

Exide Life Critical Illness Rider (UIN:114B009V02)

TERMS AND CONDITIONS

(1) PREAMBLE:

This life insurance contract, evidenced by the Rider, is entered into by the Company with the Policy Holder to the Base Policy to which this Rider is getting attached (the "Base Policy **Schedule**"). The Rider is issued, on the basis of the Proposal Form and Declaration from the Proposer and the Life Assured. Subsequently the Company and the Proposer agreeing that the said Proposal and Declaration and any statements made or referred to therein shall be the basis of the Rider and upon receipt of the first premium and the Proposer agreeing to pay the subsequent premiums as stated in the Schedule of the 'Base Policy' or 'Rider Endorsement Letter'.

(2) DEFINITIONS

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

"Accident" shall mean a sudden, unforeseen and involuntary event caused by external, visible and violent means.

"Benefits" shall refer to the benefits set out in Clause 4 under this Rider.

"Base Policy" shall refer to the Policy to which the Rider is attached

"Company" shall mean Exide Life Insurance Company Limited;

"Congenital Condition" means any abnormality (internal or external) which was present at birth and is diagnosed at any stage in the life of the policyholder.

"Critical Illness" shall mean those illnesses that are defined in **Appendix A** attached to this Rider Policy document.

"Date of Diagnosis" is the date on which the Specialist first certifies the Diagnosis of any of the Critical Illness based on confirmatory investigations including, but not limited to, clinical, radiological, histological and laboratory evidence. Notwithstanding the above definition of Date of Diagnosis, if the Insured Event requires a surgical procedure to be performed and the date of such surgery shall be the Date of Diagnosis of the Critical Illness provided the surgical procedure must be the usual treatment for the condition and be medically necessary.

"Diagnosis" means the certified diagnosis of Critical Illness of the Life Assured in a Hospital or by a Specialist during the period when the Rider is in Force;

"Effective Date" refers to the Date of Risk Commencement or Risk Commencement Date as specified in the Base Policy Schedule, or the date on which the Rider is incorporated and as mentioned in the Rider Endorsement Letter or the Endorsement on Addition of Rider or the date of reinstatement, whichever is the latest.

"Eligible Person" means the Policyholder, including assignees under section 38 of the Insurance Act, 1938 or nominees or proving executors of administration or other legal representatives, as per the applicable regulations.

"Hospital" means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:

- has qualified nursing staff under its employment round the clock;
- has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
- has qualified medical practitioner(s) in charge round the clock;
- has a fully equipped operation theatre of its own where surgical procedures are carried out;
- maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.

"Insured Event" means diagnosis of any of the Critical Illness as mentioned under the 'Appendix A'. . Excluding those mentioned under clause (5) of the Rider Policy and all such exclusion mentioned under the 'Appendix A'.

"Life Assured" shall mean the person referred to under the Base Policy Schedule.

"Medical Practitioner" is a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of license and is not a relative of the Policy Holder/Life Assured.

"Policy Holder" shall mean the person referred to under the Base Policy Schedule or any person in whose favour the base Policy is assigned in terms hereof.

"Policy Year" means a period of twelve (12) consecutive months starting with the Policy Commencement Date or Date of Policy Commencement as mentioned in the Base Policy Schedule and ending on the day immediately preceding the following anniversary date and each subsequent period.

"Date of Risk Commencement" or **"Risk Commencement Date"** means the date as specified in the Base Policy Schedule, or the date on which the Rider is incorporated and as mentioned in the Rider Endorsement Letter or the Endorsement on Addition of Rider.

"Rider Endorsement Letter" or **"Endorsement on Addition of Rider"** means the letter issued by the Company on any Policy Anniversary date to which this Rider Policy is attached to and forms part of this policy.

"Rider" or **"Rider Policy"** means this Exide Life Critical Illness Rider Policy – Option A or Option B as mentioned in the Schedule of the 'Base Policy' or 'Rider Endorsement Letter'.

"Rider Risk Cessation Date" or **"Rider Expiry Date"** means the date as specified in the Base Policy Schedule or where this Rider has been attached after issuance of the Policy, the date as specified in the Rider Endorsement Letter.

"Pre-existing condition" shall include any illnesses, injury(s) or any medical condition, which was not disclosed in the application for insurance/rider or application for revival, and for which, prior to the Effective Date, medical advice or diagnosis or treatment was recommended or given by a health professional or evidence of the condition existed which would have caused a reasonable person to seek Diagnosis, care or treatment from a health professional. It also includes recurring condition which was contracted prior to the Effective Date, as applicable.

"Specialist" means a registered medical practitioner in Allopathy, who possesses recognized specialist qualification to practice in the relevant medical field and whose name appears in the specialists' registry of the Indian Medical Council or the medical council of the appropriate country, as the case may be but excludes Policy Holder/Life Assured of the Base Policy or any relative of the Policy Holder/Life Assured.

"Survival Period" is a period of the first 30 days from the Date of Diagnosis.

"Waiting Period" is a period of the first 90 days from the Effective Date.

(3) RIDER POLICY DESCRIPTION

Exide Life Critical Illness Rider is the name of the Rider of the Company. It can be attached to traditional products and would be treated similar to that of the base policy and accordingly the provisions of base plan would apply.

(4) BENEFITS PAYABLE UNDER THIS RIDER

Subject to the provisions and fulfillment of the conditions of this Rider and payment of Premiums, the Company agrees to pay to the Eligible Person under the Base Policy the Benefits under this Rider on the Diagnosis of the Critical Illness in the manner as defined and set out in Appendix A by a Specialist subject to furnishing proof of Diagnosis of the Critical Illness to the satisfaction of the Company.

(4.1.) Critical Illness Benefit: On first ever diagnosis of any one of the eligible Critical Illness as mentioned in Appendix A, subject to the other terms of this Rider, the Company shall pay the Rider Sum Assured as mentioned in the Base Policy Schedule or the Rider Endorsement Letter to the Rider to the Eligible Person. However, the Critical Illness Benefit shall not be paid under the following three conditions:

- 4.1.1. Any Critical Illness diagnosed during the Waiting Period.
- 4.1.2. Death of the Eligible Person occurring within Survival Period.
- 4.1.3. Occurrence of conditions mentioned under the Exclusions set out in clause 5 of this Rider.

In the event of Critical Illness during the Grace Period the Critical Illness Benefit shall be paid after deducting the balance premiums (if any) due for Base Policy and Rider Policy for that Policy Year.

(5) GENERAL EXCLUSIONS:

The Critical Illness Benefit shall not be payable under this Rider if any of the Critical Illness mentioned in Appendix A was caused directly or indirectly as a result of any of the following:

- 5.1 Any Illness(es), disease(s), injury(s) or any medical condition(s) including any recurring illness(es), disease(s), injury(s), medical condition(s) including any Congenital Condition,

- which the Life Assured contracted prior to the Effective Date, and was not disclosed in the Base Policy proposal form or in any declaration of health to the Rider or in the application for revival, and/or for which, prior to the Effective Date, medical advice or diagnosis or treatment was recommended or given by a Specialist" or evidence of the condition existed which would have caused any ordinary prudent person to seek diagnosis, care or treatment from a health professional.
- 5.2 Failure to seek or follow or pursue medical advice, the Life Insured has delayed medical treatment in order to circumvent the Waiting Period or other conditions and restriction applying to this Rider.
 - 5.3 Living abroad (living outside India for more than 13 consecutive weeks in any 12 months). This exclusion does not apply if the Life Insured is medically examined and/or has undergone tests in India after the occurrence of the event, and is available for medical examination or other reasonable tests in India to confirm the occurrence of an Insured Event.
 - 5.4 War or hostilities, terrorist attacks (whether war is declared or not).
 - 5.5 Civil war, rebellion, revolution, civil unrest or riot.
 - 5.6 Participation in any armed force or peace keeping activities.
 - 5.7 An act of any person acting on their own or on behalf of or in connection with any group or organization to influence by force any group, corporation or government by terrorism, kidnapping or attempted kidnapping, attack, assault, or any other violent means with criminal intent.
 - 5.8 Attempted Suicide or intentional self-inflicted act/injury.
 - 5.9 Drug Abuse: Alcohol or solvent, substance abuse, or taking of drugs except under the direction of a registered medical practitioner.
 - 5.10 Disease in the presence of an HIV infection/AIDS.
 - 5.11 Nuclear fusion, nuclear fission, nuclear waste, nuclear contamination or any radioactive or ionising radiation or any accident or contamination resulting from the same.
 - 5.12 Participation of the Life Assured in an illegal or criminal act.
 - 5.13 Injuries or diseases arising from adventurous sports, racing of any kind; scuba-diving, aerial flights (including bungee-jumping, hang-gliding, ballooning, parachuting and skydiving) other than as a crew member or as a fare-paying passenger on a licensed carrying commercial aircraft operating in a regular scheduled route or any hazardous activities or sports unless agreed by special endorsement prior to the issuance of the Rider.

Without prejudice to the exclusions mentioned elsewhere in this document, the above exclusions shall apply to the benefits admissible under this policy.

(6) PREMIUM

- 6.1. The rider premiums as specified in the Base Policy Schedule or the Rider Endorsement Letter is payable by the policyholder on or before the due dates.
In case of this rider the premiums are fixed for a period of five years.
- 6.2. The premium mode selected by the policyholder can be changed by giving to the Company a written request and such change of premium mode on acceptance shall become effective only on the policy anniversary following the receipt of such request by the company. A change in the premium mode will lead to a revision in the modal premium amount. Such change in the premium mode will only be allowed subject to a similar change for the Base Policy to which this rider is attached.
- 6.3. The premium rates are guaranteed for five years and can be reviewed post IRDAI approval. Any modification will be intimated to the Eligible Person/Policyholder at least at least three months prior to the date when such revision or modification comes into effect.

In the event the policyholder makes a choice of monthly premium payment mode, three (3) months premiums shall be collected in advance on the date of commencement of the policy and adjusted towards the policy only on the due dates. These advance premiums shall be non-refundable, except in case of Free Look Cancellation of this policy

(7) GRACE PERIOD:

The grace period allowed for payment of premium under this Rider shall be the same as the grace period mentioned under the Base Policy. The rider coverage continues during the grace period and shall terminate automatically at the end of the grace period if the premium is not paid. If the grace period of the base policy is 15 days, the rider cover will cease after the grace period; however it will be considered for renewal without underwriting till 30 days from the due date of premium.

(8) REINSTATEMENT

If the Rider alone is withdrawn or discontinued then it cannot be reinstated. However, subject to approval of the Company and the prevailing board approved Underwriting policy, if the Base Policy is lapsed, the Rider shall also lapse and this Rider may be reinstated only with the Base Policy subject to payment of all Premiums as applicable to the Base Policy and the Rider from the due date for payment of the first unpaid premiums subject to the following conditions:

- 8.1 A written application is received from the Policyholder by the Company, for reinstatement of the Base Policy and the Rider together with evidence of insurability and health of the Life Assured, if required, to the satisfaction of the Company and such other requirements which may be reasonably prescribed by the Company.

The eligibility for the Rider to be reinstated is further subject to the following conditions:

- 8.1.1. No claim for any Critical Illness has arisen under this Rider Policy.
 - 8.1.2. Rider is not terminated by virtue of attainment of the Rider Risk Cessation Date of the Rider or by virtue of payment of the benefit under the Rider;
 - 8.1.3. The Company has not received a request to terminate the Rider; and
 - 8.1.4. All amounts necessary to reinstate the Rider including interest on due premiums as per the then prevailing rules of the Company are received by the Company.
- 8.2 The Company reserves the right to accept or reject any application for reinstatement of the Rider or accept any application subject to such conditions, as the Company may consider appropriate. The reinstatement, if accepted, may come into effect from such date as the Company may communicate in writing. Since the Company shall be relying on the statements made by the Policyholder / Life Assured to the Company and its medical examiner in deciding on reinstatement of a lapsed Base Policy/Rider, if any incorrect or untrue statement has been made or any material fact has been suppressed, the Company shall be entitled to cancel the reinstatement of the Rider and repudiate any claim for Benefits under the Rider so reinstated and refund the entire amount paid towards such reinstatement excluding the cost incurred towards medical examination and stamp duty (if applicable) to the Eligible Person.

(9) TERMINATION:

This Rider shall terminate on the earlier of any one of the below:

- 9.1. Non-payment of rider premium within the grace period.
- or

- 9.2. Base Policy attaining the paid-up status or Surrender of the Base Policy or Termination of Base Policy.
- or
- 9.3. On Diagnosis of Critical Illness Condition within the Waiting Period.
- or
- 9.4. The date of the first occurrence of the eligible Critical Illness on which this benefit becomes payable.
- or
- 9.5. On attaining Rider Risk Cessation Date.

(10) DOCUMENTATION FOR CLAIM - PROOF OF CRITICAL ILLNESS

In the event of a claim for Critical Illness Benefits arising under this Rider, the Eligible Person shall endeavor to intimate the Company in writing of the claim along with the following documents within 60 days of the claim arising to enable the Company to process the claim.

- 10.1. Evidence provided by Specialist, and,
- 10.2. Appropriate Medical Investigations and/or reports including, but not limited to, clinical, radiological, histological and laboratory evidence; and

If the Life Assured requires a surgical procedure to be performed, the procedure must be the usual treatment for the Insured Event and be medically necessary, and

Delay in intimation of claim or submission of documents for the reasons beyond the control of the insured/claimant may be condoned by the Company.

Note: Notwithstanding anything contained in this Clause and depending upon the cause or nature of claim, the Company reserves the right to call for additional documents or information, including documents/information concerning the Critical Illness, title of the person claiming Benefits, age of the Life Assured as stated in the Proposal, if not previously admitted under this Rider, to the satisfaction of the Company, for processing of the claim. The Company further reserves the right to call for such medical examinations as it may require and for this purpose, may advise the Life Assured to submit himself/herself to further medical examinations by a Specialist approved by the Company for this purpose. The decision of the Specialist approved by the Company with reference to the Diagnosis of Critical Illness shall be final. Any failure to provide the required proof or to submit to such medical examinations will result in repudiation of the claim under this Rider. In that event the Company shall not be liable to refund any premiums paid under this Rider. Payment of the Critical Illness Benefit under the Rider shall be subject to deduction of any indebtedness to, or lien of, the Company under the Rider. The Company shall settle claims including its rejections, within 30 days of the receipt of the last necessary document/s.

(11) PARTICIPATION IN SURPLUS:

If the Rider is attached to a participating traditional product then the surplus arising from Rider would be considered for declaring bonus from the fund to which the Base Policy belongs.

(12) SURRENDER VALUE:

No surrender value is payable under this Rider Policy.

(13) LOANS:

No loans will be admissible under this Rider Policy.

(14) FREE LOOK PROVISIONS

The Policyholder shall have a period of 15 days (30 days if the Policy is sourced through Distance Marketing) from the date of receipt of the Policy document to review the terms and conditions of this Policy and if the Policyholder disagrees with any of the terms and conditions, he/she has the option to return the Policy stating the reasons for the objections upon which the Company shall return the Premium paid subject to deduction of a proportionate risk Premium for the period of insurance cover in addition to the expenses incurred on medical examination (if any) and the stamp duty Charges. All Benefits and rights under this Policy shall immediately stand terminated at the cancellation of the Policy

(15) AGE:

The age of the Life Assured has been admitted on the basis of the declaration by the Life Assured / Proposer in the Proposal form of the Base Policy. If the age of the Life Assured is found to be different from that declared, the Company may, at its discretion, adjust either the premiums or the Benefits as it deems fit. The Rider shall however become void from commencement, if the age of the Life Assured at the Risk Commencement Date is found to be higher than the maximum or lower than the minimum entry age that was permissible under the Rider at the time of its issue.

(16) FORFEITURE IN CERTAIN EVENTS:

In case the premiums have not been duly paid or any conditions applicable to this Rider have been contravened or violated or it is found that any untrue or incorrect statement is contained in the Proposal form of the Base Policy/declaration of health for the Rider, Declaration or any personal statement and connected documents or any material information is withheld, then in any such case but subject to the provisions of section 45 of the Insurance Act 1938, the Rider shall become null and void and all monies received by the Company under this Rider shall stand forfeited to the Company and the Company shall be relieved and discharged from all its obligations under this Rider including inter alia from its obligations to pay Benefits under this Rider.

If the Life Assured is diagnosed within the Waiting Period, the Rider will terminate without any benefits being payable and no premiums will be refunded to the Policyholder.

Notice of any nomination must be submitted in writing to the Company at its office issuing this Policy or at the office servicing this Policy as communicated to the Policyholder from time to time.

(17) NOMINATION

Nomination should be in accordance with provisions of sec 39 of the Insurance Act 1938 as amended from time to time.

[A Leaflet containing the simplified version of the provisions of Section 39 is enclosed in Annexure – (1) for reference]

(18) ASSIGNMENT

Assignment is not allowed under this Rider Policy.

(19) Contact Information for Policy Servicing, Feedback, Complaints & Grievance Redressal

**Level 1
For Policy Servicing and Complaints**

Call Us	Contact Us
1800 419 8228 (Toll Free) +91 80 4134 5444	At your nearest branch office Call the toll free number to ascertain the address of the nearest branch office Write to customer.service@exidelife.in

Level 2

In case the Eligible Person is not satisfied with the decision of the above office, or have not received any response within 10 days, the Eligible Person may contact the following official for resolution:

The Complaints Officer
Exide Life Insurance Company Limited
3rd Floor, JP Techno Park, No.3/1,
Millers Road, Bengaluru - 560 001.
Email: complaintscell@exidelife.in
Toll Free Number: 1800 419 8228
Tel No: 080 4134 5134

Please quote the reference number provided to you along with Policy/contract number.

**Level 3
Head Customer Service**

In case the Eligible Person is not satisfied with the decision of the above, the Eligible Person can write to Head Customer Service at head.customerservice@exidelife.in

If you are not satisfied with the response or do not receive a response from us within 14 days, you may approach the Grievance Cell of the Insurance Regulatory and Development Authority of India (IRDAI) on the following contact details:

IRDAI Grievance Call Centre (IGCC) **TOLL FREE NO: 155255**
 Email ID: complaints@irda.gov.in

You can also register your complaint online at <http://www.igms.irda.gov.in/>

Address for communication for complaints by fax/paper:

**Consumer Affairs Department
Insurance Regulatory and Development Authority of India
9th floor, United India Towers, Basheerbagh,
Hyderabad – 500 029, Telangana
Fax No: 91- 40 – 6678 9768**

Level 4

In case the Eligible Person is not satisfied with the decision/resolution of the Company, the Eligible Person may approach the nearest Insurance Ombudsman as per the address mentioned in **Annexure 'A'** if Your grievance pertains to:

- Insurance claim that has been rejected or dispute of a claim on legal construction of the Policy
- Delay in settlement of claim
- Dispute with regard to Premium
- Non-receipt of Your insurance document

The complaint should be made in writing duly signed by the complainant or by his legal representative with full details of the complaint and the contact information of complainant.

As per provision 13(3) of the Redressal of Public Grievances Rules 1998, the complaint to the Ombudsman can be made

- only if the grievance has been rejected by the Grievance Redressal Machinery of the Insurer
- within a period of one year from the date of rejection by the insurer
- if it is not simultaneously under any litigation

(20) Prohibition of Rebate: Under the provisions of Section 41 of the Insurance Act, 1938

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

(21) Fraud, Misrepresentation and forfeiture: Fraud, Misrepresentation and forfeiture would be dealt with in accordance with provisions of Sec 45 of the Insurance Act 1938 as amended from time to time.

[A Leaflet containing the simplified version of the provisions of Section 45 is enclosed in Annexure – (2) for reference]

APPENDIX A: List of Critical Illnesses

OPTION A: 4 (Four) Critical Illnesses

The Critical Illnesses covered under this Rider are as defined below:

1. Cancer of Specified Severity:

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

Exclusion

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

2. First Heart Attack- Of Specified Severity:

The first occurrence of 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 this will 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.

Exclusion

- a. Non-ST-segment elevation myocardial infarction (NSTEMI) with elevation of Troponin I or T
- b. Other acute Coronary Syndromes
- c. Any type of angina pectoris.

3. Stroke Resulting in Permanent Symptoms:

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

Exclusion

- a. Transient ischemic attacks (TIA)
- b. Traumatic injury of the brain
- c. Vascular disease affecting only the eye or optic nerve or vestibular functions.

4. Open Chest Coronary Artery Bypass Surgery (CABG):

The actual undergoing of open chest surgery for the correction of one or more coronary arteries, which is/are narrowed or blocked, by coronary artery bypass graft (CABG). The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a specialist medical practitioner.

Exclusion

- a. Angioplasty and/or any other intra-arterial procedures
- b. Any key-hole or laser surgery.

"Medical Terms" used to define the Critical Illness in Appendix A unless herein specified, will have the technical meaning as generally understood and used by medical Specialist in the relevant field.

OPTION B: 25 (Twenty Five) Critical Illnesses

The Critical Illnesses covered under this Rider are as defined below:

1. Cancer of Specified Severity:

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

Exclusion

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

2. First Heart Attack- Of Specified Severity:

The first occurrence of 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 this will 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.

Exclusion

- a. Non-ST-segment elevation myocardial infarction (NSTEMI) with elevation of Troponin I or T
- b. Other acute Coronary Syndromes
- c. Any type of angina pectoris.

3. Stroke Resulting in Permanent Symptoms:

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

Exclusion

- a. Transient ischemic attacks (TIA)
- b. Traumatic injury of the brain
- c. Vascular disease affecting only the eye or optic nerve or vestibular functions.

4. Open Chest Coronary Artery Bypass Surgery (CABG):

The actual undergoing of open chest surgery for the correction of one or more coronary arteries, which is/are narrowed or blocked, by coronary artery bypass graft (CABG). The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a specialist medical practitioner.

Exclusion

- a. Angioplasty and/or any other intra-arterial procedures
- b. Any key-hole or laser surgery.

5. Kidney Failure requiring Regular Dialysis:

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

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

The following are excluded:

- a. Other stem-cell transplants.
- b. Where only islets of Langerhans are transplanted.

7. Benign Brain Tumor:

A benign tumor in the brain where all of the following conditions are met:

- i. It is life threatening;
- ii. It has caused damage to the brain;
- iii. It has undergone surgical removal or, if inoperable, has caused a permanent neurological deficit; and
- iv. Its presence must be confirmed by a neurologist or neurosurgeon and supported by findings on Magnetic Resonance Imaging, Computerized Tomography, or other reliable imaging techniques.

The following are excluded:

- a. Cysts;
- b. Granulomas;
- c. Vascular malformations;
- d. Haematomas; and
- e. Tumors of the pituitary gland or spinal cord
- f. Tumors of acoustic nerve (acoustic neurons)

8. Permanent Paralysis of Limbs:

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

9. 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.

10. Total Blindness:

Total, permanent and irreversible loss of all vision (visual acuity of less than 6/60 in the better eye even with the use of visual aids) in both eyes as a result of illness or accident. This diagnosis must be confirmed by a Consultant Ophthalmologist. The blindness must not be correctable by aides or surgical procedures.

To establish permanent loss of vision, total loss of vision should normally need to have persisted for at least six consecutive months.

11. Major Burns:

Third degree (full thickness of the skin) burns covering at least 20% of the surface of the life assured's body. The condition (diagnosis and the total area involved using standardized, clinically accepted, body surface area charts) must be confirmed by a consultant physician acceptable to the Company.

Exclusion

- a. Burns arising due to self infliction.

12. 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.

13. Surgery of Aorta:

The actual undergoing of surgery via thoracotomy or laparotomy for a disease or injury of the aorta needing excision and surgical replacement of the diseased part of the aorta with a graft.

The term "aorta" means the thoracic and abdominal aorta but not its branches.

Exclusion

- a. Stent-grafting.

14. Motor Neuron disease with Permanent Symptoms:

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

15. Multiple sclerosis with Persisting Symptoms:

The definite occurrence of multiple sclerosis. The diagnosis must be supported by all of the following:

- i. investigations including typical MRI and CSF findings, which unequivocally confirm the diagnosis to be multiple sclerosis;

- 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, and
- iii. well documented clinical history of exacerbations and remissions of said symptoms or neurological deficits with at least two clinically documented episodes at least one month apart.

Exclusions

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

16. Aplastic Anemia:

Chronic persistent bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least one of the following:

- i. Repeated blood transfusions;
- ii. Marrow stimulating agents;
- iii. Immunosuppressive agents; or
- iv. Bone marrow transplant

The diagnosis of irreversible aplastic anemia must be confirmed by a Hematologist acceptable to the Company. Two out of the following three values must be present:

- 1. Absolute neutrophil count of 500 per cubic millimeter or less;
- 2. Reticulocyte count of 20,000 per cubic millimeter or less;
- 3. Platelet count of 20,000 per cubic millimeter or less.

Exclusion

- a. Temporary or reversible aplastic anemia is excluded and not covered in this Policy.

17. End Stage Liver Disease:

End Stage Liver Disease means chronic end stage liver failure evidenced by at least three of the following:

- i. Uncontrollable Ascites
- ii. Permanent Jaundice
- iii. Esophageal or Gastric Varices and Portal Hypertension
- iv. Hepatic Encephalopathy.

Exclusion

- a. Liver disease arising out of or secondary to alcohol or drug abuse.

18. Chronic Lung Disease:

End Stage Lung Disease, causing chronic respiratory failure including Chronic Interstitial Lung Disease.

The following criteria must be met:

- i. FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart; and
- ii. Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and
- iii. Arterial blood gas analyses with partial oxygen pressures of 55mmHG or less ($PaO_2 < 55\text{mmHg}$); and
- iv. Dyspnea at rest.

This diagnosis must be confirmed by a Consultant Pulmonologist acceptable to the Company.

19. Alzheimer's Disease

Progressive and permanent deterioration of memory or loss of intellectual capacity as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's disease resulting in significant reduction in mental and social functioning requiring the continuous supervision of the Life Assured. This diagnosis must be supported by the clinical confirmation of an appropriate consultant neurologist and supported by the Company's appointed doctor. This condition shall be medically document for continuous period of at least 3 (three) months.

Exclusion

- a. Non-organic diseases such as neurosis and psychiatric illnesses; and
- b. Alcohol related brain damage.
- c. Any other type of irreversible organic disorder / dementia.

20. Parkinson's Disease

The unequivocal diagnosis of primary idiopathic Parkinson's disease (all other forms of Parkinsonism are excluded) made by a consultant neurologist. This diagnosis must be supported by all of the following conditions:

- i. The disease cannot be controlled with medication;
- ii. Objective sign of progressive impairment; and
- iii. There is an inability of the Life Assured to perform (whether aided or unaided) at least 3 of the following "Activities of Daily Living" for a continuous period of at least 3 months.

The Activities of Daily Living are:

1. Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
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 bed to an upright chair or wheelchair and vice versa;
4. Mobility: the ability to move indoors from room to room on level surfaces;
5. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
6. Feeding: the ability to feed oneself once food has been prepared and made available

Exclusion

- a. Drug-induced or toxic causes of Parkinsonism.

21. Loss of Speech

Total, permanent and irrecoverable loss of the ability to speak due to physical injury or damage to the vocal cords. The inability to speak must be established for a continuous period of 6 (six) months. This diagnosis must be supported by medical evidence furnished by an Ear, Nose, Throat (ENT) specialist.

Exclusion

- a. All psychiatric related causes of loss of speech.

No benefit will be payable if, in general medical opinion, a device, or implant could result in the partial or total restoration of speech.

22. Major Head Trauma

Major trauma to head causing permanent neurological deficit resulting in the inability to perform (whether aided or unaided) 3 (three) or more Activities of Daily Living. This condition shall be assessed no sooner than 6(six) weeks from date of accident.

The Activities of Daily Living are:

1. Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
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 bed to an upright chair or wheelchair and vice versa;
4. Mobility: the ability to move indoors from room to room on level surfaces;
5. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
6. Feeding: the ability to feed oneself once food has been prepared and made available.

This diagnosis must be confirmed by a consultant neurologist and supported by unequivocal findings on MRI CT Scan, or other reliable imaging techniques. The head injury must be caused solely and directly by accidental, violent, external and visible means and independent of all other causes.

Exclusion

- a. Spinal cord injury; and
- b. Brain dysfunction due to any other causes other than accident.

23. Primary Pulmonary Hypertension

Primary Pulmonary Hypertension with substantial right ventricular enlargement confirmed by investigations including cardiac catheterization, resulting in permanent physical impairment of at least Class IV of the New York Heart Association (NYHA) Classification of Cardiac Impairment. The diagnosis of primary pulmonary hypertension needs to be made by a cardiologist or a Specialist in respiratory medicine and needs to be supported by data provided at cardiac catheterisation.

The diagnosis must be supported by all three (3) of the following criteria:

1. Mean pulmonary artery pressure > 40 mmHg; and
2. Pulmonary vascular resistance > 3 mmHg / L / min; and
3. Normal pulmonary wedge pressure < 15 mmHg.

New York Heart Classification:

Class I: Patients with cardiac disease but without resulting limitation of physical activity. Ordinary physical activity does not cause undue fatigue, palpitation, dyspnea or angina pain.

Class II: Patients with cardiac disease results in slight limitation of physical activity. They are comfortable at rest. Ordinary physical activity results in fatigue, palpitation, dyspnea or angina pain.

Class III: Patients with cardiac disease resulting in marked limitation of physical activity. They are comfortable at rest. Less than ordinary activity causes fatigue, palpitation, dyspnea or anginal pain.

Class IV: Patients with cardiac disease resulting in inability to carry on any physical activity without discomfort. Symptoms of heart failure or the angina syndrome may be present even at rest. If any physical activity is undertaken, discomfort increases.

Exclusion

- a. Pulmonary hypertension associated with lung disease.
- b. Chronic hypoventilation
- c. Pulmonary thromboembolic disease
- d. Diseases of the left side of the heart
- e. Congenital heart disease.

24. Systemic Lupus Erythematosus with Lupus Nephritis

A multi-system, multifactorial, autoimmune disease characterized by the development of auto-antibodies directed against various self-antigens. In respect of this Contract, Systemic Lupus Erythematosus will be restricted to those forms of systemic lupus erythematosus which involve the kidneys (Class III to Class V Lupus Nephritis, established by renal biopsy, and in accordance with the WHO Classification). The final diagnosis must be confirmed by a certified doctor specializing in Rheumatology and Immunology. There must be positive antinuclear antibody test.

Exclusion

Other forms, discoid lupus, and those forms with only hematological and joint involvement.

WHO Classification of Lupus Nephritis:

Class I: Minimal change Lupus Glomerulonephritis- Negative, normal urine.

Class II: Mesangial Lupus Glomerulonephritis- Moderate Proteinuria, active sediment

Class III: Focal Segmental Proliferative Lupus Glomerulonephritis- Proteinuria, active sediment.

Class IV: Diffuse Proliferative Lupus Glomerulonephritis- Acute nephritis with active sediment and / or nephritic syndrome.

Class V: Membranous Lupus Glomerulonephritis- Nephrotic Syndrome or severe proteinuria.

25. Apallic Syndrome:

Universal necrosis of the brain cortex with the brainstem remaining intact. Diagnosis must be confirmed by a Neurologist and condition must be documented for at least one month with no hope of recovery.

"Medical Terms" used to define the Critical Illness in Appendix A unless herein specified, will have the technical meaning as generally understood and used by medical Specialist in the relevant field.

Annexure – (1)

Section 39 - Nomination by Policyholder

Nomination of a life insurance policy should be in accordance with Section 39 of the Insurance Act, 1938 as amended from time to time. The extant provisions in this regard are as follows:

01. The policyholder of a life insurance on his own life may nominate a person or persons to whom money secured by the policy shall be paid in the event of his death.

02. Where the nominee is a minor, the policyholder may appoint any person to receive the money secured by the policy in the event of policyholder's death during the minority of the nominee. The manner of appointment to be laid down by the insurer.

03. Nomination can be made at any time before the maturity of the policy.

04. Nomination may be incorporated in the text of the policy itself or may be endorsed on the policy communicated to the insurer and can be registered by the insurer in the records relating to the policy.

05. Nomination can be cancelled or changed at any time before policy matures, by an endorsement or a further endorsement or a will as the case may be.

06. A notice in writing of Change or Cancellation of nomination must be delivered to the insurer for the insurer to be liable to such nominee. Otherwise, insurer will not be liable if a bonafide payment is made to the person named in the text of the policy or in the registered records of the insurer.

07. Fee to be paid to the insurer for registering change or cancellation of a nomination can be specified by the Authority through Regulations.

08. On receipt of notice with fee, the insurer should grant a written acknowledgement to the policyholder of having registered a nomination or cancellation or change thereof.

09. A transfer or assignment made in accordance with Section 38 shall automatically cancel the nomination except in case of assignment to the insurer or other transferee or assignee for purpose of loan or against security or its reassignment after repayment. In such case, the nomination will not get cancelled to the extent of insurer's or transferee's or assignee's interest in the policy. The nomination will get revived on repayment of the loan.

10. The right of any creditor to be paid out of the proceeds of any policy of life insurance shall not be affected by the nomination.

11. In case of nomination by policyholder whose life is insured, if the nominees die before the policyholder, the proceeds are payable to policyholder or his heirs or legal representatives or holder of succession certificate.

12. In case nominee(s) survive the person whose life is insured, the amount secured by the policy shall be paid to such survivor(s).

13. Where the policyholder whose life is insured nominates his

- a. parents or
- b. spouse or
- c. children or
- d. spouse and children
- e. or any of them

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

14. If nominee(s) die after the policyholder but before his share of the amount secured under the policy is paid, the share of the expired nominee(s) shall be payable to the heirs or legal representative of the nominee or holder of succession certificate of such nominee(s).

15. The provisions of sub-section 7 and 8 (13 and 14 above) shall apply to all life insurance policies maturing for payment after the commencement of Insurance Laws (Amendment) Ordinance, 2014 (i.e 26.12.2014).

16. If policyholder dies after maturity but the proceeds and benefit of the policy has not been paid to him because of his death, his nominee(s) shall be entitled to the proceeds and benefit of the policy.

17. The provisions of Section 39 are not applicable to any life insurance policy to which Section 6 of Married Women's Property Act, 1874 applies or has at any time applied except where before or after Insurance Laws (Ordinance) 2014, a nomination is made in favour of spouse or children or spouse and children whether or not on the face of the policy it is mentioned that it is made under Section 39. Where nomination is intended to be made to spouse or children or spouse and children under Section 6 of MWP Act, it should be specifically mentioned on the policy. In such a case only, the provisions of Section 39 will not apply.

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

Annexure – (2)

Section 45 – Policy shall not be called in question on the ground of mis-statement after three years

Provisions regarding policy not being called into question in terms of Section 45 of the Insurance Act, 1938, as amended from time to time. The extant provisions in this regard are as follows:

01. No Policy of Life Insurance shall be called in question **on any ground whatsoever** after expiry of 3 yrs from

- a. the date of issuance of policy or
- b. the date of commencement of risk or
- c. the date of revival of policy or
- d. the date of rider to the policy

whichever is later.

02. On the ground of fraud, a policy of Life Insurance may be called in question within 3 years from

- a. the date of issuance of policy or
- b. the date of commencement of risk or
- c. the date of revival of policy or
- d. the date of rider to the policy

whichever is later.

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

03. Fraud means any of the following acts committed by insured or by his agent, with the intent to deceive the insurer or to induce the insurer to issue a life insurance policy:

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

04. Mere silence is not fraud unless, depending on circumstances of the case, it is the duty of the insured or his agent keeping silence to speak or silence is in itself equivalent to speak.

05. No Insurer shall repudiate a life insurance Policy on the ground of Fraud, if the Insured / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate

intention to suppress the fact or that such mis-statement of or suppression of material fact are within the knowledge of the insurer. Onus of disproving is upon the policyholder, if alive, or beneficiaries.

06. Life insurance Policy can be called in question within 3 years on the ground that any statement of or suppression of a fact material to expectancy of life of the insured was incorrectly made in the proposal or other document basis which policy was issued or revived or rider issued. For this, the insurer should communicate in writing to the insured or legal representative or nominee or assignees of insured, as applicable, mentioning the ground and materials on which decision to repudiate the policy of life insurance is based.
07. In case repudiation is on ground of mis-statement and not on fraud, the premium collected on policy till the date of repudiation shall be paid to the insured or legal representative or nominee or assignees of insured, within a period of 90 days from the date of repudiation.
08. Fact shall not be considered material unless it has a direct bearing on the risk undertaken by the insurer. The onus is on insurer to show that if the insurer had been aware of the said fact, no life insurance policy would have been issued to the insured.
09. The insurer can call for proof of age at any time if he is entitled to do so and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof of age of life insured. So, this Section will not be applicable for questioning age or adjustment based on proof of age submitted subsequently.

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

Annexure A: Insurance Ombudsman Centers

CONTACT DETAILS	JURISDICTION
<p>AHMEDABAD Office of the Insurance Ombudsman, 2nd floor, Ambica House, Near C.U. Shah College, Ashram Road, Ahmedabad – 380 014 Tel.:- 079-27546150/139 Fax:- 079-27546142 Email:- bimalokpal.ahmedabad@gbic.co.in</p>	<p>State of Gujarat and Union Territories of Dadra & Nagar Haveli and Daman and Diu.</p>
<p>BENGALURU Office of the Insurance Ombudsman, 24th Main Road, Jeevan Soudha Bldg. JP Nagar, 1st Phase, Bengaluru – 560025. Tel No: 080-22222049/22222048 Email: bimalokpal.bengaluru@gbic.co.in</p>	<p>State of Karnataka</p>
<p>BHOPAL Office of the Insurance Ombudsman, 2nd Floor, Janak Vihar Complex, 6, Malviya Nagar, Opp. Airtel, Near New Market, Bhopal (M.P.)-462 003. Tel.:- 0755-2769201/9202 Fax : 0755-2769203 Email: bimalokpal.bhopal@gbic.co.in</p>	<p>States of Madhya Pradesh and Chattisgarh.</p>
<p>BHUBANESHWAR Office of the Insurance Ombudsman, 62, Forest Park, Bhubaneswar-751009. Tel.:- 0674-2596455/2596003 Fax : 0674-2596429 Email: bimalokpal.bhubaneswar@gbic.co.in</p>	<p>State of Orissa.</p>
<p>CHANDIGARH Office of the Insurance Ombudsman, S.C.O. No.101-103,2nd Floor, Batra Building, Sector 17-D, Chandigarh-160 017. Tel.:- 0172-2706468/2705861 Fax : 0172-2708274 Email: bimalokpal.chandigarh@gbic.co.in</p>	<p>States of Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir and Union territory of Chandigarh.</p>
<p>CHENNAI Office of the Insurance Ombudsman, Fathima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, Chennai-600 018.</p>	<p>State of Tamil Nadu and Union Territories - Pondicherry Town and Karaikal (which are part of Union Territory of Pondicherry).</p>

<p>Tel.:- 044-24333668 /24335284 Fax : 044-24333664 Email: bimalokpal.chennai@gbic.co.in</p>	
<p>NEW DELHI Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Bldg., Asaf Ali Road, New Delhi-110 002. Tel.:- 011-23237539/23232481 Fax : 011-23230858 Email: bimalokpal.delhi@gbic.co.in</p>	<p>States of Delhi.</p>
<p>ERNAKULAM Office of the Insurance Ombudsman, 2nd Floor, CC 27 / 2603, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.:- 0484-2358759/2359338 Fax:- 0484-2359336 Email:- bimalokpal.ernakulam@gbic.co.in</p>	<p>State of Kerala and Union Territory of (a) Lakshadweep (b) Mahe-a part of Union Territory of Pondicherry.</p>
<p>GUWAHATI Insurance Ombudsman, Office of the Insurance Ombudsman, "Jeevan Nivesh", 5th Floor, Near Panbazar Overbridge, S.S. Road, Guwahati-781 001 (ASSAM). Tel.:- 0361-2132204/5 Fax : 0361-2732937 Email: bimalokpal.guwahati@gbic.co.in</p>	<p>States of Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.</p>
<p>HYDERABAD Office of the Insurance Ombudsman, 6-2-46, 1st Floor, Moin Court, A.C. Guards, Lakdi-Ka-Pool, Hyderabad-500 004. Tel : 040-65504123/23312122 Fax: 040-23376599 Email: bimalokpal.hyderabad@gbic.co.in</p>	<p>States of Andhra Pradesh, Telangana and Union Territory of Yanam and a part of the Union Territory of Pondicherry.</p>
<p>JAIPUR Office of the Insurance Ombudsman, Ground Floor, Jeevan Nidhi II, Bhawani Singh Road, Jaipur – 302005 Tel : 0141-2740363 Email: bimalokpal.jaipur@gbic.co.in</p>	<p>State of Rajasthan</p>
<p>KOLKATA Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4, C.R. Avenue, 4th Floor, Kolkata - 700 072. Tel : 033-22124339/22124340 Fax : 033-22124341 Email:- bimalokpal.kolkata@gbic.co.in</p>	<p>States of West Bengal, Bihar, Sikkim, Jharkhand and Union Territories of Andaman and Nicobar Islands.</p>
<p>LUCKNOW</p>	<p>States of Uttar Pradesh and Uttaranchal.</p>

<p>Office of the Insurance Ombudsman, Jeevan Bhawan, Phase-2, 6th Floor, Nawal Kishore Road, Hazaratganj, Lucknow-226 001. Tel : 0522 -2231331/2231330 Fax : 0522-2231310 Email: bimalokpal.lucknow@gbic.co.in</p>	
<p>MUMBAI Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S.V. Road, Santacruz(W), Mumbai-400 054. Tel : 022-26106928/26106552 Fax : 022-26106052 Email: bimalokpal.mumbai@gbic.co.in</p>	<p>States of Goa and Mumbai Metropolitan Region excluding areas of Navi Mumbai & Thane</p>
<p>PUNE 2nd Floor, Jeevan Darshan, N.C. Kelkar Road, Narayanpet, Pune – 411030. Tel: 020-32341320 Email: bimalokpal.pune@gbic.co.in</p>	<p>State of Maharashtra, Area of Navi Mumbai & Thane but excluding Mumbai Metropolitan Region</p>

Note: For current ombudsman list please visit <http://www.irda.gov.in>

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