Employed by or under contractual engagement with the Policyholder / Life Assured;
- Related to the Policyholder/ Insured person by blood or marriage.

Definitions and Exclusions under Additional Accidental Death Benefit (ADB) and Additional Accidental Total & Permanent Disability (ATPD) Benefit

“**Accident**” is defined as A sudden, unforeseen and involuntary event, caused by external, visible and violent means.

Accidental Death

The Accident shall result in Bodily Injury or injuries to the life assured 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 life assured. Such a death is defined as “Accidental Death”. The date of the accident should be after the additional accidental death benefit coverage start date and before the completion of policy term.

Accidental Total & Permanent Disability (ATPD) 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 (i) Total and irrecoverable loss of sight of both eyes, or; (ii) Physical separation or loss of use of both hands or feet, or; (iii) Physical separation or loss of use of one hand and one foot, or; (iv) loss of sight of one eye and Physical separation or loss of use of hand or foot; (v) If such Injury shall as a direct consequence thereof, permanently, and totally, disables the Life Assured from engaging in any employment or occupation of any description whatsoever.

The above is exclusive of and without prejudice to the other causes of total and permanent disability.

Where, Physical separation shall mean physical severance of the hand at or above the wrist or physical severance of the foot at or above the ankle.

The date of the accident should be after the additional accidental total and permanent disability benefit coverage start date and before the completion of policy term.

Injury

Injury means accidental physical bodily harm excluding illness or disease, solely and directly caused by an external, violent, visible and evident means which is verified and certified by a Medical Practitioner.

Exclusions to additional accidental death benefit (ADB) and additional accidental total and permanent disability (ATPD) benefit

Additional accidental death benefit or additional accidental total and permanent disability (ATPD) benefit will not be payable if death or total and permanent disability respectively occurs from, or is caused by, either directly or indirectly, voluntarily or involuntarily due to or caused, occasioned, accelerated or aggravated by, any one of the following:

1. Any injury before commencement of additional accidental death benefit or additional accidental total and permanent disability benefit coverage.
2. Infection: Death or ATPD caused or contributed to by any infection, except infection caused by an external visible wound accidentally sustained.
3. Death or ATPD arising due to any condition other than death or ATPD solely and directly as a result of an accident.
4. Intentional self-inflicted injury, attempted suicide / suicide while sane or insane.
5. Insured Person being under the influence of drugs, alcohol, narcotics or psychotropic substances unless taken in accordance with the lawful directions and prescription of a registered independent medical practitioner.
6. War, invasion, act of foreign enemy, hostilities, war like operations (whether war be declared or not), civil war, mutiny, rebellion, revolution, insurrection, military or usurped power, riot or civil commotion, willful participation in strikes / acts of

violence.

7. Taking part in any naval, military or air force operation during peace time or during service in any police, paramilitary or any similar organization;
8. Participation by the Insured Person 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 Board Approved Underwriting Policy.
9. Working in underground mines, tunnelling or explosives, or involving electrical installation with high tension supply, or as jockeys or circus personnel, or engaged in Hazardous Activities
10. Participation by the Insured Person in a criminal or unlawful act with criminal intent.
11. 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, diving or riding or any kind of race.
12. 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. Biological, chemical or radioactive contamination.

Nomination Provisions: The nomination shall be subject to Section 39 of the Insurance Act, 1938, as amended from time to time.

Assignment Provisions: Assignment shall be as per the provisions of Section 38 of the Insurance Act, 1938 as amended from time to time.

Section 41: Prohibition of Rebate:

Under the provisions of Section 41 of the Insurance Act, 1938 as amended from time to time

- a. No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer:
- b. Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to ten lakh rupees.

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

Fraud, misstatement and forfeiture would be dealt with in accordance with provisions of Sec 45 of the Insurance Act 1938 as amended from time to time. For provisions of this Section, please contact the Insurance Company or refer to the policy contract of this product.

Digit Glow Lite Term Life Insurance UIN: 165N006V01 Go Digit Life Insurance Limited (previously known as Go Digit Life Sciences Limited). IRDAI Registration number: 165, CIN: U66000PN2021PLC206995, Registered Office: Go Digit Life Insurance Limited, Ananta One (AR One), Pride Hotel Lane, Narveer Tanaji Wadi, City Survey No. 1579, Shivajinagar, Pune-411005; Corporate Office: Go Digit Life Insurance Limited, Atlantis, 95, 4th B Cross Road, Koramangala Industrial Layout, 5th Block, Bengaluru, Karnataka 560095; Helpline Number: 9960126126; Website: www.godigit.com/life Email: life@godigit.com Life Insurance Coverage is available in this product.

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Beware of Spurious/Fraud Phone Calls: IRDAI is not involved 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 I – Wellness Benefit Program

Following services are applicable under Wellness Benefit Program, subject to availability of suitable service providers.

1. Doctor on Call

Upon Your request, We will facilitate an appointment, through Our empanelled Service Provider, with a Medical Practitioner who can help You by providing round-the-clock medical helpline services through an online portal as a chat service, a call back service or a voice call service or a video call service.

2. Wellness Coach

In order to educate, empower and engage You to become more aware of Your health and proactively manage it, We will, through periodic communications like e-mailers, blogs, videos, webinar and online platform provide You information on wellness coaching including but not limited to the areas as provided below:

- a. Weight Management
- b. Activity and Fitness
- c. Nutrition
- d. Tobacco Cessation
- e. Alcohol Abuse de-addiction Program
- f. Information on various diseases
- g. Dietary Plans

3. Lab Services and Imaging (For Diagnostic Services)

Upon Your request, We will facilitate, through Our empanelled Service Provider, Collection of test samples such as blood, urine, stool etc or imaging for further testing and analysis.

The cost of these tests and reports will have to be borne by You.

4. Pharmacy (Home Delivery)

Upon Your request, We will facilitate, through Our Empanelled Service Provider, home delivery of the Medications Prescribed by a Registered Medical Practitioner and nutritional supplement from the nearby Network Pharmacy, subject to copy of prescription being shared (where ever required) and availability of the medication with the Pharmacy.

The cost of the medication will have to be borne by You.

5. Vital/Physical Activity Monitoring Services

Upon Your request, We will facilitate, through Our Empanelled Service Provider, the integration of Your Health Device(s), or Digital Wearables or trackers such as Blood-Pressure Monitors, Glucometers, Wireless Pedometers, heart rate monitors, pulse oximeters, non-invasive wearable blood-sugar sensors, Smart Watches etc. to an online database that will track and assess Your vitals as reported by the device.

It can provide periodic updates and reports of your health status. The cost of the device will have to be borne by You

6. Reminder Notifications

Upon Your request, We will facilitate, through Our Empanelled Service Provider, routine notification messages via mail or a messaging portal or a follow-up call to You as a reminder to schedule Your medical appointments and/or take daily dosage of Your medicine as per the information shared by You.

7. Medical Wallet

Upon Your request, We will arrange, through Our Empanelled Service Provider, for a medical wallet. This will be a digital cloud service which will allow You to store all Your medical reports online. It will provide easy access of Medical history and reports to the treating Medical Practitioners and to any other person with whom You may share the login and access codes, easing Your need to physically carry documents with You.

8. Report Aggregation

Upon Your request, We will facilitate, through Our Empanelled Service Provider, for regular analysis of Your health status as per the medical records/reports/information or data shared by You. It will highlight your wellbeing or any areas of concern or deterioration in Your health, allowing You to take necessary calls about your health.

9. Home Care Services

Upon Your request, We will facilitate, through Our Empanelled Service Provider, Home Care Services for You in case You are in need of services, including but not limited to the following:

- a. Home Care Nursing
- b. Patient Assistant
- c. Physiotherapy
- d. Yoga Trainer
- e. Psychologist
- f. Palliative Care
- g. Renting Medical equipment. For Example - Wheel-Chair, Patient Bed, Oxygen Cylinder etc.
- h. Doctor Visit
- i. Elderly care and senior living assistance related to their health condition

The cost of the Services/Equipment will have to be borne by You.

10. Ambulance Arrangement Services

Upon request, We will facilitate, through Our Empanelled Service Provider, ambulance services for Your transportation subject to availability of ambulance in the area where such service needs to be arranged.

The cost of the transportation will have to be borne by You.

11. Pick-up and Drop Services for Consultation

Upon Your request, We will facilitate, through Our Empanelled Service Provider, Pick-up and Drop Service, for Your transportation to the Health Care Facility for treatment/Diagnostics subject to availability of vehicle/taxi in the area where such service needs to be arranged.

The cost of the transportation will have to be borne by You.

12. Prioritizing Appointments

Upon Your request, We will facilitate, through Our Empanelled Service Provider, prioritization of Your appointment, based on the urgency, with the Network Providers offering the necessary consultation/treatment/diagnostics/packages/memberships/risk assessment/procedures subject to availability of the service(s).The cost of the Consultancy/Diagnostic will have to be borne by You. These may include the following but not limited to :-

- a. Doctors' services
- b. Nursing services
- c. Dietitian service

13. Mental wellbeing

Upon Your request, We will facilitate, through Our empanelled Service Provider, self-assessments, therapy sessions, activities and educational/awareness blogs, videos and webinars. The cost of these sessions will have to be borne by You.

14. Physiotherapy

Upon Your request, We will facilitate, through Our empanelled Service Provider, consultation and treatment sessions/packages, pain management sessions, ergonomics sessions The cost of these services will have to be borne by You.

15. Childcare/Children's activities

Upon Your request, We will facilitate, through Our empanelled Service Provider, recreational/developmental activities for children of different age groups. The cost of these services will have to be borne by You.

16. Out-Patient (OPD) Services

Upon Your request, We will facilitate, through Our empanelled Service Provider, outpatient care services like doctor consultation, pharmacy and diagnostics, both online and onsite. The cost of these services will have to be borne by You.

17. Fitness

Upon your request, we will facilitate, through our empanelled service provider, access to membership or classes of fitness activities like but not limited to sports, yoga, Zumba, Pilates, dance, fitness coach services at gymnasiums, health studios, fitness centres, sports centres and playgrounds. The cost of these services will have to be borne by You.

Terms and Conditions applicable to Wellness Benefit Program

1. Any Information provided by You shall be kept confidential.
2. Wellness benefit services are extended through 3rd party Empanelled Service Provider/Medical Experts/Centres. We are acting only as a facilitator, hence We would not be liable for any incremental costs or the services. We will not charge any premium amount for the services. You need to pay directly to the Service Provider/Medical Experts/Centres for the services availed.
3. All medical services are being provided by Empanelled Service Provider/Medical Experts/Centres who are empanelled after full due diligence. Insured Person may however consult their Personal/Family Doctor before availing the medical services. The decisions to utilise the services will solely be at the discretion of the Insured Person.
4. We/Company/Us or its Group Entities, affiliates, officers, employees, agents, are not responsible for or liable for any actions, claims, demands, losses, damages, costs, charges, and expenses which an Insured Person/You may claim to have suffered or sustained or incurred by way of or on account of utilization of any benefits specified herein.
5. This shall not be deemed to substitute the Insured Person's visit or consultation to an Independent Medical Practitioner. The Insured Person is free to choose whether or not to undergo the same and if done whether or not to act on it.
6. We do not assume any liability towards any loss or damage arising out of or in relation to any opinion, advice, prescription, actual or alleged errors, omissions and representations made by the Medical Practitioner.
7. Digit Life Insurance is not responsible in any manner for nature or quality of product/services or discounts provided by the empanelled Service Providers. You can refer to respective Service Provider's terms and Conditions before availing any services.
8. The offerings of the Service Providers, including any discounts or complimentary access / service are subject to change from time to time. For more details, please read policy terms and conditions carefully before concluding sale.

Subject otherwise to all the other terms, conditions, warranties, limitations and exceptions of the Policy to which this Benefit is attached.

Annexure 2 - Grievance Redressal Mechanism

1. Contract Information for Complaints & Grievance Redressal

- a. Meet your Grievance Officer at your nearest Digit Life Branch Office
- b. Write to life@godigit.com from your registered mobile number.
- c. Call 9960126126 from your registered mobile number

2. Grievance Escalation Matrix

- a. **Level 1:** In case the complainant is not satisfied with the response, the complainant can escalate the grievance to Chief Grievance Redressal Officer within 8 weeks from date of complaint resolution at lifegro@godigit.com.

Address:

The Chief Grievance Redressal Officer
Go Digit Life Insurance Limited.

Atlantis,95,4th B Cross Road, Koramangala Industrial Layout, 5th Block, Bengaluru, Karnataka 560095

- b. **Level 2:** In case the complainant is not satisfied with the response or does not receive any response from the Chief Grievance Redressal Officer within 15 days, complainant may approach the grievance cell of the Insurance Regulatory and Development Authority of India (IRDAI):

IRDAI Grievance Call Centre (IGCC) Address:

Consumer Affairs Department, Insurance Regulatory and Development Authority of India
Survey No. 115/1, Financial District, Nanakramguda, Gachibowli, Hyderabad
Telangana State – 500032

Toll Free Number: 155255 (or) 1800 4254 732

Timings: 8 AM to 8 PM (Monday to Saturday)

Email: complaints@irdai.gov.in

Website: <http://igms.irda.gov.in>

c. Level 3

Manner of making complaints to Insurance Ombudsman: In case the complainant is not satisfied with the decision/resolution of the Company, or does not receive any response from the Company within 30 days of filing the complaint, the complainant may approach the nearest Insurance Ombudsman. For latest updated list of Ombudsman Office addresses, kindly visit this website <https://www.cioins.co.in/Ombudsman>

As per the provisions of Rule 13(1) of Insurance Ombudsman Rules, 2017, the Ombudsman shall receive and consider complaints or disputes relating to:

- i. delay in settlement of claims
- ii. any partial or total repudiation of claims
- iii. disputes over premium paid or payable in terms of the policy
- iv. misrepresentation of policy terms and conditions
- v. legal construction of insurance policies in so far as the dispute relates to claim.
- vi. servicing related grievances against insurers, their agents and intermediaries
- vii. issuance of policy not in conformity with Proposal form submitted.
- viii. non-issuance of insurance policy after premium receipt; and
- ix. any other matter resulting from regulatory violation, related to issues mentioned at clauses i. to viii.

As per the provisions of Rule 14 of Insurance Ombudsman Rules, 2017:

Rule 14(1), any person who has a grievance against an insurer, may himself or through his legal heirs, nominee or assignee, make a complaint in writing to the Insurance Ombudsman within whose territorial jurisdiction the branch or office of the insurer complained against or the residential address or place of residence of the complainant is located.

Rule 14(2), the complaint shall be in writing, duly signed by the complainant or through his legal heirs, nominee or assignee and shall state clearly the name and address of the complainant, the name of the branch or office of the insurer against whom the complaint is made, the facts giving rise to the complaint, supported by documents, the nature and extent of the loss caused to the complainant and the relief sought from the Insurance Ombudsman.

Rule 14(3), no complaint to the Insurance Ombudsman shall lie unless:

- i. the complainant makes a written representation to the insurer named in the complaint and
 1. either the insurer had rejected the complaint; or
 2. the complainant had not received any reply within a period of one month after the insurer received his representation; or
 3. the complainant is not satisfied with the reply given to him by the insurer
- ii. The complaint is made within one year—
 1. after the order of the insurer rejecting the representation is received; or
 2. after receipt of decision of the insurer which is not to the satisfaction of the complainant.
 3. 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.

Rule 14(4), the Ombudsman shall be empowered to condone the delay in such cases as he may consider necessary, after calling for objections of the insurer against the proposed condonation and after recording reasons for condoning the delay and in case the delay is condoned, the date of condonation of delay shall be deemed to be the date of filing of the complaint, for further proceedings under these rules.

Rule 14(5), 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.