

A. SALIENT FEATURES OF THE POLICY

1. Surakshit Loan Bima is a benefit plan exclusively for the benefit of loan borrowers and specifically designed to guard Insured and his/her family against the trauma he/she faces for repayment of loan in the event of unfortunate incidences
2. Reimbursement of claims as per policy terms and conditions
3. Flexibility of choosing a Plan as per Insured's need
4. The product is offered from 18 years to 65 years and renewable up to 70 years of age

Policy Term	1/2/3 years
Min Age at entry	18 years
Max Age at entry	65 years
Min Sum Insured	Rs 10,000
Max Sum Insured	Rs 3,00,00,000
Renewal	Up to 70 years of age
Sum Insured Plans	Fixed Sum Assured Basis
Policy Coverage Options	Individual basis, covering up to a maximum of 4 applicants

B. DEFINITIONS

1. **Accident/Accidental** means a sudden, unforeseen and involuntary event caused by external, visible and violent means.
2. **Bank Rate** means Bank rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due.
3. **Beneficiary** in case of Death of the Insured Person, the Beneficiary means, unless stipulated otherwise by the Insured Person, the surviving spouse or immediate blood relative of the Insured Person, mentally capable and not divorced, followed by the children recognized or adopted followed by the Insured Person's legal heirs. For all other benefits, the Beneficiary means the Insured Person himself unless stipulated otherwise.
4. **Break in policy** means the period of gap that occurs at the end of the existing policy term, when the premium due for renewal on a given policy is not paid on or before the premium renewal date or within 30 days thereof.
5. **Civil War** means armed opposition, whether declared or not, between two or more parties belonging to the same country where the opposing parties are of different ethnic, religious or ideological groups. Included in the definition: armed rebellion, revolution, sedition, insurrection, Coup d'état, and the consequences of Martial law
6. **Condition Precedent** means a policy term or condition upon which Our liability under the Policy is conditional upon.
7. **Congenital Anomaly** means a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position
 - a) **Internal Congenital Anomaly**- Congenital anomaly which is not in the visible and accessible parts of the body.
 - b) **External Congenital Anomaly**- Congenital anomaly which is in the visible and accessible parts of the body
8. **Critical illness** means any of the following mentioned diseases– Cancer of Specified Severity, First Heart Attack of Specified Severity, Open Chest CABG, Open Heart Valve Replacement or Repair of Heart Valves, Kidney failure requiring regular dialysis, Stroke Resulting in Permanent Symptoms, Major Organ/ Bone Marrow Transplant, Permanent Paralysis of Limbs, Multiple Sclerosis with Persisting Symptoms, Benign Brain Tumor, Parkinson's Disease, Coma, End Stage Liver Disease, Alzheimer's Disease, Surgery of Aorta, Major Burns, Deafness and Loss of Speech.
9. **Disclosure of Information Norm:** The Policy shall be void and all premiums paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.
10. **EMI or EMI Amount¹** means and includes the amount of monthly payment required to repay the principal amount of Loan and Interest by the Insured as set forth in the amortization chart referred to in the loan agreement (or any amendments thereto) between the Bank/Financial Institution and the Insured prior to the date of occurrence of the Insured Event under this Policy. For the purpose of avoidance of doubt, it is clarified that any monthly payments that are overdue and unpaid by the Insured prior to the occurrence of the Insured Event will not be considered for the purpose of this Policy and shall be deemed as paid by the Insured.
11. **Financial Institution** shall have the same meaning assigned to the term under section 45 I of the Reserve Bank of India Act, 1934 and shall include a Non-Banking Financial Company as defined under section 45 I of the Reserve Bank of India Act, 1934
12. **Foreign War** means armed opposition, whether declared or not between two countries
13. **Grace Period** means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a Policy in force without loss of continuity benefits such as waiting periods and coverage of pre-existing diseases. Coverage is not available for the period for which no premium is received
14. **Hospital/Nursing Home** 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 in the respective countries and in case of India it means any institution 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 inpatient 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 will make these accessible to the insurance company's authorized personnel
15. **Hospitalisation or Hospitalized** 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.
16. **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.
17. **Illness** means a sickness or a disease or pathological condition leading to impairment of normal physiological function and requires medical treatment.
 - a) **Acute Condition** means a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ illness/ injury which leads to full recovery.
 - b) **Chronic Condition** means a disease, illness, or injury that has one or more of the following characteristics:
 - i. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and/ or tests
 - ii. it needs ongoing or long-term control or relief of symptoms
 - iii. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
 - iv. it continues indefinitely
 - v. it recur or is likely to recur
18. **Insured** means the person(s) named as insured in the Schedule who are covered under this Policy, for whom the Insurance is proposed and the appropriate premium has been received and are referred to as "You"/"Your"/"Yours"/"Yourself". For the purpose of avoidance of doubt it is clarified that the heirs, executors, administrators, successors or legal representatives of the Insured may present a claim on behalf of the Insured to the Company
19. **Insured Event** means any event specifically mentioned as covered under this Policy
20. **Intensive Care Unit (ICU)** means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated medical practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.

¹EMI refers to the EMI or Pre EMI on the loan or the Sum Insured, whichever is lower, on the date of the Insured Event.

21. **Inpatient Care** means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.
22. **Injury** means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner
23. **Loan** means the sum of money lent at interest or otherwise to the Insured by any Bank/Financial Institution as identified by the Loan Account Number referred to in the Schedule of this Policy
24. **Maternity expense** shall include –
- medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during **Hospitalisation**)
 - expenses towards lawful medical termination of pregnancy during the **Policy** period.
25. **Medical Advice** means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.
26. **Medical Expenses** means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.
27. **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 the scope and jurisdiction of his/her license. The registered practitioner should not be the Insured or his/her close family members.
28. **Medically necessary treatment** means any treatment, tests, medication, or stay in hospital or part of a stay in hospital which
- is required for the medical management of the illness or injury suffered by the Insured;
 - must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
 - must have been prescribed by a Medical Practitioner,
 - must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
29. **Nominee** means the person(s) nominated by the Insured to receive the insurance benefits under this Policy payable on the death of the Insured. For the purpose of avoidance of doubt it is clarified that if the Insured is a minor, his guardian shall appoint the Nominee
30. **Notification of Claim** means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication
31. **Permanent Total Disablement** means disablement, as the result of a **Bodily Injury**, which:
- continues for a period of twelve (12) consecutive months, and
 - is confirmed as total, continuous and permanent by a Medical Practitioner after the twelve (12) consecutive months, and
 - entirely prevents an **Insured Person** from engaging in or giving attention to gainful occupation of any and every kind for the remainder of his/her life.
32. **Physical Separation** means as regards the hand actual separation at or above the wrists, and as regards the foot means actual separation at or above the ankle.
33. **Proposal form** means a form to be filled in by the prospect in written or electronic or any other format as approved by the Authority, for furnishing all material information as required by the insurer in respect of a risk, in order to enable the insurer to take informed decision in the context of underwriting the risk, and in the event of acceptance of the risk, to determine the rates, advantages, terms and conditions of the cover to be granted
34. **Policy** means the complete documents consisting of the Proposal, Policy wording, Schedule and Endorsements and attachments if any
35. **Policy Period** means the date between the commencement date specified in the **Policy Schedule** and, in respect of any **Insured**, the earlier of (a) the expiry date specified in the **Policy Schedule** and (b) the occurrence of an event of Critical Illness.
36. **Policyholder** means the entity or person named as such in the Schedule.
37. **Portability** means the right accorded to an individual health insurance policyholder (including family cover), to transfer the credit gained for pre-existing conditions and time-bound exclusions, from one insurer to another or from one plan to another plan of the same insurer.
38. **Pre-existing Disease** means any condition, ailment or injury or related condition(s) for which there were signs or symptoms, and/ or were diagnosed, and/ or for which medical advice/ treatment was received within 48 months prior to the first policy issued by the insurer and renewed continuously thereafter.
39. **Principal Outstanding** means the principal amount of the Loan outstanding as on the date of occurrence of Insured Event less the portion of principal component included in the EMIs payable but not paid from the date of the loan agreement till the date of the Insured Event/s. For the purpose of avoidance of doubt, it is clarified that any EMIs that are overdue and unpaid to the Bank prior to the occurrence of the Insured Event will not be considered for the purpose of this Policy and shall be deemed as paid by the Insured.
40. **Professional Sports** means a sport, which would remunerate a player in excess of 50% of his or her annual income as a means of their livelihood.
41. **Prospect** means any person who is a potential customer of an insurer and likely to enter into an insurance contract either directly with the insurer or through a distribution channel
42. **Prospectus** means a document either in physical or electronic or any other format issued by the insurer to sell or promote the insurance products
43. **Public Authority** means any governmental, quasi-governmental organization or any statutory body or duly authorized organization with the power to enforce laws, exact obedience, and command, determine or judge.
44. **Renewal** means the terms on which the contract of insurance can be renewed on mutual consent with a provision of **Grace Period** for treating the **Renewal** continuous for the purpose of gaining credit for pre-existing diseases, time-bound exclusions and for all waiting periods.
45. **Schedule** means that portion of the Policy which sets out Your personal details, the type of insurance cover in force, the period and the sum insured. Any Annexure or Endorsement to the Schedule shall also be a part of the Schedule.
46. **Scheduled Airline** means any civilian aircraft operated by a civilian scheduled air carrier holding a certificate, license or similar authorization for civilian scheduled air carrier transport issued by the country of the aircraft's registry, and which in accordance therewith flies, maintains and publishes tariffs for regular passenger service between named cities at regular and specified times, on regular or chartered flights operated by such carrier and is flown by authorized licensed pilot.
47. **Spouse** means an Insured Person's husband or wife who is recognized as such by the laws of the jurisdiction in which they reside.
48. **Sum Insured** means the amount stated in the Schedule against each relevant Section, which shall be Our maximum, total and cumulative liability for any and all claim made under such Section during the Policy Period in respect of all Insureds.
49. **Surgery or Surgical Procedure** means manual and/or operative procedure(s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering and prolongation of life, performed in a hospital or day care centre by a Medical Practitioner.
50. **Strike** means a stoppage of work
- announced, organized and sanctioned by a labor union or any other stoppage or work recognized as a strike or equivalent under applicable law in the place of stoppage of work; and
 - which interferes with the normal departure and arrival of a Common Carrier. The term "Strike" includes work slowdowns, lockouts and sickouts.
51. **Terrorism** means activities against persons, organizations or property of any nature:
- that involve the following or preparation for the following:
 - use or threat of force or violence; or
 - commission or threat of a dangerous act; or
 - commission or threat of an act that interferes with or disrupts an electronic, communication, information or mechanical system; and
 - when one or both of the following applies:
 - the effect is to intimidate or coerce a government or the civilian population or any segment thereof, or to disrupt any segment of the economy; or
 - It appears that the intent is to intimidate or coerce a government, or to further political, ideological, religious, social or economic objectives or to express (or express opposition to) a philosophy or ideology.
52. **Unproven/Experimental Treatment** means the treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.
53. **War** means war, whether declared or not or any warlike activities, including use of the military force by any sovereign nations to achieve economic, geographic, nationalistic, political racial religious or other ends.
54. **We, Our or Us** means Future Generali India Insurance Company Limited.

55. **You or Your** means the policyholder named in the Schedule who has concluded the Policy with Us.

C. POLICY BENEFITS

Insurance Plans: This Policy provides You options of 5 (Five) plans namely Plan A, Plan B, Plan C, Plan D, Plan E with and without Loss of Job cover option. The Policy Schedule will specify the Plan which is in force for each of the Insured.

1. SECTION I: CRITICAL ILLNESS

1.1. Insured event

For the purpose of this Section and the determination of the Company's liability under it, the Insured Event in relation to the Insured person, shall mean any illness, medical event or surgical procedure as specifically defined below whose signs or symptoms first commence more than 90 days after the commencement of Period of Insurance and shall only include:

	Plan A	Plan B	Plan C	Plan D	Plan E	
(A) First Diagnosis of the below-mentioned Illnesses						
1	Cancer of specified severity	√	√	√	√	√
2	Kidney failure requiring regular dialysis (End Stage Renal Failure)	√	√	√	√	√
3	Multiple Sclerosis with persisting symptoms;	x	√	√	√	√
4	Benign Brain Tumor	x	x	√	√	√
5	Parkinson's Disease	x	x	√	√	√
6	End Stage Liver Disease	x	x	x	√	√
7	Alzheimer's Disease	x	x	x	√	√
(B) Undergoing for the first time of the following surgical procedures						
1	Major Organ / Bone Marrow Transplant	x	√	√	√	√
2	Open Heart Replacement or Repair of Heart Valves (Heart Valve Replacement)	x	√	√	√	√
3	Open Chest CABG (Coronary Artery Bypass Graft)	x	√	√	√	√
4	Surgery of Aorta	√	x	x	√	√
(C) Occurrence for the first time of the following medical events						
1	Stroke resulting in permanent symptoms	√	√	√	√	√
2	Permanent Paralysis of limbs	x	√	√	√	√
3	Myocardial Infarction (First Heart Attack of specified severity)	√	√	√	√	√
4	Coma of Specified Severity	x	x	√	√	√
5	Major Burns	x	x	x	x	√
6	Deafness	x	x	x	x	√
7	Loss of Speech	x	x	x	x	√
Total Critical Illnesses Covered		5	9	12	15	18

The Insured Event under this Section I and the conditions applicable to the same are more particularly defined below:

1. Cancer of Specified Severity

A malignant tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukemia, lymphoma and sarcoma.

The following are excluded –

- i. All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN-2 and CIN-3.
- ii. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
- iii. Malignant melanoma that has not caused invasion beyond the epidermis;
- iv. All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0
- v. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
- vi. Chronic lymphocytic 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;
- ix. All tumors in the presence of HIV infection.

2. 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 (hemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.

3. Multiple Sclerosis with persisting symptoms

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

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

Other causes of neurological damage such as SLE and HIV are excluded

4. Benign Brain Tumor

Benign brain tumor is defined as a life threatening, non-cancerous tumor in the brain, cranial nerves or meninges within the skull. The presence of the underlying tumor must be confirmed by imaging studies such as CT scan or MRI.

This brain tumor must result in at least one of the following and must be confirmed by the relevant medical specialist.

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

The following conditions are excluded:

Cysts, Granulomas, malformations in the arteries or veins of the brain, hematomas, abscesses, pituitary tumors, tumors of skull bones and tumors of the spinal cord.

5. Parkinson's Disease

The unequivocal diagnosis of progressive, degenerative idiopathic Parkinson's disease before age 60 years by a Neurologist acceptable to us.

The diagnosis must be supported by all of the following conditions:

- the disease cannot be controlled with medication;
- signs of progressive impairment; and
- inability of the Insured Person to perform at least 3 of the 6 activities of daily living as listed below (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:

1. Washing: the ability to wash in the bath or shower (including getting into and out of the shower) or wash satisfactorily by other means and maintain an adequate level of cleanliness and personal hygiene;
2. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
3. Transferring: The ability to move from a lying position in a bed to a sitting position in an upright chair or wheel chair and vice versa;
4. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
5. Feeding: the ability to feed oneself, food from a plate or bowl to the mouth once food has been prepared and made available.
6. Mobility: The ability to move indoors from room to room on level surfaces at the normal place of residence

Parkinson's disease secondary to drug and/or alcohol abuse is excluded.

6. End Stage Liver Disease

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

- Permanent jaundice; and
- Ascites; and
- Hepatic Encephalopathy.

Liver failure secondary to drug or alcohol abuse is excluded.

7. Alzheimer's Disease

Alzheimer's disease is a progressive degenerative illness of the brain, characterized by diffuse atrophy throughout the cerebral cortex with distinctive histopathological changes. 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 of the disease must be before age 60 years, must be supported by the clinical confirmation of a Neurologist, evidenced by typical findings in cognitive and neuroradiological tests (e.g. CT scan, MRI, PET of the brain) and supported by Our appointed Medical Practitioner.

The following conditions are however not covered:

- non-organic diseases such as neurosis and psychiatric illnesses;
- alcohol related brain damage; and
- any other type of irreversible organic disorder/dementia

8. Major Organ / Bone Marrow Transplant

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 hematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.

The following are excluded:

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

9. Open Heart Replacement or Repair of Heart Valves

The actual undergoing of open-heart valve surgery is to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease affected cardiac valve(s). The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of surgery has to be confirmed by a specialist medical practitioner. Catheter based techniques including but not limited to, balloon valvotomy/valvuloplasty are excluded.

10. Open Chest CABG (Coronary Artery Bypass Graft)

The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting (CABG) done via a sternotomy (cutting through the breast bone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist.

The following are excluded:

- i. Angioplasty and/or any other intra-arterial procedures;

11. Surgery of Aorta

The actual undergoing of major Surgery to repair or correct aneurysm, narrowing, obstruction or dissection of the Aorta through surgical opening of the chest or abdomen. For the purpose of this cover the definition of "Aorta" shall mean the thoracic and abdominal aorta but not its branches.

The following conditions are excluded:

- Surgery performed using only minimally invasive or intra-arterial techniques.
- Angioplasty and all other intra-arterial, catheter based techniques, "keyhole" or laser procedures.

The diagnosis to be evidenced by any two of the following:

- a) Computerized tomography (CT) scan
- b) Magnetic Resonance Imaging (MRI) scan
- c) Echocardiography (an ultrasound of the heart)
- d) Angiography (Injecting X ray dye)
- e) Abdominal ultrasound

12. Stroke resulting in Permanent Symptoms

Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extra cranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.

The following are excluded:

- i. Transient Ischemic Attacks (TIA)
- ii. Traumatic injury of the brain
- iii. Vascular disease affecting only the eye or optic nerve or vestibular functions.

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. Myocardial Infarction (First Heart Attack of Specified Severity)

The first occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria:

- i. A history of typical clinical symptoms consistent with the diagnosis of Acute Myocardial Infarction (for e.g. typical chest pain).
- ii. New characteristic electrocardiogram changes
- iii. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

The following are excluded:

- i. Other acute Coronary Syndromes
- ii. Any type of Angina Pectoris
- iii. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure

15. Coma of Specified Severity

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

- i. No response to external stimuli continuously for at least 96 hours;
- ii. Life support measures are necessary to sustain life; and
- iii. Permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.

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

16. Major Burns

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

17. Deafness

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

18. Loss of Speech

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

All psychiatric related causes are excluded.

1.2. Benefit Payable Under Section I

The Company hereby agrees, subject to the terms, conditions, General Exclusions, Exclusions specific to this section, as stated in this Policy, to pay the Sum Insured in relation to the Insured person as stated in the Policy Schedule, on the occurrence of an Insured Event.

1.3. Specific Conditions applicable to Section I

The cover under this Policy, for the specific Insured Person, shall terminate in the event of claim, in respect of such insured, is becoming admissible and accepted by the Company under this Section

2. SECTION II: PERSONAL ACCIDENT

2.1. Insured event

For the purpose of this Section and the determination of the Company's liability under it, Insured Event in relation to any Insured Person, shall mean Injury sustained during the Policy Period which shall within twelve months of its occurrence be the sole and direct cause of a) Death or b) Permanent Total Disablement (more specifically defined herein below). For the purpose of this Section, Permanent Total Disablement shall mean total and irrecoverable

- (i) Loss of sight of both eyes; or
- (ii) Loss of limb and an eye; or
- (iii) Actual loss by Physical Separation of both hands or both feet or one entire hand and one entire foot; or Loss of use of both hands or both feet or of one hand and one foot without Physical Separation; or
- (iv) Loss of speech & hearing of both ears

Disablement/ death must occur within 12 months of the accident.

Provided that, such disablement shall as a direct consequence thereof permanently disable the Insured person from resuming his normal occupation or engaging in similar gainful employment.

2.2. Benefit Payable Under Section II

The Company hereby agrees, subject to the terms, conditions, General Exclusions, Exclusions specific to this section, as stated in this Policy, to pay the Sum Insured in relation to the Insured person as stated in the Policy Schedule, on the occurrence of an Insured Event.

We will pay the percentage of the Sum Insured shown in the table

Permanent Total Disability – Table of Benefits	
Loss of	% of sum insured
Limbs (both hands or both feet or one hand and one foot)	100%
Loss of a Limb and an eye	100%
Complete and irrecoverable loss of sight of both eye	100%
Complete and irrecoverable loss of speech & hearing of both ears	100%

If We receive more than one claim in respect of the same Insured in respect of the same Accident, our liability would be restricted to 100% of the Sum Insured

2.3. Special Conditions Applicable To Section II

The cover under this Policy, for the specific Insured Person, shall terminate in the event of claim, in respect of such insured, is becoming admissible and accepted by the Company under this Section

3. SECTION III: LOSS OF JOB (Optional Cover)

3.1. Insured event

For the purpose of this Section and the determination of the Company's liability under it, Insured Event in relation to any Insured Person, shall mean termination from employment of the Insured Person or his dismissal, temporary suspension or retrenchment from employment imposed on him by the employer during the Policy Period as per the employer's rules/regulations or executed/implemented by the employer in compliance of any laws for the time being in force or any directives by any Public Authority.

3.2. Benefit Payable Under Section III

The Company hereby agrees, subject to the terms, conditions, General Exclusions, Exclusions specific to this section, as stated in this Policy, to pay, on occurrence of the Insured Event as stated above under this Section, in relation to the Insured Person, maximum of three (3) EMI Amount(s) falling due in respect of the Loan (Loan account number as stated in Policy Schedule of this Policy) after the commencement of the Insured Event, subject to a maximum of Sum Insured as stated in Policy Schedule. The amount payable is 3 months pro-rata proportion of total loan amount.

Loss of Job cover will be payable once in a policy period. The benefit will be restored at the time of renewal.

3.3. Specific Conditions applicable to Section III

1. A claim under this section shall become admissible provided the period of termination, dismissal, temporary suspension or retrenchment from employment of the Insured Person shall not be less 30 consecutive days ("Retrenchment Period")
2. The benefit under Section III (Loss of Job) is available only for salaried employees
3. The cover under this Policy, for the specific Insured Person, shall terminate in the event of claim in respect of such insured, is becoming admissible and accepted by the Company under this Section and the Company admitting liability against Section III for the Insured Person under Policy Schedule.

D. GENERAL EXCLUSIONS

(i) Standard Exclusions applicable to all sections

We shall not be liable to make any payment under any Section of this Policy directly or indirectly for, caused by, based upon, arising out of or howsoever attributable to any of the following:

1. arising or resulting from the Insured person committing any breach of the law.
2. due to, or arising out of, or directly or indirectly connected with or traceable to, war, invasion, act of foreign enemy, hostilities (whether war be declared or not) civil war, rebellion, revolution, insurrection, mutiny, military or usurped power, seizure, capture, arrests, restraints and detainment of the heads of state and citizens of any nation and of all kinds and acts of terrorism, riots, strike, malicious acts.
3. directly or indirectly caused by or contributed to by or arising from ionizing, radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste or from the combustion of nuclear fuel. For the purpose of this exclusion, combustion shall include any self-sustaining process of nuclear fission.
4. directly or indirectly caused by or contributed to by or arising from nuclear weapon materials.
5. directly or indirectly caused by or contributed to by or arising out of usage, consumption or abuse of alcohol and/or drugs.
6. arising out of or as a result of any act of self-destruction or self-inflicted injury, attempted suicide or suicide.
7. any sexually transmitted diseases, Acquired Immune Deficiency Syndrome (AIDS), AIDS related complex syndrome (ARCS) and all diseases caused by and/ or related to the HIV.
8. any consequential or indirect loss or expenses arising out of or related to any Insured Event.
9. arising out of or resulting directly or indirectly due to or as a consequence of pregnancy or treatment traceable to pregnancy and childbirth, abortion, miscarriage and its consequences, tests and treatment relating to infertility and in vitro fertilization.
10. arising out of or resulting directly or indirectly while serving in any branch of the Military or Armed Forces of any country during war or warlike operations.
11. arising out of or resulting directly or indirectly caused by, resulting from or in connection with any act of terrorism/sabotage regardless of any other cause or event contributing concurrently or in any other sequence to the loss. The Policy also excludes loss, damage, cost or expenses of whatsoever nature directly or indirectly caused by, resulting from or in connection with any action taken in controlling, preventing, suppressing or in any way relating to action taken in respect of any act of terrorism/sabotage.
12. Participation in an actual or attempted felony, riot, crime, misdemeanor, or civil commotion
13. Participation in skydiving/ parachuting, hang gliding, bungee jumping, scuba diving, mountain climbing (where ropes or guides are customarily used), riding or diving in races or rallies using a motorized vehicle or bicycle, caving or potholing hunting or equestrian activities, skin diving or other underwater activity, rafting or canoeing involving white water rapids, yachting or boating outside coastal waters (2 miles), any bodily contact sport, any other potentially dangerous sport participation in any professional sports.

(ii) Exclusions applicable to Section I: CRITICAL ILLNESS

The Company shall not be liable to make any payment directly or indirectly arising out of the following events:

1. Medical Expenses incurred for the listed Critical Illnesses diagnosed within 90 days of the commencement of the Policy.
2. Any Insured Event arising on account of or in connection with any Pre-Existing Illness/ Disease.
3. If the Insured does not submit a medical certificate from the Medical Practitioner evidencing diagnosis of Illness or Injury or occurrence of the medical event or the undergoing of the medical / surgical procedure in

relation to the claim of the particular insured person.

4. Any external congenital Illness or condition or birth defects;
5. Any medical procedure or treatment, which is not medically necessary or not performed by a Medical Practitioner.
6. Any physical, medical or mental condition or treatment or service that is specifically excluded in the Policy in Part I of the Schedule under Special Conditions.
7. Birth control procedures and hormone replacement therapy.
8. Any treatment/surgery for change of sex or any cosmetic surgery or treatment/surgery /complications/illness arising as a consequence thereof.
9. Treatment by a family member and self-medication or any treatment that is not scientifically recognized.
10. Any Illness, sickness or disease other than those specified as Critical Illnesses under this Policy;
11. Any claim with respect to any Critical Illness diagnosed or which manifested prior to Policy Inception Date
12. Any Critical Illness directly or indirectly caused due to or associated with human T-cell Lymphotropic virus type III (HTLV-III or IITLB-III) or Lymphadenopathy Associated Virus (LAV) and its variants or mutants, Acquired Immune Deficiency Syndrome (AIDS) whether or not arising out of HIV, AIDS related complex syndrome (ARCS) and all diseases/illness caused by and/or related to HIV;
13. Any condition directly or indirectly caused by or associated with any sexually transmitted disease, including Genital Warts, Syphilis, Gonorrhoea, Genital Herpes, Chlamydia, Pubic Lice and Trichomoniasis, whether or not arising out of conditions listed under section 1
14. Any Critical Illness arising out of use, abuse or consequence or influence of any substance (substances that are abuse like illegal drugs, opioids, marijuana etc.), intoxicant, drug, alcohol or hallucinogen;
15. Narcotics used by the Insured Person unless taken as prescribed by a registered Medical Practitioner,
16. Any Critical Illness directly or indirectly caused due to intentional self-injury, suicide or attempted suicide; whether the person is medically sane or insane;
17. Any Critical Illness directly or indirectly, caused by or arising from or attributable to a foreign invasion, act of foreign enemies, hostilities, warlike operations (whether war be declared or not or while performing duties in the armed forces of any country during war or at peace time), civil war, public defense, rebellion, revolution, insurrection, military or usurped power;
18. Any Critical Illness caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack.
19. Working in underground mines, tunneling or involving electrical installations with high tension supply, or as jockeys or circus personnel;
20. Insured Persons whilst engaging in a speed contest or racing of any kind (other than on foot), bungee jumping, parasailing, ballooning, parachuting, skydiving, paragliding, hang gliding, mountain or rock climbing necessitating the use of guides or ropes, potholing, abseiling, deep sea diving using hard helmet and breathing apparatus, polo, snow and ice sports in so far as they involve the training for or participation in competitions or professional sports, or involving a naval, military or air force operation;
21. Participation by the Insured Person in any flying activity, except as a bona fide, fare-paying passenger of a recognized airline on regular routes and on a scheduled timetable.
22. Any loss resulting directly or indirectly, contributed or aggravated or prolonged by childbirth or from pregnancy;
23. Any Critical Illness based on certification/diagnosis/treatment from persons not registered as Medical Practitioners, or from a Medical Practitioner who is practicing outside the discipline that he is licensed for, or any diagnosis or treatment that is not scientifically recognized or Unproven/Experimental Treatment, or is not Medically Necessary or any kind of self-medication and its complications;
24. Any treatment/surgery for change of sex, cosmetic or plastic surgery or any elective surgery or cosmetic procedure that improve physical appearance, surgical and non-surgical treatment of obesity, including morbid obesity (unless certified to be life threatening) and weight control programs, or treatment of an optional nature including complications/illness arising as a consequence thereof;
25. Any Critical Illness arising or resulting from the Insured Person committing any breach of law or participating in an actual or attempted felony, riot, crime, misdemeanor or civil commotion with criminal intent;
26. Failure to seek or follow Medical Advice.
27. Any mental illness, psychiatric or psychological disorders.
28. Any treatment arising from or traceable to pregnancy (including voluntary termination), miscarriage (unless due to an accident), childbirth, maternity (including Caesarian section), abortion or complications of any of these. This exclusion will not apply to ectopic pregnancy.
29. Diagnosis outside India; unless reaffirmed by **Specialist Medical Practitioner** in India and subject to presentation of all Claim documents in English

(iii) Exclusions applicable to Section II: PERSONAL ACCIDENT

The Company shall not be liable to make any payment under this Section for:

1. Payment under more than one of the categories specified (Death or Permanent Total Disablement) in the Benefit Payable in respect of the Insured Person
2. Any pre-existing disability / accidental injury;
3. Accidental death or permanent disability due to mental disorders or disturbances of consciousness, strokes, fits or convulsions which affect the entire body and pathological disturbances caused by the mental reaction

- to the same;
4. Suicide or attempted Suicide, intentional self-inflicted injury, acts of self-destruction whether the Insured Person is medically sane or insane;
 5. Accidental death or permanent disability caused by curative measures, radiation, infection, poisoning except where these arise from an accident;
 6. Any other claim after a claim for death due to accidental injury has been admitted by the Company and becomes payable;
 7. Any payment in case of more than one claim under the Policy during any one period of insurance by which the maximum liability of the Company in that period exceeds the available sum payable under this benefit;
 8. Death or permanent disability resulting, directly or indirectly, caused by, contributed to or aggravated or prolonged by child birth or from pregnancy or in consequence thereof;
 9. Any claim in respect of accidental death or permanent disablement of the Insured:
 - a) whilst under the influence of liquor or drugs or other intoxicants
 - b) whilst engaging in aviation or ballooning whilst mounting into, dismounting from or traveling in any aircraft or balloon other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world;
 - c) whilst the Insured person is operating or learning to operate any aircraft, or performing duties as a member of the crew on any aircraft, or Scheduled Airlines
 - d) directly or indirectly, caused by venereal disease, AIDS or insanity
 - e) arising or resulting from the Insured committing any breach of law or participating in an actual or attempted felony, riot, crime, misdemeanor or civil commotion
 - f) Whilst engaging in racing, hunting, mountaineering, ice hockey, winter sports.
 10. Death or permanent disablement due to accidental injury arising out of or directly or indirectly connected with or traceable to war, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, mutiny, military or usurped power, seizure, capture, arrests, restraints and detentions of all Kings, Princes and people of whatsoever nation, condition or quality;
 11. Any change of profession after inception of the Policy which results in the enhancement of risk under the Policy, if not accepted and endorsed by the Company;
 12. Death or disablement directly or indirectly caused due to or associated with human T-cell Lymph tropic virus type III (HTLV-III or IITLB-III) or Lymphadenopathy Associated Virus (LAV) and its variants or mutants, Acquired Immune Deficiency Syndrome (AIDS) whether or not arising out of HIV, AIDS related complex syndrome (ARCS) and any illness caused by and/or related to HIV;
 13. Death or disablement arising from or caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack.
 - Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any illness, incapacitating disablement or death.
 - Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) microorganisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any illness, incapacitating disablement or death.
 14. Payment of compensation in respect of death, injury or disablement of Insured person (a) from engaging in or participation in adventure sports including but not limited to winter sports, skydiving/parachuting, hang gliding, bungee jumping, scuba diving, mountain climbing (where ropes or guides are customarily used), riding or driving in races or rallies using a motorized vehicle or bicycle, caving or pot-holing, hunting or equestrian activities, skin diving or other underwater activity, rafting or canoeing involving white water rapids, yachting or boating outside coastal waters, participation in any Professional Sports, any bodily contact sport or any other hazardous or potentially dangerous sport for which the Insured is untrained, unless specifically covered under the Policy (b) directly or indirectly caused by venereal disease or insanity;
 15. Insured whilst flying or taking part in aerial activities (including cabin crew) except as a fare-paying passenger in a regular scheduled airline or air Charter Company;
 16. Working in underground mines, tunnelling or explosives, or involving electrical installation with high tension supply, or as jockeys or circus personnel, or engaged in Hazardous Activities;
 17. Any physical, medical or mental condition or treatment or service that is specifically excluded in the Policy.
 18. Payment of compensation in respect of Death or Permanent Total Disablement arising from or resulting directly or indirectly from any illness to any Insured Person.
 19. No sum shall be payable under this Section in case of any Permanent Total Disability for which medical care, treatment, or advice was recommended by or received from a Medical Practitioner or from which the Insured person suffered or which was present before the commencement of the Policy Period.

(iv) **Exclusions applicable to Section III: LOSS OF JOB (Optional Cover)**
The Company will not pay in respect of any claims arising out of or howsoever

related to any of the following:

1. In the event of termination, dismissal, temporary suspension or retrenchment from employment of the Insured person being attributed to dishonesty or fraud or poor performance on the part of the Insured person or his willful violation of any rules of the employer or laws for the time being in force or any disciplinary action against the Insured person by the employer.
2. The Company shall not be liable to make any payment under this Policy in connection with or in respect of:
 - a) Self-employed persons;
 - b) Any claim relating to unemployment from a job which is casual, temporary, seasonal or contractual in nature or any claim relating to an employee not on the direct rolls of the employer;
 - c) Any voluntary unemployment;
 - d) Unemployment at the time of inception of the Policy Period or arising within the first 90 days of inception of the Policy Period.
3. Any unemployment from a job under which no salary or any remuneration is provided to the Insured person.
4. Any suspension from employment on account of any pending enquiry being conducted by the employer/ Public Authority.
5. Any unemployment due to resignation, retirement whether voluntary or otherwise.
6. Any unemployment due to non-confirmation of employment after or during such period under which the Insured was under probation.

E. GENERAL CONDITIONS APPLICABLE TO ALL SECTIONS

(i) Conditions precedent to the contract

Age Limit (Entry age)

To be eligible to be covered under the Policy or get any benefits under the Policy, the minimum age of entry is 18 years and the maximum age of entry is 65 years, on the date of commencement of the Policy Period, as applicable to such Insured.

2. Incontestability and Duty of Disclosure

The Policy shall be null and void and no benefit shall be payable in the event of untrue or incorrect statements, misrepresentation, mis-description or on non-disclosure in any material particular in the Proposal form, personal statement, declaration and connected documents, or any material information having been withheld, or a claim being fraudulent or any fraudulent means or devices being used by the Insured or any one acting on his behalf to obtain any benefit under this Policy

(ii) Conditions applicable during the contract

1. Records to be maintained

The Insured shall keep an accurate record containing all relevant particulars and shall allow the Company to inspect such record. The Insured shall within one month after the expiry of each period of insurance furnish such information as the Company may require.

2. Observance of terms and conditions

The due observance and fulfillment of the terms, conditions and endorsements of this Policy in so far as they relate to anything to be done or complied with by the Insured, shall be a Condition Precedent to any of Our liability to make any payment under this Policy.

3. Special Provisions

Any special provisions subject to which this Policy has been entered into and endorsed in the Policy or in any separate instrument shall be deemed to be part of this Policy and shall have effect accordingly.

4. Electronic Transactions

The Insured agrees to adhere to and comply with all such terms and conditions as the Company may prescribe from time to time, and hereby agrees and confirms that all transactions effected by or through facilities for conducting remote transactions including the internet, world wide web, electronic data interchange, call centers, tele service operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication, established by or on behalf of the Company, for and in respect of the Policy or its terms, or the Company's other products and services, shall constitute legally binding and valid transactions when done in adherence to and in compliance with the Company's terms and conditions for such facilities, as may be prescribed from time to time.

5. Insured's Information

The Insured agrees that the Company may exchange, share, transfer or part with any information or personal sensitive information relating to the Insured to or with other group companies, reinsurer or any other person in connection with the Policy, as may be determined by the Company and shall not hold the Company liable for such use/transfer/application.

6. Right to Inspect

If required by the Company, an agent/representative of the Company including a loss assessor or a surveyor appointed in that behalf shall in case of any loss or any circumstances that have given rise to the claim to the Insured be permitted at all reasonable times to examine into the circumstances of such loss. The Insured shall on being required so to do by the Company produce all books of accounts, receipts, documents relating to or containing entries relating to the loss or such circumstance in his possession and furnish copies of or extracts from such of them as may be required by the Company so far as they relate to such claims or

will in any way assist the Company to ascertain in the correctness thereof or the liability of the Company under the Policy

7. Fraudulent Claims

If the Insured or his/her representative makes or advances any claim knowing the same to be false or fraudulent as regards amount or otherwise, this Policy shall be void and all claims or payments hereunder shall be forfeited.

8. Free Look Period

- a. The insured will be allowed a period of at least 15 days from the date of receipt of the **Policy** to review the terms and conditions of the **Policy** and to return the same if not acceptable.
- b. If the insured has not made any claim during the free look period, the insured shall be entitled to-
 - i. A refund of the premium paid less any expenses incurred by the **Insurer** on medical examination of the insured persons and the stamp duty charges or;
 - ii. Where the risk has already commenced and the option of return of the **Policy** is exercised by the policyholder, a deduction towards the proportionate risk premium for period on cover or;
 - iii. Where only a part of the risk has commenced, such proportionate risk premium commensurate with the risk covered during such period.

9. Cancellation and Refund of Premium

- a. **Your Policy** shall not be cancelled except on grounds of fraud, moral hazard or misrepresentation or non-cooperation by the insured.
- b. **We** may cancel this insurance by giving **You** at least 15 days written notice, and if no claim has been made then **We** shall refund a pro-rata premium for the unexpired **Policy** Period
- c. **You** may cancel this insurance by giving **Us** at least 15 days written notice, and if no claim has been made then **We** shall refund premium on short term rates for the unexpired **Policy** Period as per the rates detailed below.

Year of cancellation	Rate of premium refunded	
	Policy Period (Years)	
	2	3
Year 1	50%	67%
Year 2		33%

In case the Policy Period is equal to one year, You may cancel this insurance by giving Us at least 15 days written notice, and if no claim has been made then the We shall refund premium on short term rates for the unexpired Policy Period as per the rates detailed below.

Period on Risk	% of Premium to be Refunded
Up to 1 Month	75% of annual premium
Up to 3 Months	50% of annual premium
Up to 6 Months	25% of annual premium
Exceeding 6 Months	No refund

- d. Upon making any refund of premium under this Policy in accordance with the terms and conditions hereof in respect of the Insured, the cover in respect of that Insured shall forthwith terminate and the Company shall not be liable hereunder.
- e. Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of the Insured where any claim has been admitted by the Company or has been lodged with the Company.

10. Dispute Resolution/ Jurisdiction

Each party agrees that the Indian courts shall have exclusive jurisdiction to settle any dispute which may arise out of or in connection with this Policy.

11. Territorial Limits

We cover the benefits due to **Accidental Bodily Injury** or **Illness** sustained by the Insured Person during the **Policy** Period anywhere in India only.

12. Entire Contract

The **Policy** and the Proposal form constitutes the complete contract of insurance. No change or alteration shall be valid or effective unless approved in writing by **Us**, for which approval shall be evidenced by an endorsement on the **Schedule**

13. Governing Law

The construction, interpretation and meaning of the provisions of this policy shall be determined in accordance with the laws of India.

14. Section Headings

The section headings of this Policy are included for descriptive purposes only and do not form part of this Policy for the purpose of its construction or interpretation.

15. Due Care

The Insured shall take all reasonable steps to safeguard the Insured's interests against loss or damage that may give rise to a claim.

16. Notices and declarations

Any and all notices and declarations for Our attention shall be submitted in writing and shall be sent to the address specified in the Schedule.

(iii) Conditions when claim arises

1. Payments

The Company shall be duly discharged of its obligations under this Policy and the Insured shall hold the Company harmless, upon making the payment of the claim to the Insured or his/her nominee/ legal heirs as the case may be.

2. Claim settlement process applicable to Section I, CRITICAL ILLNESS:

If You are diagnosed / underwent a surgical procedure/ or, a medical condition occurs as per the definition of the **Critical Illness** mentioned that may result in a claim, then as a **Condition Precedent** to Our liability, you must comply with the following:

- a. You or someone claiming on Your behalf must give Notification of Claim to us in writing immediately, and in any event within 45 days of the first diagnosis of the Illness, date of surgical procedure or date of occurrence of the medical event as the case may be
- b. You must have Yourself examined by Our medical advisors if We ask for this, and as often as We consider this to be necessary
- c. You or someone claiming on Your behalf must give Us the documentation and other information We ask for to investigate the claim or Our obligation to make payment for it
- d. List of necessary documents required for processing of the Claims are:
 - i. Duly completed claim form
 - ii. Certificate from the attending Medical Practitioner of the Insured Person confirming,
 - name of the Insured person;
 - name, date of occurrence and medical details of the Insured Event
 - confirmation that the Insured Event does not relate to any Pre-Existing Illness or any Illness or Injury which existed within the first 90 days of commencement of Period of Insurance.
 - iii. Original or attested photocopies of Discharge Certificate/ Card from the hospital/ Medical Practitioner;
 - iv. Original or attested photocopies of investigation test reports, inpatient papers

On receipt of claim documents as mentioned above or any other relevant document as required by the Company from You, We shall assess the admissibility of claim as per Policy terms and conditions. Upon satisfactory completion of assessment and admission of claim, the Company will make the payment of benefit as per the contract. In case if the claim is repudiated, We will inform the claimant about the same in writing with the reason for repudiation.

3. Claim settlement process applicable to Section II, PERSONAL ACCIDENT:

- a. Upon the happening of any Injury giving rise or likely to give rise to a claim under this Policy, the Injury as described above shall be intimated to the Company as soon as possible but not later than 30 days from the date of its occurrence.
- b. The Insured shall deliver to the Company, within 30 days of the date of occurrence of the Insured Event, a detailed statement in writing as per the claim form and any other material particular, relevant to the making of such claim.
- c. The Insured shall tender to the Company all reasonable information, assistance and proofs in connection with any claim hereunder.
- d. Proof satisfactory to the Company shall be furnished in connection with all matters upon which a claim is based. Any medical or other agent of the Company shall be allowed to examine the Insured person on the occasion of any alleged Injury when and as often as the same may reasonably be required on behalf of the Company. Such evidence as the Company may from time to time require shall be furnished and a post-mortem examination report, wherever applicable, shall be furnished to the Company within a period of thirty days.

The Company shall not be liable to pay any claims under this Section II unless the claim under the Policy is accompanied by the following documents:

- 1. Duly completed claim form;
- 2. Doctor's Report;
- 3. First Information Report and Final Police report, wherever necessary;
- 4. Death certificate, wherever applicable;
- 5. Investigation Reports like Laboratory test, X-rays and reports essential of confirmation of the Injury etc.;
- 6. Disability certificate from a doctor or hospital confirming the extent and nature of disability;
- 7. Post mortem report, if the same was conducted;

On receipt of claim documents as mentioned above or any other relevant document as required by the Company from You, We shall assess the admissibility of claim as per Policy terms and conditions. Upon satisfactory

completion of assessment and admission of claim, the Company will make the payment of benefit as per the contract. In case if the claim is repudiated, We will inform the claimant about the same in writing with reason for repudiation

4. Claim settlement process applicable to Section III, LOSS OF JOB:

1. In the event of a claim arising out of an Insured Event covered under this Section, the Insured Event as described above shall be intimated by the Insured to the Company within thirty (30) days from the date of termination from employment of the Insured person or his dismissal, temporary suspension or retrenchment from employment as the case may be and the Insured shall arrange for submission of the following documents to the Company:
 - i. Duly completed claim form;
 - ii. Certificate if applicable from the Bank stating the amortization schedule, the EMI Amounts, Principal Outstanding,
 - iii. Certificate from the employer of the Insured person confirming the termination, dismissal, temporary suspension or retrenchment from employment of the Insured person furnishing the date of termination, dismissal, temporary suspension or retrenchment from employment of the Insured person with the reasons for the same. In case of temporary suspension the period of suspension should also be mentioned in such certificate.
 - iv. Declaration from the insured confirming the tenure of unemployment in support of his/her claim

On receipt of claim documents as mentioned above or any other relevant document as required by the Company from You, We shall assess the admissibility of claim as per Policy terms and conditions. Upon satisfactory completion of assessment and admission of claim, the Company will make the payment of benefit as per the contract. In case if the claim is repudiated, We will inform the claimant about the same in writing with reason for repudiation

We will make payment of the amount due within 30 days from the date of receipt of last 'necessary' document. However, in the circumstances where a claim warrant an investigation in Our opinion, We shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last 'necessary' document. In such cases, We shall settle the claim within 45 days from the date of receipt of last 'necessary' document

In case of delay in the payment of claim, We shall be liable to pay interest from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.

5. Notice of charge

We shall not be bound to take notice or be affected by any notice of any trust, charge, lien, assignment or other dealing with or relating to this Policy, but the payment by Us to the Insured or the Insured's legal representative shall in all cases be an effectual discharge to the Company.

6. Other conditions

At any time during the Policy Period the Company shall be entitled to inspect any or all records of the Insured that may be relevant to this Policy. The Company shall also have the right of interaction with any and or all those agencies or agents of the Insured as may be relevant for examination/verification of the data/documents in connection with the process and disposal of any claims under this Policy. The Insured shall provide reasonable support to the Company in this regard. If so required by the Company, the Insured will have to submit to a medical examination by the Company's nominated Medical Practitioner or undergo diagnostic or other medical tests as often as the Company considers necessary, in its sole discretion.

(iv) Conditions for renewal of the contract

1. Renewal

- a. **Your Policy** shall be renewable up to age of 70 years, except on grounds of fraud, moral hazard or misrepresentation or non-cooperation by the insured. However the insured covered under this product will have an option to migrate to our Future Criticare (standalone critical illness product) to continue the cover for Critical Illness after the age of 70 years, provided that the insured person has been insured with Us for the first time under Surakshit Loan Bima before the age of 65 years and has renewed with us continuously up to 70 years. The portability/ migration would be as per Standard Terms and Conditions and Underwriting guidelines of our Standalone Critical Illness product "Future Criticare".
- b. This **Policy** may be renewed every year and in such event, the **Renewal** premium shall be paid to **Us** on or before the date of expiry of the **Policy** or of the subsequent **Renewal** thereof.
- c. In case of Our own **Renewal** a **Grace Period** of 30 days is permissible and the **Policy** will be considered as continuous for the purpose of waiting periods applicable under the policy. Any

Hospitalisation as a result of **Accident/** disease/ claim under Section I (Critical Illness), Section II (Personal Accident) and/ or Section III (Loss of Job) of the policy contracted during the Grace Period will not be admissible under the **Policy**.

- d. For a policy with multiple Insured covered under same policy, in the event of the death of any of the Insureds , the cover ceases to exist for that Insured and the remaining Insureds would continue to have the coverage until the end of the policy period
- e. In the event of part prepayment of the Loan, no refunds of premium shall be made under this Policy. No refunds of premium will be made under the Policy during the last year of the Policy Period.
- f. Upon making any refund of premium under this Policy in accordance with the terms and conditions hereof in respect of the Insured, the cover in respect of that Insured shall forthwith terminate and the Company shall not be liable hereunder.
- g. The brochure/ prospectus mentions the premiums as per the age slabs/ **Sum Insured** and the same would be charged as per the completed age at every **Renewal**. The premiums as shown in the brochure/ prospectus are subject to revision as and when approved by the regulator. However such revised premiums would be applicable only from subsequent **Renewals** and with due notice whenever implemented.
- h. Any change in benefit or premium will be done with the approval of the Insurance Regulatory and Development Authority of India, IRDAI and will be intimated to You atleast 3 months in advance. In the likelihood of this policy being withdrawn in future, we will intimate you about the same 3 months prior to expiry of the policy.
- i. We will not apply any additional loading on your policy premium at renewal based on claim experience.

2. Portability

You will have the option to migrate to a similar critical-illness policy available with us at the time of renewal with all the accrued continuity benefits such as waiver of waiting period, provided the policy has been maintained without a break as per portability guidelines issued by IRDAI.

F. DIRECT SALES DISCOUNT

A discount of 15% in lieu of intermediary commissions if policy is taken directly from the insurer.

G. PRE-ACCEPTANCE MEDICAL TESTS

Pre-Policy Check-up at our empanelled diagnostic centre(s), will be required compulsorily for the Insured(s) who are above age of 50 years. We will reimburse 50% of the pre-acceptance medical test charges incurred per insured person on the acceptance of the proposal.

H. PREMIUMS

As per Annexure

Insurance is the subject matter of solicitation.

SECTION 41 OF INSURANCE ACT, 1938-PROHIBITION OF REBATES:

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

This prospectus shall form part of your proposal form, hence please sign as you have noted the contents of this prospectus

Name: _____

Signature: _____

Date: _____

Place: _____

I. SCHEDULE OF BENEFITS

SURAKSHIT LOAN BIMA							
S. no.	Benefits		Plans				
			A	B	C	D	E
1	Critical Illness Benefit		Loan Sanctioned Amount or Sum Assured opted whichever is less (Covers 5 CI conditions)	Loan Sanctioned Amount or Sum Assured opted whichever is less (Covers 9 CI conditions)	Loan Sanctioned Amount or Sum Assured opted whichever is less (Covers 12 CI conditions)	Loan Sanctioned Amount or Sum Assured opted whichever is less (Covers 15 CI conditions)	Loan Sanctioned Amount or Sum Assured opted whichever is less (Covers 18 CI conditions)
2	Personal Accident	Accidental Death Permanent Total Disability	Loan Sanctioned Amount or Sum Assured opted whichever is less. Sum Insured for AD and PTD are same				
3	Loss of Job** (Optional Cover)		3 EMLs payable corresponding to the loan insured				

**A discount of 10% is applicable in case Loss of Job benefit is not opted under this product

ANNEXURE - Premium in INR (excluding Goods and Services tax)

1) Individual Premium Table: Premium rates per mille, exclusive of Goods and Services tax

Covered Benefits : Critical Illness, Personal Accident and Loss of Job Covers
 Waiting Period for Critical Illness and/or Loss of Job covers: 90 Days
 Sum Assured Basis : Fixed Sum Assured
 Policy Period : Maximum 3 years
 Last entry age : 65 years
 Renewal: Up to the age of 70 years
 Survival period : Nil

Plan (No. Of Critical Illness conditions)	Policy Period (Years)	Age Band (Years)									
		18 - 25	26 - 30	31 - 35	36 - 40	41 - 45	46 - 50	51 - 55	56 - 60	61 - 65	66 - 70*
Plan A (No. Of Critical Illness conditions: 5)	1	1.62	1.8	2.27	2.67	5.02	9.7	15.25	25.68	39.05	62.47
	2	3.25	3.67	4.62	5.57	11	20.49	32.14	54.18	82.35	131.77
	3	4.7	5.34	6.71	8.33	16.97	30.72	46.56	78.48	119.28	190.83
Plan B (No. Of Critical Illness conditions: 9)	1	1.7	1.9	2.38	2.8	5.28	10.22	16.05	27.03	41.1	65.77
	2	3.42	3.86	4.86	5.87	11.59	21.57	33.84	57.03	86.69	138.7
	3	4.94	5.63	7.05	8.76	17.87	32.34	49.01	82.61	125.55	200.88
Plan C (No. Of Critical Illness conditions: 12)	1	1.73	1.93	2.43	2.88	5.48	10.63	16.83	28.28	43.02	68.83
	2	3.48	3.93	4.96	6.05	12.03	22.39	35.48	59.69	90.73	145.16
	3	5.03	5.73	7.2	9.02	18.54	33.66	51.39	86.45	131.4	210.24
Plan D (No. Of Critical Illness conditions: 15)	1	1.78	1.97	2.5	2.97	5.7	11.08	17.68	29.85	45.4	72.63
	2	3.58	3.99	5.1	6.22	12.51	23.39	37.27	63	95.76	153.22
	3	5.18	5.84	7.4	9.27	19.28	35.09	53.99	91.25	138.69	221.91
Plan E (No. Of Critical Illness conditions: 18)	1	1.83	2	2.55	3.07	5.93	11.58	18.62	31.43	47.78	76.45
	2	3.69	4.07	5.19	6.43	13.02	24.45	39.24	66.33	100.81	161.29
	3	5.31	5.93	7.55	9.59	20.06	36.66	56.84	96.05	146	233.6

(*) applicable for renewal policies only

2) Loading

We may apply a risk loading on the premium payable (based upon the declarations made in the proposal form and the health status of the persons proposed for insurance). The maximum risk loading applicable for an individual shall not exceed above 100%. These loadings are applied from Commencement Date of the policy including subsequent renewal(s) with us.

We will inform You about the applicable risk loading and/ or exclusion, as the case may be through a counter offer letter. You need to revert to Us with Your consent and premium, within 7 days of the receipt of such counter offer letter.



ISO No.: FGH/UW/RET/128/01

Future Generali India Insurance Company Limited. IRDAI Regn. No. 132 | CIN: U66030MH2006PLC165287. Regd. and Corp. Office: Indiabulls Finance Centre, Tower 3, 6th Floor, Senapati Bapat Marg, Elphinstone, Mumbai – 400013. Call us at: 1800-220-233 / 1860-500-3333 / 022-67837800 | Fax No: 022 4097 6900 | Website: <https://general.futuregenerali.in> | Email: fgcare@futuregenerali.in. Trade Logo displayed above belongs to M/S Assicurazioni Generali - Societa Per Azioni and used by Future Generali India Insurance Co Ltd. under license.

Important guidelines:

1. Insurance is the contract of utmost good faith requiring of the proposer and the insured not only to disclose all material facts but also not to suppress any material facts in response to the questions in the proposal form.
2. It is important to fill all questions, information for fields marked with asterisk [*] is mandatory
3. Cover shall commence not earlier than the date and the time of acceptance and subsequent to payment of the premium.

Received date: ____ / ____ / ____

Branch code: _____

Branch name: _____

	APPLICANT	CO-APPLICANT
Name	..... Sur Name First Name Middle Name	..... Sur Name First Name Middle Name
Relationship		Relationship with Applicant:
Nationality		
Father's /Husband Name		
Current Address		
Current Address is	<input type="checkbox"/> Self-Owned <input type="checkbox"/> Rented <input type="checkbox"/> Co. Leased	<input type="checkbox"/> Self-Owned <input type="checkbox"/> Rented <input type="checkbox"/> Co. Leased
Contact Number	.....(Landline) .....(M)	.....(Landline) .....(M)
Email Id		
Date of Birth/ Gender	..... Age :Yrs M / F	..... Age :Yrs M / F
Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widow/Widower <input type="checkbox"/> Divorced	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widow/Widower <input type="checkbox"/> Divorced
No. Of Dependents	.....Children Others	.....Children Others
PAN		
PAN Enrolment Form		
Aadhaar Number		
Aadhaar Enrolment Form		
Note:		
<p>➤ If PAN / Aadhaar numbers are not available and applied for the same kindly provide the enrolment form numbers OR If you doesn't hold PAN and not applied for PAN then kindly submit FORM 60 / 61 as per your income status.</p> <p>➤ In case proposer is resident of in the States of Jammu and Kashmir, Assam or Meghalaya and does not submit the Permanent Account Number, needs to submit any one "Officially Valid Document" – please seek your sales person assistance for the form to get signed by designated person.</p>		
e-IA Number <small>(e-Insurance Account Number)</small>	If not available request you to kindly download the form from our website and request you to kindly submit along with this proposal form	
Occupation	<input type="checkbox"/> Employed <input type="checkbox"/> Self Employed (Full time / Part time)	<input type="checkbox"/> Employed <input type="checkbox"/> Self Employed (Full time / Part time)
Education Qualification		
Employer/ Business Name		
Type of Industry		
Designation & Nature of Job		
Monthly Income		
Other Income (If Any)	₹..... Source.....	₹..... Source.....
Employer / Business Address		
Employer / Business Contact Number		
Years in Present Occupation		
Loan Account Number		
Loan Amount		
Loan Tenure		
Policy Tenure	<input type="checkbox"/> 1 Year <input type="checkbox"/> 2 Years <input type="checkbox"/> 3 Years	
Period of insurance desired	From: DD / MM / YYYY To: DD / MM / YYYY	
Plan Opted	<input type="checkbox"/> Plan A <input type="checkbox"/> Plan B <input type="checkbox"/> Plan C <input type="checkbox"/> Plan D <input type="checkbox"/> Plan E	
Type of Loan	<input type="checkbox"/> Home Loan <input type="checkbox"/> Personal Loan <input type="checkbox"/> Auto Loan <input type="checkbox"/> Others (Pls specify):	
Sum Insured		
Loss of Job Opted	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Purpose of Loan		
Type of Property		
Property Ownership		
Date of Loan Disbursement	DD / MM / YYYY	
Location of Property		
Financier / Bank		

*(In case where there are more than 2 applicants, Annexure I attached needs to be filled in for each applicant, along with this proposal form)

MEDICAL INFORMATION

1. **HEALTH QUESTIONS** :(Please answer by ticking either "yes" or "no" against each of the questions)

Sr. No	DETAILS	APPLICANT	CO-APPLICANT
1	Has your Health Insurance / Life Insurance proposal ever been declined?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Are you now in good health & entirely free from any mental / physical impairments or deformities (including congenital deformities)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	Height / Weight	In CMs: _____ In KGs: _____	In CMs: _____ In KGs: _____
4	Have you lost more than 5 kgs weight in last 3 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Have you ever suffered from or do you suffer from Diseases of the circulatory system E.g. Heart Disease, Chest pain, High blood pressure, Diseases of Arteries / Veins?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Have you ever suffered from or do you suffer from Diabetes Mellitus, Cancer or Tumor of any kind, or any diseases of Blood Glands, Spleen, Ears Eyes, or Skin?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7	Have you ever suffered from or do you suffer from diseases of the Respiratory system (Lung Diseases) e.g. Tuberculosis, Asthma. Emphysema, Pneumonia?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8	Do you have / had any complaints of difficulty in Breathing, Blood in Sputum or Persistent Respiratory Infections?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
9	Have you ever suffered from or do you suffer from any disease of Genitourinary System / Kidneys?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
10	Do you have / had any complaints of swelling over face / Lower limbs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
11	Have you ever suffered from or do you suffer from Diseases of the Nervous system or Mental Disorders e.g. Stroke, Epilepsy, Fits / Fainting attacks, Frequent Headache, Psychiatric Disorders (for e.g. Depression etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
12	Do you have / had any complaints of Weakness in Limbs, tingling numbness, loss of Power in limbs or any other similar complaints?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
13	Have you at any time suffered from recurrent episodes of Hepatitis, / Blood in Vomiting or Stool, recurrent Diarrhea?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
14	Have you ever had, or been told that you had, or been treated for, or are you intending to seek treatment for HIV, AIDS or AID-related conditions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
15	Have you or any of your immediate family members (Father / Mother / Brother or Sister) have /had Cancer, Heart Attack, and Stroke? Was it prior to 60 yrs of age?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
16	Have you ever taken Narcotics / other habit forming Drugs or being treated For the same?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
17	Have you been treated for Alcoholism related Diseases?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
18	Do you smoke? Or Chew Tobacco If yes, how many cigarettes / beedi's or grams of tobacco per day? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
19	Do you consume alcohol? If yes, What type (Spirit, wine, beer etc?) And quantity per week? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
20	Have you suffered from any other Diseases or Ailments not mentioned above?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
21	Have you taken treatment / done investigations, for e. g (CT scan, X rays etc) for any ailment? If the answer is "Yes" for any of the above please provide details in the space given below.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. Have you or the co applicant suffered / are suffering from any disease / illness/ injury? Yes No
If yes, indicate in the table below.

Sr. No	Name	Name of Disease/ ailment/ injury Suffering from	First Date of Diagnosis	When First treated	Name of attending medical practitioner with address and telephone no.	Details of current symptoms (onset, intensity and duration)	If fully cured? Answer Yes / No	Is there any further Consultation planned

3. Do you or co-applicant have other current or pending critical illness Insurance and/or personal accident with Future Generali India Insurance Co. Ltd or from any other Insurance Company? If yes, please give the details as mentioned below:

	Applicant	Co-Applicant
Sum Insured		
Type of Policy		
Insured since		
Period of Insurance	To DD / MM / YYYY To DD / MM / YYYY	To DD / MM / YYYY To DD / MM / YYYY
Any Exclusions or Special Conditions applied in the policy		
Claims made, if any		

Family Doctor Details

Name: Dr.
Contact Nos. :
Clinic/ Hospital/ Nursing Home No. :

Nominee*

1. Applicant :

Nominee*	Name of Nominee	Relationship with Applicant	DOB	Age	% of Sum Insured
Nominee 1					
Nominee 2					

2. Co- Applicant

Nominee*	Name of Nominee	Relationship with Co-Applicant	DOB	Age	% of Sum Insured
Nominee 1					
Nominee 2					

* Nominee for self has to be one of the below mentioned relations.

“Father, Mother, Son, Daughter, Spouse & Others “

If Nominee is “Others” please specify:

IMPORTANT NOTE:

- The Company will not be on risk until the proposal and insured person’s details have been accepted by the company and communication of the acceptance has been given to the proposer in writing on full payment of premium
- This proposal for insurance will be the basis of any subsequent insurance policy that we issue to you. It is essential that you answer fully and accurately all of the questions contained in this proposal, and that you provide us with any and all additional information relevant to the risk to be insured or our decision as to the acceptance of the risk or the terms upon which it should be accepted. Your failure to comply with this obligation now may result in the rejection of your claim and the avoidance of your policy when a claim is made. If you are in any doubt about the information to be given, please seek the advice and guidance of your insurance advisor or agent. If there is insufficient space in this proposal for you to provide relevant information, whether as requested or otherwise, please attach a separate sheet to this proposal and return it to us.
- The Company reserves the right to reject the said proposal or to terminate the insurance contract unilaterally and/ or freeze the funds if the Customer or persons associated with him/her, found to be named in any recognized black list.

HEALTH & DATA DECLARATION

- a) I hereby declare, on my behalf and on behalf of all persons proposed to be insured, that the above statements, answers and/or particulars given by me are true and complete in all respects to the best of my knowledge and that I am authorized to propose on behalf of these other persons.
- b) I understand that the information provided by me will form the basis of the insurance policy, is subject to the Board approved underwriting policy of the insurer and that the policy will come into force only after full payment of the premium chargeable.
- c) I further declare that I will notify in writing any change occurring in the occupation or general health of the life to be insured/proposer after the proposal has been submitted but before communication of the risk acceptance by the company.
- d) I declare that I consent to the company seeking medical information from any doctor or hospital who/which at any time has attended on the person to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the person to be insured/proposer and seeking information from any insurer to whom an application for insurance on the person to be insured /proposer has been made for the purpose of underwriting the proposal and/or claim settlement.
- e) I authorize the company to share information pertaining to my proposal including the medical records of the insured/proposer for the sole purpose of underwriting the proposal and/or claims settlement and with any Governmental and/or Regulatory authority.
- f) I hereby authorize the company to authenticate and/or verify my Aadhaar number for e-KYC purpose
- g) I agree that this proposal and the declaration shall be the basis of the contract between me and FUTURE GENERALI INDIA INSURANCE CO LTD and I/We agree to accept a policy, subject to the conditions prescribed by FUTURE GENERALI INDIA INSURANCE CO LTD

I hereby declare that the premium for the said policy is paid out of the legally declared and assessed sources of my/ our income OR

I hereby declare that the premium is paid from the Bank Account of Mr. /Ms. _____, the payment is allowed under the Income Tax Act 1961, and there is insurable interest with the payee.

*Note: I hereby acknowledge that I have read and understood the contents of the prospectus and have been explained the features, contents and terms of the * Prospectus/ Product by the Intermediary/Agent to my/our satisfaction (*To download a copy of the Prospectus and for further details about the product, please visit our website <https://general.futuregenerali.in/>)*

Applicant's Name: _____

Applicant's Signature: _____

Co-Applicant's Name: _____

Co-Applicant's Signature: _____

PAYMENT DETAILS:

Premium paid by Cash / Cheque:	Date:
Bank:	Amount (₹):

Please fill up the request for authorization form attached with this proposal form to receive Claim/ Refund payments if any, directly into your bank account through NEFT if the Premium is more than ₹25,000/-

FOR OFFICE USE ONLY

Intermediary's Name:

Intermediary's Code:

Sales Manager's Name:

Sales Manager's Code:

SECTION 41 OF INSURANCE ACT, 1938-PROHIBITION OF REBATES:

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



ISO No.: FGH/UW/RET/131/01

Future Generali India Insurance Company Limited. IRDAI Regn. No. 132 | CIN: U66030MH2006PLC165287. Regd. and Corp. Office: Indiabulls Finance Centre, Tower 3, 6th Floor, Senapati Bapat Marg, Elphinstone, Mumbai – 400013. Call us at: 1800-220-233 / 1860-500-3333 / 022-67837800 | Fax No: 022 4097 6900 | Website: <https://general.futuregenerali.in> | Email: fgcare@futuregenerali.in. Trade Logo displayed above belongs to M/S Assicurazioni Generali - Societa Per Azioni and used by Future Generali India Insurance Co Ltd. under license.

ANNEXURE I

LIST OF CO-APPLICANTS PROPOSED FOR INSURANCE

Note: 1. This Annexure will be attached to and forming part of the proposal form and policy to be issued.

Details of Insured:

	CO-APPLICANT 2			CO-APPLICANT 3		
Name	..... Sur Name	..... First Name	..... Middle Name	..... Sur Name	..... First Name	..... Middle Name
Relationship	Relationship with Applicant:			Relationship with Applicant:		
Nationality						
Father's /Husband Name						
Current Address						
Current Address is	<input type="checkbox"/> Self-Owned <input type="checkbox"/> Rented <input type="checkbox"/> Co. Leased			<input type="checkbox"/> Self-Owned <input type="checkbox"/> Rented <input type="checkbox"/> Co. Leased		
Contact Number	.....(Landline) .....(M)			.....(Landline) .....(M)		
Email Id						
Date of Birth/ Gender	..... Age :Yrs M / F			..... Age :Yrs M / F		
Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widow/Widower <input type="checkbox"/> Divorced			<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widow/Widower <input type="checkbox"/> Divorced		
No. Of Dependents	.....Children .....Others			.....Children .....Others		
PAN						
PAN Enrolment Form						
Aadhaar Number						
Aadhaar Enrolment Form						
Note: If PAN / Aadhaar numbers are not available and applied for the same kindly provide the enrolment form numbers OR If you doesn't hold PAN and not applied for PAN then kindly submit FORM 60 / 61 as per your income status. In case proposer is resident of in the States of Jammu and Kashmir, Assam or Meghalaya and does not submit the Permanent Account Number, needs to submit any one "Officially Valid Document" – please seek your sales person assistance for the form to get signed by designated person.						
Occupation	<input type="checkbox"/> Employed (Full time / Part time)			<input type="checkbox"/> Employed <input type="checkbox"/> Self Employed (Full time / Part time)		
Education Qualification						
Employer/ Business Name						
Type of Industry						
Designation & Nature of Job						
Monthly Income						
Other Income (If Any)	₹..... Source.....			₹..... Source.....		
Employer / Business Address						
Employer / Business Contact Number						
Years in Present Occupation						
Loan Amount						
Sum Insured						

MEDICAL INFORMATION

1. **HEALTH QUESTIONS** : (Please answer by ticking either "yes" or "no" against each of the questions)

Sr. No	DETAILS	CO-APPLICANT 2	CO-APPLICANT 3
1	Has your Health Insurance / Life Insurance proposal ever been declined?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Are you now in good health & entirely free from any mental / physical impairments or deformities (including congenital deformities)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	Height / Weight	In CMs: _____ In KGs: _____	In CMs: _____ In KGs: _____
4	Have you lost more than 5 kgs weight in last 3 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Have you ever suffered from or do you suffer from Diseases of the circulatory system E.g. Heart Disease, Chest pain, High blood pressure, Diseases of Arteries / Veins?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Have you ever suffered from or do you suffer from Diabetes Mellitus, Cancer or Tumor of any kind, or any diseases of Blood Glands, Spleen, Ears Eyes, or Skin?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7	Have you ever suffered from or do you suffer from diseases of the Respiratory system (Lung Diseases) e.g. Tuberculosis, Asthma. Emphysema, Pneumonia?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8	Do you have / had any complaints of difficulty in Breathing, Blood in Sputum or Persistent Respiratory Infections?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
9	Have you ever suffered from or do you suffer from any disease of Genitourinary System / Kidneys?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
10	Do you have / had any complaints of swelling over face / Lower limbs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
11	Have you ever suffered from or do you suffer from Diseases of the Nervous system or Mental Disorders e.g. Stroke, Epilepsy, Fits / Fainting attacks, Frequent Headache, Psychiatric Disorders (for e.g. Depression etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
12	Do you have / had any complaints of Weakness in Limbs, tingling numbness, loss of Power in limbs or any other similar complaints?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
13	Have you at any time suffered from recurrent episodes of Hepatitis, / Blood in Vomiting or Stool, recurrent Diarrhea?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

14	Have you ever had, or been told that you had, or been treated for, or are you intending to seek treatment for HIV, AIDS or AID-related conditions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
15	Have you or any of your immediate family members (Father / Mother / Brother or Sister) have /had Cancer, Heart Attack, and Stroke? Was it prior to 60 yrs of age?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
16	Have you ever taken Narcotics / other habit forming Drugs or being treated For the same?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
17	Have you been treated for Alcoholism related Diseases?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
18	Do you smoke? Or Chew Tobacco If yes, how many cigarettes / beedi's or grams of tobacco per day?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
19	Do you consume alcohol? If yes, What type (Spirit, wine, beer etc?) And quantity per week? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
20	Have you suffered from any other Diseases or Ailments not mentioned above?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
21	Have you taken treatment / done investigations, for e. g (CT scan, X rays etc) for any ailment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If the answer is "Yes" for any of the above please provide details in the space given below.			

2. Have any of the co-applicant(s) suffered / are suffering from any disease / illness? Yes No

If yes, indicate in the table below.

Sr. No	Name	Name of Disease/ ailment/ injury Suffering from	First Date of Diagnosis	When First treated	Name of attending medical practitioner with address and telephone no.	Details of current symptoms (onset, intensity and duration)	If fully cured? Answer Yes / No	Is there any further Consultation planned

3. Do any of the co-applicant(s) have other current or pending critical illness Insurance and/or personal accident with Future Generali India Insurance Co. Ltd or from any other Insurance Company?

If yes, please give the details as mentioned below:

Applicant	Co-Applicant 2	Co-Applicant 3
Sum Insured		
Type of Policy		
Insured since		
Period of Insurance	DD / MM / YYYY To DD / MM / YYYY	DD / MM / YYYY To DD / MM / YYYY
Any Exclusions or Special Conditions applied in the policy		
Claims made, if any		

Nominee*

1. Co-Applicant 2:

Nominee*	Name of Nominee	Relationship with Applicant	DOB	Age	% of Sum Insured
Nominee 1					
Nominee 2					

2. Co-Applicant 3:

Nominee*	Name of Nominee	Relationship with Co-Applicant	DOB	Age	% of Sum Insured
Nominee 1					
Nominee 2					

* Nominee for self has to be one of the below mentioned relations.

"Father, Mother, Son, Daughter, Spouse & Others "

If Nominee is "Others" please specify:
