



**Future Generali India Life Insurance Company Limited**

**IRDAI Registration No. 133; CIN No: U66010MH2006PLC165288**

**POLICY SCHEDULE**

**Future Generali Comprehensive Employee Benefits Plan**  
**Non-Participating, Unit-Linked, Fund based Yearly renewable Group Insurance Plan**  
**UIN: 133L080V02**

THIS SCHEDULE IS PART OF THIS GROUP POLICY AND IS SUBJECT TO AND HAS TO BE READ ALONG WITH THE ATTACHED GROUP POLICY DOCUMENT.

<b>Policy number:</b>	<b>Customer ID:</b>
<b>Name of the Group Policyholder:</b>	<b>Address of the Group Policyholder:</b>
<b>Name of Scheme</b>	
<b>Type of Fund</b>	
<b>Type of Scheme</b>	
<b>Names of Trustees</b>	
<b>Authorized Signatories</b>	
<b>Name of Employer</b>	
<b>Minimum Entry Age:</b>	
<b>Maximum Entry Age:</b>	
<b>Maximum Maturity Age:</b>	
<b>Date of Commencement/ Policy Effective Date:</b>	
<b>Annual Renewal Date:</b>	
<b>Initial Number of Members:</b>	
<b>Initial Contribution:</b>	
<b>Regular Contribution:</b>	
<b>Total Contribution:</b>	
<b>Sum Assured per member:</b>	



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**Intermediary's name:**

**Email:**

**Address:**

**Intermediary's code:**

**Intermediary's License No.:**

**Mobile/Landline Telephone Number:**

**Benefit & Scheme Rules:** It is hereby clarified that the liability of benefits towards individual Members and Employees lies with the Master Policyholder alone and the Company is merely managing the funds .In the event of any shortfall in the Policy Account the same shall be replenished by the Master Policyholder.

The stamp duty of Rs. Xxx (xxxx ONLY) paid by Payorder no.XXXXXX dated DD/MM/YYYY. Government Notification Revenue and Forest Department No. Mudrank XXXX.

For and on behalf of Future Generali India Life Insurance Company Ltd

\_\_\_\_\_  
(Authorized Signature)

Date: \_\_\_\_\_

**On examination of this Group Policy, if You notice any mistake, then it is to be returned to Us immediately for correction.**