 <b>FUTURE GENERALI</b> TOTAL INSURANCE SOLUTIONS	<b>Future Generali India Life Insurance Company Limited</b>
	<b>IRDAI Registration No. 133; CIN No: U66010MH2006PLC165288</b>


Part A

**POLICY SCHEDULE**

**Future Generali Sampoon Loan Suraksha  
Group Non Linked Non Participating Pure risk premium Credit Life Insurance Plan**

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>Minimum Eligibility Criteria:</b> <b>Minimum Entry Age:</b> <b>Maximum Entry Age:</b> <b>Cover Expiry Age:</b> <b>Minimum initial Coverage per member:</b> <b>Maximum initial Coverage per member:</b>	<b>Premium Payment frequency for each member:</b> <b>Premium Rates:</b> <b>Underwriting:</b> <b>List of Claim documents:</b>
<b>Minimum Tenure of Certificate:</b> <b>Maximum Tenure of Certificate:</b>	<b>Policy Commencement Date:</b> <b>Special Provisions:</b>
<b>Agent's name/ Broker's name:</b> <b>Email:</b> <b>Address:</b>	<b>Agent's code/Broker's code:</b> <b>Agent's/Broker's License No.:</b> <b>Mobile/Landline Telephone Number:</b>

 <b>FUTURE GENERALI</b> TOTAL INSURANCE SOLUTIONS	<b><u>Future Generali India Life Insurance Company Limited</u></b>
	<b><u>IRDAI Registration No. 133; CIN No: U66010MH2006PLC165288</u></b>

Part A

**Initial Coverage Particulars**

Description	Details
No. of members	
Sum Assured	
Mode of Premium	Single Premium
Premium	
Applicable Taxes*	
<b>Total Premium inclusive of taxes</b>	

\*Includes Applicable Taxes at prevailing rates. Total Premium is subject to change in case of any variance in the present rates or in the event of any new or additional tax/levy being made applicable/ imposed on the premium(s).

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 2004/4125/CR 690/M-1, Dt.31/12/2004.

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**