

**POLICY SCHEDULE  
FUTURE GENERALI GROUP GRATUITY PLAN  
(Group, Non Linked, Non- Participating, Savings, Life Insurance Plan)  
(UIN 133N045V03)**

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. 5,000/-

Total Sum Assured of Group: Rs.

**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