



POLICY SCHEDULE
FUTURE GENERALI GROUP LEAVE ENCASHMENT PLAN
Group, Non Linked, Non-Participating, Savings, Life Insurance Plan
(UIN 133N044V03)

Master Policy No.:

Name of Policyholder:

Name of scheme:

Type of Product: Group, non linked, non-participating, Savings Life Insurance product

Names of trustees/
Authorised Signatories:

being the trustees of the XXX scheme at the time this policy commenced

Name of Employer:

Date of Commencement/
Policy Effective Date :

Annual Renewal Date: _____ and annually thereafter

Initial Number of Members:

Contribution : Rs. _____

Due date/s of Contributions: On _____ of _____ every year hereafter
Initial Contribution instalment(s) of Rs. _____ each to be received further annually over next ____ years

Sum Assured per member: Rs. 5000/-

Total Sum Assured of Group: Rs.



Future Generali India Life Insurance Company Limited

Registration No. 133

Benefit & Scheme Rules:

It is hereby clarified that the liability of benefits 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 Policyholder.

IMPORTANT: On the examination of the policy, if the Policyholder notices any mistake, the Policy Bond should be returned to the Company for correction

Signed for and on behalf of Future Generali India Life Insurance Company Limited at Mumbai this _____ day of _____

Authorised Signatory:

SAMPLE