

The Term Plan that's more than just a term plan.



Cover till
85 years*



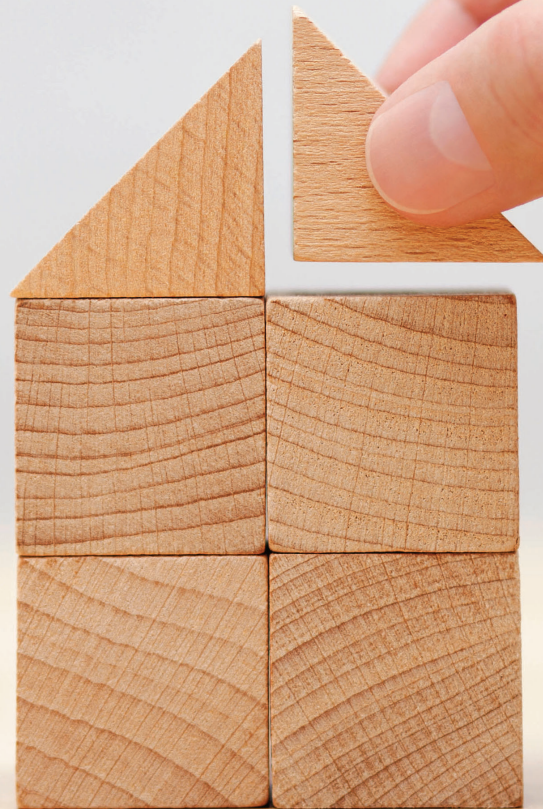
Life plus
Health cover
option



Flexibility to
choose your
policy term & premium
payment terms**



All-In-One
cover option



THIS IS AN INDIVIDUAL, NON-LINKED, NON-PARTICIPATING(WITHOUT PROFITS), PURE RISK PREMIUM, LIFE INSURANCE PLAN.

FUTURE GENERALI EXPRESS TERM LIFE PLAN

THIS IS AN INDIVIDUAL, NON-LINKED, NON-PARTICIPATING(WITHOUT PROFITS), PURE RISK PREMIUM, LIFE INSURANCE PLAN.

Life can be unpredictable. It can surprise everyone once in a while. The question then is how prepared are we for the uncertainties of life?

We may not be able to predict the future, but we can plan in time and secure the future of our loved ones. Protection Solution can now be tailored according to your preferences and choices. With Future Generali's Express Term Life Plan you can secure your family's lifestyle, today and tomorrow.

THREE REASONS WHY YOU SHOULD BUY THIS PLAN:

1. Offers comprehensive long term protection at affordable rates
2. Customised plan to suit your individual requirements
3. Flexibility to choose your policy and premium terms

HERE IS WHAT YOU GET IN THE PLAN:

1. Four options to choose from

Depending on your protection needs, you can choose from any one of the following options:

Option 1: Life Cover

Option 2: Extra Life Cover

Option 3: Life plus Health Cover

Option 4: All-in-One Cover

Your premium amount will vary according to the option you have chosen. The option has to be chosen at inception and cannot be changed during the term of the policy.

2. Select your own Policy Term and Premium Payment Term

The plan gives you the flexibility to choose the period of protection and the period of premium payment (minimum policy term and premium payment term of 5 years).

3. Lower premium rates for women

4. Tax benefits

You may be eligible for availing tax benefits under Section 80 C, Section 80 D and proviso to Section 10 (10 D) of the Income Tax Act, 1961. These benefits are subject to change as per the prevailing tax laws.

EASY STEPS TO KEEP YOURSELF COVERED

STEP 1

Choose a protection option that works for you



Option 1: Life Cover:

Provides lump sum benefit on death or terminal illness, whichever happens earlier. In case of Accidental Total and Permanent Disability (ATPD), all future premiums under the policy are waived off.



Option 2: Extra Life Cover:

In addition to the benefits under Option 1: Life Cover, this option also provides an additional lump sum benefit in case of death due to accident.



Option 3: Life plus Health Cover:

In addition to the benefits under Option 1: Life Cover, this option also provides Critical Illness Benefit, if the Life Assured is diagnosed with or undergoes any one procedure out of the listed 34 Critical Illnesses.



Option 4: All-In-One Cover:

In addition to the benefits under Option 1: Life Cover, this option provides

- An additional lump sum benefit in case of death due to accident
- Critical Illness Benefit, if the Life Assured is diagnosed with /undergoes any one procedure out of the listed 34 Critical Illnesses.

STEP 2

Choose the amount of insurance cover (Sum Assured) you desire under this policy

STEP 3

Choose the duration of cover (Policy Term) and the Premium Payment Term as per your convenience

STEP 4

Get your premium calculated, fill the application form and get a customised quote. Our advisor will help you with the calculations

STEP 5

Start paying your premiums regularly and stay financially protected

Note : 1. The above mentioned benefits are subject to policy being in-force.

2. The minimum and maximum criteria of Sum Assured, Policy Term and Premium Payment Term are mentioned under the eligibility conditions below (Life Insurance Plan Summed Up).

3. Critical Illness Benefit is an accelerated Benefit and the Benefit paid on Critical Illness shall be deducted from your Death Benefit or Terminal Illness Benefit whichever is payable in future.

LIFE INSURANCE PLAN SUMMED UP

PARAMETER	CRITERION		
ENTRY AGE (AS ON LAST BIRTHDAY)	18 years to 65 years		
MATURITY AGE	For Option 1 and 2: 23 years to 85 years For Option 3 and 4: 23 years to 80 years		
PLAN OPTIONS	Option 1: Life Cover Option 2: Extra Life Cover Option 3: Life plus Health Cover Option 4: All-in-One Cover		
PREMIUM PAYMENT TERM/POLICY TERM	Premium Payment Term/Option	Option 1 and 2 Policy Term	Option 3 and 4 Policy Term
	5 Years	5/10/15/20/25/30/ (85 less age at entry) years	Equal to Premium Payment Term
	10 Years	10/15/20/25/30/ (85 less age at entry) years	Equal to Premium Payment Term
	15 Years	15/20/25/30/ (85 less age at entry) years	Equal to Premium Payment Term
	60 years less age at entry subject to minimum of 5 years	5/10/15/20/25/30/ (85 less age at entry) years subject to Premium Paying Term not higher than Policy Term	Equal to Premium Payment Term
	Regular Pay	5 years to (85 less age at entry) years subject to Policy Term equal to Premium Payment Term	5 years to (80 less age at entry) years subject to Policy Term equal to Premium Payment Term

PARAMETER	CRITERION
SUM ASSURED	Minimum- 25 Lacs Maximum- No Limit (Subject to Underwriting by the Company)
ACCIDENTAL DEATH SUM ASSURED	Minimum- 5 Lacs Maximum- Sum Assured (Subject to Underwriting by the Company)
CRITICAL ILLNESS SUM ASSURED	Minimum- 5 Lacs Maximum- 50% of Sum Assured or Rs. 1 Crore, whichever is lower (Subject to Underwriting Policy of the Company)
PREMIUM PAYMENT FREQUENCY	Yearly, Half Yearly, Quarterly and Monthly
PREMIUM AMOUNT	Minimum Premium- Monthly Mode – ₹500 Quarterly Mode - ₹1000 Half Yearly – ₹1000 Yearly - ₹2000 Maximum Premium- No Limit (as per Sum Assured)

Note: Premiums mentioned above are excluding taxes and extra underwriting premium, if any.

Sample premium for a healthy non-smoker fully underwritten male lives (excluding applicable taxes, extra underwriting premium and modal loading, if any) with Policy Term of 25 years and Premium Paying Term of 25 years with Base Sum Assured of ₹1 crore, Accidental Death Sum Assured of ₹1 crore (if applicable), Critical Illness Sum Assured of ₹50 lakhs (if applicable).

AGE	OPTION 1: LIFE COVER	OPTION 2: EXTRA LIFE COVER	OPTION 3: LIFE PLUS HEALTH COVER	OPTION 4: ALL IN ONE COVER
30	₹7,032	₹11,032	₹18,396	₹22,396
35	₹9,863	₹13,863	₹26,880	₹30,880
40	₹14,611	₹18,611	₹39,769	₹43,769
45	₹22,138	₹26,138	₹63,565	₹67,565
50	₹33,327	₹37,327	₹90,327	₹94,327
55	₹49,248	₹53,248	₹124,920	₹128,920

WHAT ARE YOUR BENEFITS?



Option 1: Life Cover

- This is a pure term plan with an in-built Terminal Illness and Accidental Total and Permanent Disability benefit.
- In this option, a death benefit equal to the Death Sum Assured shall be paid as a lump sum either on the:
 - Death, or
 - Diagnosis of Terminal Illness whichever occurs earlier.
- On the diagnosis of Accidental Total and Permanent Disability (ATPD), the future premiums under the policy for all benefits shall be waived off, subject to the policy being in force and the policy shall continue till the end of the policy term for other insured events.
- The policy shall terminate on the death or on the diagnosis of terminal illness to the Life Assured, whichever is earlier .



Option 2: Extra Life Cover

(Life Cover with Accidental Death Benefit)

- This plan provides life cover as specified in Option 1 and also provides an additional amount equal to Accidental Death Sum Assured which shall be payable on death in case the death happens due to an accident i.e. an amount equal to the Death Sum Assured plus Accidental Death Sum Assured shall be payable.
- The policy shall terminate on the death or on the diagnosis of terminal illness of the Life Assured, whichever is earlier.



Option 3: Life Plus Health Cover

(Life Cover with Accelerated Critical Illness Benefit)

(This option is available only under regular pay)

- This is the same as option 1. Plus, in case the life assured is diagnosed with / undergoes any one procedure out of the listed 34 critical illness conditions, Critical Illness Sum Assured shall be payable and the policy shall continue till the end of the policy term subject to the policy being in force.
- No benefit shall be payable on the diagnosis of any subsequent Critical Illness. However, in case of the Critical Illness procedure - Angioplasty, the Critical Illness claim payment shall be limited to an amount of ₹5 lakh (where Critical Illness Sum Assured is less than ₹50 lakh) or ₹10 lakh (where Critical Illness Sum Assured is greater than or equal to ₹50 lakh). The remaining Critical Illness benefit shall be payable on subsequent diagnosis/undergoes any one procedure out of the other specified Critical Illnesses.
- The Policy shall continue on the payment of Critical Illness Benefit till the end of the policy term subject to payment of all due premiums. However, no premium on account of Critical Illness Benefit shall be payable once the Critical Illness Sum Assured has been paid.
- Death Benefit payable on the death of the life assured shall be an amount equal to the Death Sum Assured less any critical illness benefit already paid.
- The policy shall terminate on the death or on the diagnosis of terminal illness to the Life Assured, whichever is earlier.



Option 4: All-in-One Cover

(Life Cover with Accidental Death Benefit and Accelerated Critical Illness Benefit)

(This option is available only under regular pay)

- This is the same as option 3. Plus an additional amount equal to Accidental Death Sum Assured shall be payable on death in case the death happens due to an accident i.e. an amount equal to the Death Sum Assured plus Accidental Death Sum Assured less any Critical Illness Benefit already paid shall be payable.
- The policy shall terminate on the death or on the diagnosis of terminal illness to the life assured, whichever is earlier.

Note for Death Benefit:

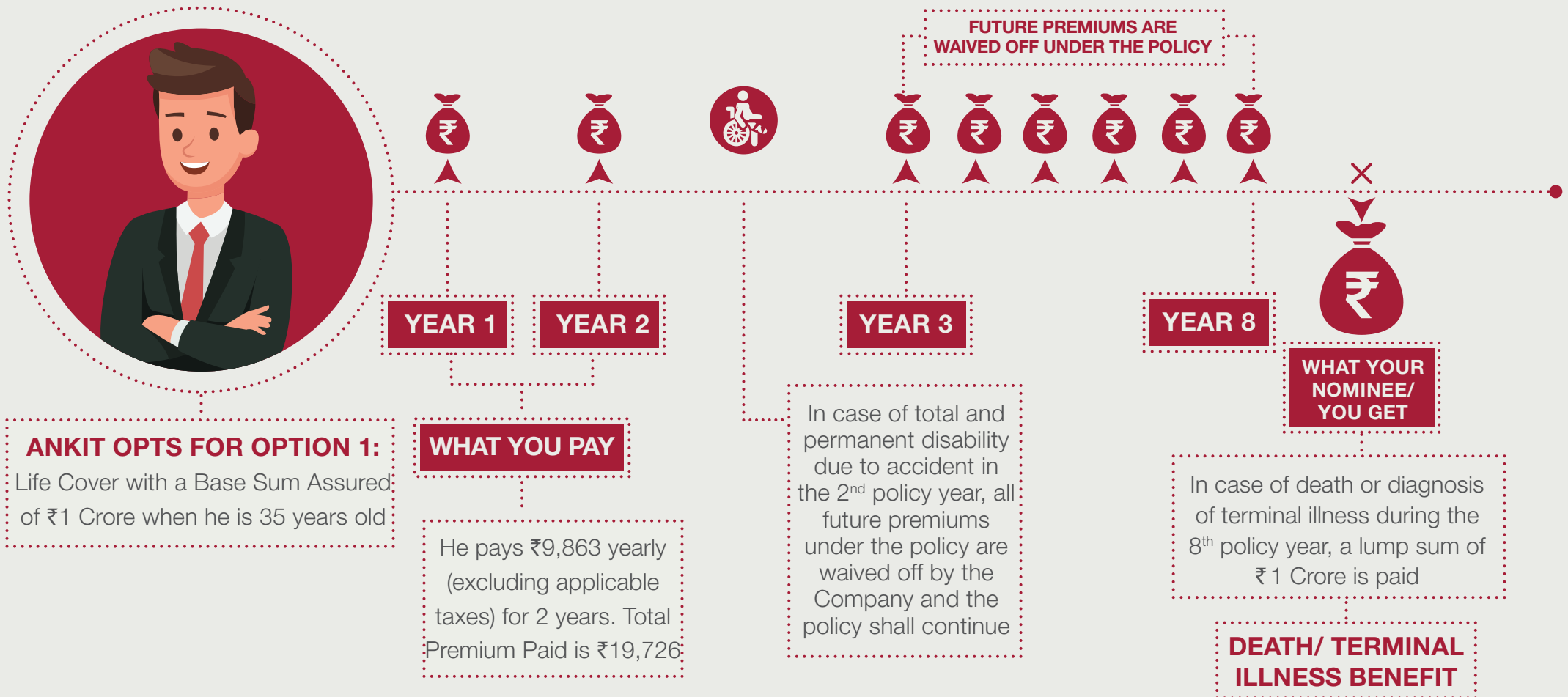
The Death Sum Assured shall be the highest of the following:

- 10 times Annualised Premium (excluding applicable taxes, rider premiums, underwriting extra premiums and loadings for modal premiums, if any), or
- 105% of total premiums paid (excluding applicable taxes, rider premiums and extra premiums, if any) as on date of death, or
- Absolute amount payable on death which is equal to the Sum Assured

Let us understand this benefit with the help of examples:

Ankit is a 35 year old healthy male. He buys the Future Generali Express Term Life Plan for 25 years and chooses to pay premiums for 25 years.

EXAMPLE 1: HE CHOOSES OPTION 1: LIFE COVER WITH BASE SUM ASSURED OF ₹ 1 CRORE



EXAMPLE 2: HE CHOOSES OPTION 2: EXTRA LIFE COVER WITH BASE SUM ASSURED OF ₹ 1 CRORE AND ACCIDENTAL DEATH SUM ASSURED OF ₹ 1 CRORE



ANKIT OPTS FOR OPTION 2:

Extra Life Cover with Base Sum Assured of ₹1 Crore and Accidental Death Sum Assured of ₹1 Crore when he is 35 years old



YEAR 1

YEAR 2

YEAR 3

WHAT YOU PAY

He pays ₹13,863 yearly (excluding applicable taxes) for 2 years. Total Premium Paid is ₹27,726

WHAT YOUR NOMINEE GETS

In case of accidental death during the 2nd policy year, Ankit's nominee receives a lump sum of ₹2 Crore i.e. Death Sum Assured = ₹1 Crore plus Accidental Death Sum Assured = ₹1 Crore

DEATH BENEFIT + ACCIDENTAL DEATH BENEFIT

EXAMPLE 3: HE CHOOSES OPTION 3: LIFE PLUS HEALTH COVER WITH BASE SUM ASSURED OF ₹1 CRORE AND CRITICAL ILLNESS SUM ASSURED OF ₹50 LAKHS



ANKIT OPTS FOR OPTION 3:

Life Plus Health Cover with Base Sum Assured of ₹1 Crore and Critical Illness Sum Assured of ₹50 lakhs when he is 35 years old

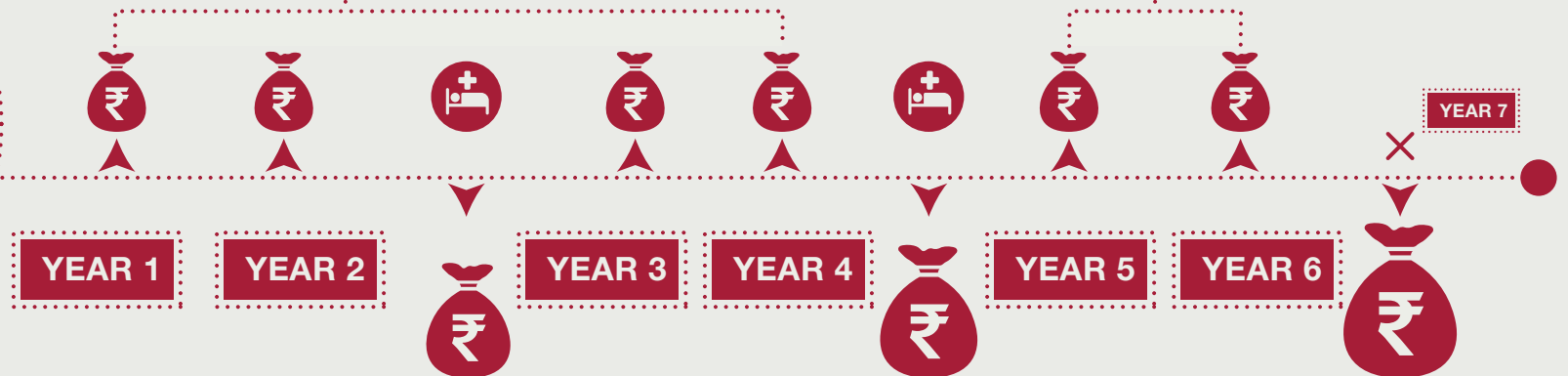
WHAT YOU PAY

Total Premiums Paid over 6 years = ₹1,27,246

He pays ₹26,880 yearly (excluding applicable taxes) for 4 years

+

He pays ₹9,863 yearly (excluding applicable taxes) for 2 years



WHAT YOU GET

On undergoing Angioplasty during the 2nd policy year, Ankit receives a lump sum of ₹10 Lakhs

On undergoing an Open Chest CABG during the 4th policy year, Ankit receives a lump sum of ₹40 Lakhs i.e. Critical illness Sum Assured less Angoplasty claim payment ₹(50-10) Lakhs

WHAT YOUR NOMINEE GETS

In case of death during the 6th policy year, Ankit's nominee receives a lump sum of ₹50 Lakhs i.e. (Death Sum Assured - Critical Illness Benefit already paid) = (₹1Crore - ₹50 lakhs)

CRITICAL ILLNESS BENEFIT

DEATH BENEFIT

Total Benefit received under the plan = ₹1 Crore

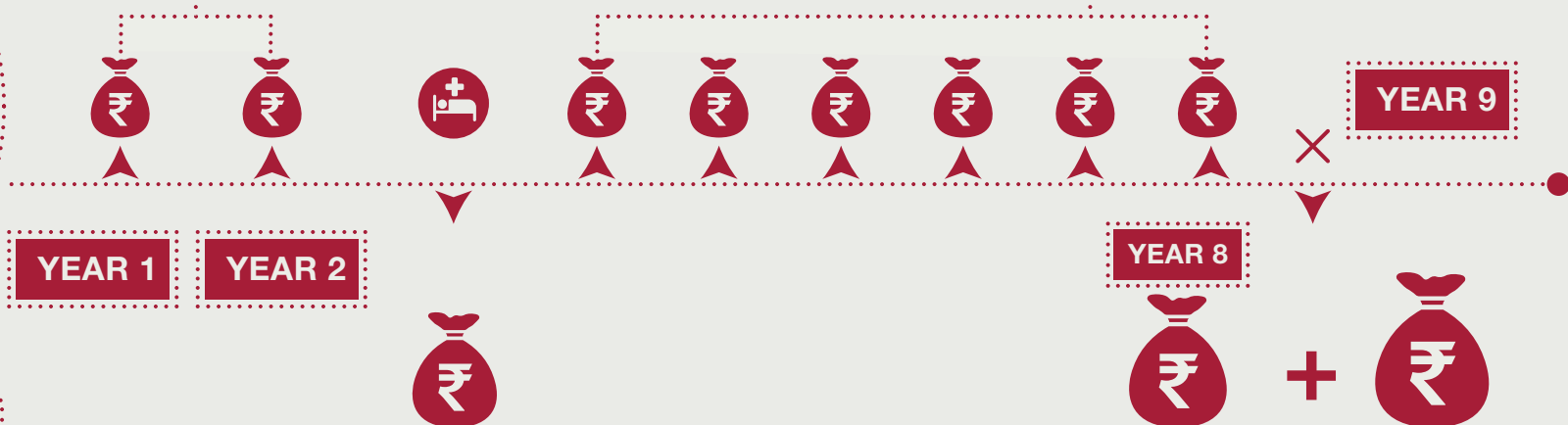
EXAMPLE 4: HE CHOOSES OPTION 4: ALL-IN-ONE COVER WITH BASE SUM ASSURED OF ₹ 1 CRORE AND ACCIDENTAL DEATH SUM ASSURED OF ₹ 1 CRORE AND CRITICAL ILLNESS SUM ASSURED OF ₹ 50 LAKHS

WHAT YOU PAY

Total Premiums Paid over 8 years = ₹1,44,938

He pays ₹30,880 yearly (excluding applicable taxes) for 2 years

He pays ₹13,863 yearly (excluding applicable taxes) for 6 years



ANKIT OPTS FOR OPTION 4:

All in One Cover with Base Sum Assured of ₹1 Crore, Accidental Death Sum Assured of ₹1 Crore and Critical Illness Sum Assured of ₹50 Lakhs when he is 35 years old

WHAT YOU GET

On undergoing an Open Chest CABG during the 2th policy year, Ankit receives a lump sum of ₹50 Lakhs

CRITICAL ILLNESS BENEFIT

WHAT YOUR NOMINEE GETS

In case of accidental death during the 8th policy year, Ankit's nominee receives a lump sum of ₹1.5 Crore i.e. (Death Sum Assured - Critical illness Benefit already paid) = (₹1 Crore - ₹50 Lakhs) = ₹50 Lakhs Plus, Accidental Death Sum Assured = ₹1 Crore

DEATH BENEFIT + ACCIDENTAL DEATH BENEFIT

Total Possible Benefit under the policy = ₹2 Crore

MATURITY BENEFIT:

There are no maturity benefits under this plan.

Definitions:

A. Definitions of Terms used:

- a) **Accident** - An accident means a sudden, unforeseen and involuntary event caused by external, visible and violent means.
- b) **Injury** - 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.
- c) **Medical Practitioner** - 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 license. ; but excluding the Physician who is:
 - Insured/Policyholder himself or an agent of the Insured
 - Insurance Agent , business partner(s) or employer/employee of the Insured or
 - A member of the Insured's immediate family.

B. Terminal Illness:

A Life Assured shall be regarded as diagnosed with Terminal Illness only if that Life Assured is diagnosed as suffering from a condition which, in the opinion of two independent medical practitioners specializing in treatment of such illness, is highly likely to lead to death within 6 months.

The Terminal Illness must be diagnosed and confirmed by medical practitioners registered with the Indian Medical Association and approved by the Company. The Company reserves the right for independent assessment and the cost shall be borne by the company.

C. Accidental Death:

The Accidental Death Benefit is payable only under Option 2 and 4. If the life assured sustains any bodily injury resulting solely and directly from an accident caused by outward, violent and visible means and such injury shall within a period of 180 days of the occurrence of the accident; solely, directly and independently of all other causes, result in the death of the life assured. In case the “event” which has caused death due to accident has occurred during the policy term and accidental death occurs after the policy term but within 180 days from the date of accident, the accidental death benefit shall be payable.

D. Accidental Total and Permanent Disability (ATPD):

On diagnosis of ATPD due to Accident, while the policy is in force, all future premiums under the policy are waived. Life Assured is considered as diagnosed of ATPD if the Life Assured is unable to perform 3 out of the 6 following Activities of Daily Work:

- **Mobility:** The ability to walk a distance of 200 meters on flat ground.
- **Bending:** The ability to bend or kneel to touch the floor and straighten up again and the ability to get into a standard saloon car, and out again.
- **Climbing:** The ability to climb up a flight of 12 stairs and down again, using the handrail if needed.
- **Lifting:** The ability to pick up an object weighing 2kg at table height and hold for 60 seconds before replacing the object on the table.
- **Writing:** The manual dexterity to write legibly using a pen or pencil, or type using a desktop personal computer keyboard.
- **Blindness:** permanent and irreversible - Permanent and irreversible loss of sight to the extent that even when tested with the use of visual aids, vision is measured at 3/60 or worse in the better eye using a Snellen eye chart.

The following conditions shall apply for ATPD due to accident:

- The disability should have lasted for at least 180 days without interruption from the date of disability and must be deemed permanent by the Company empaneled Medical Practitioner.
- ATPD due to accident must be caused by violent, external and visible means.

- The accident shall result in bodily injury or injuries to the Life Assured independently of any other means. Such injury or injuries shall, within 180 days of the occurrence of the accident, directly and independently of any other means cause the Permanent Disability of the Life Assured. In the event of Permanent Disability of the Life Assured after 180 days of the occurrence of the accident, the Company shall not be liable to pay this benefit.
- The Policy must be in-force at the time of accident.

In case the “event” which has caused ATPD due to accident has occurred during the policy term and ATPD is established after the policy term, the ATPD benefit shall be payable.

E. Critical Illness:

The Critical Illness benefit is payable only under option 3 and option 4 , if the life assured is diagnosed with/ undergoes any one procedure out of the following 34 Critical Illnesses :

The life assured will be considered to be diagnosed with any of the below mentioned critical illnesses if he/ she is conclusively and unequivocally diagnosed by a (panel of) specialist Medical Practitioners (as defined above). However, the same may be confirmed by independent Medical Practitioner appointed by the Company. The cost of consultation in such a case will be borne by the Company.

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 tumours which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behaviour, 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 tumours of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0
- v. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
- vi. Chronic lymphocytic leukemia less than RAI stage 3
- vii. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification;
- viii. All Gastro-Intestinal Stromal Tumours histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;

2. Open chest CABG

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

The following are excluded:

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

3. Myocardial Infarction (First heart attack of specific severity)

The first occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area.

The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria:

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

The following are excluded:

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

4. Kidney failure requiring regular dialysis

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

5. 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.
- iii. 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

6. 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.

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

7. Benign brain tumour

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

This brain tumour 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 tumour.

The following conditions are excluded:

- Cysts
- Granulomas
- Malformations in the arteries or veins of the brain
- Hematomas
- Abscesses
- Pituitary tumours
- Tumours of skull bones and
- Tumours of the spinal cord

8. 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.

The following is excluded:

- Coma resulting directly from alcohol or drug abuse

9. End stage liver failure

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

- i. Permanent jaundice; and
- ii. Ascites; and
- iii. Hepatic encephalopathy.

The following is excluded:

- Liver failure secondary to drug or alcohol abuse

10. End stage lung failure

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

- i. FEV1 test results consistently less than 1 liter measured on 3 occasions 3 months apart; and
- ii. Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and
- iii. Arterial blood gas analysis with partial oxygen pressure of 55mmHg or less ($\text{PaO}_2 < 55\text{mmHg}$); and
- iv. Dyspnea at rest

11. Open heart replacement or repair of heart valve

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.

12. Loss of limbs

The physical separation of two or more limbs, at or above the wrist or ankle level limbs as a result of injury or disease. This will include medically necessary amputation necessitated by injury or disease. The separation has to be permanent without any chance of surgical correction. Loss of Limbs resulting directly or indirectly from self-inflicted injury, alcohol or drug abuse is excluded.

13. Blindness

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

The Blindness is evidenced by:

- i. Corrected visual acuity being 3/60 or less in both eyes or;
- ii. The field of vision being less than 10 degrees in both eyes.

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

14. Third degree burns

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

15. Major head trauma

Accidental head injury resulting in permanent Neurological deficit to be assessed no sooner than 3 months from the date of the accident. This diagnosis must be supported by unequivocal findings on Magnetic Resonance Imaging, Computerized Tomography, or other reliable imaging techniques. The accident must be caused solely and directly by accidental, violent, external and visible means and independently of all other causes.

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

The Activities of Daily Living are:

- i. **Washing:** the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
- ii. **Dressing:** the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
- iii. **Transferring:** the ability to move from a bed to an upright chair or wheelchair and vice versa;
- iv. **Mobility:** the ability to move indoors from room to room on level surfaces;
- v. **Toileting:** the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- vi. **Feeding:** the ability to feed oneself once food has been prepared and made available.

The following is excluded:

- i. Spinal cord injury;

16. 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.

17. Primary (Idiopathic) Pulmonary Hypertension

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

The NYHA Classification of Cardiac Impairment are as follows:

- i. Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.
- ii. Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.

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

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.

19. 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.

20. Multiple Sclerosis with Persisting Symptoms

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

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

21. Deafness

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

22. Major Surgery of Aorta

The actual undergoing of major surgery to repair or correct an aneurysm, narrowing, obstruction or dissection of the aorta through surgical opening of the chest or abdomen. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches (including aortofemoral or aortoiliac bypass grafts). The surgery must be determined to be medically necessary by a Consultant Cardiologist / Surgeon and supported by imaging findings. The following is excluded: Surgery performed using only minimally invasive or intra-arterial techniques.

23. Cardiomyopathy

An impaired function of the heart muscle, unequivocally diagnosed as Cardiomyopathy by a Registered Medical Practitioner who is a cardiologist, and which results in permanent physical impairment to the degree of New York Heart Association classification Class IV, or its equivalent, for at least six (6) months based on the following classification criteria:

- i. Class IV - Inability to carry out any activity without discomfort. Symptoms of congestive cardiac failure are present even at rest. With any increase in physical activity, discomfort will be experienced and
- ii. Echocardiography findings confirming presence of cardiomyopathy and Left Ventricular Ejection Fraction (LVEF %) of 40% or less

The following is excluded:

- Cardiomyopathy directly related to alcohol or drug abuse.

24. Angioplasty

Coronary Angioplasty is defined as percutaneous coronary intervention by way of balloon angioplasty with or without stenting for treatment of the narrowing or blockage of minimum 50 % of one or more major coronary arteries. The intervention must be determined to be medically necessary by a cardiologist and supported by a coronary angiogram (CAG). Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery.

The following is excluded :

- Diagnostic angiography or investigation procedures without angioplasty/stent insertion.

25. Apallic Syndrome

A persistent vegetative state in which patients with severe brain damage (universal necrosis of the brain cortex with the brainstem remaining intact) are in a state of partial arousal rather than true awareness. The diagnosis must be confirmed by a Specialist Medical Practitioner (Neurologist) and condition must be documented for at least 30 days.

26. Brain Surgery

The actual undergoing of surgery to the brain, under general anaesthesia during which a Craniotomy is performed. Burr hole and brain surgery as a result of an accident is excluded. The procedure must be considered necessary by a qualified specialist and the benefit shall only be payable once corrective surgery has been carried out.

This requirement of surgery must be supported by unequivocal findings on Magnetic Resonance Imaging, Computerized Tomography, or other reliable imaging techniques and certified by a neurosurgeon or qualified medical doctor of relevant specialty.

27. Alzheimer's Disease

Deterioration or loss of intellectual capacity as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's Disease or irreversible organic disorders, 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 Registered Medical practitioner who is also a neurologist and supported by the Company's appointed doctor.

The following are excluded:

- Non-organic disease such as neurosis and psychiatric illnesses
- Alcohol-related brain damage
- Any other type of irreversible organic disorder/dementia

28. Muscular Dystrophy

Diagnosis of muscular dystrophy by a Registered Medical Practitioner who is a neurologist based on three (3) out of four (4) of the following conditions:

- i. Family history of other affected individuals;
- ii. Clinical presentation including absence of sensory disturbance, normal cerebrospinal fluid and mild tendon reflex reduction;
- iii. Characteristic electromyogram; or
- iv. Clinical suspicion confirmed by muscle biopsy.

Activities of Daily Living assessment should confirm the inability of the Insured to perform at least three (3) of the Activities of Daily Living for a continuous period of at least 6 months, either with or without the use of mechanical equipment, special devices or other aids or adaptations in use for disabled persons.

The Activities of Daily Living are:

- i. **Washing:** the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
- ii. **Dressing:** the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
- iii. **Transferring:** the ability to move from a bed to an upright chair or wheelchair and vice versa;
- iv. **Mobility:** the ability to move indoors from room to room on level surfaces;
- v. **Toileting:** the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- vi. **Feeding:** the ability to feed oneself once food has been prepared and made available.

29. Parkinson's Disease

Unequivocal Diagnosis of Parkinson's Disease by a Registered Medical Practitioner who is a neurologist where the condition:

- i. Cannot be controlled with medication;
- ii. Shows signs of progressive impairment; and

Activities of Daily Living assessment confirms the inability of the Insured to perform at least three (3) of the Activities of Daily Living as defined in the Policy, either with or without the use of mechanical equipment, special devices or other aids or adaptations in use for disabled persons.

The following is excluded:

- Drug-induced or toxic causes of Parkinson's Disease is excluded.

30. Poliomyelitis

The occurrence of poliomyelitis where the conditions are met:

- i. Poliovirus is identified as the cause and is provided by stool analysis
- ii. Paralysis of the limb muscles or respiratory muscles must be present and persist for at least 3 months

31. Loss of Independent Existence

Confirmation by a Consultant Physician of the loss of independent existence due to illness or trauma, lasting for a minimum period of 6 months and resulting in a permanent inability to perform at least three (3) of the following

The Activities of Daily Living are:

- i. **Washing:** the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
- ii. **Dressing:** the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
- iii. **Transferring:** the ability to move from a bed to an upright chair or wheelchair and vice versa;
- iv. **Mobility:** the ability to move indoors from room to room on level surfaces;
- v. **Toileting:** the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- vi. **Feeding:** the ability to feed oneself once food has been prepared and made available.

32. Medullary Cystic Disease

Medullary Cystic Disease where the following criteria are met:

- i. The presence in the kidney of multiple cysts in the renal medulla accompanied by the presence of tubular atrophy and interstitial fibrosis;
- ii. Clinical manifestations of anemia, polyuria, and progressive deterioration in kidney function; and
- iii. The Diagnosis of Medullary Cystic Disease is confirmed by renal biopsy.

The following is excluded:

- Isolated or benign kidney cysts are specifically excluded from this benefit.

33. Systemic Lupus Erythematosus

Multi-system, autoimmune disorder characterized by the development of auto-antibodies, directed against various self-antigens. For purposes of the definition of “Critical Illness”, SLE is restricted to only those forms of systemic lupus erythematosus, which involve the kidneys and are characterized as Class III, Class IV, Class V or Class VI lupus nephritis under the Abbreviated International Society of Nephrology/Renal Pathology Society (ISN/RPS) classification of lupus nephritis (2003) below based on renal biopsy.

Other forms such as discoid lupus and those forms with only hematological and joint involvement are specifically excluded.

Abbreviated ISN/RPS classification of lupus nephritis (2003):

- i. **Class I** - Minimal mesangial lupus nephritis
- ii. **Class II** - Mesangial proliferative lupus nephritis
- iii. **Class III** - Focal lupus nephritis
- iv. **Class IV** - Diffuse segmental (IV-S) or global (IV-G) lupus nephritis
- v. **Class V** - Membranous lupus nephritis
- vi. **Class VI** - Advanced sclerosing lupus nephritis

The final diagnosis must be confirmed by a certified doctor specializing in Rheumatology and Immunology.

34. Aplastic Anaemia

Irreversible persistent bone marrow failure which results in anemia, neutropenia and thrombocytopenia requiring treatment with at least two (2) of the following:

- i. Blood product transfusion;
- ii. Marrow stimulating agents;
- iii. Immunosuppressive agents; or
- iv. Bone marrow transplantation.

The Diagnosis of aplastic anemia must be confirmed by a bone marrow biopsy. Two out of the following three values should be present:

- i. Absolute Neutrophil count of 500 per cubic millimeter or less;
- ii. Absolute Reticulocyte count of 20,000 per cubic millimeter or less; and
- iii. Platelet count of 20,000 per cubic millimeter or less.

LITTLE PRIVILEGES JUST FOR YOU

Free Look Period

In case you disagree with any of the terms and conditions of the policy, you can return the policy to the Company within 15 days (30 days if the policy is sold through the Distance Marketing Mode) of the receipt of the policy document for cancellation, stating your objections. Future Generali will refund the premium paid after the deduction of proportionate risk premium for the period of cover, stamp duty charges and the cost of medical examination, if any.

Note: Distance Marketing means insurance solicitation/lead generation by way of telephone calling / Short Messaging Service (SMS) /other electronic modes like e-mail, internet & Interactive Television (DTH)/direct mail / newspaper and magazine inserts or any other means of communication other than that in person.

If the Policy is opted through an Insurance Repository (IR), the computation of the said Free Look Period will be as stated below:

- For existing e-Insurance Account: Computation of the said Free Look Period will commence from the date of the delivery of the e-mail confirming the credit of the Insurance Policy by the IR.
- For New e-Insurance Account: If an application for e-Insurance Account accompanies the proposal for insurance, the date of receipt of the 'welcome kit' from the IR with the credentials to log on to the eInsurance Account(e IA) or the delivery date of the email confirming the grant of access to the eIA or the delivery date of the email confirming the credit of the Insurance Policy by the IR to the eIA, whichever is later shall be reckoned for the purpose of computation of the Free Look Period.

Grace period

You get a grace period of 30 days for Yearly, Half yearly and Quarterly Premium Payment Frequency and 15 days for Monthly Premium Payment Frequency from the due date, to pay your missed premium. During these days, you will continue to be covered and be entitled to receive all the benefits subject to the deduction of due premiums.

Flexibility to make changes

- Premium payment mode can be changed among Annual/ Half-yearly/ Quarterly/Monthly modes.
- The alteration of premium mode will be applicable from next policy anniversary and will be allowed subject to minimum instalment premium conditions.

Riders

There are no riders available in this policy.

Loan

There are no loans available under this policy.

Tax Benefits

- The Premium(s) paid by you may be eligible for tax benefit as may be available under the provisions of Section(s) 80C, 80D of the Income Tax Act, 1961 (Act) and the benefit proceeds are eligible for exemption under proviso to Section 10 (10D) of Act , subject to fulfilment of prescribed conditions under the aforesaid section of the Act.
- For further details, consult your tax advisor. Tax benefits are subject to change from time to time.

TERMS AND CONDITIONS

Premium Rate Guarantee

For Option 1: Life Cover and Option 2: Extra Life Cover

- Premium rates are guaranteed for the entire policy term.

For Option 3: Life plus Health Cover and Option 4: All-in-One Cover

- Premium rates are guaranteed for an initial period of 5 years from the date of issuance of the Policy and thereafter for a period of every block of five years.
- We can review the renewal premium to the extent of change in actual experience of Critical Illness after the completion of first 5 Policy Years and that reviewed premiums will remain unchanged for a period of every block of five years. Any such change in premium shall be subject to prior approval from IRDAI.
- In case of any change in premium rates, the revised premium rates shall be applicable based on age at Policy Commencement Date and original Policy Term chosen. In case of no revision in premium rates, the original premium rates shall be applicable.
- Any revision in the Premium rates shall be notified to You at least three months prior to the date of such revision and You will be given a period of 30 days from Premium Due Date (on or after the effective date of change) to continue the Policy.
- If You are not willing to continue the Policy with the revised Premium rates, the Policy shall lapse or surrender as per provisions in part D.
- Changes in rates will be applicable from the date of approval by IRDAI and shall be applied only prospectively thereafter for new policies and for existing policies which have completed initial period of 5 Policy Years and thereafter every 5 Policy Years subject to revision in premium rates.

Exclusions

Exclusion under Death Benefit

Suicide Exclusion

In case of death of Life Assured due to suicide within 12 months from the date of commencement of risk under the Policy or from the date of Revival of the Policy, as applicable, the Nominee or beneficiary of the Policyholder shall be entitled to 80% of the total premiums paid till the date of death or the surrender value available as on the date of death whichever is higher, provided the Policy is in force.

Exclusion under Accidental Total and Permanent Disability (ATPD)

For the purpose of ATPD due to Accident, the following conditions shall apply:

The disability should have lasted for at least 180 days without interruption from the date of disability and must be deemed permanent by a Company empanelled Medical Practitioner.

ATPD due to accident should not be caused by the following:

- Attempted suicide or self-inflicted injuries while sane or insane, or whilst the Life Assured is under the influence of any narcotic substance or drug or intoxicating liquor except under the direction of a medical practitioner; or
- Engaging in aerial flights (including parachuting and skydiving) other than as a fare paying passenger and crew on a licensed passenger-carrying commercial aircraft operating on a regular scheduled route; or
- The Life Assured with criminal intent, committing any breach of law; or
- Due to war, whether declared or not or civil commotion; or
- Engaging in hazardous sports or pastimes, e.g. taking part in (or practicing for) boxing, caving, climbing, horse racing, jet skiing, martial arts, mountaineering, off piste skiing, pot holing, power boat racing, underwater diving, yacht racing or any race, trial or timed motor sport.

Exclusion under Accidental Death Benefit

No benefit will be payable with respect to any condition arising directly or indirectly from, through or in consequence of the following exclusions:

- Arising out of self-inflicted injury, suicide, war/invasion, injury during criminal activity with criminal intent or death whilst under the influence of drug unless prescribed by the doctor, alcohol, or narcotic substances;
- Arising out of riots, civil commotion, rebellion, war (whether war be declared or not), invasion, hunting, mountaineering, steeple chasing or racing of any kind, bungee jumping, river rafting, scuba diving, paragliding or any such adventurous sports or hobbies;
- As a result of the Life Assured committing any breach of law with criminal intent;
- As a result of accident while the Life Assured is engaged in aviation or aeronautics in any capacity other than that of a fare-paying, part-paying or non-paying passenger, in any aircraft which is authorized by the relevant regulations to carry such passengers and flying between established aerodromes.
- Nuclear reaction, radiation or nuclear or chemical contamination;

Exclusion under Critical Illness Benefit

No critical illness benefit will be payable with respect to any listed critical illness condition arising directly or indirectly from, though, in consequence of or aggravated by any of the following:

- i. Pre-existing Disease: It means any condition, ailment, injury or disease:
 - a) That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued or its reinstatement by the insurer or
 - b) For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to effective date of the policy or its reinstatement.
 - c) A condition for which any symptoms and or signs if presented and have resulted within three months of the issuance of the policy or its reinstatement in a diagnostic illness or medical condition.

Reinstatement means the revival of policy post expiry of grace period.

No Critical Illness benefits shall be payable for any condition(s) which is a direct or indirect result of any pre-existing conditions unless Life Insured has disclosed the same at the time of proposal or date of revival whichever is later and the Company has accepted the same.

- ii. Unreasonable failure to seek or follow medical advice or treatment or the Life Insured has delayed medical treatment in order to circumvent the waiting period or other conditions and restriction applying to this policy.
- iii. Self-inflicted Injuries, suicide, insanity, and immorality, and deliberate participation of the life insured in an illegal or criminal act.
- iv. Use of intoxicating drugs / alcohol / solvent, taking of drugs except under the direction of a qualified medical practitioner.
- v. Radioactive contamination due to nuclear accident.
- vi. War – whether declared or not, civil commotion, breach of law with criminal intent, invasion, hostilities (whether war is declared or not), rebellion, revolution, military or usurped power or wilful participation in acts of violence.

- vii. Illness or Injury caused by engaging in hazardous sports / pastimes, i.e. taking part in (or practicing for) boxing, caving, climbing, horse racing, jet skiing, martial arts, mountaineering, off pastel, skiing, pot holing, power boat racing, underwater diving, yacht racing or any race, trial or timed motor sport, bungee jumping, hand gliding etc. or any injury, sickness or disease received as a result of aviation (including parachuting or skydiving), gliding or any form of aerial flight other than as a farepaying passenger on regular routes and on a scheduled timetable unless agreed by special endorsement.
- viii. Various other exclusions mentioned under the Critical Illness definitions

Waiting Period for Critical Illness Benefit

- Waiting Period is 90 days from the date of Risk Commencement of the Policy or revival date (whichever is later)
- No Critical Illness Benefit shall be payable under this Policy for the listed critical illness conditions, diagnosed or manifested within 90 days following the date of Risk Commencement of the Policy or revival date (whichever is later) and the Critical Illness Benefit under the Policy will terminate.
- In such a case, Company will refund the premiums from date of Risk Commencement of the Policy or from the date of revival, whichever is later, as applicable which is paid towards Critical Illness. The Critical Illness benefit under the Policy shall terminate.
- The Company shall offer the Policyholder the Policy with no Critical Illness Benefit and Sum Assured reduced by Critical Illness Sum Assured and accordingly the Premiums shall be charged. This shall be subject to Board approved Underwriting Policy. If the Policyholder does not agree to the revised terms and conditions, the Company shall refund the total Premium received on the Policy from the Risk Commencement Date or date of revival, whichever is later. This will be subject to Section 45 of the Insurance Act, 1938, as amended from time to time.
- Waiting period in case of revival shall not be applicable if Policy is revived within 90 days of last premium due date and a continuous waiting period of 90 days has been served.
- Waiting Period is not applicable for Death Benefit, Terminal Illness Benefit, Accidental Death Benefit and Accidental Total and Permanent Disability.

Non Payment of due premiums

For Regular Pay policy where premium payment term is equal to policy term:

- If any due premium(s) have not been paid within the grace period, the policy shall lapse and will have no value. All risk cover ceases while the policy is in the lapse status.
- The policyholder has the option to revive the policy within 5 years from the due date of the first unpaid premium.
- If the policy is not revived during the revival period, no benefit shall be payable at the end of the revival period and the policy will terminate thereafter.

For Limited Pay policy where premium payment term is lesser than policy term:

A. If any due premium(s) for the first two (2) consecutive policy years have not been paid within the grace period:-

- The policy shall lapse and will have no value. All risk cover ceases while the policy is in the lapse status.
- The policyholder has the option to revive the policy within 5 years from the due date of the first unpaid premium.
- If the policy is not revived during the revival period, no benefit shall be payable at the end of the revival period and the policy will terminate thereafter.

B. If any due premium(s) for the first two (2) or more policy years have been paid and any subsequent premium(s) is/are not paid within the grace period:-

- All risk cover ceases under the policy.
- The policyholder has the option to revive the policy within 5 years from the due date of the first unpaid premium.
- If the policy is not revived during the revival period, Surrender Benefit shall be payable at the end of the revival period or maturity date, whichever is earlier and the policy will terminate thereafter.

Revival

- You have the option to revive a lapsed policy within 5 years from the date of the first unpaid due premium.
- The revival will be considered on the receipt of the application from the policyholder along with the payment of all overdue premiums with interest. The revival will be as per the Board approved underwriting policy.
- On revival, the interest rate of 9% p.a. compound maybe charged by the company. However, the company may decide to increase the interest charged on revival from time to time with a prior approval from IRDAI.
- A policy cannot be revived once the policy term is over.

Paid-Up

There is no Paid Up benefit available under this product.

Surrender Value

For Regular Pay where premium payment term is equal to policy term:

No Surrender Benefit is available under Regular pay policy.

For Limited Pay where premium paying term is lesser than policy term:

We encourage you to continue your policy as planned, however, you have the option to surrender the same any time after the payment of first two full policy years' premium in case of limited pay policy.

Guaranteed Surrender Value (GSV) for Limited Pay policy is equal to:

56.25% of {Total Premium paid till date including extra premium for substandard lives, if any (exclusive of applicable taxes) – (Total Premium Payable/Policy Term in Years)

*Policy Year of Surrender}

where Policy Year of Surrender implies latest policy year in which policy status was in-force.

Surrender value will not be payable if the policy is surrendered in the last policy year.

The policy terminates on surrender and no further benefits are payable under the policy.

Nomination and Assignment

Nomination shall be in accordance with Section 39 of Insurance Act, 1938 as amended from time to time.

Assignment shall be in accordance with Section 38 of Insurance Act, 1938 as amended from time to time.

Prohibition on rebates

Section 41 of the Insurance Act 1938 as amended from time to time states:

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 liable for a penalty which may extend to ten lakh rupees.

Fraud, misrepresentation or non-disclosure

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

1. No Policy of Life Insurance shall be called in question on any ground whatsoever after the expiry of 3 years from the date of the policy i.e. from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later.
2. A policy of Life Insurance may be called in question at any time within 3 years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground of fraud.

For further information, Section 45 of the Insurance laws (Amendment) Act, 2015 may be referred.

Why choose us?

Future Generali India Life Insurance Company Limited is a joint venture between Future group, India's leading retailer; Generali, an Italy based insurance major and Industrial Investment Trust Ltd (IITL). The Company brings together the unique qualities of the founding companies - local experience and knowledge with global insurance expertise.

Future Generali offers an extensive range of life insurance products, and a network that ensures we are close to you wherever you go.



Tax benefits are subject to change in law from time to time. You are advised to consult your tax consultant.

For more details on this product including risk factors, terms and conditions, please read the sales brochure carefully and/or consult your Advisor and/or visit our website before concluding a sale. Future Group's, Generali Group's and IITL's liability is restricted to the extent of their shareholding in Future Generali India Life Insurance Company Limited. Future Generali India Life Insurance Company Limited (IRDAI Regn. No.: 133) (CIN: U66010MH2006PLC165288). Regd. & Corporate Office address: Indiabulls Finance Centre, Tower 3, 6th Floor, Senapati Bapat Marg, Elphinstone Road (West), Mumbai - 400013 | Fax: 022-4097 6600 | Email: care@futuregenerali.in | Call us at 1800 102 2355 | Website: life.futuregenerali.in | UIN: 133N082V02 | ARN: ADVT/Comp/2019-20/Nov/283

BEWARE OF SPURIOUS PHONE CALLS AND FICTITIOUS/FRAUDULENT OFFERS

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