

IRDAI Registration No. 133; CIN No: U66010MH2006PLC165288

PART A

1. <u>POLICY SCHEDULE</u>

PLEASE GO THROUGH THE POLICY SCHEDULE CAREFULLY

<< Future Generali Care Plus>> << Individual, Non Linked, Non-Participating (without profits), Pure Risk Premium, Life Insurance Plan>>

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

3a) Your Customer Id:

3b) Details of the Life Assured and Policyholder

| Details of | Life Assured | Policyholder |
|------------------|--------------|--------------|
| Full Name: | | |
| Date of Birth: | | |
| Age Admitted: | Yes/No | |
| Gender | | |
| Email address: | | |
| Mobile phone no: | | |
| Residence No: | | |
| Address: | | |
| Landmark: | | |
| City: | | |
| Pin Code: | | |

3c) Nominee(s) to this Policy are:

| Detail of | Full Name | Date of Birth | Age | Gender | Relationship with Policyholder | Address | Percentage share of Benefit |
|-----------|-----------|------------------|-----|--------|--------------------------------------|---------|--------------------------------|
| Nominee 1 | | | | | | | |
| Nominee 2 | | | | | | | |

3d) The Appointee of this Policy is (in case the Nominee mentioned is a minor):

| Full Name: | |
|----------------|--|
| Date of Birth: | |
| Gender | |



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| Address of the Appointee: | |
|----------------------------|--|
| Relationship with Nominee: | |

3e) Policy Details

| Plan Name | UIN | Option Name | Policy Commencement Date | Risk Commencement Date | Policy Term | Premium Payment Term | Maturit y Date | Sum Assured |
|-----------|-----|----------------|--------------------------------|------------------------------|----------------|----------------------------|-------------------|----------------|
| | | | | | | | | |
| | | | | | | | | |

| Accidental Death Sum Assured | Payout Option chosen | Lump-sum Payout | Monthly Income | Monthly Income Duration |
|---------------------------------|--|--------------------|-------------------|----------------------------|
| | < <lump-< td=""><td></td><td></td><td><<60/120>></td></lump-<> | | | <<60/120>> |
| | sum/Fixed | | | months |
| | Income/Mixed>> | | | |

The Plan option is chosen by the Policyholder at inception of the Policy. Once chosen, the Policyholder shall not be allowed to change the chosen option during the Policy Term.

3f) Premium Details

| Plan name | Annualize d Premium (Rs.) | Instalment Premium (Rs.) | Relevant Modal Factor | Applicabl e Taxes* | Instation | Premium Frequency | Premium Due Dates | Last Premium Due Date |
|-----------|---------------------------------|--------------------------------|--------------------------|-----------------------|-----------|----------------------|-------------------------|-----------------------------|
| | | | | | | | | |
| | | | | | | | | |

| | First Year | Renewal Years |
|--------------------------------|------------|---------------|
| Total Instalment Premium | | |
| Total Applicable Taxes* | | |
| Total Instalment Premium after | | |
| Applicable Taxes* | | |

3g) Disclaimers

- *Includes applicable taxes at prevailing rates under applicable laws and amendments thereto.
- Total Premium is subject to change in case of any variance in the present tax rates or in the event of any new or additional tax/cess/by whatever name called levy being made applicable/ imposed on the premium(s) under applicable laws and amendments thereto.
- Tax benefits under this Policy shall be subject to applicable laws as amended from time to time. Any payment made under this Policy shall be subject to deduction of applicable taxes, if applicable as per law from time to time. You are advised to consult your tax consultant for details.

3h) Stamp Duty

The stamp duty of Rs. Xxx (xxxx ONLY) paid by Payorder no.XXXXX dated DD/MM/YYYY. Government Notification Revenue and Forest Department No.Mudrank 2004/4125/CR 690/M-1, Dt.31/12/2004.



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3i) What You are covered for:

Policy Benefits (Please refer Part C for details)

| Death Benefit | Higher of the following : |
|--|---|
| | <<sum assured="">></sum> <<10 X Annualized Premium (excluding the applicable taxes, rider premiums and underwriting extra premiums, if any) >> 105% of Total Premiums Paid (excluding any extra premium, any rider premium and applicable taxes) as on date of death |
| Accidental Death Benefit (if opted) | Additional amount payable on Death due to Accident: < <accidental assured="" death="" sum="">></accidental> |

3j) What You are not covered for

a. Exclusions under Death Benefit

Suicide Exclusion:

In case of death of Life Assured due to suicide within 12 months from the Risk Commencement Date 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 Policy Cancellation Value available as on the date of death whichever is higher, provided the Policy is in-force.

b. Exclusions under Accidental Death Benefit

The Life Assured shall not be entitled to any Accidental Death Benefit directly or indirectly due to or caused, occasioned, accelerated or aggravated by any of the following:

- a. Suicide or self-inflicted injury, whether the Life Assured is medically sane or insane;
- b. War, terrorism, invasion, act of foreign enemy, hostilities, civil war, martial law, rebellion, revolution, insurrection, military or usurper power, riot or civil commotion. War means any war whether declared or not.
- c. Taking part in any naval, military or air force operation during peace time.
- d. Any condition that is pre-existing at the time of inception of the Policy. Pre-existing Disease 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 by Us its reinstatement or
 - b) For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the Effective Date of the Policy issued by Us or its Reinstatement.

This exclusion will not be applicable to conditions, ailments or injuries or related condition(s) which are underwritten and accepted by the Company at inception or at Reinstatement.

- e. Committing an assault, a criminal offence, an illegal activity or any breach of law with criminal intent.
- f. Alcohol or Solvent abuse or taking of Drugs, narcotics or psychotropic substances unless taken in accordance with the lawful directions and prescription of a registered Medical Practitioner.
- g. Poison, gas or fumes (voluntary or involuntarily, accidentally or otherwise taken, administered, absorbed or inhaled).
- h. Life Assured's service in the armed forces, or any police organization, of any country at war or service in any force of an international body.
- i. Participation by Life Assured in aviation other than as a fare-paying passenger in an aircraft that is authorised by the relevant regulations to carry such passengers between established aerodromes.



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- j. Life Assured taking part in professional sport(s) or any Adventurous Pursuits or Hobbies. "Adventurous Pursuits or Hobbies" includes any kind of racing (other than on foot or swimming), potholing, rock climbing (except on man-made walls), hunting, mountaineering or climbing requiring the use of ropes or guides, any underwater activities involving the use of underwater breathing apparatus including deep sea diving, sky diving, cliff diving, bungee jumping, paragliding, hand gliding, parachuting and selfie mishaps.
- k. Nuclear contamination; the radioactive, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature.

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

Authorised Signature