



POLICY SCHEDULE
FUTURE GENERALI GROUP GRATUITY PLAN
(Group, Non Linked, Non- Participating (Without Profit), Savings, Life Insurance Plan)
(UIN 133N045V04)

1. Master Policy No.:
2. Name of Policyholder:
3. Name of scheme:
4. Type of Product: Group, Non linked non-participating Savings, Life Insurance Product
5. Names of trustees:
6. Authorised Signatories:

being the trustees of the XXX scheme at the time this policy commenced
7. Name of Employer:
8. Date of Commencement:
9. Policy Effective Date:
10. Annual Renewal Date: _____ and annually thereafter
11. Initial Number of Members:
12. Contribution: Rs. _____
13. Due date/s of Contributions: On _____ of _____ every year hereafter
14. Initial Contribution instalment(s) of Rs. _____ each to be received further annually over next ____ years
15. Sum Assured per member: Rs. 10,000/-
16. 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: