

IRDAI Registration No. 133, CIN No: U66010MH2006PLC165288

PART A

POLICY SCHEDULE

Future Generali Group Term Insurance Plan

Group, non-linked, non-participating (without profits), yearly renewable term insurance plan

Policy Number:	Policy Effective /Cover: DD-Month- YYYY Commencement Date:
Policyholder's Address:	Members Eligibility Criteria:
Policyholder's Name:	Next Renewal Date: DD-Month- YYYY

For Employer Employee Group:

Only full-time and permanent employees who are actively-at-work will be considered for eligible membership of the Scheme. All employees who are either performing in the usual way, regular duties of their work and not working contrary to medical advice received would be considered as 'active-at-work'. Absentees from work for reasons other than sickness, injury, disability medical or maternity leave will be considered as active-at-work. For those employees who are not active-at-work on the cover commencement date / Policy Effective Date, then such employees must submit health declaration/questionnaire at the time of joining insurance scheme for coverage amount up to the free cover limit. If there is any abnormality found in the health questionnaire then the company shall reserve the right to call for further evidence of insurability in respect of such members.

The actively at work clause as stated above will not be applicable to members of any existing and takeover schemes provided these members are already covered in the existing/takeover scheme.

For Non-Employee Group: <<Clearly define the relationship with the Master Policyholder>>

Minimum/Maximum Age

Minimum Entry Age: _____ Years last birthday

Maximum Entry Age: ____ Years last birthday

Cease/Retirement age of members: _____ Years last birthday

New-Joinees after the Policy Effective Date who are aged _____ years and above will not be covered.



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Amount of Insurance:

Category	Main Benefit
Benefit Description of Group	
(Base Plan)	
Benefit Description (Riders)	

Free Cover Limit (FCL)

Description	FCL (INR)
Base Plan	
Riders	

FCL for employees aged ____ years last birthday and above would be zero and they would be medically underwritten.

Premium Payment Mode: Yearly/Half Yearly/Quarterly/Monthly

Date of Last Instalment of Premium:

Premium rates:

Benefit Description	Annual Premium Per Thousand Sum Assured (INR)		
Base Plan			
Riders			

The premium rate above excludes Goods and Services Tax. Currently the effective rate of Goods and Services Tax is _____%. This rate is subject to change depending upon the prevailing Tax Rules.

Summary of Benefits and Premiums including for the Riders opted for:

Benefit Description	Number of Members	Total Sum Assured (INR)	Premiums (INR)
Base Sum Assured			
Base Premium			
Rider Sum Assured			
Rider Premium			
Total Premium			
Goods and Services Tax on Total			
Premium			
TOTAL Premium including			
Goods and Services Tax			

The stamp duty of Rs. paid by pay order, no_____ dated Government Notification Revenue and Forest Department No. Mudrank_____.

Special Provisions:

For Employer Employee Group:

Classification | Internal



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Cover beyond FCL: In case of cover beyond FCL, the premiums quoted here would be applicable if the life, on individual assessment, is a standard life. For substandard life, cover beyond FCL may be accepted subject to payment of additional premiums commensurate with our assessment of risk on a case-to-case basis.

Termination of Cover: The coverage would cease on the employee's exit from employment either due to resignation or superannuation or any other reasons as specified in the policy document, whichever is earlier.

The terms of this policy are based on the details as provided under the application along with all the relevant annexure / documents basis which the contract is been entered and that sum assured of each employee, as provided in the census data, is within 10 times his / her annual salary (subject to a maximum of INR).

For Non Employer Employee Group: -

- 1. Eligible member must opt for the cover only after availing the services of <<Master Policyholder Name____>>.
- 2. Maximum cover of <<INR _____>> would be available per life.
- 3. At the time of claim, proof of membership, standard age proof, identification proof, FIR / PMR (wherever applicable) must be provided along with other requirements as mentioned in the policy document.
- 4. <<Any other conditions as may be applicable at the time of quotation>>

Date of Issuance

For Future Generali India Life Insurance Company Ltd. MM DD, YYYY

Authorised Signatory		
Name	Mr. Nilesh Parmar	
Designation	Chief Operations and Technology Officer	
Signature		

ON EXAMINATION OF THE POLICY, if the Policyholder notices any mistake, the policy bond should be returned to the Company for correction.