

Future Care

Policy Preamble

Future Generali India Life Insurance Company Ltd (hereinafter called the Company), having received a proposal and declarations along with the required documents, statements, applicable medical evidences and other information leading to the issue of this Policy, which form the basis of the contract, and the first premium from the Policyholder and the Life Assured named in the Schedule, has contracted to provide the benefits under the Policy determined in accordance with the Policy Schedule and the Policy Provisions and any endorsement placed by the Company on the Policy.

The Company hereby agreed that, in consideration of the payment to it of the premium(s) specified in the Policy Schedule, it shall pay at its Head Office or any other office so notified to the persons(s) entitled to thereto, the said benefits, on proof to the satisfaction of the Company of the benefits having become payable as set out in the Policy Schedule and of the title of the persons(s) claiming payment.

It is hereby declared that this Policy of Assurance shall be subject to the Terms and Conditions as laid down in the Policy Provisions and the attached Policy Schedule and every endorsement Placed on the Policy by the Company shall be deemed to be part of the Policy.

Policy Provisions

DEFINITIONS

In this Policy, "your", "yours", or "yours" refer to the Policy owner or the policyholder. "We", "us", "our", or "the Company" refers to Future Generali India Life Insurance Company Limited, or any of its successors.

The words 'he', 'him' and 'his' should read 'she', 'her' and 'hers' where appropriate.

"Commencement Date" is the start date of the Policy.

"Risk Commencement Date" is the date from which the benefits arising out of the contingencies (e.g. death) as stated in the Policy Schedule, apply.

The Commencement Date and the Risk Commencement Date are shown in the Policy Schedule.

"Reinstatement Date" is the date on which a Policy which lapsed due to non-payment of premium is reinstated by payment of all premiums due as per our rules given in the Policy Provisions. The reference in this document is to the date of the last of such reinstatements at the time if more than one reinstatement has taken place.

"Age" is age last birthday, that is, age in completed years.

"Installment Premium" is the amount of premium payable under the Policy at the desired frequency / mode of payment.

"Premium Due Dates" are dates on which the installment premiums fall due as stated in the Policy Schedule.

"Term / Policy Term / Benefit Term" is the number of years from the Commencement Date to the Maturity Date of the benefit.

"Maturity Date" is the date on which the Policy benefits, if not previously invoked due to the contingencies covered (e.g. death), terminate on the expiry of the Policy Term.

"Life assured" is the person in relation to whom the Life / other insurance covers are granted under the Policy.

"Policyholder" is the person who takes out the Policy, is the owner of the Policy and is referred to as the 'proposer' in the proposal form. The policyholder need not necessarily be the same person as the life assured.

"Nominee" shall mean the person or persons appointed by the policyholder to receive the admissible benefits, in the event of death of the life assured during the Policy term.

"Policy Anniversary" refers to the same date each year during the Policy term, as the Commencement date.

"Indebtedness" means any unpaid Policy loans including automatic premium loan if applicable and accrued interest thereon, unpaid premiums, deductibles and any other amounts owed to the Company including all accrued interest on these.

"Sum Assured" is the benefit amount assured to be paid under a particular benefit on happening of the event in which the said benefit is payable.

"Waiting Period" – in case of Critical Illness Benefit, if critical illness is first diagnosed within the waiting period from the risk commencement date of the Policy or the reinstatement date if reinstatement has been affected, the critical illness benefit will not be paid.

"Endorsement" – A change agreed in writing by us in any of the terms of the Policy.

1. INTRODUCTION

This document provides details of the terms and conditions of the Policy named in your Policy Schedule. This policy is provided to you by the Future Generali India Life Insurance Company Ltd. Taken together with your Policy Schedule and any endorsement/s thereon, this document forms the term of the contract between you and us. The information contained in the Proposal Form and in any other supplementary documents / questionnaires answered and signed by you, forms the basis of the contract.

1.1 Policy Benefits

The benefits provided by your Policy as regards the amounts payable by us and the events on the happening of which such amounts are payable, as well as the premiums payable by you and the duration for which such premiums are payable are as indicated on the Policy Schedule.

The nature of the various benefits subsisting under the Policy is given in Part B of this document. The benefits that apply to your Policy are those that are stated in your Policy Schedule. The other benefits appearing in Part B are excluded.

However,

1. Any indebtedness of the Policy at the time of any payment herein shall be deducted from the amount otherwise payable;
2. The terms and conditions of any Endorsement attaching to and forming part of this policy supersede any conflicting provision of the policy.

PART – A

2. GENERAL PROVISIONS

2.1 Forfeiture in certain events and Incontestability

In case any of the terms and condition of the Policy document is contravened or it is found that any untrue or incorrect statement is contained in the proposal form or any declaration/s signed by you, or any material information is withheld, in such cases but subjected Section 45 of the Insurance Act 1938, this Policy shall be void and all claims to benefits under this Policy will cease and all moneys paid into the Policy will be forfeited except for such relief that would be lawfully granted by the Company.

Section 45 of the Insurance Act 1938 state that no Policy of life insurance, after the expiry of 2 years from the risk commencement date or the reinstatement date if reinstatement has been affected, shall be called in question by the Company on the ground that a statement made in the proposal for insurance or in any report of a medical officer, or referee, or friend of the insured (policyholder/life assured), or any other document leading to the issue of the Policy, was inaccurate or false, unless the Company shows that such statement was on a material matter or suppressed facts which was material to disclose and that it was fraudulently made by the policyholder and that the policyholder knew at the time of making it that the statement was false or that is suppressed facts which it was material to disclose.

Provided that nothing above shall prevent the company from calling for proof of age at any time if it 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 that age of the life assured was incorrectly stated in the proposal.

2.2 Suicide

If the life assured, whether sane or insane, commits suicide within one year from the risk commencement date or reinstatement date if reinstatement has been affected, the policy shall be void and the Company will not pay any claim by virtue of this Policy.

The above provision also applies to the policyholder in respect to the Life Guardian benefit, if the benefit applies to this Policy.

2.3 Statement of Age

This policy is issued at the age shown on the Policy Schedule which is the life assured's declared age last birthday at the commencement date. If the age of the life assured is misstated and higher premiums should have been charged, the benefit payable under this Policy shall be reduced to what the premiums paid would have purchased at the correct age of the life assured. If the age of the life assured is misstated and lower premiums should have been charged, the Company will refund any excess premiums paid without interest. If at the correct age the life insured was however not insurable under this Policy pursuant to our Underwriting Rules, the Policy shall be void and the Company will refund the Premiums paid without interest after deducting all payments made under the Policy and indebtedness, if any.

2.4 The Policyholder's rights

You are the Policyholder and beneficiary of this Policy and its benefits as shown in the Policy Schedule, until changed. Only the Policyholder can, during the lifetime of the life assured, exercise all rights, privileges and options provided under this Policy subject to any nominee's vested interest or assignee's rights if any.

2.5 Change of Nominee and Ownership by Assignment

During the Term of the Policy, you may change ownership of this Policy and/or the nominee / appointee by filing a written notice to us. Such change is valid only if recorded by us during the lifetime of the life assured and endorsed on this Policy.

2.5.1 Nomination

If you are also the life assured under this policy, you may, at any time before the policy matured for payment, nominate a person or persons as per Sec 39 of the Insurance Act 1938, to receive the Policy benefits in the event of the death of the life assured. Where the nominee is a minor, the Policyholder may also appoint any person who is a major as an appointee, to receive the Policy benefits till the nominee attains majority. We will not recognize a nomination or a change in nomination on this Policy until we receive notice of the nomination or change in nomination in writing at our Servicing Office. We will not express any opinion on the validity or legality of the nomination. Nomination is to be made for the entire Policy benefit and not for individual benefits or any part thereof.

If no nomination has been made, or all nominee die before the life assured, the benefits will be payable to the policyholder / legal heirs or legal representative of the policy holder. In case there are more than one nominee and one or more of the nominees die, the benefits will be paid to the surviving nominees.

2.5.2 Assignment

The policy holder (referred to as 'Assignor') can assign this Policy to a party (referred to as 'Assignee') by filling a written notice at our servicing office along with the original Policy document. The assignment should either be endorsed upon the Policy itself or documented by a separate instrument signed in either case by the Assignor stating specifically the fact of assignment. We will not express any opinion on the validity or legality of the assignment. Only the entire Policy can be assigned and not individual benefits or any part thereof. Any assignment shall automatically cancel a nomination except any assignment in our favour.

3. PREMIUM PROVISIONS

3.1 Payment of Premium

Installment premiums are required to be paid on the premium due dates until such time as stipulated in the Policy Schedule.

The premiums shall be deemed to have been paid only when they have been received at the Company's head office or any other office authorized by it for that purpose.

3.2 Premium change

You may change the frequency or mode of premium payments by a written request. Subject to our minimum premium requirements and the availability of the desired mode under this product, mode can be changed at the premium rates applicable on the risk commencement date.

3.3 Grace Period

A Grace Period of 30 days from the premium due date will be allowed for payment of yearly, half yearly or quarterly premiums and 15 days for monthly premiums. The Policy will remain in force during the Grace Period. If any premium remains unpaid at the end of the Grace Period, the benefits shall cease and the Policy shall lapse or cease to be in force. The Policy / Benefit thereafter would have no further value except as provided under the Non-Forfeiture Provisions.

3.4 Deduction of Premium on claim

Provided the Policy / rider benefit is in force and it becomes a claim, any balance of premiums due till the next Policy anniversary, as on the date of claim, shall be deducted from the proceeds payable under the Policy / rider benefit.

This however, does not apply to claims in case of benefits where future premiums are waived as part of the benefit.

3.5 Reinstatement

If a premium is in default beyond the Grace period and provided that the Policy is not surrendered, the Policy may be reinstated, subject to such conditions as the Company in its discretion may decide. Such reinstatement is possible within three years from the due date of the first premium in default but before the maturity date and within the lifetime of the life assured, and it subject to:

- (a) Your written application for reinstatement;
- (b) Production of life assured's current health declaration and other evidence of insurability to our satisfaction;
- (c) Payment of all overdue premiums with interest; and
- (d) Repayment of any indebtedness at the time of reinstatement.

Interest will be charged at a rate declared by us from time to time.

4. VALUE OF THE POLICY

This policy will not acquire any residual value at any time during the term of the policy or at the maturity date.

5. LOAN PROVISIONS

Loans will not be available under this Policy.

6. FREE LOOK CANCELLATION

You have a period of 15 days from the date of receipt of the Policy document to review the terms and conditions of the Policy. If you are not satisfied with or disagree with any of the terms and conditions, you have the option to Cancel / withdraw and return the Policy along with a letter (dated and signed) stating your intention to cancel the Policy and reasons for the objections / Cancellation, within this period. Cancellation of Policy and refund of premium is allowed under this provision, whereby the amount payable on such cancellation will be equal to the total premium paid less a reasonable cost of insurance for the period and expenses towards Policy stamp duty and medical examination if any.

7. CONVERSION OPTION

You will have the option to convert this policy to a new Endowment Assurance type policy being offered by the Company at the time of conversion. This option provides for guaranteed insurability of the life assured during the policy term and offers a conversion credit in the first year premium of the new Policy. The option can be exercised subject to the following conditions:

- a) The policy is in full force at the time of exercising the option;
- b) A period of at least three years has been completed from the commencement date of the policy
- c) A period of 5 years or more remain to the maturity date of the policy;
- d) Once the option is exercised, it cannot be reversed;
- e) The sum assured under the new policy cannot exceed the sum assured of the original policy and also will be subject to such limits applicable under the new policy;
- f) The premium rates prevailing at the time of conversion will apply to the new policy
- g) The policy term of the new policy will be equal to the balance policy term of the original policy
- h) The conversion option applies only to the Basic Policy Benefit and not to the riders. However, if the Accidental Death Benefit Rider has been taken in the original Policy, the same can be continued for a sum assured up to the sum assured under the new policy; and
- i) On exercise of the option, the original policy along with all attaching riders will terminate without value at the point of conversion

8. CLAIM PROCEDURES

8.1 Notice of Claim

All cases of death must be notified immediately to us in writing. Other claims must be notified in writing, preferably not later than 20 days after the date the insured event happens.

8.2 Filing proof of claim

Affirmative proof of death or any other contingent insured event covered under this policy and any appropriate documents as required by us must be completed and furnished to us, preferably within 90 days from the date insured event happens, unless specified otherwise.

Without prejudice, the following documents may be necessary to establish the claim to the satisfaction of the company

- a) Original policy document;
- b) Original death certificate in case of death or accidental death claim;
- c) Post mortem report / FIR where applicable;
- d) Claim forms duly filled as required by the Company
- e) Certificate from physical/Hospital last attended showing cause of death, nature of Disability or illness wherever applicable;
- f) Legal evidence of title of the claimant where no valid nomination or assignment under the Policy exists or in cases where the title is in dispute.

We may however, call for additional documents, if found necessary, in support of the claim.

9. APPLICABLE LAW

Your policy is governed by and is subject to the Indian Law.

The parties shall be subject to the jurisdiction of the law courts situated within the Republic of India for all matters and disputes arising from or relating to or concerning the application, declaration and the provisions under the Policy.

10. SERVICE TAX ETC

Service Tax and other related taxes will be charged on premiums separately at the time of payment of the premiums, at the prevailing tax rates.

11. COMPLAINT / GRIEVANCE

In case of any grievance, the Policyholder may approach the following in the order given below:

- (i) In the event of any grievance the Policyholder may have under this Policy, a reference may be made to our office at the following address giving the nature and full particulars of the grievance.

Grievance Redressal Department

Future Generali India Life Insurance Company Limited

3rd Floor Lake City Mall
Kapurbawdi Junction
Next to Big Bazaar
Majiwada
Thane (West)
Thane 400607
Email ID: care@futuregenerali.in

Website of the Company: www.futuregenerali.in

- (ii) In case you are not satisfied with the decision of the above office, or have not received any response within 10 days, you may contact the following official for resolution of the grievance.

Grievance Redressal Officer

Future Generali India Life Insurance Company Limited

3rd Floor Lake City Mall
Kapurbawdi Junction
Next to Big Bazaar
Majiwada
Thane (West)
Thane 400607

Contact No: For MTNL / BSNL 022 - 1800-220-233, other service providers 1800-500-3333 (toll free no.)
Email: gro@futuregenerali.in

- (iii) In case you are not satisfied with the decision / resolution of the Company, you may approach the Insurance Ombudsman 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 payment of premium
- Non-receipt of your Policy document

You can approach Ombudsman designated by Insurance Regulatory and Development Authority within your jurisdiction as mentioned in annexure A attached, in case any of your grievances is not redressed to your satisfaction by the Grievance Redressal Department of Future Generali India Life Insurance Company Limited.

- iv) The Complaint should be made in writing duly signed by the complainant or by his legal heirs with full details of the complaint and the contact information of complainant.
- v) As per provision 13(3) of the Redressal of Public Grievances Rules 1998, the complaint to the Ombudsman can be made
 - i. only if the grievance has been rejected by the Grievance Redressal Machinery of the Insurer
 - ii. within a period of one year from the date of rejection by the insurer
 - ii. if it is not simultaneously under any litigation.

For an updated list of Insurance Ombudsman, please visit www.irda.gov.in.

12. CURRENCY OF PAYMENT

All amounts payable either to or by the Company shall be in Indian Rupees.

13. TRAVEL, RESIDENCE AND OCCUPATION

This policy does not impose any restrictions as to travel, residence or occupation, except as otherwise provided in any special provisions of this policy or by law.

PART B

The nature of various benefits under the Policy is explained below. The benefits that apply to your Policy are those that are chosen by you and granted by us; are started in your Policy Schedule. The benefits that are not mentioned in the Schedule do not apply to your Policy.

14. BASIC POLICY BENEFIT

The 'Basic Policy Benefit' is payable if the life assured dies before the maturity date. The policy along with all rider benefits, if any, shall terminate thereafter.

This benefit applies if the Policy is in force on the date of death of the life assured.

15. ACCIDENTAL DEATH RIDER BENEFIT

- a) Accidental death benefit is payable if life assured dies during the benefit term from a cause which is accidental. In such an event, the accidental death sum assured is payable.
- b) If the life assured shall sustain any bodily injury resulting solely and directly from an accident caused by an 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, such death will be deemed to be accident death.
- c) Accidental death benefits will not be paid if the accident is cause under any of the following circumstances
 - o Arising out of self inflicted injury, suicide, or death whilst under the influence of intoxicating alcohol, or narcotic substances;
 - o 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;
 - o As a result of the life assured committing any breach of law;
 - o Arising from employment of the life assured in the armed forces or military service of any country at war (whether war be declared or not) or from being engaged in duties of any para-military, security, naval or policy organization; and
 - o As a result of accident while the life assured is engaged in aviation or aeronautics in any capacity other than that of 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.
- d) This benefit applies if it is in force on the date of death of the life assured.

16. ACCELERATED CRITICAL ILLNESS RIDER (EXTENDED) BENEFIT

This benefit is paid if the life assured becomes critically ill during the benefit term. The critical illness sum assured is paid in such an event. This rider benefit and the premium for this benefit shall cease thereafter.

This benefit is provided as an advancement of the Basic policy benefit that is normally payable on death during the policy term. So on settlement of the critical illness claim, the Basic policy benefit sum assured for the remaining policy term would reduce by an amount equal to the critical illness sum assured. The premium payable for the Basic policy benefit would also be appropriately reduced. If the accidental death benefit sum assured is higher than the reduced Basic policy benefit sum assured, then the accidental death benefit sum assured as well as the premium for accidental death benefit would also be suitably reduced.

- a) The life assured is considered to be critically ill if he is diagnosed to be suffering from one of the following conditions:

Cancer:

A malignant tumour characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissue. This diagnosis must be supported by histological evidence of malignancy and confirmed by an oncologist or pathologist.

The following conditions are excluded –

- Tumours showing the malignant changes of carcinoma-in-situ and tumours which are histologically described as pre-malignant or non-invasive, including but not limited to carcinoma-in-situ of the breasts, Cervical Dysplasia: CIN-1, CIN-2 and CIN-3;
- Hyperkeratoses, basal cell and squamous skin cancers and melanomas less than 1.5 mm Breslow thickness, or less than Clark Level 3, unless there is evidence of metastases;
- Prostrate cancers histologically described as TNM Classification T1a, T1b or T1c or prostrate cancers of another equivalent or lesser classification, T1N0M0 Papillary micro-carcinoma of the Thyroid less than 1 cm in diameter, Papillary micro-carcinoma of the Bladder, and Chronic Lymphocytic Leukaemia less than RAI Stage 3;
- All tumours in the presence of HIV infection; and
- Tumours which pose no threat to life and for which no treatment is required.

Stroke:

A cerebrovascular incident including infarction of brain tissue, cerebral and subarachnoid haemorrhage, cerebral embolism or cerebral thrombosis where all the following conditions are met –

- Evidence of permanent neurological damage confirmed by a neurologist at least 6 weeks after the event; and
- Findings on magnetic resonance imaging, computerized Tomography, or other reliable imaging techniques which are consistent with the diagnosis of a new stroke.

The following are excluded:

- Transient Ischaemic attacks;
- Brain damage due to an accident or injury, infection, vasculitis or an inflammatory disease;
- Vascular disease affecting the eye or optic nerve; and
- Ischaemic disorders of the vestibular system.

Heart Attack:

The first occurrence of heart attack or myocardial infarction, involving death of a portion of the heart muscle due to inadequate blood supply to the relevant area. This diagnosis must be supported by at least three of the following four criteria which are consistent with a new heart attack:

- Typical clinical symptoms (for example, characteristic chest pain, etc);
- New characteristic electrocardiographic changes;
- The characteristic rise of cardiac enzymes or Troponins recorded at the following levels or higher:
 - o Troponin T > 1.0 ng/ml
 - o Accu Tnl > 0.5 ng/ml, or equivalent thresholds with other Troponin I methods;
- Left ventricular ejection fraction less than 50%, measured three months or more after the event.

The evidence must show a definite acute myocardial infarction and the diagnosis must be confirmed by a consultant cardiologist.

The following are excluded:

- Angina;
- Other acute coronary syndromes, for example myocyte necrosis.

Coronary Artery Bypass Surgery:

The actual undergoing of open chest surgery to correct the narrowing or blockage of one or more of coronary arteries with bypass grafts. This diagnosis must be supported by angiographic evidence of significant coronary artery obstruction and the procedure must be recommended by a consultant cardiologist as medically necessary.

Angioplasty and all other intra-arterial and catheter based techniques, 'keyhole' or laser procedures are excluded.

Kidney Failure:

End stage renal failure presenting as chronic irreversible failure of both the kidneys to function, requiring either regular renal dialysis or renal transplantation. Evidence of end stage kidney disease must be provided and the dialysis or transplantation must be confirmed by a consultant physician as medically necessary.

Major Organ Transplant:

The actual undergoing, as a recipient, of a human-to-human transplant of:

- Human bone marrow using haematopoietic stem cells preceded by total bone marrow ablation; or

- One of the following human organs; heart, lung, liver, kidney, pancreas that resulted from irreversible and stage failure of the relevant organ.

The transplant must be medically necessary and based on objective confirmation of organ failure by a consultant physician.

The transplantation of all other organs, parts of organs or any other tissue or cell transplants are excluded.

Heart Valve Surgery:

The actual undergoing of open-heart surgery to replace or repair one or more of cardiac valves as a consequence of heart valve defects or abnormalities. All non-open heart surgeries and replacement of prosthetic valves are specifically excluded. The diagnosis of heart valve abnormality must be supported by cardiac catheterization or echocardiogram and the procedure must be considered medically necessary by a consultant cardiologist.

Aorta Surgery:

The actual undergoing of major surgery to repair or correct an aneurysm, narrowing, obstruction or dissection of 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.

Surgery performed using only minimally invasive or intra arterial techniques are excluded.

Major Burns:

Third degree (full thickness of the skin) burns covering at least 20% of the surface of the life assured's body.

Paralysis:

Total and irreversible loss of use of at least two entire limbs due to injury or disease. This condition must be confirmed by a consultant neurologist.

Total and Permanent Disability due to accident and sickness:

The Life Assured will be regarded as 'Totally and Permanently Disabled' if, he is in a state of disability resulting from accidental bodily injury, sickness or disease, as a result of which:

- He has been rendered totally incapable of being employed or engaged in any work or any occupation whatsoever for remuneration or profit, or
- He has suffered the loss of (or the total and permanent loss of use of) both hands, or both feet, or both eyes, or a combination of any two.

The above disability must have lasted, without interruption, for at least 180 consecutive days and must be deemed permanent by a panel of medical practitioners appointed by the company.

b) Critical Illness benefit will not be paid under any of the following circumstances:

- o A waiting period of 90 days will apply, i.e. if critical illness is first diagnosed within 90 days from the risk commencement date or reinstatement date if reinstatement has been affected;
 - o If the critical illness takes place as a result of any pre-existing medical condition of which the company has reasons to believe that the life assured should have been aware of or for which symptoms had manifested themselves prior to the inception of the policy;
 - o Critical illness is caused by self inflicted injury, war/invasion, injury during criminal activity or breach of law or under influence of narcotic drug, alcohol etc;
 - o Where the company has evidence that the illness has arisen out of an unreasonable failure on the part of the life assured to follow medical advice. Moreover, where there is evidence that the life assured has delayed medical treatment in order to circumvent the waiting period or other conditions and restrictions applying in the policy;
 - o If the life assured is found to be infected with Human Immunodeficiency Virus (HIV) or conditions due to an Acquired Immune Deficiency Syndrome (AIDS);
 - o 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;
 - o Injuries caused by such activities as hunting, mountaineering, steeple-chasing, racing of any kind, bungee jumping, river rafting, scuba diving, paragliding or any other such adventurous sports or hobbies.
- c) Other conditions and restrictions:
- o Critical illness benefit is payable only once during the term of the policy;
 - o Critical illness benefit will be payable only after the company is

satisfied on the basis of available medical evidence that the specified illness has occurred;

- o The date of occurrence of critical illness will be reckoned for the above purpose as the date of diagnosis of the illness / conditions. It will be the date on which the medical examiner first examines the life assured and certifies the diagnosis of any of the illness / conditions;
- o Preferably within 90 days from the date on which any of the above mentioned contingencies has occurred, full particulars thereof must be notified in writing to the office of the company where this policy is serviced together with the then address and whereabouts of the life assured. Proof satisfactory to the company of the contingency that has occurred, shall be furnished in the manner required. Any medical examiner named by the company shall be allowed to examine the person of the life assured in respect of any benefit claimed under the Benefit(s) mentioned under the Policy document, in such manner and at such times, as may be required by the Company. Based on the evidence provided and medical examination carried out, a panel of medical practitioners appointed by the company would consider the claim and recommend its admission.

d) Review of premium rates:

Premium rates for this benefit are subject to revision after 5 years; however the company will give a notice of 3 months prior to such revision in premium rates. Any change in rates will apply from the later of the 5th Policy anniversary or the policy anniversary immediately following the effective date of the change.

This benefit applied if it is in force on the date of diagnosis of the critical illness condition.