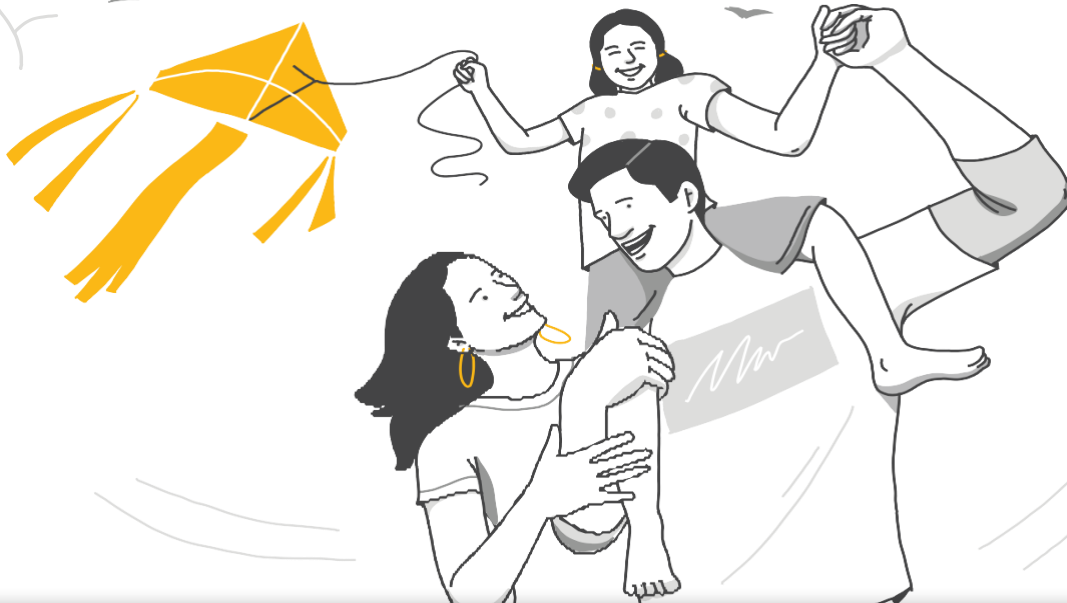


# Digit Life Group Term Life Insurance

(A Non- Linked Non-Participating Group Pure Risk Premium Life Insurance Plan)

## Policy Document

UIN: 165N004V01



Hi **<Company name>**, *life is the biggest treasure.*  
*You've made a wise decision to protect it!*

**Your Policy Number is DXXXXXXXXX**

Policy Commencement Date	<Date>
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For any help, call Us on 9960126126 or write to us at [life@godigit.com](mailto:life@godigit.com)

PART – A

Welcome Letter

<Master Policyholder’s Name>,  
<Address>  
<email>  
<Contact Number>  
<email id>

**Thank You for choosing Digit Life Insurance. Well, life is all about choices and this choice is the definitely the right one!**

<dd-mm-yyyy>

**Here is Your Digit Life Group Term Life Insurance Policy with Policy No. <Policy no.>.**

Dear Sir/Madam,

We are glad that our Digit Life Insurance family is bigger and better with You! Thank You for choosing Us as Your preferred life insurance provider. At Digit Life Insurance, our product and customer service approach are designed by keeping ‘Your’ life needs in mind!

Here is the Master Policy Document of Your Digit Life Group Term Life Insurance Policy. It contains details regarding:

<b>Master Policy Schedule</b>	Summary of key features of Your Digit Life Insurance Policy
<b>Premium Receipt</b>	Acknowledgment of the Premium paid by You
<b>Terms &amp; Conditions</b>	Detailed terms of Your Policy contract with Digit Life Insurance
<b>Service Options</b>	Wide range of Policy servicing options that You can Benefit from

Please review the information in Your Policy Document carefully and check if the details mentioned are accurate. If You wish to rectify/modify any of the detail(s) provided by You in this document, here’s what You can do:

**1. Contact Our Customer Support team:**

- a) Call on: **9960126126**
- b) Email Us at **life@godigit.com**

**2. Contact Your Distribution Partner/Sales Representative:**

<b>Name</b>	
<b>Code</b>	
<b>Contact Number</b>	
<b>Email</b>	
<b>Address</b>	

**We want the best for You and it’s okay if You want to choose another option. We understand.**

- In case You or the Member are not completely satisfied with the terms and conditions of this Policy, You or the Member, have a period of 30 days from the date of receipt of the Policy Document/Certificate of Insurance to review the terms and conditions of the Policy/Certificate of Insurance. If You/ the Member disagree with any of the terms or conditions of the Policy/Certificate of Insurance, You/the Member have the option to return the original Policy Document/Certificate of Insurance to Us for cancellation within this Freelook period, while stating the objections/reasons for such disagreement in writing.
- Upon such Freelook cancellation, We shall refund the Premium received by Us subject to deduction of a proportionate risk premium for the period of Insurance Coverage in addition to the stamp duty paid and expenses incurred on medical examination of the Member(s), if any. The Policy / Certificate of Insurance shall terminate forthwith and all the Benefits, rights, and interests under the Policy / Certificate of Insurance shall cease immediately. No new member shall be enrolled under the Master Policy, in case the Master Policy has been requested for Freelook Cancellation.

We also offer an easy-to-navigate online system to manage Your Policy. You can log on to our Corporate Portal <link> and enrol to start using this service.

In case of any claim or any other matters or queries, You may contact Us at nearest Branch Office or at Head Office Address - Go Digit Life Insurance Limited, Atlantis, 95, 4th B Cross Road, Koramangala Industrial Layout, 5th Block, Bengaluru, Karnataka 560095. You can also get in touch with Us on 9960126126 or write to Us at [life@godigit.com](mailto:life@godigit.com). We will be delighted to assist You.

For Your assistance, We have mentioned the Instalment Premium due date and Policy Renewal date in Master Policy Schedule. Pay Your Premiums on due dates to enjoy uninterrupted Benefits under the Policy. We are very excited to have You on board and provide You with the service.

Yours Sincerely,

<<Name>>

<<Designation>>

Go Digit Life Insurance Limited

## Policy Preamble

Digit Life Group Term Life Insurance is a non-linked non-participating group pure risk premium life insurance plan, which provides financial protection against risk of death to the Insured Members of employer-employee (EE) groups and non-employer-employee (NEE) groups. Further, depending on the in-built optional Benefits chosen by the Master Policyholder, Members can also be covered for contingent events of Terminal Illness/ Critical Illness/ Accidental Death / Accidental Total and Permanent Disability as per terms and conditions of the Policy.

This Policy is the evidence of a contract between Go Digit Life Insurance Limited and the Master Policyholder as mentioned in Master Policy Schedule. This Policy is issued on the basis of the details provided by Master Policyholder in the Proposal Form submitted along with the required declarations, Member enrolment details, personal statement, applicable medical reports, the first premium deposit, Scheme Rules and any other information and documentation which constitute evidence of the insurability of the Eligible Members for the issuance of the Policy. The Master Policyholder and the Company have agreed that the documents and the information referred above, and the quotation of the Company for the Scheme shall form the basis of this contract. The quotation provided by the Company has been accepted by the Master Policyholder and informed to be in line with the Rules of the Scheme of the Master Policy Holder.

We agree to provide the Benefits set out in this Policy subject to its terms and conditions.

## Master Policy Schedule

Master Policyholder's Details	
Proposal Number	
Master Policy Number	
Master Policyholder's Name	
Address	
Contact details	
GSTIN	
Entity Name	
Entity Number	
Entity's Address	
Entity's Contact Details	
Entity's GSTIN	

Master Policy Details	
Name of Plan	Digit Life Group Term Life Insurance
UIN	165N004V01
Type of Group	<<Employer-Employee (EE)>> << Non-Employer-Employee (NEE) >>
Nature of Group	<<Voluntary>> <<Compulsory>>
Master Policy Commencement Date	
Policy Term	
Premium Payment Term	
Premium Payment Frequency	
Installment Premium Due Date	
Policy End Date	
Policy Renewal Date (in case of One Year Renewable Term only)	

Master Policy Benefits	
Benefit(s) Opted For	Death Benefit + <<Accelerated Terminal Illness Benefit >> +

	<<Additional Accidental Death Benefit>> + <<Additional Accidental Total & Permanent Disability Benefit>> + <<Additional Critical Illness Benefit>> or <<Accelerated Critical Illness Benefit>>	
Payout Option under Death Benefit	<<Lumpsum Sum Assured>> <<Regular Income till Retirement Age of Member>> <<Regular Income linked to the age of Member's Children>> <<Regular Income for XX years / Duration up to XX years>>	
Type of Income (if any of the Income Options is chosen)	<<Level>> <<Increasing with increase by up to xx% >> <<Not Availed>> (in case the income option is not chosen)	
Critical Illness Variant Chosen	<<Variant 1 – 14 Critical Illnesses Covered>> <<Variant 2 – 20 Critical Illnesses Covered>> <<Variant 3 – 34 Critical Illnesses Covered>> <<Not Availed>> if CI Benefit is not chosen	
Add-on Benefits	<< Spouse Cover>> << Voluntary Insurance Coverage>> << Profit Sharing Option>> << Not Applicable>> if none of them chosen	
Profit Sharing percentage (In case the Profit-Sharing option is chosen)	<<As specified in the Proposal form>> <<Not availed>>	
<Risk Sharing and Risk Capping Option for Death Benefit>* (In case this option is chosen)	<At Master Policy Level>	<At Member Level>
	<Proportional Sharing with XX% to Digit Life Insurance> <Excess Level Sharing with Insurance Coverage in excess of Rs. XX, capped to Rs. YY to Digit Life Insurance> <Not Applicable>	<Proportional Sharing with XX% to Digit Life Insurance> <Excess Level Sharing with Insurance Coverage in excess of Rs. XX, to Digit Life Insurance> <Not Applicable>

Further rows for Risk Sharing and Risk Capping option will be added, in case this option is chosen for Inbuilt Optional Benefit(s), if any.

Member Details as on Master Policy Commencement Date	
Minimum Age at Entry Date	
Maximum Age at Entry Date	
Maximum Cover Ceasing Age	
Retirement Age	
Number of Insured Members	
Free Cover Limit	

<Sub-Entities Covered under this Policy as on Master Policy Commencement Date>

Sr. No.	Sub-Entity Name	GSTIN	Number of Insured Members

**Insurance Coverage & Premium Payment Details as on Master Policy Commencement Date**

Benefit	Sum Assured	Premium		
		Excl. GST (₹)	GST (₹)	Incl. GST (₹)
Death Benefit				
Accelerated Terminal Illness Benefit				
Additional/Accelerated Critical illness Benefit				
Additional Total & Permanent Disability				
Additional Accidental Death Benefit				
Total				

<b>Special Conditions (If any)</b>	

**Consolidated Stamp Duty is Deposited with Department of Stamps, Bengaluru .**

Master Policy Schedule, Terms and Conditions, and Endorsements by Us, if any, shall form an integral part of this contract and shall be binding on You and Us. List of Insured Members at Master Policy Commencement Date will form part of this Master Policy Schedule and is being shared as annexure to this Master Policy.

**Signed for and on behalf of the Go Digit Life Insurance Limited, at Head Office, Bangalore on <Issue Date>**

Authorized Signatory

<Designation>

## **Important Notice**

- 1) Cheque dishonour / non-receipt of Premium: The Policy is void ab-initio and deemed cancelled for all purposes in case of non-receipt/non-realization of Premium or dishonour of Cheque issued towards Premium payment.
- 2) This Master policy is subject to the standard Policy wordings, warranties, exclusions, and conditions as per "Digit Life Group Term Life Insurance" terms and conditions mentioned in this Master Policy Document. In case of dispute, the terms and conditions detailed in the Master Policy Document shall prevail.
- 3) The Insurance Coverage has been provided basis information received by Us from You/Insured Member and we will not be liable under the insurance contract if it is found that any of Your statements or particulars or declarations in the Proposal Form or other documents are incorrect /misleading / fraudulent in any respect on any matter to the grant of an Insurance Coverage or submission of claim in future.
- 4) The terms and conditions attached herewith includes all the standard Insurance Coverage offered by Digit Life Insurance under Digit Life Group Term Life Insurance to its customers. Your entitlement for Insurance Coverage/Benefits shall be restricted to the Insurance Coverage/Benefits as mentioned in Master Policy Schedule/Certificate of Insurance / Register of Insured Members. For any clarification, please call our helpline number 9960126126.
- 5) All taxes, including GST & Cess, either existing or those that may apply in future (including enhancement of existing taxes) will be charged extra. Payment of such taxes shall be the responsibility of the Master Policyholder/Member. For eligibility to claim any tax relief, kindly consult Your Tax Advisor.

## PART - B

### Important Terms and Definitions

#### DEFINITIONS

In this Policy, unless the context requires otherwise, the following words and expressions shall have the meaning assigned to them respectively herein below:

1. **Accident, Accidental** means sudden, unforeseen and involuntary event caused by external, visible and violent means.
2. **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.
3. **Accidental Total & 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 (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 Insured Member 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 Risk Commencement Date and before the termination/ expiry of the Insured Member's Insurance Coverage.
4. **Age** shall be Age of the Member as at last birthday on the Risk Commencement Date for existing Insured Members, and age as on Entry Date for new Members and as recorded with the Company.
5. **Appointee** shall mean a person who is appointed by the Insured Member to receive the Benefits on behalf of the Nominee, if the Nominee is a minor on the date of the payment of such Benefit on the happening of the death of Insured Member.
6. **Assignee** is the person to whom the rights and Benefits under this Policy are transferred by virtue of an Assignment.
7. **Assignment** is the process of transferring the rights and Benefits to an "Assignee," in accordance with the provisions of Section 38 of Insurance Act, 1938, as amended from time to time.
8. **Assignor** means the person who transfers the rights and Benefits under this Policy to the Assignee by virtue of an Assignment.
9. **Authority** means Insurance Regulatory and Development Authority of India (IRDAI).
10. **Benefit/s** means the Death Benefit, inbuilt optional Benefits which are additional Accidental Death Benefit, additional Accidental Total and Permanent Disability Benefit, accelerated Terminal Illness Benefit, additional Critical Illness Benefit, accelerated Critical Illness Benefit, other add-on Benefits like Voluntary Insurance Coverage, Spouse Cover, Surrender Benefit, or any other Benefit as applicable and availed under the terms of this Policy.
11. **Beneficiary** means the Master Policyholder or the Member or Nominee/(s).
12. **Certificate of Insurance** means in the case of Non-Employer Employee Group, a certificate issued by Us, on the basis of the Member's enrolment details provided, to each Member evidencing the acceptance of risk on the life of the Member under the Master Policy; The Certificate of Insurance shall be attached to and form part of this Master Policy for the respective Member. In the event of any inconsistency or contradiction between the Policy and the Certificate of Insurance, the terms and conditions contained in the Policy will prevail.
13. **Claimant** means the Master Policyholder or the Member or the Nominee who is entitled to register a claim for the insured event under the Master Policy; and where there is no Beneficiary(s), then the Insured Member's legal heir or legal representative or the holder of a succession certificate.



14. **Coverage End Date** The date of the expiry of Insurance Coverage as provided to the Insured Member under this Master Policy.
15. **Death Benefit** means the Benefit which is agreed to be paid by Us on occurrence of Member's death subject to Clause 4.1 in Part C of this Policy Document and as specified in the Certificate of Insurance/ Register of Insured Members.
16. **Disappearance** means if the Insured Member's full body cannot be located within a period of consecutive twelve (12) months , following a forced landing, stranding, sinking, or wrecking of a Common Carrier in which such Insured Member was known to have been travelling as a fare paying passenger or in any event arising as a result of Act of God Perils during the Member Coverage Term, where it is reasonable to believe that such Insured Member has died as a result of an Accidental Injury. Disappearance shall be covered under additional Accidental Death Benefit as specified in Clause 4.2.1 of Part C.
17. **Drowning** means if the Insured Member's full body cannot be located within a period of consecutive twelve (12) months, on account of Drowning during the Member Coverage Term, where it is reasonable to believe that such Insured Member has died as a result of drowning. Drowning shall be covered under additional Accidental Death Benefit as specified in Clause 4.2.1 of Part C.
18. **Critical Illness (CI) Condition** means the first diagnosis of any of the covered Critical Illnesses or undergoing any surgery, as per chosen CI variant listed in Clause 4.2.4 in Part C of this Policy Document.

Following are the definitions of such listed **Critical Illnesses / surgical procedures**:

### **I. Standard Definitions**

#### **1) Cancer Of Specified Severity**

- a) 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.
- b) 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 leukaemia 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)**

- a) 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.
- b) 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) Open Heart Replacement Or Repair Of Heart Valves**

- a) 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.

#### **4) Primary (Idiopathic) Pulmonary Hypertension**

- a) 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 Catheterization. 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.
- b) 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.

- c) 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.
- 5) **Open Chest CABG**
- a) 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.
- b) The following are excluded:
- i) Angioplasty and/or any other intra-arterial procedures
- 6) **End Stage Lung Failure**
- a) 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 (PaO<sub>2</sub> < 55mmHg); and
- iv) Dyspnoea at rest.
- 7) **End Stage Liver Failure**
- a) 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.
- b) Liver failure secondary to drug or alcohol abuse is **excluded**.
- 8) **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.
- 9) **Major Organ /Bone Marrow Transplant**
- a) 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.
- b) The following are excluded:
- i) Other stem-cell transplants
- ii) Where only Islets of Langerhans are transplanted
- 10) **Benign Brain Tumor**
- a) 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.
- b) 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.
- c) The following conditions are **excluded**:
- i) 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.
- 11) **Coma Of Specified Severity**
- a) 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.
- b) The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse is excluded.
- 12) **Major Head Trauma**
- a) Accidental head injury resulting in permanent Neurological deficit is 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.
- b) 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.
- c) 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.
- d) The following are excluded:
  - i) Spinal cord injury
- 13) **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.
- 14) **Stroke Resulting In Permanent Symptoms**
  - a) Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolization 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.
  - b) The following are excluded:
    - i) Transient ischemic attacks (TIA)
    - ii) Traumatic injury of the brain
    - iii) Vascular disease affecting only the eye or optic nerve or vestibular functions.
- 15) **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.
- 16) **Multiple Sclerosis With Persisting Symptoms**
  - a) 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.
  - b) Other causes of neurological damage such as SLE are excluded.

## **II. Specific Definitions:**

- 1) **Surgery To Aorta:** The actual undergoing of major surgery to repair or correct an aneurysm, narrowing, obstruction, or dissection of the aorta through surgical opening of the chest or abdomen. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches.
- 2) **Abdominal Aorta Aneurysm**
  - a) An abdominal aortic aneurysm (AAA) is a swelling/dilatation (aneurysm) of the aorta – the main blood vessel that leads away from the heart, down through the abdomen to the rest of the body.
  - b) The diagnosis must be supported by a CT scans or CTA (Angiography) and requiring Endovascular aneurysm repair and the realization of surgery has to be confirmed by a cardiovascular surgeon.
  - c) Congenital conditions are excluded.
- 3) **Cardiomyopathy**
  - a) A diagnosis of cardiomyopathy by a Specialist Medical Practitioner (Cardiologist). There must be clinical impairment of heart function resulting in the permanent loss of ability to perform physical activities for a minimum period of 30 days to at least Class 3 of the New York Heart Association classifications of functional capacity (heart disease resulting in marked limitation of physical activities where less than ordinary activity causes fatigue, palpitation, breathlessness or chest pain) and LVEF of 40% or less.
  - b) The following conditions are excluded:
    - i) Cardiomyopathy secondary to alcohol or drug abuse.
    - ii) All other forms of heart disease, heart enlargement and myocarditis.
- 4) **Pulmonary Artery Graft Surgery:** The undergoing of surgery requiring median sternotomy on the advice of a Cardiologist for disease of the pulmonary artery to excise and replace the diseased pulmonary artery with a graft.
- 5) **Apallic Syndrome:** Universal necrosis of the brain cortex, with the brain stem intact. Diagnosis must be definitely confirmed by a registered Medical practitioner who is also a neurologist holding such an appointment at an approved hospital. This condition must be documented for at least one (1) month.
- 6) **Parkinson's Disease**
  - a) The unequivocal diagnosis of progressive, degenerative idiopathic Parkinson's disease by a Neurologist acceptable to us.
  - b) The diagnosis must be supported by all of the following conditions:
    - i) the disease cannot be controlled with medication;
    - ii) signs of progressive impairment; and
    - iii) inability of the Insured Person to perform at least 3 of the 6 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 a continuous period of at least 6 months.
  - c) Parkinson's Disease secondary to drug and/or alcohol abuse is excluded.
- 7) **Muscular Dystrophy**
  - a) A group of hereditary degenerative diseases of muscle characterised by progressive and permanent weakness and atrophy of certain muscle groups. The diagnosis of muscular dystrophy must be unequivocal and made by a Neurologist acceptable to Us, with confirmation of at least 3 of the following four conditions:
    - i) Family history of muscular dystrophy;

- ii) Clinical presentation including absence of sensory disturbance, normal cerebrospinal fluid and mild tendon reflex reduction;
  - iii) Characteristic electromyogram; or
  - iv) Clinical suspicion confirmed by muscle biopsy.
- b) The condition must result in the inability of the Insured Person to perform at least 3 of the 6 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 a continuous period of at least 6 months. Activities of daily living means:**
- i) Washing: the ability to wash in the bath or shower (including getting into and out of the 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 wheel chair and vice versa;
  - iv) Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
  - v) Feeding: the ability to feed oneself, once food has been prepared and made available.
  - vi) Mobility: The ability to move indoors from room to room on level surfaces
- 8) Progressive Supranuclear Palsy:** A diagnosis of progressive supranuclear palsy by a Specialist Medical Practitioner (Neurologist). There must be permanent clinical impairment of eye movements and motor function for a minimum period of 30 days.
- 9) Creutzfeldt-Jakob Disease (CJD):** A Diagnosis of Creutzfeldt-Jakob disease must be made by a Specialist Medical Practitioner (Neurologist). There must be permanent clinical loss of the ability in mental and social functioning for a minimum period of 30 days to the extent that permanent supervision or assistance by a third party is required. Social functioning is defined as the ability of the individual to interact in the normal or usual way in society. Mental functioning would mean functions /processes such as perception, introspection, belief, imagination reasoning which we can do with our minds.
- 10) Bacterial Meningitis:** Bacterial infection resulting in severe inflammation of the membranes of the brain or spinal chord resulting in significant, irreversible and permanent neurological deficit. The neurological deficit must persist for at least 6 weeks resulting in permanent inability to perform three or more Activities for Loss of Independent Living. This diagnosis must be confirmed by:
- i) The presence of bacterial infection in cerebrospinal fluid by lumbar puncture; and
  - ii) A consultant neurologist certifying the diagnosis of bacterial meningitis.
- 11) Alzheimer's Disease:** Alzheimer's disease is a progressive degenerative illness of the brain, characterised by diffuse atrophy throughout the cerebral cortex with distinctive histopathological changes. It affects the brain, causing symptoms like memory loss, confusion, communication problems, and general impairment of mental function, which gradually worsens leading to changes in personality. Deterioration or loss of intellectual capacity, as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's disease, resulting in progressive significant reduction in mental and social functioning, requiring the continuous supervision of the Insured Person. The diagnosis must be supported by the clinical confirmation of a specialist Medical Practitioner (Neurologist) and supported by Our Appointed Medical Practitioner, evidenced by findings in cognitive and neuro radiological tests (e.g. CT scan, MRI, PET scan of the Brain). 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
- a) The following conditions are however not covered:**
- i) non-organic diseases such as neurosis and psychiatric illnesses;
  - ii) alcohol related brain damage; and
  - iii) any other type of irreversible organic disorder/dementia.
- 12) Encephalitis:** Severe inflammation of the brain tissue due to infectious agents like viruses or bacteria which results in significant and permanent neurological deficits for a minimum period of 30 days, certified by a specialist Medical Practitioner (Neurologist). The permanent deficit should result in permanent inability to perform three or more Activities for Loss of Independent Living.
- 13) Loss Of Independent Existence:** Confirmation by a Consultant Physician of the loss of independent existence due to illness or trauma, lasting for a minimum period of 6 months and resulting in a permanent inability to perform at least three (3) of Activities of Daily Living.
- 14) Systemic Lupus Erythematosus:** A multi-system, multifactorial, autoimmune disorder characterized by the development of autoantibodies directed against various self-antigens. Systemic lupus erythematosus will be restricted to those forms of systemic lupus erythematosus which involve the kidneys (Class III to Class V lupus nephritis, established by renal biopsy, and in accordance with the World Health Organization (WHO) classification). The final diagnosis must be confirmed by a registered Medical Practitioner specializing in Rheumatology and Immunology acceptable to Us, Other forms, discoid lupus, and those forms with only hematological and joint involvement are however not covered. The WHO lupus classification is as follows:
- i) Class I: Minimal change – Negative, normal urine.
  - ii) Class II: Mesangial – Moderate proteinuria, active sediment.
  - iii) Class III: Focal Segmental – Proteinuria, active sediment.
  - iv) Class IV: Diffuse – Acute nephritis with active sediment and/or nephritic syndrome.
  - v) Class V: Membranous – Nephrotic Syndrome or severe proteinuria.
- 15) Goodpasture's Syndrome:** Goodpasture's syndrome is an autoimmune disease in which antibodies attack the lungs and kidneys, leading to permanent lung and kidney damage. The permanent damage should be for continuous period of at least **30 Days**. The Diagnosis must be proven by Kidney biopsy and confirmed by a Specialist Medical Practitioner (Rheumatologist or Nephrologist).
- 16) Fulminant Hepatitis:** A sub-massive to massive necrosis of the liver by the Hepatitis virus, leading precipitously to liver failure. Acute Hepatitis infection or carrier status alone does not meet the diagnostic criteria. This diagnosis must be supported by all of the following:
- i) Rapid decreasing of liver size;
  - ii) Necrosis involving entire lobules, leaving only a collapsed reticular framework;
  - iii) Rapid deterioration of liver function tests;
  - iv) Deepening jaundice; and

- v) Hepatic encephalopathy.
- 17) **Pneumonectomy:** The undergoing of surgery on the advice of an appropriate Medical Specialist to remove an entire lung for disease or traumatic injury suffered by the life assured. The following conditions are excluded:
- i) Removal of a lobe of the lungs (lobectomy)
  - ii) Lung resection or incision
- 18) **Aplastic Anaemia**
- a) Irreversible persistent bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least two (2) of the following:
    - i) Blood product transfusion.
    - ii) Marrow stimulating agents.
    - iii) Immunosuppressive agents; or
    - iv) Bone marrow transplantation.
  - b) The Diagnosis of aplastic anaemia must be confirmed by a bone marrow biopsy. Two out of the following three values should be present:
    - i) Absolute Neutrophil count of 500 per cubic millimetre or less;
    - ii) Absolute Reticulocyte count of 20,000 per cubic millimetre or less; and
    - iii) Platelet count of 20,000 per cubic millimetre or less.
19. **Employer-Employee Group** means group where an employer-employee relationship exists between the Master Policyholder and the Member, in accordance with the relevant laws.
20. **Entry Date** means in relation to the Members admitted to this Master Policy, and shall be the Risk Commencement Date.
21. **Eligible Member** means a person who meets and continues to meet all the eligibility criteria as detailed out in Clause 1 and 2 of Part C of this Policy Document.
22. **Free Cover Limit** means the amount of Sum Assured granted on life of the Member without any need for individual underwriting for assessment of risk on account of Benefits offered under this Master Policy. Sum Assured in excess of Free Cover Limit may be accepted subject to evidence of insurability satisfactory to the Company. Such Free Cover Limit shall be determined by the prevailing underwriting policy of the Company and subject to amendment from time to time.
23. **Grace Period** means the time granted by the Company from the due date for the payment of Premium without levy of any interest or penalty during which time the Policy or Member's Insurance Coverage, as the case may be, is considered to be In Force without any interruption. The Grace Period so granted is fifteen (15) days for monthly Premium payment frequency and thirty (30) days for other available Premium payment frequencies from the respective Premium payment due date.
24. **Hospital** means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under Clinical Establishments (Registration and Regulation) Act 2010 or under enactments specified under the Schedule of Section 56(1) of the said act Or complies with all minimum criteria as under:
- a) has qualified nursing staff under its employment round the clock.
  - b) has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places.
  - c) has qualified medical practitioner(s) in charge round the clock.
  - d) has a fully equipped operation theatre of its own where surgical procedures are carried out;
  - e) maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.
25. **Hospitalization** means admission in a Hospital for a minimum period of 24 consecutive 'In-patient Care' hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours. Inpatient care means treatment for which the Insured Member has to stay in a Hospital for more than 24 hours for an insured event.
26. **In Force** means status of the Policy / Member's Insurance Coverage being active, all due Premiums have been paid and the Policy / Member's Insurance Coverage is not terminated or in Lapsed Status.
27. **Injury / Bodily Injury** means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a Medical Practitioner.
28. **Insurance Coverage** means the risk cover under this Master Policy issued to the Member as per the Benefit/s In Force under the Master Policy.
29. **Lapsed Status** means state of a non-active life insurance contract on account of non-payment of Premium within the Grace Period.
30. **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. All medical professionals mentioned in this Master Policy Document, that is, cardiologist, neurologist, consultant neurologist, rheumatologist, nephrologist, specialist in respiratory medicine shall be registered Medical Practitioners.
31. **Master Policy / Policy** means the contract of insurance entered into between the Master Policyholder and the Insurer as evidenced by the Master Policy Document.



32. **Master Policy Document / Policy Document** means this Digit Life Group Term Life Insurance Policy comprising the necessary documents including terms and conditions, Master Policy Schedule, the signed Proposal Form, any endorsements in this document issued by Us from time to time and the annexures, if any.
33. **Master Policyholder** shall mean the owner of this Policy and is referred to as the proposer in the Proposal form and is named as such in the Master Policy Schedule.
34. **Master Policy Schedule** means the Policy Schedule set out above in Part A that We have issued, along with any annexures, tables and/or endorsements, attached to it from time to time and forming part of this Policy and if any update Schedule is issued, then the Schedule which is latest in time.
35. **Member/Insured Member** means an individual who satisfies the eligibility criteria and is covered under this Master Policy.
36. **Member Coverage Term** means duration of Insurance Coverage of Insured Member from date of joining the Master Policy.
37. **Master Policy Commencement Date** is the Date, Month and Year the Master Policy comes into effect after We have accepted the risk under the Proposal Form and is as specified in the Master Policy Schedule.
38. **Nomination** is the process of nominating a person(s) in accordance with provisions of Section 39 of the Insurance Act, 1938 as amended from time to time.
39. **Nominee/s** means a person nominated by the Member to receive the applicable Benefit/(s) under this Policy in case of death of the Member and whose name is mentioned in the Certificate of Insurance / Register of Insured Members.
40. **Non-Employer-Employee Group** means group other than employer-employee, where a clearly evident relationship between the Member and the Master Policyholder, for services other than insurance, exist.
41. **Policy End Date** means the date of completion of the Policy Term as specified in the Policy Schedule.
42. **Policy Renewal Date** means date in case of One Year Renewable scheme, on which the Master Policy is due for renewal as stated in the Master Policy Schedule or any **Change of Policy Renewal date** as specified in Clause 4.3.6 of Part C of this Policy Document.
43. **Policy Term** means the tenure of this Policy as specified in the Policy Schedule.
44. **Policy Year or Coverage Year** means a period of twelve (12) consecutive months starting from the Master Policy Commencement Date or Risk Commencement Date respectively and ending on the day immediately preceding the following Policy anniversary date / Insurance Coverage anniversary date and each subsequent period of twelve (12) consecutive months thereafter, if applicable.
45. **Premium/s** means the contractual amount payable by the Master Policyholder or the Insured Member during the Premium Payment Term on the Premium due date as set out in the Master Policy Schedule or Certificate of Insurance or Register of Insured Members, as applicable, to secure the Benefits under this Policy. Applicable tax, cess and other levies if any are payable in addition.
46. **Pre-existing Disease** means any condition, ailment, Injury or disease:
- a) that is/are Diagnosed by a physician within 48 months prior to the effective date of the Insurance Coverage issued by Us or;
  - b) for which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the Insurance Coverage or its Revival or its Reinstatement.
47. **Premium Payment Term (PPT)** means the period in years or months during the Policy Term / Member Coverage Term in which Premiums are payable by the Policyholder / Insured Member under the Policy, as specified in the Master Policy Schedule / Certificate of Insurance / Register of Insured Members.
48. **Proposal** Form means the form filled in and completed by You for the purpose of obtaining Insurance Coverage under this Master Policy.
49. **Register of Insured Members** means a record maintained by Us or the Master Policyholder containing details of each Insured Member including but not limited to unique identification number or membership number, name, Age, gender, Beneficiary, Entry Date, Premium payable, Premium Payment Term and instalment Premium due date (if applicable), Benefit options chosen and Sum Assured under various Benefit options, as applicable and any special conditions applicable to the Insured Member.
50. **Regular Pay** means the Premium Payment Term is equal to Policy Term / Member Coverage Term and as specified in Master Policy Schedule / Certificate of Insurance/ Register of Insured Members.
51. **Revival** means restoration of Insurance Coverage under a Master Policy / Insurance Coverage with respect to any Member, which are in a Lapsed Status due to non-payment of due Premium, to the In-Force status subject to terms and conditions of the Master Policy and as specified in Clause 2 of Part D.
52. **Reinstatement** means restoration of Insurance Coverage under a Master Policy, which is in Lapsed Status due to non-payment of due Premium, to In-Force status subject to terms and conditions of the Master Policy and as specified in Clause 2 of Part D.

53. **Risk Commencement Date** means 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.
54. **Single Pay** means the Policy / Insurance Coverage in which the Premium for the chosen Policy Term / Member Coverage Term is paid only once at the time before Master Policy Commencement Date / Risk Commencement Date, as applicable.
55. **Scheme Rules / Rules of Scheme** means the rules that may be 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.
56. **Sum Assured** means an absolute amount of Benefit which is guaranteed to become payable on the occurrence of Death of Insured Member (lumpsum Sum Assured in case of Death Benefit) or other insured events with respect to inbuilt optional Benefits chosen in accordance with the terms and conditions of this Policy and is specified as such in the Certificate of Insurance or Register of Insured Members. In case of any of the regular income Benefit options, for presentation purpose, Sum Assured shall be defined as the total income payable in the next 12 months following the death of Insured Member.
57. **Surrender** means complete withdrawal/ termination of the Master Policy or exit by the Member from the Master Policy before completion of Policy Term / Member Coverage Term, as the case may be, at the request of the Master Policyholder or the Member, as applicable.
58. **Survival Period** means 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 Critical Illness Sum Assured (if opted for).
59. **Terminal Illness** means an advanced or rapidly progressing incurable and un-correctable medical condition which, in the opinion of two independent Medical Practitioners specializing in treatment of such illness, certifies that the illness is expected to lead to death of the Member within 6 months of the date of diagnosis of the Terminal Illness.  
The Company reserves the right for an independent assessment by two different Medical Practitioners other than the Medical Practitioner whose diagnosis has been provided by the insured Member.
60. **Total Premiums Paid** means total of all the Premiums received, excluding any extra Premium, any rider premium and taxes.
61. **Unexpired Risk Premium Value (Surrender Value)** means an amount, if any, that becomes payable in case of Surrender, in accordance with the terms and conditions of the Policy as mentioned in Part D.
62. **Waiting Period** means a period of 90 days starting from the Risk Commencement Date for the Member or from the date of Revival or 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 in case Critical Illness condition/(s) manifests due to an Accident. Waiting Period shall not be applicable for the Insured Member(s) whose Insurance Coverage is renewed with the Company before due date or Grace period, if any, 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 Insurance Coverage.
63. **"We", "Us", "Our" "Ours", "Digit" "Digit Life" "Digit Life Insurance", "Insurer" and "Company"** refers to Go Digit Life Insurance Limited.
64. **"You", "Your", "Yours"** refers to the Master Policyholder named in Master Policy Schedule and Insured Member named in Certificate of Insurance (if applicable).

## PART - C

### Product Core Benefits (Benefits Payable Under This Policy)

#### 1. Eligibility Criteria For An Insured Member

- a) A person shall be eligible to become an Insured Member ("Eligible Member") if such person is:
  - i) above or equal to the minimum Age at Entry Date and below or equal to the maximum Age at Entry Date as specified in the Master Policy Schedule.
  - ii) Employees or contract staff or part time staff in case of Employer Employee (EE) groups.
  - iii) 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.
  - iv) The Person forms part of the specified Group having a clearly evident relationship between him/her and the Master Policyholder.
- b) We will cover an Eligible Member from the Risk Commencement Date provided that:
  - i) We have received the Premium along with applicable taxes for such Eligible Member; and
  - ii) The Eligible Member satisfies underwriting criteria as per Our prevailing underwriting policy; and
  - iii) We have received all documentation in respect of that Eligible Member as required.
  - iv) The Eligible Member fulfils Eligibility Criteria as mentioned in Clause 1(a) above of this Part C.

#### 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 (if applicable), subject to terms and conditions of this Policy.
- b) Any Member shall have only one /single enrolment under the Master Policy unless agreed by the Company
- c) 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 of the Insured Member(s) in any month, within timelines as mentioned in the Scheme Rules.
- d) 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.
- e) 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 Master Policy/ 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 Coverage 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 and 2 above in this Part C.
- b) Every Member or Master Policyholder on behalf of Member shall produce evidence of insurability in the form and manner as prescribed by Us before effecting the Insurance Coverage on Member under this Master Policy or before effecting any change in the terms of Insurance Coverage extended including increase/decrease in Sum Assured, if any.
- c) After the Master Policy Commencement Date or the Policy 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.
- d) Subject to terms and conditions of the Master Policy, Rules of Scheme and prevailing underwriting policy of Company, Insured Member will get the choice to opt from various options made available by the Master Policyholder under the Policy with respect to applicable Benefit options, Coverage Term, Premium Payment Term, Premium payment frequency, Sum Assured, other applicable options, if any.
- e) The Company shall have the right to vary the terms and conditions of the Master Policy including the Premium payable for new Members or to discontinue adding new Members to/terminate the Master Policy, by giving a written notice of 30 days in advance. In case the Policy is terminated for any reason, the Company shall continue to cover the risk for lives of Members covered under the Policy till such termination subject to receipt of Premiums for the continuing Members as and when due.

4. **Benefits:** Subject to this Master Policy / Member's Insurance Coverage, as the case may be, being In-Force and all due Premiums have been received at the time of occurrence of insured event and other terms and conditions mentioned in this Master Policy Document, We agree to pay to the Claimant, the Death Benefit and any other additional Benefit depending upon the inbuilt optional Benefit chosen and as specified in the Master Policy Schedule/Certificate of Insurance/Register of Insured Members. Maximum Sum Assured (and Income Benefit, if chosen, in case of Death Benefit) allowed for each Member under Death Benefit or each of the Inbuilt Optional Benefits (if any) shall be subject to prevailing underwriting policy of the Company.

- 4.1 **Death Benefits & Death Benefit Payout Options:** Death Benefit is the compulsory Benefit under this Master Policy and shall be payable in case of death of the Insured Member. Any one or combination of the following payout options can be chosen under Death Benefit subject to acceptance by the Company.

- a) **Lumpsum Sum Assured :** Under this option (if chosen), a lumpsum amount shall be payable following death of Insured Member.



- b) Regular Income till the retirement Age of Insured Member : Under this option (if chosen), regular income shall be payable following date of Insured Member's death till his/her retirement age as specified in Master Policy Schedule / Certificate of Insurance / Register of Insured Members.
- c) Regular Income linked to the age of Insured Members' child/children: Under this option (if chosen), regular income shall be payable following date of Insured Member's death till attainment of certain age (not exceeding 25 years as on last birthday) by his/her child/children.
- d) Regular Income for a specified period : Under this option (if chosen), regular income shall be payable following date of Insured Member's death till the end of chosen number of years (but not exceeding 40 years).

Regular Income chosen can be level or increasing with income increasing at specified simple rate of up to 10% per annum. Any one of Annual, half-yearly, quarterly or monthly mode can be chosen to receive the regular income pay-outs. Option to choose Income Benefit is available in case of Death Benefit only.

In case of any of the regular income options mentioned above, for presentation purpose, Sum Assured shall be defined as the total income payable in the next 12 months following the death of Insured Member.

The Death Benefit amount payable on death for an Insured Member shall be the chosen lumpsum Sum Assured and / or regular income as per the options chosen for that Member. Insured Members of the same Master Policy can have different lumpsum Sum Assured amount and regular income amount. The lumpsum Sum Assured and / or regular income amount for each individual Insured Member will be specified at Risk Commencement Date or the Policy Renewal Date. Any changes in the lumpsum Sum Assured or regular income amount during the Policy Term will be as per the Master Policyholder's request and subject to Our acceptance.

#### **On death of Insured Member**

In the event of death of the Insured Member during the Member Coverage Term, and provided that the Master Policy/ Insurance Coverage to the Member under this Policy is In Force as on the date of death of the Member, Death Benefit as lumpsum Sum Assured or as regular income or as combination of lumpsum Sum Assured and regular income as chosen and as specified in the Certificate of Insurance or Register of Insured Members or any endorsement issued from time to time, shall be payable to the Claimant.

On payment of the Death Benefit, the Insurance Coverage for such Member for all the Benefits, including inbuilt optional Benefits (if any) under this Master Policy shall immediately and automatically terminate.

We shall not pay the Death Benefit when the Master Policy / Insurance Coverage to the Member is in Lapsed Status.

#### **4.2 In-built Optional Benefits**

The Master Policyholder can choose one or more of the following in-built optional Benefit before Master Policy Commencement Date or Policy Renewal Date subject to Our acceptance and Members can choose from the such available inbuilt optional Benefits under the Master Policy, subject to prevailing underwriting policy of the Company and terms and conditions of this Policy. For inbuilt optional Benefits, only lumpsum sum assured shall be available. Option to choose Income Benefit is available in case of Death Benefit only.

In case the Insured Member has to pay the Premiums for the in-built optional Benefits chosen by the Master Policyholder, he/she has the option to not opt for the same.

The Certificate of Insurance/Register of Insured Members will specify the in-built optional Benefits chosen under the Master Policy in respect of the Insured Member. Once opted, the in-built optional Benefit/(s) can only be changed at subsequent Policy Renewal Date subject to Our prevailing underwriting policy.

##### **4.2.1 Additional Accidental Death Benefit (Additional ADB):**

In the event of death of the Insured Member due to an Accident, provided that the Accident has occurred during the Member Coverage Term and Master Policy / Insurance Coverage of such Insured Member is In Force, in addition to the Death Benefit, the Accidental Death Benefit Sum Assured as specified in the Certificate of Insurance or Register of Insured Members shall be payable in lumpsum. A claim under this Benefit Option shall be admitted provided that the death:

- i. is caused by Injury resulting from an Accident,
- ii. occurs solely and directly due to the Injury, and independent of any other causes,
- iii. occurs within 180 days of the occurrence of Accident and
- iv. is not a result from any of the causes listed in the exclusions for Accidental Death Benefit specified in Annexure IV.

In case, the Accident occurs while the Insured Member's Additional ADB Insurance Coverage is In-force, but the Accidental Death occurs after the end of the Member Coverage Term and within 180 days of the Accident, Additional ADB Sum Assured applicable at the time of such Accident shall be payable.

We shall be liable to pay this Benefit in following conditions as well

- a. **Disappearance**, as defined in Part B of this Policy.
- b. **Drowning** as defined in Part B of this Policy

For both (a) and (b) above, We will only pay, when the Claimant provides a legally binding indemnity bond or any other document as required by Us which guarantees, that, if at any time, after the payment of the additional Accidental Death Benefit, it is discovered that the Insured Member is still alive, all payments shall be repaid in full to Us.

On payment of the additional Accidental Death Benefit, the Insurance Coverage for such Member for all the Benefits, including inbuilt optional Benefits (if any) under this Master Policy shall immediately and automatically terminate.

We shall not pay the additional Accidental Death Benefit when the Master Policy / Member's Insurance Coverage is in Lapsed Status.

#### **4.2.2 Additional Accidental Total and Permanent Disability (ATPD) Benefit**

Subject to the Policy / Insurance Coverage for the Insured Member being In Force and applicable exclusions specified in Annexure V and other terms and conditions of this Master Policy, ATPD Sum Assured which is in addition to Death Benefit and other in-built optional Benefits (if any) and as specified in the Certificate of Insurance/Register of Insured 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 Insurance Coverage is In Force.

In case, the Accident occurs while the Insured Member's Additional Accidental Total and Permanent Disability Benefit Insurance Coverage is In-Force, but the Accidental Total and Permanent Disability (ATPD) occurs after the end of the Member Coverage Term and within 180 days of the Accident, additional ATPD Sum Assured applicable at the time of such Accident shall be payable.

We shall not pay the Additional ATPD Benefit when the Master Policy/Insurance Coverage to the Member is in Lapsed Status.

On payment of the additional ATPD Benefit, Member's Insurance Coverage for this Benefit under Master Policy terminates, however, Member's Insurance Coverage under this Master Policy shall continue for In Force Death Benefit and other In Force in-built optional Benefits (if any) for the remaining of the Member Coverage Term .

#### **4.2.3 Accelerated Terminal Illness Benefit (Accelerated TI Benefit)**

Subject to the terms and conditions of this Policy, TI Sum Assured as specified in the Certificate of Insurance/Register of Insured 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 Insurance Coverage is In Force.

TI Benefit is an Accelerated Benefit, which means payment of this Benefit shall not be in addition to lumpsum Death Benefit chosen and it only facilitates an earlier payment of lumpsum Death Benefit on prior occurrence of the Terminal Illness. Accelerated TI Benefit can be opted for when lumpsum Sum Assured under Death Benefit is chosen (either standalone or in combination with any of the regular income benefit options). It is payable only once during the life time of the Insured Member and shall not exceed lumpsum Sum Assured under Death Benefit.

**Where the TI Sum Assured is equal to the lumpsum Sum Assured under Death Benefit and Income Benefit option is not chosen additionally**, the Insurance Coverage for all the Benefits, including inbuilt optional Benefits (if any) in respect of the Insured Member shall terminate immediately upon diagnosis of Terminal Illness and payment of accelerated TI Benefit. However, if in such case, Income Benefit is also chosen additionally, Insurance Coverage with respect to Accelerated Terminal Illness Benefit, lumpsum Sum Assured under Death Benefit and other inbuilt optional Benefits shall terminate, whereas Insurance Coverage with respect to only Income Benefit under Death Benefit shall continue for the remaining of Member Coverage Term.

**Where the TI Sum Assured is less than the lumpsum Sum Assured under Death Benefit**, on payment of the TI Sum Assured, the lumpsum Sum Assured under Death Benefit will be reduced to the extent of the TI Sum Assured paid and this change shall be effective from the date of payment of accelerated TI Benefit. On payment of the accelerated TI Benefit, the Insurance Coverage for such Member in respect of other inbuilt optional Benefits (if any) under this Master Policy shall immediately and automatically terminate.

We shall not pay the accelerated TI Sum Assured when the Master Policy / Insurance Coverage to the Member is in Lapsed Status.

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 Insured Member.

#### **4.2.4 Critical Illness Benefit (CI Benefit)**

Subject to Waiting Period, Survival Period, applicable exclusions referred under Critical Illness Condition in Part B and Annexure VI of this Master Policy and the other terms and conditions of this Policy , CI Sum Assured as specified in the Certificate of Insurance/Register of Insured Members shall be payable as lumpsum 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 Insurance Coverage is In Force.

We shall not pay the CI Sum Assured when the Master Policy / Insurance Coverage to the Member is in Lapsed Status. The CI Benefit can be either chosen as additional Benefit to the Death Benefit or as an accelerated Benefit by the Member before Risk Commencement Date.

**If CI Benefit is chosen as Additional CI Benefit** - On admission of a claim under the Additional CI Benefit, the CI Sum Assured shall be payable to the Claimant. On payment of additional CI Benefit, Member's Insurance Coverage for this Benefit under the Master Policy shall terminate, however Member's Insurance Coverage shall continue in respect of In Force Death Benefit and other In Force in-built optional Benefits (if any) for the remaining of the Member Coverage Term.

**If CI Benefit is chosen as Accelerated CI Benefit** - Accelerated Benefit means payment of this Benefit shall not be in addition to lumpsum Death Benefit chosen and it only facilitates an earlier payment of lumpsum Death Benefit on prior occurrence of the

Critical Illness. Accelerated CI Benefit can be opted for when lumpsum Sum Assured under Death Benefit (either standalone or in combination with any of the regular income benefit options) is chosen and shall not exceed lumpsum Sum Assured under Death Benefit. On admission of claim under the accelerated CI Benefit:

**Where the CI Sum Assured is equal to the lumpsum Sum Assured under Death Benefit and Income Benefit option under Death Benefit is not chosen additionally**, the Insurance Coverage for the all Benefits, including in-built optional Benefits (if any) in respect of the Insured Member shall cease immediately upon diagnosis of Critical Illness and payment of CI Benefit. However, if in such case, Income Benefit option is also chosen additionally, then Insurance Coverage with respect to Accelerated CI Benefit and lumpsum Sum Assured under Death Benefit shall terminate, whereas the Insurance Coverage for Income Benefit option under Death Benefit and other inbuilt optional Benefits, if any, shall continue for remaining of Member Coverage Term.

**Where the CI Sum Assured is less than the lumpsum Sum Assured under Death Benefit**, on payment of the CI Sum Assured, the lumpsum Sum Assured under the Death Benefit will be reduced to the extent of the CI Sum Assured payable, and such change in the lumpsum Sum Assured under Death Benefit shall be effective from the date of the payment of the accelerated Critical Illness Benefit. Such Member's Insurance Coverage under this Policy in respect of other In Force inbuilt optional Benefits (if any) shall continue for the remaining of the Member Coverage Term.

The claim for Critical illness Benefit shall be accepted only if covered Critical Illness condition has happened to Insured Member for the first time in life and is not a consequence of or arising out of any Pre- existing Condition/disease.

Once a claim has been accepted under Critical Illness Benefit, Insurance Coverage for the Insured Member under this Policy with respect to CI Benefit shall cease and no further payment will be made for any consequent Critical Illness disease or any dependent Critical Illness/Injuries.

Critical Illnesses (CI) Variants: There are three CI variants offered under this CI Benefit and only one of them can be chosen by the Member before Risk Commencement Date, subject to terms and conditions of this Master Policy.

Variant 1 (14 Critical Illnesses)

Variant 2 (20 Critical Illnesses)

Variant 3 (34 Critical Illnesses)

Following is the list of Critical Illnesses /Surgical procedures covered under these three variants.

Sr. No	Category	Critical Illness	Variant 1	Variant 2	Variant 3	
1	<b>Cancer</b>	Cancer of Specified Severity	Covered	Covered	Covered	
2	<b>Cardiovascular system</b>	Myocardial Infarction	Covered	Covered	Covered	
3		Open Heart Replacement or Repair of Heart Valves	Covered	Covered	Covered	
4		Surgery to Aorta	Covered	Covered	Covered	
5		Primary (Idiopathic) Pulmonary Hypertension	Not Covered	Covered	Covered	
6		Aneurysm of Abdominal Aorta	Not Covered	Not Covered	Covered	
7		Cardiomyopathy	Not Covered	Not Covered	Covered	
8		Pulmonary artery graft surgery	Not Covered	Not Covered	Covered	
9		Open Chest CABG	Covered	Covered	Covered	
10		<b>Major Organ Transplant</b>	End Stage Lung Failure	Covered	Covered	Covered
11			End Stage Liver Failure	Covered	Covered	Covered
12	Kidney Failure Requiring Regular Dialysis		Covered	Covered	Covered	
13	Major Organ/ Bone Marrow Transplant		Covered	Covered	Covered	
14	<b>Nervous System</b>		Apallic Syndrome	Not Covered	Covered	Covered
15		Benign Brain Tumour	Covered	Covered	Covered	
16		Coma of Specified Severity	Covered	Covered	Covered	
17		Major Head Trauma	Covered	Covered	Covered	
18		Permanent Paralysis of Limbs	Covered	Covered	Covered	
19		Stroke Resulting in Permanent Symptoms	Not Covered	Covered	Covered	
20		Motor Neurone Disease with Permanent Symptoms	Not Covered	Covered	Covered	
21		Parkinson's Disease	Not Covered	Not Covered	Covered	
22		Muscular Dystrophy	Not Covered	Not Covered	Covered	
23		Progressive Supranuclear Palsy	Not Covered	Not Covered	Covered	
24		Creutzfeldt-Jakob disease (CJD)	Not Covered	Not Covered	Covered	
25		Bacterial Meningitis	Not Covered	Not Covered	Covered	
26		Alzheimer's disease	Not Covered	Not Covered	Covered	
27		Encephalitis	Not Covered	Not Covered	Covered	
28		Multiple Sclerosis with Persisting Symptoms	Covered	Covered	Covered	
29		Loss of Independent Existence	Not Covered	Covered	Covered	

30	Others	Systemic lupus erythematosus	Not Covered	Not Covered	Covered
31		Goodpasture's syndrome	Not Covered	Not Covered	Covered
32		Fulminant Viral Hepatitis	Not Covered	Not Covered	Covered
33		Pneumonectomy	Not Covered	Not Covered	Covered
34		Aplastic Anaemia	Not Covered	Covered	Covered

### 4.3 Other Add-on Benefits

**4.3.1 Spouse cover:** Under this Policy, Insurance Coverage can be offered to the spouses of respective Members, if this option is chosen by the Master Policyholder, subject to the submission of the evidence of insurability and evidence of health to Us, as per Our underwriting policy and upon payment of an additional Premium for such Insurance Coverage to Us. The Insurance Coverage on the life of a Member's spouse will be subject to and will be governed by all the terms and conditions of this Policy. The Insurance Coverage on the life of a Member's spouse will terminate in accordance with the terms of the Master Policy.

**4.3.2 Voluntary Insurance Coverage:** The Member has an option to choose for voluntary Insurance Coverage provided Master Policyholder has chosen this option, subject to following conditions:

- i. A written request submitted by You to Us along with the evidence of insurability and evidence of health to Us as per Our prevailing underwriting policy and on payment of an additional Premium.
- ii. Maximum Sum Assured allowed shall be as per prevailing underwriting policy of the Company
- iii. The premium rate applicable for Sum Assured under this Voluntary Insurance Coverage shall be independently derived based on the expected risk profile and take-up rates.

Some of the coverages where this option could be utilized, including but not limited to cover the following:

- i. Coverage towards Credit card outstanding
- ii. Coverage for Funeral expenses
- iii. Coverage for Child education

**4.3.3 Profit Sharing Option:** If the Master Policy Schedule specifies that profit sharing option has been availed by the Master Policy Holder then the Master Policy Holder shall be entitled to profit sharing Benefit where in in case of favourable claims experience, the Master Policyholder would be refunded back a part of the Premium depending on the formula mutually agreed between Master Policyholder and the Company for the same. Any profit sharing arrangement shall be as prescribed by IRDAI Circular No. IRDAI/ACTL/CIR/PRO/207/10/2022 dated 4th October 2022, as amended from time to time, as per the extant regulations/guidelines/circulars

### 4.3.4 Risk Sharing and Risk Capping

This option provides for the coverage of risk beyond certain limit at Master Policy or Member level, subject to prevailing underwriting policy of the Company. Following options under this are available at Master Policy and Member level:

#### Options at Member Level:

**Proportional sharing:** The Master Policyholder can choose the option to insure a certain percentage (lesser than 100%) of applicable Benefits for each Member where the Insurance Coverage / claim liability for Us will be limited to the opted percentage of Benefits / claims for each Member.

**Excess level sharing:** The Master Policyholder can choose the option to insure the Benefits above certain threshold level for each applicable Member where the Insurance Coverage / claim liability for Us will be the amount of Benefits / claims in excess of the opted threshold limit for each applicable Member.

#### Options at Master Policy Level:

**Proportional sharing:** The Master Policyholder can choose the option to insure a certain percentage (lesser than 100%) of applicable Benefits capped to maximum limit at Master Policy level, applicable for the entire group where the Insurance Coverage / claim liability for Us towards the group will be limited to the opted percentage of Benefits / claims at the concerned group level.

**Excess level sharing:** The Master Policyholder can choose the option to insure the Benefits above certain threshold level capped to maximum limit at Master Policy level, where the Insurance Coverage / claim liability for Us will be the amount in excess of the opted threshold limit at the concerned group level.

If any of the options at Master Policy level is chosen, any Benefit payable will further be subject to the arrangement agreed at Master Policy level.

**4.3.5 Sum Assured Reset Benefit:** Provided the Insurance Coverage for the Insured Member is In Force, the lumpsum Sum Assured or regular income amount under Death Benefit for each Insured Member can be increased or decreased during the Policy Term, subject to prevailing underwriting policy. The pro-rated excess Premium will be payable by or payable to the Master Policyholder, as the case may be.

**4.3.6 Change of Policy Renewal date:** The Master Policyholder shall have the option to modify the Policy Renewal Date at any time during the Policy Term. Premium applicable from the modified Policy Renewal Date will be calculated based on the latest data provided, adjusting for the Premium for the unexpired period up to the original Policy Renewal Date on a pro-rata basis.

The option to choose Spouse cover and Voluntary Insurance Coverage will not be available for Policy issued in lieu of Employee's Deposit Linked Insurance.

**4.4 Other Benefits**

a) **Wellness Benefit Program:** This program intends to incentivize the Insured Member 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 prevailing underwriting policy of the Company. The list of Benefits under this program and terms and conditions applicable to it are provided in Annexure VII.

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

**5. Premium under this Master Policy:** The Master Policyholder/Member, as the case may be, shall ensure that all due Premiums as calculated by the Company are paid in full, on each instalment Premium due date as per the In-Force Premium paying frequency or on Master Policy Commencement Date or Policy Renewal Date, as applicable. The Master Policyholder shall pay the Premium for new Members as per the Premium paying frequency selected on Processing Date or shall keep an advance deposit with Us.

In case, Insurance Coverage under any of the inbuilt optional Benefits ceases before the completion of Member Coverage Term, while Member's Insurance Coverage for Death Benefit and other inbuilt optional Benefits (if any) is still In-Force, no further Premium shall be payable for the remaining Premium Payment Term, if any, for inbuilt optional Benefit/(s) which have been terminated.

For Premium payment frequency other than annual, instalment Premiums paid are calculated by applying the loading factor as given below on annual premium:

Premium paying frequency	Loading factor
Semi-annual	2%
Quarterly	3%
Monthly	4%

Subject to the Policy discontinuance and Revival or Reinstatement provisions, We must receive all due Premiums in order for the Insurance Coverage with respect to a Insured Member to remain In Force.

The Insurance Coverage for the Members in respect of whom the Premium has been so calculated would commence on receipt of the full Premium respect of such Members and on acceptance of risk on underwriting, if any, by Us.

**6. 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 instalment Premium due date, We will allow a Grace Period to pay the due Premium while continuing the applicable Insurance Coverage and Benefits under it. After the expiry of the Grace Period without receipt of the Premium in full, the Benefits under Master Policy/Insurance Coverage for the respective Insured Member(s), as the case may be, shall lapse and all Our liability shall immediately and automatically cease. A Grace Period of 15 days in respect of monthly Premium payment frequency and 30 days in other applicable frequencies from the instalment Premium Due Date shall be provided for one year renewable term (except for annual premium payment frequency in one year renewable term in which Grace Period shall not be applicable) and Regular Pay Policy for paying overdue Premium to Us without any penalty/late fee during which Death Benefit and all the chosen inbuilt optional Benefits under 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.

If the contingent event of Death/ Terminal Illness/ Critical Illness/ ADB/ ATPD or any other event, if it is covered under this Policy (and as applicable to Member) occurs during the Grace Period, Benefits as applicable shall be payable as mentioned under Part C subject to receipt of unpaid Premium for Master Policy, where Premium is paid by the Master Policyholder.

However, in a Policy, where Premium is paid by the Member, the applicable Benefit shall be payable subject to deduction of unpaid due Premium for the respective Member. In case the Premium which was due with respect of any Insured Member, is collected by the Master Policyholder within Grace period but is not remitted to Us for some reason, then the Insurance Coverage for such Insured Member will continue even on expiry of Grace period, provided Member has the receipt of payment of such Premium to the Master Policyholder within Grace Period. The Company reserves the right to recover such Premium from the Master Policyholder.



## PART - D

### Policy Servicing Related Aspects

#### 1. Free Look Provisions:

- a) **At Master Policy Level:** If You do not agree with the terms and conditions of the Master Policy, You have the option to request for cancellation of the Master Policy by returning the original Master Policy Document along with a written request stating the reasons for objection to Us within 30 days from the date of receipt of Master Policy. Upon the receipt of such a cancellation request, the Company will cancel the Master Policy and refund the Premiums received after deducting proportionate risk premium for the period of Insurance Coverage and expenses incurred on medical examination of Members, if any and applicable stamp duty. All Insured Members' Insurance Coverage and Benefits under it will cease post the request for free look cancellation by the Master Policyholder.
- b) **At Member Level:** If the Insured Member does not agree with the terms and conditions specified in Certificate of Insurance, he/she has the option of returning the Certificate of Insurance (if applicable) to the Company stating the reasons thereof, within 30 days from the date of receipt of the Certificate of Insurance. Upon receipt of the free look cancellation request and Certificate of Insurance (if applicable), we shall refund the Premium received in respect of insured Member, subject to deduction of the proportionate risk premium for the period of Insurance Coverage, expenses incurred on medical examination of such Member, if any and applicable stamp duty for that Insured Member. The Insurance Coverage for the Insured Member will cease post the request for such free look cancellation.

For Administrative purposes, all free-look requests should be registered by the Master policyholder on behalf of the Insured Member.

#### 2. Revival and Reinstatement

- a) **Revival:** If the due Premium is not received by the end of the Grace Period, the Policy / Member's Insurance Coverage shall lapse. The Company will consider requests to revive Policies / Member's Insurance Coverage in Lapsed Status from the date of first unpaid Premium, provided such requests are received within the original Policy Term / Member Coverage Term, as applicable. Any agreement to revive the Policy/ Member's Insurance Coverage would be subject to the Our prevailing underwriting policy. The Company shall collect all the Premiums due and other charges or late fee if any, as per the terms and conditions of the Policy, to revive the lapsed Master Policy / Member's Insurance Coverage, as the case may be. The late fees shall be calculated at such interest rate as may be prevailing at the time of the payment. The Revival interest rate compounding annually, will be set using prevailing interest rates. The prevailing interest rates will be derived from yields of the 30 years G-Sec security. Any change in the interest rate used will be in accordance with the formula below.

Annualized Yield on reference government bond + 100 basis points, rounded up to the nearest 25 basis points.

The Revival interest rate for the financial year 2023-24 is 8.25% p.a.

The Revival interest rate will be reviewed semi-annually and shall be revised using the above mentioned formula and the change in the rate shall be effective from 25th February and 25th August each year.

Any change on basis of determination of interest rate for revival can be done only after prior approval of the Authority.

- b) **Reinstatement -** If the due Premium is not received by the end of the Grace Period, the Policy shall lapse. The Lapsed Policy could then be reinstated and the Insurance Coverage will recommence from the date of Reinstatement and the Premium will be collected accordingly. The Company shall not collect any unpaid Premiums on Reinstatement, nor shall be liable to pay the claims occurring during the period for which the Master Policy is in Lapsed Status. In certain circumstances, the Company may also change certain terms of the Policy including the pricing. Such Reinstatement shall be as per the prevailing underwriting policy of the Company.

3. **Surrender Provisions:** In case of Surrender of the Master Policy by the Master Policyholder, the Members shall have an option to continue the Insurance Coverage till the end of the Member Coverage Term. Such Insurance Coverage with the applicable Benefits shall continue with the same terms and conditions as the original Insurance Coverage with respect to such Members under Master Policy and Company/ intermediary, if any, shall continue to be responsible to serve such Members till their Insurance Coverage is terminated. Unexpired Risk Premium Value (Surrender Value) for the such Members opting to continue the Insurance Coverage shall not be paid out.

**Following Unexpired Risk Premium Value (Surrender Value) shall be payable on Surrender:**

<b>Single Pay</b>	In case of Surrender of the Master Policy or Member's Insurance Coverage where Premiums are paid by Member, an amount equal to 60% of the Single Premium adjusted for the unexpired duration of the Policy Term or Member Coverage Term of the discontinuing Members, as applicable, would be payable.  In case of Surrender by Members for schemes where Premiums are paid by the Master
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	Policyholder, an amount equal to the Single Premium adjusted for the unexpired duration of the Member Coverage Term of the discontinuing Member would be payable to the Master Policyholder.
<b>One Year Renewable Term</b>	In case of Surrender of the Master Policy, an amount equal to the instalment Premium for the unexpired Member Coverage Term of the discontinuing Members, less appropriate deduction for expenses, stamp duty paid, commission and taxes and levies as applicable shall be payable.  In case of Surrender by Members for schemes where Premiums are paid by the Master Policyholder, an amount equal to the instalment Premium for the unexpired duration of the Member Coverage Term for which the Instalment premium was applicable, in respect of the discontinuing Members, shall be payable to the Master Policyholder, who typically adjusts it against any Premiums payable.
<b>Regular Pay</b>	In case of Surrender of the Master Policy or Member's Insurance Coverage where Premiums are paid by Member, an amount equal to 60% of the instalment Premium adjusted for the unexpired duration of the Policy Term or Member Coverage Term, as the case may be, for which the instalment Premium was applicable in respect to discontinuing Members shall be payable.  In case of Surrender by Members, for schemes where Premiums are paid by the Master Policyholder, an amount equal to the instalment Premium adjusted for the unexpired duration of Member Coverage Term for which the instalment Premium was applicable in respect of the discontinuing Members, shall be payable to the Master Policyholder, who typically adjusts it against any Premiums payable.

4. **Policy Loan:** This Policy does not offer loan facility.

5. **Addition of Member:** The Master Policyholder can choose to add new Members by paying the Premium for the Member Coverage Term for such Member. The Master Policyholder should inform or intimate the Company with the list of new joiners preferably within 45 days from the date of new joiners becoming eligible to be admitted under this Master Policy. The Risk Commencement Date for the new joiners shall be the date of joining of the Eligible Member or the date of intimation to Us, whichever is earlier. The Company shall communicate its decision on addition of Eligible Member based on its then prevailing underwriting policy. In case of inadequate Premium, the Insurance Coverage will begin from the date of receipt of the full Premium. Premium shall be deposited in advance for addition of new Members. The Premium charged shall be proportionate to the unexpired duration of the Policy Term / Policy Year, as applicable. Any applicable levies, taxes, duties or surcharges will also be charged. We will have right to discontinue addition of new Members by giving a notice of 30 days to Master Policyholder of this effect.

6. **Deletion of Member:** In case a Member leaves the scheme during the Member Coverage Term (due to reasons other than death), where Master Policyholder has paid the Premium, the Company will refund the pro-rata Premium to the Master Policyholder. The Master Policyholder should inform the Company of deletions for Members leaving the scheme. Such Members' Insurance Coverage will cease from the date of leaving the scheme. Member who has paid the Premium for his/her Insurance Coverage leaves the scheme, such Member shall continue his/her Insurance Coverage as per original terms and conditions of the Master Policy unless such Member informs the Company about discontinuance of the Insurance Coverage.

7. **Payment of Benefits** All Benefits and other sums specified under this Master Policy / Certificate of Insurance/ Register of Insured Members shall be payable in the manner and currency allowed/permitted under the Regulations and shall be payable by NEFT, account payee cheque or other permissible modes. The Company shall pay the applicable Benefits and other sums payable under this Master Policy / Member's Insurance Coverage. Any discharge given by the Claimant, in writing in respect of the Benefits or the sums payable under this Master Policy / Member's Insurance Coverage, shall constitute a valid discharge to the Company in respect of such payment. The Company's liability under the Master Policy / Certificate of Insurance/Register of Insured Members shall be discharged by such payment.

- a) Where the Master Policy is issued under Lender-Borrower category and Master Policyholder is one of the following entities:
- 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,

the Insured Member may give Us a written authorization in the form specified by Us to make payment towards Insured Member's outstanding loan balance amount to the Master Policyholder from lumpsum Death Benefit and certain inbuilt optional Benefits (if any) payable on happening of respective insured events during Member Coverage Term under this Master Policy. This written authorization may be given to Us at the stage of Eligible Member's addition to the Master Policy as an Insured Member or at a later date. If We have received such written authorization from the Insured Member, then We will pay an amount to the extent of outstanding loan to the Master Policyholder from the lumpsum Death Benefit and from Additional ADB, Accelerated Terminal Illness Benefit, Accelerated Critical Illness Benefit (if any of these inbuilt optional Benefits are chosen by the Member) on occurrence of

respective insured events, while Member's Insurance Coverage is In-Force and on providing documents as mentioned in Scheme Rules. The remainder of the lumpsum Death Benefit, Additional ADB, Accelerated Terminal Illness Benefit, Accelerated Critical Illness Benefit, if any shall be payable to the Claimant other than the Master Policyholder. We shall, under no circumstance, pay any amount more than the outstanding loan to the Master Policyholder. In case, Benefits other than those mentioned above in this para under Clause 7 (a) of Part D, are chosen by the Member, 100% of such Benefits shall be paid directly to the Claimant other than the Master Policyholder. Where no such authorization is received by Us from the Insured Member or the Master Policyholder does not fall under the above-mentioned regulated entities, We will pay the entire lumpsum Death Benefit and Additional ADB, Accelerated Terminal Illness Benefit, Accelerated Critical Illness Benefit, if any, directly to the Claimant other than the Master Policyholder.

**b) Benefit on Foreclosure of loan** In case of lender-borrower group, in the event where the Insured Member(s) makes a prepayment for closure of the loan to the Master Policyholder or where the lender borrower relationship between an Insured Member and the Master Policyholder comes to an end prior to Coverage End Date (other than due to death of Member), the Insurance Coverage provided to the Insured Member shall continue till the occurrence of covered insured event/s or end of the Coverage Term, whichever is earlier, as per Sum Assured specified in the Certificate of Insurance, subject to the Master Policy being In-Force. The Insured Member has the option to terminate his/her Insurance Coverage at the time of foreclosure of loan by applying for Surrender and receive the (Unexpired Risk Premium Value) Surrender Value as per Clause 3 of this Part D.

## **8. Termination**

**a) Termination of Master Policy:** This Master Policy will terminate on the occurrence of the earliest of the following events:

- i) the date on which We receive a Freelook cancellation request; or
- ii) if the Policy in Lapsed Status has not been revived / reinstated; or
- iii) the date of payment of the Unexpired Risk Premium Value (Surrender Value) under the Policy; or
- iv) on the expiry of the Policy Term or on Policy Renewal Date, unless not revived / reinstated subject to term and conditions of Policy.

This Master Policy may be terminated by either You or by Us, by giving 30 days prior written notice. Upon termination of this Policy, no new enrollment forms for the Eligible Members will be accepted by Us. You will not add any new Eligible Member in the Register of Insured Members, from the date of such termination.

**b) Termination of Member's Cover under this Master Policy:** An Insured Member's Insurance Coverage under the Policy shall terminate upon the occurrence of the earliest of the following:

- i) the date on which We receive a Freelook cancellation request from the Insured Member (for Non Employer-Employee Group) or
- ii) the date on which We receive a Freelook cancellation request from the Master Policyholder (in case of Employer-Employee group);
- iii) the Insured Member ceases to be an Eligible Member;
- iv) Coverage End Date;
- v) on Policy End Date (if Policy is not renewed further)
- vi) in case of the death of the Insured Member;
- vii) On payment of Accelerated TI/ Accelerated CI Benefit, where such Benefit is equal to lumpsum Sum Assured under Death Benefit (and with no Income Benefit chosen under Death Benefit)
- viii) on the date of payment of Unexpired Risk Premium Value (Surrender Value) on Member leaving the scheme before completion of Member Coverage Term;
- ix) On expiry of Revival period for Member's Insurance Coverage in Lapsed Status
- x) On Policy Renewal Date, if the Insured Member attains the Age more than maximum Age at entry allowed

**9. Loss of Master Policy & Issuance of duplicate Master Policy:** In the event, if the Master Policy Document is lost or destroyed, You may make a written request for a duplicate Master Policy, which We will issue duly endorsed to show that it is in place of the original document, provided that, We receive the fee not exceeding Rs. 250 for issuing the duplicate Master Policy Document. Upon the issue of a duplicate Master Policy Document,

- a) the original one shall cease to have any legal force or effect.
- b) You agree that You shall indemnify and hold Us free and harmless from and against any and all claims, losses, costs expenses, awards, judgements, demands or damages that may arise under or in relation to the original Master Policy document.
- c) You will not be entitled to any free-look period cancellation on 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.



PART - E

**All the Applicable Charges, Fund Name, Fund Options, etc. (Applicable especially for ULIP Policies)**

- 1) Not Applicable as this is a non-linked product.

**General Terms and Conditions**

- 1) **Fraud, Misstatement and forfeiture:** In case of fraud or misstatement or forfeiture, the Policy shall be treated in accordance with the provisions of Section 45 of the Insurance Act, 1938 as amended from time to time.

**[A Leaflet containing the simplified version of the provisions of Section 45 is enclosed as Annexure I for reference]**

- 2) **Misstatement of Age:** Subject to Section 45 of the Insurance Act, 1938 as amended from time to time. The Age of the Insured Member has been admitted on the basis of the declaration made by the Insured Member in Membership Form or the details of the Insured Members submitted by Master Policyholder based on which this Policy has been issued. If the Age of the Insured Member is found to be different from that declared, the Company may adjust the Premiums and/or the Benefits under this Policy and/or recover the applicable balance amounts, if any, along with interest thereon, as it deems fit. Insurance Coverage of the Insured Member shall however become void from Risk Commencement Date and We may refund the Premium as per provisions of Section 45 of the Insurance Act, 1938 as amended from time to time if at any time the Age of the Insured Member is found to be higher than the maximum or lower than the minimum Entry Age that was permissible under this Master Policy at the time of Risk Commencement Date.

- 3) **Assignment:** Assignment should be in accordance with provisions of Section 38 of the Insurance Act 1938 as amended from time to time.

**[A Leaflet containing the simplified version of the provisions of Section 38 is enclosed as Annexure II for reference].**

- 4) **Nomination:** Nomination should be in accordance with provisions of Section 39 of the Insurance Act 1938 as amended from time to time.

**[A Leaflet containing the simplified version of the provisions of Section 39 is enclosed as Annexure III for reference]**

- 5) **Review, revision:** The Company reserves the right to review, revise, delete and/ or alter any of the terms and conditions of this Policy, including without limitation the Benefits, the Premiums with the prior approval of IRDAI.

- 6) **Taxes, duties and levies and disclosure of information:**

**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.

- 7) **Notice by the Company under the Policy:** 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 at Your registered address or in electronic mode (including sms) at registered e-mail id or registered mobile number and / or through facsimile provided by You in Proposal Form/Membership Form or otherwise notified to Us, or by issuing general notice, including by publishing such notices in newspapers and / or on Company's website. Any change in the registered address /email or registered mobile number of Master Policyholder/Insured Member or Claimant must be notified to Us immediately. This will help Us to serve You better.

- 8) **Electronic Transactions:** All transactions carried out by the Master Policyholder through Internet, electronic data interchange, call centres, teleservice operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication will be valid and legally binding on the Master Policyholder / Insured Member / Claimants as well as the Company. This will be subject to the relevant guidelines and terms and conditions as may be made applicable by the Company.

- 9) **Governing Law and Jurisdiction:** This Policy shall be governed by and interpreted in accordance with the laws of India. All actions, suits and proceedings under this Policy shall be subject to the exclusive jurisdiction of the courts in India.

**10) Recovery:** We reserve the right to recover the amount from the Master Policyholder or the Insured Member or Claimant or any other person, if it is found that the Benefits are erroneously paid due to the fault of the Master Policyholder or the Insured Member or the Claimant. However, the Master Policyholder will not be liable or responsible for any wrong payments made by the Company without any fault on the part of the Master Policyholder, however the Company shall be entitled to recover the amount paid erroneously from the Insured Member or any other person deriving the Benefit of the said error.

**11) Policy Currency:** All Contributions/Premiums and Benefits payable shall be paid in Indian Rupees only.

**12) Suicide Exclusion:**

- a) In case of schemes, where the Insurance Coverage is compulsory, suicide exclusion will not be applicable.
- b) In case of schemes other than those mentioned in Clause 12 (a) of this Part, under which Eligible Members are covered on a voluntary basis and where the suicide exclusion clause is applicable, if the Insured Member commits suicide, whether sane or insane, within 12 (Twelve) months of continuous Insurance Coverage from the Risk Commencement Date or date of Revival or date of Reinstatement, as the case may be, the Claimant shall be entitled to get at least 80% of the total premiums paid till the date of death or the (Unexpired Risk Premium Value) surrender value available as on the date of death whichever is higher, provided the Policy or Member's Insurance Coverage, as applicable, is In-Force. Suicide exclusion shall not be applicable after 12 months from continuous Insurance Coverage from the Risk Commencement Date or from the date of Revival or date of Reinstatement of Insurance Coverage with respect to Insured Member, while the Master Policy/Insured Member's Insurance Coverage is In Force.

**13) Audit:**

- a) In compliance with the Regulatory requirement prescribed under IRDAI Circular dated 26/09/2019 in regard to Circular on Group Life Insurance Products and other operational matters, as amended from time to time, as per the extant regulations/guidelines/circulars, the Company may cause the Master Policyholder to annually audit and provide Auditor Certificate for below as may be applicable:
  - i. In regard to the accuracy of the Credit account statements of the Insured Members in respect of which claims were settled on the completion of every financial year in respect of outstanding loan balance being shown in the credit account statement/claim discharge form being correct and if required the Company can conduct the Audit itself.
  - ii. In regard to the books and records of the Non-Employee-Employer Master Policyholders confirming compliance with this Circular

If required, the Company may carry out on its own such inspection/audit directly or through its identified auditors.

**14) Requirements for claims /Claim Procedure:** In order to register a claim under the Master Policy, the Claimant shall endeavor to inform Us in writing with the following documents (as applicable) along with Bank account details (Cancelled Cheque/copy of pass book with IFSC code) of the Claimant:

**a) For Death Claim:**

- i) Duly completed Claim Form signed by Claimant.
- ii) KYC document of Insured Member and Claimant
- iii) Appraisal/Promotion Letter in case of Sum assured revision during Member Coverage Term
- iv) In case of mid-term addition, Offer Letter or Appointment Letter
- v) Attested copy of Death Certificate of the Insured Member issued by Indian Government Authority.
- vi) Medical treatment records (discharge summary / death summary, investigation and treatment reports, postmortem report, etc) if Insured Member has taken treatment for illness leading to his/her death.

**b) In case of Additional Accidental Death Benefit claim, following documents need to be submitted in addition to above requested documents:**

- i) Police Records – Attested copy of First Information Report, Panchnama / Inquest Panchnama
- ii) Newspaper cutting/Photograph of the accident, in case of Accidental Deaths.
- iii) Attested Copy of Post Mortem Report (Only if conducted).
- iv) Attested Copy of Viscera report if any (Only if Post Mortem is conducted)

**c) For Accelerated Terminal Illness Benefit claim:**

- i) Duly completed Claim Form signed by Claimant.
- ii) Medical Report(s) including Investigation report(s), indoor case papers, Hospital Summary/Discharge Card
- iii) Medical Practitioner's Certificate confirming the Illness/Treatment advise/Medical Reference
- iv) KYC document of Claimant

**d) For Critical Illness Benefit claim:**

- i) Duly completed Claim Form signed by Claimant.
- ii) Medical Report(s)(current and past) including Investigation test(s), treatment report(s) and indoor case papers
- iii) Hospital Summary/Discharge Card
- iv) Medical Practitioner's Certificate confirming the current health status (Details of diagnosed Illness/Treatment advise)
- v) KYC document of Claimant

**e) Additional Documents Specific to Critical Illness Benefit claim (In case of Non-Survival of Insured Member till end of Member Coverage Term):**

- i) KYC document of Claimant and Insured Member
- ii) Medical certificate confirming the cause of death (Form 4A)

- iii) Attested copy of Death Certificate of the Insured Member issued by Indian Government Authority.
  - iv) Death Summary which confirms the treatment given prior to death and what all conditions led to death (in case of Hospitalization death)
  - v) In case of death at home – all the consultation and treatment record prior to death, medical certificate/Attending Physician statement confirming possible reason of death
- f) For Accidental Total and Permanent Disability Benefit Claim:**
- i) Claimants Statement For Disability Claim,
  - ii) Attested copy of disability certificate from relevant Government Medical authority.
  - iii) All investigation including Medical Records, Indoor Case papers, Lab tests reports confirming the disability
  - iv) Complete treatment record with follow-up documentation
  - v) Attested copy of FIR (if required)
  - vi) Disability assessment report from Digit empanelled medical specialist (if required)
  - vii) KYC document of Claimant

Additionally, wherever applicable, following documents shall be submitted:

- i) Certificate of Insurance
- ii) Credit Account Statement from the lender in case of claims under lender-borrower schemes

Notwithstanding anything contained in Clause 14 above of this Part F, depending upon the cause or nature of the claim, the Company reserves the right to call for any other and/or additional documents or information, including documents/information concerning the title of the person claiming the Benefit/(s) under this Master Policy, to the satisfaction of the Company, for processing of the claim.

The claim should be intimated to the Company within a period of 90 days from the date of insured event, to treat the same as a valid claim. However, delay in intimation of claim or submission of documents should be supported by valid reasons. for the Company to condone such delay.

#### **15) Claims Intimation**

- a) The claim can be notified with proof of claim to the Claims Department' at [lifecclaims@godigit.com](mailto:lifecclaims@godigit.com), and the claim documents to be simultaneously sent at Go Digit Life Insurance Limited, Atlantis, 95, 4th B Cross Road, Koramangala Industrial Layout, 5th Block, Bengaluru, Karnataka 560095.
- b) Claims can also be intimated at Our helpline number – 9960126126 and claim documents to be simultaneously sent at Digit Life Office address as mentioned above in (a).
- c) Claim intimation to the Company can also be made in writing and delivered to the nearest branch office or Head Office address, which is currently as:

#### **Claims department**

Go Digit Life Insurance Limited  
Atlantis, 95, 4th B Cross Road, Koramangala Industrial Layout, 5th Block, Bengaluru, Karnataka 560095  
Helpline Number: 9960126126  
Email id: [lifecclaims@godigit.com](mailto:lifecclaims@godigit.com)

Any change in the address or details above will be communicated by the Company to the Master Policyholder. Our liability under the Master Policy will be automatically discharged on payment to the Claimant.

## Grievance Redressal Mechanism and Ombudsman Details

### 1) Contact Information for Complaints & Grievance Redressal

- a) Meet your Grievance Officer at Your nearest Digit Life Branch Office
- b) Write to [lifegro@godigit.com](mailto:lifegro@godigit.com) from Your registered email address
- 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](mailto:lifegro@godigit.com).

**Address:**

The Chief Grievance Redressal Officer  
Go Digit Life Insurance Limited.

Atlantis, 95, 4<sup>th</sup> 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](mailto: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. Pls refer the list of Insurance Ombudsman at the end of this section.

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 a. to h.

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.

#### List of Insurance Ombudsman Centers

CONTACT DETAILS	JURISDICTION
<b>AHMEDABAD</b> Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 Email: <a href="mailto:bimalokpal.ahmedabad@cioins.co.in">bimalokpal.ahmedabad@cioins.co.in</a>	State of Gujarat and Union Territories of Dadra & Nagar Haveli and Daman and Diu.
<b>BENGALURU</b> Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: <a href="mailto:bimalokpal.bengaluru@cioins.co.in">bimalokpal.bengaluru@cioins.co.in</a>	State of Karnataka
<b>BHOPAL</b> Office of the Insurance Ombudsman, 2nd Floor, Janak Vihar Complex, 6, Malviya Nagar, Opp. Airtel, Near New Market, Bhopal (M.P.)-462 003. Tel.:- 0755-2769201/9202 Fax : 0755-2769203 Email: <a href="mailto:bimalokpal.bhopal@cioins.co.in">bimalokpal.bhopal@cioins.co.in</a>	States of Madhya Pradesh and Chattisgarh.
<b>BHUBANESHWAR</b> Office of the Insurance Ombudsman, 62, Forest Park, Bhubaneswar-751009. Tel.:- 0674-2596461/2596455 Fax : 0674-2596429 Email: <a href="mailto:bimalokpal.bhubaneswar@cioins.co.in">bimalokpal.bhubaneswar@cioins.co.in</a>	State of Orissa.
<b>CHANDIGARH</b> Office of the Insurance Ombudsman, S.C.O. No.101-103,2nd Floor, Batra Building, Sector 17-D, Chandigarh-160 017. Tel.:- 0172-2706196 / 2706468 Fax : 0172-2708274 Email: <a href="mailto:bimalokpal.chandigarh@cioins.co.in">bimalokpal.chandigarh@cioins.co.in</a>	States of Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir and Union territory of Chandigarh.
<b>CHENNAI</b> Office of the Insurance Ombudsman, Fathima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, Chennai-600 018. Tel.:- 044-24333668 /24335284 Fax : 044-24333664 Email: <a href="mailto:bimalokpal.chennai@cioins.co.in">bimalokpal.chennai@cioins.co.in</a>	State of Tamil Nadu and Union Territories - Pondicherry Town and Karaikal (which are part of Union Territory of Pondicherry).
<b>NEW DELHI</b> Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Bldg., Asaf Ali Road,	States of Delhi.

<p>New Delhi-110 002. Tel.:- 011-2323481/23213504 Fax : 011-23230858 Email: <a href="mailto:bimalokpal.delhi@cioins.co.in">bimalokpal.delhi@cioins.co.in</a></p>	
<p><b>ERNAKULAM</b> Office of the Insurance Ombudsman, 2nd Floor, CC 27 / 2603, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.:- 0484-2358759/2359338 Fax:- 0484-2359336 Email:- <a href="mailto:bimalokpal.ernakulam@cioins.co.in">bimalokpal.ernakulam@cioins.co.in</a></p>	<p>State of Kerala and Union Territory of (a) Lakshadweep (b) Mahe-a part of Union Territory of Pondicherry.</p>
<p><b>GUWAHATI</b> Insurance Ombudsman, Office of the Insurance Ombudsman, "Jeevan Nivesh", 5th Floor, Near Panbazar Overbridge, S.S. Road, Guwahati-781 001 (ASSAM). Tel.:- 0361-2132204/5 Fax : 0361-2732937 Email: <a href="mailto:bimalokpal.guwahati@cioins.co.in">bimalokpal.guwahati@cioins.co.in</a></p>	<p>States of Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.</p>
<p><b>HYDERABAD</b> Office of the Insurance Ombudsman, 6-2-46, 1st Floor, Moin Court, A.C. Guards, Lakdi-Ka-Pool, Hyderabad-500 004. Tel : 040-65504123/23312122 Fax: 040-23376599 Email: <a href="mailto:bimalokpal.hyderabad@cioins.co.in">bimalokpal.hyderabad@cioins.co.in</a></p>	<p>States of Andhra Pradesh, Telangana and Union Territory of Yanam and a part of the Union Territory of Pondicherry.</p>

<p><b>JAIPUR</b> Office of the Insurance Ombudsman, Ground Floor, Jeevan Nidhi II, Bhawani Singh Road, Jaipur - 302005 Tel : 0141-2740363 Email: <a href="mailto:Bimalokpal.jaipur@cioins.co.in">Bimalokpal.jaipur@cioins.co.in</a></p>	<p>State of Rajasthan</p>
<p><b>KOLKATA</b> Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4, C.R. Avenue, 4th Floor, Kolkata - 700 072. Tel : 033-22124339/22124340 Fax : 033-22124341 Email:- <a href="mailto:bimalokpal.kolkata@cioins.co.in">bimalokpal.kolkata@cioins.co.in</a></p>	<p>States of West Bengal, Bihar, Sikkim, Jharkhand and Union Territories of Andaman and Nicobar Islands.</p>
<p><b>LUCKNOW</b> Office of the Insurance Ombudsman, Jeevan Bhawan, Phase-2, 6th Floor, Nawal Kishore Road, Hazaratganj, Lucknow-226 001. Tel : 0522 -2231331/2231330 Fax : 0522-2231310 Email: <a href="mailto:bimalokpal.lucknow@cioins.co.in">bimalokpal.lucknow@cioins.co.in</a></p>	<p>States of Uttar Pradesh and Uttaranchal.</p>
<p><b>MUMBAI</b> Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S.V. Road, Santacruz(W), Mumbai-400 054. Tel : 022 - 26106552 / 26106960 Fax : 022-26106052 Email: <a href="mailto:bimalokpal.mumbai@cioins.co.in">bimalokpal.mumbai@cioins.co.in</a></p>	<p>States of Goa and Mumbai Metropolitan Region excluding areas of Navi Mumbai &amp; Thane</p>
<p><b>NOIDA</b> Office of the Insurance Ombudsman, Bhagwan Sahai Palace, 4th Floor, Main Road, Naya Bans, Sector-15, Gautam Budh Nagar, Noida Tel.: 0120-2514250 / 2514252 / 2514253 Email:- <a href="mailto:bimalokpal.noida@cioins.co.in">bimalokpal.noida@cioins.co.in</a></p>	<p>States of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozabad, Gautam Budh Nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur</p>

<p><b>PATNA</b> Office of the Insurance Ombudsman, 2<sup>nd</sup> Floor, North Wing, Lalit Bhawan, Bailey Road, Patna - 800 001. Tel.: 0612 - 2547068 Email:- <a href="mailto:bimalokpal.patna@cioins.co.in">bimalokpal.patna@cioins.co.in</a></p>	States of Bihar and Jharkhand
<p><b>PUNE</b> Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune - 411 030. Tel.: 020-41312555 Email: <a href="mailto:bimalokpal.pune@cioins.co.in">bimalokpal.pune@cioins.co.in</a></p>	State of Maharashtra, Area of Navi Mumbai & Thane but excluding Mumbai Metropolitan Region

Note: For further information or latest updated list of Ombudsman Office addresses, kindly visit the following website.  
<https://www.cioins.co.in/Ombudsman>

**IRDAI Notice** - Beware of Spurious/Fraud Phone Calls: IRDAI is not involved in activities like selling insurance policies, announcing or investment of premiums. Public receiving such phone calls are requested to lodge a police complaint.

Digit Life Group Term Life Insurance - UIN: 165N004V01 Go Digit Life Insurance 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](http://www.godigit.com/life) Email: [life@godigit.com](mailto:life@godigit.com)



## ANNEXURE - I

**Section 45** – Policy shall not be called in question on the ground of misstatement after three years

Provisions regarding Policy not being called into question in terms of Section 45 of the Insurance Act, 1938, as amended from time to time are as follows:

- 1) No Policy of Life Insurance shall be called in question **on any ground whatsoever** after expiry of 3 years from
  - a) the date of issuance of Policy or
  - b) the date of commencement of risk or
  - c) the date of revival of Policy or
  - d) the date of rider to the Policy, whichever is later.
- 2) On the ground of fraud, a Policy of Life Insurance may be called in question within 3 years from
  - a) the date of issuance of Policy or
  - b) the date of commencement of risk or
  - c) the date of revival of Policy or
  - d) the date of rider to the Policy whichever is later.

For this, the insurer should communicate in writing to the insured or legal representative or nominee or assignees of insured, as applicable, mentioning the ground and materials on which such decision is based.

- 3) Fraud means any of the following acts committed by 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.
- 4) Mere silence is not fraud unless, depending on circumstances of the case, it is the duty of the insured or his agent keeping silence to speak or silence is in itself equivalent to speak.
- 5) No Insurer shall repudiate a life insurance Policy on the ground of Fraud, if the Insured / claimant can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are within the knowledge of the insurer. Onus of disproving is upon the Policyholder, if alive, or claimant.
- 6) Life insurance Policy can be called in question within 3 years on the ground that any statement of or suppression of a fact material to expectancy of life of the insured was incorrectly made in the proposal or other document basis which Policy was issued or revived or rider issued. For this, the insurer should communicate in writing to the insured or legal representative or nominee or assignees of insured, as applicable, mentioning the ground and materials on which decision to repudiate the Policy of life insurance is based.
- 7) In case repudiation is on ground of misstatement and not on fraud, the Premium collected on Policy till the date of repudiation shall be paid to the insured or legal representative or nominee or assignees of insured, within a period of 90 days from the date of repudiation.
- 8) Fact shall not be considered material unless it has a direct bearing on the risk undertaken by the insurer. The onus is on insurer to show that if the insurer had been aware of the said fact, no life insurance Policy would have been issued to the insured.
- 9) The insurer can call 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 of age of life insured. So, this Section will not be applicable for questioning age or adjustment based on proof of age submitted subsequently.

**[Disclaimer: This is not a comprehensive list of amendments. Policyholders are advised to refer to Section 45 of the Insurance Act, 1938, as amended from time to time for complete and accurate details].**

## ANNEXURE – II

### Section 38 – Assignment and Transfer of Insurance Policies:

Provisions regarding assignment or transfer of a Policy in terms of Section 38 of the Insurance Act, 1938, as amended from time to time are as follows:

- 1) This Policy may be transferred/assigned, wholly or in part, with or without consideration.
  - 2) An Assignment may be effected in a Policy by an endorsement upon the Policy itself or by a separate instrument under notice to the Insurer.
  - 3) The instrument of assignment should indicate the fact of transfer or assignment and the reasons for the assignment or transfer, antecedents of the assignee and terms on which assignment is made.
  - 4) The assignment must be signed by the transferor or assignor or duly authorized agent and attested by at least one witness.
  - 5) The transfer of assignment shall not be operative as against an insurer until a notice in writing of the transfer or assignment and either the said endorsement or instrument itself or copy thereof certified to be correct by both transferor and transferee or their duly authorized agents have been delivered to the insurer.
  - 6) Fee to be paid for assignment or transfer can be specified by the Authority through Regulations.
  - 7) On receipt of notice with fee, the insurer should Grant a written acknowledgement of receipt of notice. Such notice shall be conclusive evidence against the insurer of duly receiving the notice.
  - 8) If the insurer maintains one or more places of business, such notices shall be delivered only at the place where the Policy is being serviced.
  - 9) The insurer may accept or decline to act upon any transfer or assignment or endorsement, if it has sufficient reasons to believe that it is
    - a) not bonafide or
    - b) not in the interest of the Policyholder or
    - c) not in public interest or
    - d) is for the purpose of trading of the Insurance Policy.
  - 10) Before refusing to act upon endorsement, the Insurer should record the reasons in writing and communicate the same in writing to Policyholder within 30 days from the date of Policyholder giving a notice of transfer or assignment.
  - 11) In case of refusal to act upon the endorsement by the Insurer, any person aggrieved by the refusal may prefer a claim to IRDAI within 30 days of receipt of the refusal letter from the Insurer.
  - 12) The priority of claims of persons interested in an insurance Policy would depend on the date on which the notices of assignment or transfer is delivered to the insurer; where there are more than one instruments of transfer or assignment, the priority will depend on dates of delivery of such notices. Any dispute in this regard as to priority should be referred to Authority.
  - 13) Every assignment or transfer shall be deemed to be absolute assignment or transfer and the assignee or transferee shall be deemed to be absolute assignee or transferee, except
    - a) where assignment or transfer is subject to terms and conditions of transfer or assignment OR
    - b) where the transfer or assignment is made upon condition that
    - c) the proceeds under the Policy shall become payable to Policyholder or nominee(s) in the event of assignee or transferee dying before the insured OR
    - d) the insured surviving the term of the Policy
- Such conditional assignee will not be entitled to obtain a loan on Policy or surrender the Policy. This provision will prevail notwithstanding any law or custom having force of law which is contrary to the above position.
- 14) In other cases, the insurer shall, subject to terms and conditions of assignment, recognize the transferee or assignee named in the notice as the absolute transferee or assignee and such person
    - a) shall be subject to all liabilities and equities to which the transferor or assignor was subject to at the date of transfer or assignment and
    - b) may institute any proceedings in relation to the Policy
    - c) obtain loan under the Policy or surrender the Policy without obtaining the consent of the transfer or assignor or making him a party to the proceedings.
  - 15) Any rights and remedies of an assignee or transferee of a life insurance Policy under an assignment or transfer effected before commencement of the Insurance Laws (Amendment) Act 2015 shall not be affected by this section.

**[Disclaimer: This is not a comprehensive list of amendments. Policyholders are advised to refer to Section 38 of the Insurance Act, 1938, as amended from time to time for complete and accurate details].**

## ANNEXURE – III

### Section 39 – Nomination by Policyholder

Provisions regarding nomination of a Policy in terms of Section 39 of the Insurance Act, 1938, as amended from time to time are as follows:

- 1) The Policyholder of a life insurance on his own life may nominate a person or persons to whom money secured by the Policy shall be paid in the event of his death.
- 2) Where the nominee is a minor, the Policyholder may appoint any person to receive the money secured by the Policy in the event of Policyholder's death during the minority of the nominee. The manner of appointment is to be laid down by the insurer.
- 3) Nomination can be made at any time before the vesting of the Policy.
- 4) Nomination may be incorporated in the text of the Policy itself or may be endorsed on the Policy communicated to the insurer and can be registered by the insurer in the records relating to the Policy.
- 5) Nomination can be cancelled or changed at any time before Policy matures, by an endorsement or a further endorsement or a will as the case may be.
- 6) A notice in writing of Change or Cancellation of nomination must be delivered to the insurer for the insurer to be liable to such nominee. Otherwise, insurer will not be liable if a bona fide payment is made to the person named in the text of the Policy or in the registered records of the insurer.
- 7) Fee to be paid to the insurer for registering change or cancellation of a nomination can be specified by the Authority through Regulations.
- 8) On receipt of notice with fee, the insurer should grant a written acknowledgement to the Policyholder of having registered a nomination or cancellation or change thereof.
- 9) A transfer or assignment made in accordance with Section 38 shall automatically cancel the nomination except in case of assignment to the insurer or other transferee or assignee for purpose of loan or against security or its reassignment after repayment. In such case, the nomination will get affected to the extent of insurer's or transferee's or assignee's interest in the policy. The nomination will get revived on repayment of the loan.
- 10) The right of any creditor to be paid out of the proceeds of any Policy of life insurance shall not be affected by the nomination.
- 11) In case of nomination by Policyholder whose life is insured, if the nominees die before the Policyholder, the proceeds are payable to Policyholder or his heirs or legal representatives or holder of succession certificate.
- 12) In case nominee(s) survive the person whose life is insured, the amount secured by the Policy shall be paid to such survivor(s).
- 13) Where the Policyholder whose life is insured nominates his
  - a) Parents, or
  - b) Spouse, or
  - c) Children, or
  - d) Spouse, and children
  - e) or any of them

The nominees are beneficially entitled to the amount payable by the insurer to the Policyholder unless it is proved that the Policyholder could not have conferred such beneficial title on the nominee having regard to the nature of his title.

- 14) If nominee(s) die after the Policyholder but before his share of the amount secured under the Policy is paid, the share of the expired nominee(s) shall be payable to the heirs or legal representative of the nominee or holder of succession certificate of such nominee(s).
- 15) The provisions of sub-section 7 and 8 (13 and 14 above) shall apply to all life insurance policies maturing for payment after the commencement of Insurance Laws (Amendment) Act 2015.
- 16) If Policyholder dies after maturity, but the proceeds and benefit of the Policy has not been paid to him because of his death, his nominee(s) shall be entitled to the proceeds and benefit of the Policy.
- 17) The provisions of Section 39 are not applicable to any life insurance Policy to which Section 6 of Married Women's Property Act, 1874 applies or has at any time applied except where before or after Insurance Laws (Amendment) Act 2015, a nomination is made in favour of spouse or children or spouse and children whether or not on the face of the Policy it is mentioned that it is made under Section 39. Where nomination is intended to be made to spouse or children or spouse and children under Section 6 of MWP Act, it should be specifically mentioned on the Policy. In such a case only, the provisions of Section 39 will not apply.

**[Disclaimer: This is not a comprehensive list of amendments. Policyholders are advised to refer to Section 39 of the Insurance Act, 1938, as amended from time to time for complete and accurate details].**

## Annexure IV

### **Exclusions to Additional Accidental Death Benefit (ADB)**

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

1. Infection: Death caused or contributed to by any infection, except infection caused by an external visible wound accidentally sustained.
2. Intentional self-inflicted injury, attempted suicide / suicide while sane or insane.
3. 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 independent medical practitioner.
4. War, invasion, act of foreign enemy, hostilities (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.
5. 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 Board Approved Underwriting Policy.
6. Participation by the Insured Member in a criminal or unlawful act with criminal intent.
7. 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.
8. 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.

### **Annexure V**

#### **Exclusions to Additional Accidental Total and Permanent Disability (ATPD) Benefit**

No ATPD benefit will be payable, if ATPD to Insured Member is occurring directly or indirectly as a result of any of the following:

1. Infection: ATPD caused or contributed to by any infection, except infection caused by an external visible wound accidentally sustained.
2. Intentional self-inflicted injury, attempted suicide while sane or insane.
3. 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.
4. War, invasion, act of foreign enemy, hostilities (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.
5. 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 Board Approved Underwriting Policy.
6. Participation by the Insured Member in a criminal or unlawful act with criminal intent.
7. 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.
8. 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.

### **Annexure VI**

#### **Exclusions to Critical Illness (CI) Benefit**

The Critical illness condition should have been diagnosed for the first time in life.

Claim for Critical Illness Benefit will be accepted subject to Survival Period of 30 days and Waiting Period of 90 days.

Once a claim has been paid under Critical Illness Benefit, Insurance Coverage under this Benefit shall cease and no further payment will be made for any consequent Critical Illness or any dependent disease.

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

- 1) 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.
- 2) Any covered condition or its signs or symptoms having occurred within the Waiting Period.
- 3) Drug Abuse: 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 independent medical practitioner.
- 4) Pre-existing Disease: means any condition, ailment, Injury or disease:
  - that is/are Diagnosed by a physician within 48 months prior to the effective date of the Insurance Coverage issued by Company or
  - for which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the Insurance Coverage or its Revival or its Reinstatement.
- 5) Self-inflicted Injury: Intentional self-inflicted injury by the Insured Member.
- 6) Suicide: If the Critical Illness was contracted due to attempted suicide.
- 7) Criminal Acts: Insured Member involvement in criminal activities with criminal intent.
- 8) War, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, mutiny, rebellion, revolution, insurrection, military or usurped power, riot or civil commotion, wilful participation in strikes / acts of violence.
- 9) 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. Biological, chemical or radioactive contamination.
- 10) Aviation: 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 Board Approved Underwriting Policy.
- 11) Hazardous sports and pastimes: 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.
- 12) Any treatment of the donor for the replacement of an organ.
- 13) Unreasonable failure to seek or follow medical advice or treatment by a medical practitioner leading to occurrence of the insured event or member delaying medical treatment in order to circumvent the waiting period or other conditions and restrictions applying to this policy.

#### **Annexure VII – Wellness Benefit Program**

Below listed Benefits will be made available under Wellness Benefit Program

##### **1) Doctor on Call**

Upon Insured Member's request, we will facilitate an appointment, through our empaneled Service Provider, with a Medical Practitioner who can help Insured Member 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 Insured Member to become more aware of his/her health and proactively manage it, We will, through periodic communications like e-mailers, blogs, videos, webinar and online platform provide him/her 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 Insured Member's 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 the Insured Member.

##### **4) Pharmacy (Home Delivery)**

Upon Insured Member's 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 the Insured Member.

##### **5) Vital/Physical Activity Monitoring Services**

Upon member's request, We will facilitate, through Our Empanelled Service Provider, the integration of his/her 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 his/her vitals as reported by the device. It can provide periodic updates and reports of Insured Member's health status. The cost of the device will have to be borne by the Insured Member.

#### **6) Reminder Notifications**

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

#### **7) Medical Wallet**

Upon Insured Member's request, We will arrange, through Our Empanelled Service Provider, for a medical wallet. This will be a digital cloud service which will allow the Insured Member to store all his/her 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 he/she may share the login and access codes, easing his/her need to physically carry documents with himself/herself.

#### **8) Report Aggregation**

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

#### **9) Home Care Services**

Upon Insured Member's request, We will facilitate, through our Empaneled Service Provider, Home Care Services for him/her in case he/she 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 – Wheelchair, Patient Bed, Oxygen Cylinder etc.
- h) Doctor Visit
- i) Elderly care and senior living assistance related to their health conditions.

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

#### **10) Ambulance Arrangement Services**

Upon Insured Member's request, We will facilitate, through Our Empanelled Service Provider, ambulance services for his/her 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 the insured member.

#### **11) Pick up and drop services for consultation**

Upon Insured Member's request, We will facilitate, through Our Empanelled Service Provider, Pick-up and Drop Service, for his/her 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 Insured Member.

#### **12) Prioritizing Appointments**

Upon Insured Member's request, We will facilitate through Our Empanelled Service Provider, prioritization of his/her 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 the Insured Member. These may include the following but not limited to:

- a) Doctor's services
- b) Nursing services
- c) Dietitian services

#### **13) Mental wellbeing**

Upon Insured Member's 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 the Insured Member.

#### **14) Physiotherapy**

Upon Insured Member's 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 the Insured Member.

#### **15) Childcare/Children's activities**

Upon Insured Member's 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 the Insured Member.

#### **16) Out-Patient (OPD) Services**

Upon Insured Member's 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 the Insured Member.

#### **17) Fitness**

Upon Insured Member's 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 the Insured Member.

### **Terms and Conditions applicable to Wellness Benefit Program**

- 1) Any Information provided by the Insured Member shall be kept confidential.
- 2) For services which are provided through Our 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. Insured Member needs 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 Member may however consult their Personal/Family Doctor before availing the medical services. The decisions to utilize the services will solely be at the discretion of the Insured Member.
- 4) We 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 Member 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 Member's visit or consultation to an Independent Medical Practitioner. The Insured Member 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.