

Ageas Federal Life Insurance Group Term Life Plan II
Non-Linked, Non-Participating, Group Life, Pure Risk Premium Insurance Plan
UIN: 135N091V01

PART B

DEFINITIONS

1. **Assignee** is the person to whom the rights and benefits are transferred by virtue of an Assignment under Section 38 of the Insurance Act, 1938, as amended from time to time.
2. **Assignment** under the policy will be governed by Section 38 of the Insurance Act, 1938 as amended from time to time. Please refer to Annexure A of the Policy Document for further details.
3. **Beneficiary** means the person who is entitled to receive benefits under this Policy. The Beneficiary may be Insured member or Policyholder or Nominees or proved Executors or Administrators or other Legal Representatives as the case may be.
4. **Certificate of insurance** means the document certifying the coverage of the insured member under the terms and conditions and parameters as mentioned therein.
5. **Cover** means the insurance cover provided to the insured members under a master policy.
6. **Cover Anniversary** means the annual anniversary of the Date of Commencement of Risk of the Insured Member.
7. **Cover commencement date** means the date of commencement of cover/date of inception of cover/ date of acceptance of risk for the insured member as shown in the certificate of insurance.
8. **Cover expiry date** means the date on which the insurance cover expires for each insured member as shown in the certificate of insurance.
9. **Cover term** means the duration of cover for each insured member as shown in the certificate of insurance.
10. **Death Sum Assured** means the face amount chosen as cover on the cover commencement date by the insured member.
11. **Master policy** means the document containing the terms, conditions and parameters issued to the master policyholder.
12. **Master policyholder** means the holder of the master policy, as shown in the Policy schedule.
13. **Nominee** is the person who has been nominated by the Life Assured in accordance with Section 39 of the Insurance Act, 1938 as amended from time to time.
14. **Nomination** under the Policy will be governed by Section 39 of the Insurance Act, 1938 as amended from time to time. Please refer to Annexure B for further details
15. **Policy Anniversary** means the annual anniversary of the Date of Commencement of Policy.
16. **Policy Commencement date** means the commencement date of the master policy.
17. **Policy Year** means the year commencing from the Policy Commencement Date or Policy Anniversary thereof.
18. **Premium** means premium received, excluding any extra premium, any rider premium and taxes.

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19. **Primary Life** means an Eligible Insured Member who is named as a person insured in the Group Policy Schedule and to whom a Certificate of Insurance has been issued.
20. **Regulated Entities** means entities which are master policyholders and are authorized by IRDAI to receive the claim proceeds payable on occurrence of an insured event, to the extent of outstanding credit balance, subject to due authorization by the insured member.
21. **Revival of a policy** means restoration of a lapsed policy which was discontinued due to the non-payment of premium, by the insurer with all the benefits mentioned in the policy document, with or without rider benefits if any, upon the receipt of all the premiums due and other charges/late fee, if any, as per the terms and conditions of the policy, upon being satisfied as to the continued insurability of the insured/ policyholder on the basis of the information, documents and reports furnished by the policyholder, in accordance with the then existing Board Approved Underwriting Policy of the Company..
22. **Revival Period** means the period of 5 consecutive complete years from the date of first unpaid premium during which period the policyholder is entitled to revive the policy which was discontinued due to the non-payment of premium.
23. **Secondary Life** means the spouse of the Primary Life covered under this Master Policy
24. **Surrender** means complete withdrawal or termination of the Master Policy / Certificate of insurance.
25. **Surrender Value** means an amount, if any, that becomes payable in case of surrender in accordance with the terms and conditions of this policy.
26. **Total Premiums Paid** means total of all the premiums received, excluding any extra premium, any rider premium and taxes.
27. **We/ Our/ Us/The Company** means Ageas Federal Life Insurance Company Limited.
28. **You/Your** means the master policyholder named in the schedule or his/her legal personal representative.

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PART C

POLICY BENEFITS

The policy benefit section is part C of your policy document. It includes detailed description of-

(a) the following base benefits:

1. Death benefit
2. Maturity benefit
3. Survival Benefit

(b) the following optional benefits:

4. Spouse Cover **<insert for Single Premium, One Year Renewable Term, Regular Premium> <insert if opted>**
5. Sum Assured Reset Benefit **<insert for One Year Renewable Term> <insert if opted>**
6. Additional Sum Assured Benefit **<insert for Single Premium, One Year Renewable Term, Regular Premium> <insert if opted> <insert if Employer – Employee>**
7. Group Term Insurance in lieu of Employee Deposit Linked Insurance (EDLI) **<insert for Single Premium, One Year Renewable Term, Regular Premium> <insert if opted> <insert if Employer-Employee>**

<Insert for Single Premium Option>

1. Death benefit:

On death of the insured member during the Cover Term, Sum Assured including Additional Sum Assured (if opted) with respect to such member shall be payable in lumpsum, provided all premiums due till date have been paid and the cover is in force.

If Spouse Cover is chosen then,

- On death of the Secondary Life during the Cover Term, Spouse Sum Assured shall be payable in lumpsum, provided all premiums due till date are paid and the cover is in force.
- On payment of the Spouse Cover, the cover shall continue for Primary Life with full benefits as applicable in the plan.

On payment of Death Benefit for Primary Life, the Spouse Cover (if chosen) shall continue till:

- End of Cover Term

<Insert in case of Master Policyholder is regulated by RBI, NBFCs, NMDFC and NHBs>

At the time of claim settlement of insured member, Ageas Federal Life will call for a credit account statement from the master policy holder. If the master policy holder is either of the following:

1. Reserve Bank of India (RBI) regulated Scheduled Commercial banks(including co operative banks)
2. NBFCs having Certificate of Registration from RBI
3. National Housing Bank (NHB) Regulated Housing Finance Companies
4. National Minority Development Finance Corporation (NMDFC) and its State Channelizing Agencies
5. Small Finance Banks regulated by RBI
6. Mutually Aided Cooperative Societies formed and registered under the applicable State Act concerning such Societies
7. Microfinance companies registered under section 8 of the Companies Act, 2013
8. Any other category as approved by the Authority

And in case there is any outstanding loan balance, the death benefit will be paid to the master policyholder to the extent of outstanding loan balance subject to due authorization by the insured member at the time of enrolment, balance claim amount

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(if any) will be payable to the beneficiary of the insured member. Balance claim amount is equal to death benefit less outstanding loan balance.

If spouse cover is chosen, the settlement of the secondary life claim will be processed in the name of beneficiary.

The master policyholder will provide us the following details in the credit account statement:

- Name and policy number of the Group Master policyholder
- Name of the Insured Member
- Original amount of Loan
- Particulars of the recoveries made by the Master Policyholder towards the Loan
- Outstanding Loan Balance as on the date of the claim

The credit account statement should have a Declaration/undertaking of the Master policyholder that the information/details furnished in the credit account statement are verified for accuracy.

< insert in case of Master Policyholder is other than stated above >

All the claims will be settled in the name of the beneficiary.

On payment of death benefit, the cover for deceased member will terminate and all rights, benefits and interests under the policy for deceased member will stand extinguished.

2. Maturity benefit:

There is no maturity benefit available under this plan.

3. Survival Benefit:

There is no Survival Benefit under this plan.

4. Spouse Cover <insert if opted>

Insurance cover can be extended to the member's Spouse subject to insurable interest and underwriting. Spouse Sum Assured can be chosen up to the Sum Assured of the Insured member. However, Spouse Sum Assured can never be more than the Sum Assured of Primary Life. Additional premium for the Spouse Cover shall be payable.

Spouse Cover can be chosen by Master Policyholder/ member at inception of the cover or at any cover anniversary after the date of marriage.

For Single Premium Variant the Cover Term for Spouse Cover will be equal to the balance Cover Term of Primary Life.

In case Spouse Cover is opted at any date other than inception, Master Policyholder will have to give written notice at least 30 days prior to the annual renewal date / cover anniversary.

Spouse should meet all boundary conditions as applicable for the Insured member.

If Spouse Cover is chosen, then the Insured member shall be referred to as the Primary Life and the Spouse shall be referred to as the Secondary Life.

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<insert only for Employer Employee Group> <insert if opted>

5. Additional Sum Assured Benefit:

Insured member/ Master Policyholder can choose an Additional Sum Assured, at the policy inception or any annual renewal date, over and above the Sum Assured provided by the Employer; for example, to cover outstanding salary as on date of death, Future Service Gratuity as per Employer's Gratuity scheme etc., subject to underwriting.

Premium for Additional Sum Assured benefit will be payable by the Master Policyholder/ member(s) from the time this benefit is opted for.

A member can choose to increase his/ her benefits, subject to product boundary conditions, under the Master Policy at any annual renewal date provided Master Policyholder gives written notice 30 days prior to annual renewal date.

<insert only for Employer Employee Group> <insert if opted>

6. Group Term Insurance in lieu of Employee Deposit Linked Insurance (EDLI):

This policy can be offered in lieu of EDLI to meet the conditions set out by the Regional Provident Fund Commissioner (RPFC) from time to time.

<Insert for One Year Renewable Term Option>

1. Death benefit:

On death of the insured member during the Cover Term, Sum Assured including Additional Sum Assured (if opted) with respect to such member shall be payable in lumpsum, provided all premiums due till date have been paid and the policy is in force.

If Spouse Cover is chosen then,

- On death of the Secondary Life during the Cover Term, Spouse Sum Assured shall be payable in lumpsum, provided all premiums due till date are paid and the cover is in force.
- On death of the Secondary Life, renewal premiums only in respect of the Primary Life shall be payable.

On payment of the Spouse Cover, the cover shall continue for Primary Life with full benefits as applicable in the plan, subject to payment of all future premiums as and when due.

On payment of Death Benefit for Primary Life, the Spouse Cover (if chosen) shall continue till next renewal date.

For cases where other than yearly mode of premium payment is chosen, Death Benefit shall be paid after deducting premiums due in respect of the deceased life till the end of the policy year of death without any interest, provided the member has paid all the due premiums till date of death. *<insert only for Employer Employee Group>*

For Employer Employee groups, Death Sum Assured for each member is determined by the master policyholder. For other groups, Death Sum Assured for each member is determined either by insured member or master policyholder.

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<Insert in case of Master Policyholder is regulated by RBI, NBFCs, NMDFC and NHBs>

At the time of claim settlement of insured member, Ageas Federal Life will call for a credit account statement from the master policy holder. If the master policy holder is either of the following:

9. Reserve Bank of India (RBI) regulated Scheduled Commercial banks(including co operative banks)
10. NBFCs having Certificate of Registration from RBI
11. National Housing Bank(NHB) Regulated Housing Finance Companies
12. National Minority Development Finance Corporation (NMDFC) and its State Channelizing Agencies
13. Small Finance Banks regulated by RBI
14. Mutually Aided Cooperative Societies formed and registered under the applicable State Act concerning such Societies
15. Microfinance companies registered under section 8 of the Companies Act, 2013
16. Any other category as approved by the Authority

And in case there is any outstanding loan balance, the death benefit will be paid to the master policyholder to the extent of outstanding loan balance subject to due authorization by the insured member at the time of enrolment, balance claim amount (if any) will be payable to the beneficiary of the insured member. Balance claim amount is equal to death benefit less outstanding loan balance.

If spouse cover is chosen, the settlement of the secondary life claim will be processed in the name of beneficiary. The master policyholder will provide us the following details in the credit account statement:

- Name and policy number of the Group Master policyholder
- Name of the Insured Member
- Original amount of Loan
- Particulars of the recoveries made by the Master Policyholder towards the Loan
- Outstanding Loan Balance as on the date of the claim

The credit account statement should have a Declaration/undertaking of the Master policyholder that the information/details furnished in the credit account statement are verified for accuracy.

< insert in case of Master Policyholder is other than stated above>

All the claims will be settled in the name of the beneficiary.

On payment of death benefit, the cover for deceased member will terminate and all rights, benefits and interests under the policy for deceased member will stand extinguished.

2. Maturity benefit:

There is no maturity benefit available under this plan.

3. Survival Benefit:

There is no Survival Benefit under this plan.

4. Spouse Cover <insert if opted>

Insurance cover can be extended to the member's Spouse subject to insurable interest and underwriting. Spouse Sum Assured can be chosen up to the Sum Assured of the Insured member. Additional premium for the Spouse Cover shall be payable.

Spouse Cover can be chosen by Master Policyholder/ member at inception of the cover or at any renewal date after the date of marriage.

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In case Spouse Cover is opted at any date other than inception, Master Policyholder will have to give written notice at least 30 days prior to the annual renewal date / cover anniversary.

Spouse should meet all boundary conditions as applicable for the Insured member.

If Spouse Cover is chosen, then the Insured member shall be referred to as the Primary Life and the Spouse shall be referred to as the Secondary Life.

5. Sum Assured Reset Benefit <insert if opted>

This optional benefit can be opted either at policy inception or at any time during the cover term. If the insurance cover for the member is in force, the Sum Assured for each member can be increased or decreased by the Master Policyholder during the term of the Master Policy and will be effective from immediate next renewal date, subject to underwriting and to the minimum / maximum Sum Assured limit.

Where Spouse Cover is opted, upon Primary Life's request, Spouse Sum Assured can be revised up to the revised Sum Assured of the Primary Life, subject to underwriting and minimum Sum Assured Limit.

Sum Assured for Secondary Life can be reset only when the Sum Assured for Primary Life is reset.

If Spouse Sum Assured is higher than the revised Sum Assured of the Primary Life, Spouse Sum Assured shall be automatically reset to revised Sum Assured of the Primary Life.

Future premiums shall be payable based on the revised Sum Assured.

<insert only for Employer Employee Group> <insert if opted>

6. Additional Sum Assured Benefit:

Insured member/ Master Policyholder can choose an Additional Sum Assured, at the policy inception or at any annual renewal date, over and above the Sum Assured provided by the Employer; for example, to cover outstanding salary as on date of death, Future Service Gratuity as per Employer's Gratuity scheme etc., subject to underwriting.

Premium for Additional Sum Assured benefit will be payable by the Master Policyholder/ member(s) from the time this benefit is opted for.

A member can choose to increase his/ her benefits, subject to boundary conditions, under the Master Policy at any annual renewal date provided Master Policyholder gives written notice 30 days prior to annual renewal date.

<insert only for Employer Employee Group> <insert if opted>

7. Group Term Insurance in lieu of Employee Deposit Linked Insurance (EDLI):

This policy can be offered in lieu of EDLI to meet the conditions set out by the Regional Provident Fund Commissioner (RPFC) from time to time.

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<Insert for Regular Premium Option>

1. Death benefit:

On death of the insured member during the Cover Term, Sum Assured including Additional Sum Assured (if opted) with respect to such member shall be payable in lumpsum, provided all premiums due till date have been paid and the policy is in force.

If Spouse Cover is chosen then,

- On death of the Secondary Life during the Cover Term, Spouse Sum Assured shall be payable in lumpsum, provided all premiums due till date are paid and the cover is in force.
- On death of the Secondary Life, renewal premiums only in respect of the Primary Life shall be payable.

On payment of the Spouse Cover, the cover shall continue for Primary Life with full benefits as applicable in the plan, subject to payment of all future premiums as and when due.

On payment of Death Benefit for Primary Life, the Spouse Cover (if chosen) shall continue till next renewal date.

For cases where other than yearly mode of premium payment is chosen, Death Benefit shall be paid after deducting premiums due in respect of the deceased life till the end of the policy year of death without any interest, provided the member has paid all the due premiums till date of death.

<insert only for Employer Employee Group>

For Employer Employee groups, Death Sum Assured for each member is determined by the master policyholder. For other groups, Death Sum Assured for each member is determined either by insured member or master policyholder.

<In case of Master Policy Holder is regulated by RBI, NBFCs, NMDFC and NHBs>

At the time of claim settlement, Ageas Federal Life will call for a credit account statement from the master policy holder. If the master policy holder is either of the following:

17. Reserve Bank of India (RBI) regulated Scheduled Commercial banks(including co operative banks)
18. NBFCs having Certificate of Registration from RBI
19. National Housing Bank(NHB) Regulated Housing Finance Companies
20. National Minority Development Finance Corporation (NMDFC) and its State Channelizing Agencies
21. Small Finance Banks regulated by RBI
22. Mutually Aided Cooperative Societies formed and registered under the applicable State Act concerning such Societies
23. Microfinance companies registered under section 8 of the Companies Act, 2013
24. Any other category as approved by the Authority

And in case there is any outstanding loan balance, the death benefit will be paid to the master policyholder to the extent of outstanding loan balance subject to due authorization by the insured member at the time of enrolment, balance claim amount (if any) will be payable to the beneficiary of the insured member. Balance claim amount is equal to death benefit less outstanding loan balance.

If spouse cover is chosen, the settlement of the secondary life claim will be processed in the name of beneficiary.

The master policyholder will provide us the following details in the credit account statement:

- Name and policy number of the Group Master policyholder
- Name of the Insured Member
- Original amount of Loan
- Particulars of the recoveries made by the Master Policyholder towards the Loan

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- Outstanding Loan Balance as on the date of the claim

The credit account statement should have a Declaration/undertaking of the Master policyholder that the information/details furnished in the credit account statement are verified for accuracy.

< insert in case of Master Policy Holder is other than stated above >

All the claims will be settled in the name of the beneficiary.

On payment of death benefit, the cover for deceased member will terminate and all rights, benefits and interests under the policy for deceased member will stand extinguished.

2. Maturity benefit:

There is no maturity benefit available under this plan.

3. Survival Benefit:

There is no Survival Benefit under this plan.

4. Spouse Cover <insert if opted>

Insurance cover can be extended to the member's Spouse subject to insurable interest and underwriting. Spouse Sum Assured can be chosen up to the Sum Assured of the Insured member. Additional premium for the Spouse Cover shall be payable.

Spouse Cover can be chosen by Master Policyholder/ member at inception of the cover or at any cover anniversary after the date of marriage.

For Regular Premium Variant the Cover Term for Spouse Cover will be equal to the balance Cover Term of Primary Life.

In case Spouse Cover is opted at any date other than inception, Master Policyholder will have to give written notice at least 30 days prior to the annual renewal date / cover anniversary.

Spouse should meet all boundary conditions as applicable for the Insured member.

If Spouse Cover is chosen, then the Insured member shall be referred to as the Primary Life and the Spouse shall be referred to as the Secondary Life.

<insert only for Employer Employee Group> <insert if opted>

5. Additional Sum Assured Benefit:

Insured member/ Master Policyholder can choose an Additional Sum Assured, at the policy inception or at any annual renewal date, over and above the Sum Assured provided by the Employer; for example, to cover outstanding salary as on date of death, Future Service Gratuity as per Employer's Gratuity scheme etc., subject to underwriting.

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Premium for Additional Sum Assured benefit will be payable by the Master Policyholder/ member(s) from the time this benefit is opted for.

A member can choose to increase his/ her benefits, subject to boundary conditions, under the Master Policy at any annual renewal date provided Master Policyholder gives written notice 30 days prior to annual renewal date.

<insert only for Employer Employee Group> <insert if opted>

6. Group Term Insurance in lieu of Employee Deposit Linked Insurance (EDLI):

This policy can be offered in lieu of EDLI to meet the conditions set out by the Regional Provident Fund Commissioner (RPFC) from time to time.

PART D

POLICY TERMS AND CONDITIONS

The section containing the policy's terms and conditions is part D of your policy document. It includes detailed description of the following:

1. Alteration
2. Exclusion
3. Free Look
4. Member data and underwriting
5. Loan
6. Paid-up
7. Riders
8. Lapse
9. Renewal *<insert if Single Premium opted> <insert if OYRT opted>*
10. Revival/ Reinstatement
11. Premium Loading Factors
12. Termination of cover
13. Surrender value
14. Premium
15. Grace period

<Insert for all options Single Premium , One Year Renewable Term and Regular Premium >

1. Alteration:

Change in Sum Assured is allowed only if Sum Assured Reset Benefit is chosen as per Part C.

2. Exclusion:

There are no exclusions other than suicide clause mentioned in Part F.

3. Free look period:

Free Look can be opted either by Master Policyholder or by Insured Member.

For the Master Policyholder

Master policyholder has a free look period of 15 days from the date of receipt of the policy document and period of 30 days in case of electronic policies and policies obtained through distance mode*, to review the terms and conditions of the policy and where the master policyholder disagrees to any of those terms or conditions, master policyholder has the option to return the policy to the insurer for cancellation, stating the reasons for his/her objection.

The policy shall terminate forthwith and all rights, benefits and interests under the policy including the cover in respect of all existing members shall cease immediately and the master policyholder shall be entitled to a refund of the Premium paid subject

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only to a deduction of a proportionate risk Premium for the period of cover and the expenses incurred by the insurer on medical examination of the insured member and stamp duty charges.

*Distance mode: Distance mode includes every activity of solicitation (including lead generation) and sale of insurance products through the following modes:

- Voice mode, which includes telephone calling
- Short Messaging service (SMS)
- Electronic mode which includes e-mail and interactive television (DTH)
- Physical mode which includes direct postal mail and newspaper & magazine inserts.

For the Insured Member

Insured Member has a free look period of 15 days from the date of receipt of the certificate of insurance and period of 30 days in case of electronic policies and policies obtained through distance mode*, to review the terms and conditions of the certificate of insurance and where the insured member disagrees to any of those terms or conditions, he/she has the option to return the certificate of insurance to the insurer for cancellation, stating the reasons for his/her objection, then he/she shall be entitled to a refund of the Premium paid subject only to a deduction of a proportionate risk Premium for the period of cover and the expenses incurred by the insurer on medical examination of the insured member and stamp duty charges.

*Distance mode: Distance mode includes every activity of solicitation (including lead generation) and sale of insurance products through the following modes:

- Voice mode, which includes telephone calling
- Short Messaging service (SMS)
- Electronic mode which includes e-mail and interactive television (DTH)
- Physical mode which includes direct postal mail and newspaper & magazine inserts.

All the benefits under the certificate of insurance will stand extinguished immediately on the cancellation of the certificate of insurance under the free look.

4. Member data and underwriting:

Information regarding members has to be provided to us through the member schedule or electronic format or member enrolment form, as prescribed at the time of inception of the scheme. Acceptance of each member is subject to underwriting and our acceptance of the risk and our communication of the same.

5. Loans:

No loan is available under this policy.

6. Paid-up:

The policy does not acquire Paid-up value.

7. Riders:

There are no riders available in this product.

<Insert for Single Premium Option>

8. Lapse:

Lapse is not applicable as it is single premium policy.

9. Renewal:

Renewal is not applicable as it is single premium policy.

10. Revival/ Reinstatement:

Revival is not applicable as it is single premium policy.

11. Premium Loading Factors:

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Being a single premium plan, Premium is paid at inception and no loading factors will be applicable>

<Insert for One Year Renewable Term option and Regular Premium option>

8. Lapse:

In case of non-payment of due premiums within grace period by the member, the cover will lapse. In such cases, if a claim arises when the cover is lapsed, no benefits shall be payable.

The cover can be reinstated in accordance with Part D, Section- 10.

<insert for One Year Renewable Term option>

9. Renewal:

The master policyholder can renew the policy by giving a request for renewal and on payment of Renewal Premium on or before the annual renewal date, subject to acceptance of the request by the Company.

<insert for One Year Renewable Term option>

10. Revival/Reinstatement:

A policy/cover in lapse status may be reinstated during the policy term for full benefits subject to the following conditions:

- An application for reinstatement must be made within 30 days from the end of grace period subject to it being not later than the annual renewal date.
- The arrears of Premium together with interest are received along with the reinstatement application.
- The arrears of Premium together with interest are received along with the reinstatement application. The premiums must be paid only for members alive on date of revival as per the terms and conditions of the policy. Such premiums will be calculated from the date of first unpaid Premium till the date of next premium due.
- Claims arising from insured event which occurred during the period in which the cover was lapsed shall not be paid.
- Master Policyholder and/or Member must furnish satisfactory evidence of health of members covered and satisfy other requirements subject to company's Board Approved Underwriting Policy at that time. Medical tests, if required, have to be borne by the member at his own cost.

The reinstatement/revival will be based on the Board approved underwriting policy.

Once the policy/cover has been reinstated/revived, it is entitled to receive prospectively the same benefits as an in-force policy.

<insert for Regular Premium option>

9.Revival/Reinstatement:

A policy/cover in lapse status may be reinstated during the policy term for full benefits subject to the following conditions:

- An application for reinstatement must be made within five consecutive years from the due date of the first unpaid Premium or before the end of cover term, whichever is earlier.
- The arrears of Premium together with interest are received along with the reinstatement application. The premiums must be paid only for members alive on date of revival as per the terms and conditions of the policy. Such premiums will be calculated from the date of first unpaid Premium till the date of next premium due.
- Claims arising from insured event which occurred during the period in which the cover was lapsed shall not be paid.
- Master Policyholder and/or Member must furnish satisfactory evidence of health of members covered and satisfy other requirements subject to company's Board Approved Underwriting Policy at that time. Medical tests, if required, have to be borne by the member at his own cost.

The reinstatement/revival will be based on the Board approved underwriting policy.

Once the policy/cover has been reinstated/revived, it is entitled to receive prospectively the same benefits as an in-force policy

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<insert for One Year Renewable Term option>

11. Premium Loading Factors:

For One-Year Renewable Term, Premiums can be paid on Yearly, Half – Yearly, or Monthly basis. The modal loading factors for the instalment premium calculation are shown in the following table:

Mode	Modal Loading
Yearly	1.00
Half-Yearly	0.51
Monthly	0.09

<insert for Regular Premium option>

10. Premium Loading Factors:

For Regular Premium term, Premiums can be paid on yearly, Half – Yearly, or Monthly basis. The modal loading factors for the instalment premium calculation are shown in the following table:

Mode	Modal Loading
Yearly	1.00
Half-Yearly	0.51
Monthly	0.09

<Insert for Single Premium option>

12. Termination of cover:

The insurance cover for a member will be terminated on the earliest occurrence of any of the following events:

- The date on which the Master Policyholder surrender the Policy except for cases where member chooses to continue the cover.
- If Spouse Cover is not chosen, the date on which the Insured Life completes the age of 80 years.
- If Spouse Cover is chosen,
 - For Primary Life and Secondary Life – the date on which the Primary Life completes the age of 80 years, the cover will terminate for Primary Life. The cover shall terminate for Secondary Life on next annual renewal date for One Year Renewable Term and Regular Pay Variant, and at end of Cover Term for Single Pay Variant.
 - For Secondary Life – the date on which the Secondary Life completes the age of 80 years, the cover will terminate for only Secondary Life but will continue for Primary Life.
- If Spouse Cover is not chosen, on death of the Insured Member during the Cover Term.
- If Spouse Cover is chosen, on death of the Primary Life and Secondary Life during the Cover Term.

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- The date on which Insured Member ceases to be a member of the group as defined under the Scheme rules.
- On non-payment of renewal premium within revival period.
- Free Look Cancellation
- Cessation of the Group
- End of the policy term unless the policy is renewed;
- On voluntary termination (if applicable)

<Insert for One Year Renewable Term option and Regular Premium option>

12. Termination of cover:

The insurance cover for a member will be terminated on the earliest occurrence of any of the following events:

- The date on which the Master Policyholder surrenders the Policy except for cases where member chooses to continue the cover.
- If Spouse Cover is not chosen, the date on which the Insured Life completes the age of 80 years.
- If Spouse Cover is chosen,
 - For Primary Life and Secondary Life – the date on which the Primary Life completes the age of 80 years, the cover will terminate for Primary Life. The cover shall terminate for Secondary Life on next annual renewal date for One Year Renewable Term and Regular Pay Variant, and at end of Cover Term for Single Pay Variant.
 - For Secondary Life – the date on which the Secondary Life completes the age of 80 years, the cover will terminate for only Secondary Life but will continue for Primary Life.
- If Spouse Cover is not chosen, on death of the Insured Member during the Cover Term.
- If Spouse Cover is chosen,
 - On death of the Primary Life during the Cover Term where Secondary Life is deceased before Primary Life
 - On death of Secondary Life before the next premium renewal date from the date of death of Primary Life where Primary Life is deceased before Secondary Life.
- The date on which Insured Member ceases to be a member of the group as defined under the Scheme rules.
- On non-payment of renewal premium within revival period.
- Free Look Cancellation.
- Cessation of the Group.
- End of the policy term unless the policy is renewed;
- On voluntary termination (if applicable)

<Insert for One Year Renewable Term option and Regular Premium option>

13. Surrender value:

This is a pure protection plan option and therefore does not acquire any surrender value.

<Insert for Single Premium option>

13. Surrender value:

This is a pure protection plan option and therefore does not acquire any surrender value.

For Single Premium plan with Cover Term of higher than 24 months, the policy shall acquire Refund Value immediately. Only Primary Life has the right to surrender the policy on their and Secondary Life's (if applicable) behalf.

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Refund value is defined as:

$70\% \times \text{Single Premium} \times [\text{Unexpired Cover Term (in months)} / \text{Cover Term (in months)}]$; Rounded down to multiple of one rupee

Single Premium means premium received, excluding any extra premium, any rider premium and taxes (as applicable).

Any changes in the above methodology and factor shall be done, subject to necessary approvals as required by IRDAI

On payment of Refund Value, the coverage for Primary Life and Secondary Life (if spouse cover is opted) shall terminate and all rights, benefits and interests shall stand extinguished.

Surrender by Master Policyholder:

The Master Policyholder may surrender the policy at any time by giving written notice at least three months or of such period as mutually agreed between the master policyholder and us. In this event the insurer shall not accept any new members.

In case of Employer- Employee groups, Refund Value as mentioned above shall be payable to the Master Policyholder. <insert for Employer Employee groups>

On such surrender, in case of Non Employer- Employee groups, an option shall be given to the individual members to continue the cover and the insurer/intermediary if any, shall continue to be responsible to serve such members till their coverage is terminated. <insert for Non Employer Employee groups>

If the individual member does not choose to continue the cover, Refund Value as mentioned above shall be payable to the member. Only Primary Life has the right to surrender the policy on their and Secondary Life's (if applicable) behalf.

Surrender by Individual Member (Non Employer-Employee Group):

Individual Member of the group may also surrender the Certificate of Insurance anytime during the Cover Term. On surrender, Refund Value as mentioned above shall be payable

<Insert for Single Premium option and Regular Premium option>

14. Premium

We will calculate the total premium due under this master policy on the policy commencement date and on each premium renewal date (if applicable) as the sum of the premiums for all insured members of the group as on the date of calculation. On payment of this total premium when due, whether it is due yearly, half yearly, or monthly, (if applicable) we will hold all insured members covered for their full benefits.

In case of new members becoming eligible for the plan,

- the premium for these new members will be calculated based on full cover term (as chosen)

Though entry into or exit from the group may go on continuously, entry into the group insurance policy for individual member can happen at any time, subject to receipt of premium in time.

Members who do not opt for the benefits of the scheme from the date of being eligible for the same, can opt for the benefits of the scheme at any policy anniversary or from the first of the following month after they have furnished evidence of their

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insurability satisfactorily to the company and is considered insurable by the company based on the Board approved underwriting policies at that time.

Premiums are payable continuously from the cover commencement date for new members and as renewal premiums (if applicable) fall due in respect of existing insured members.

The master policyholder is responsible for collecting and paying all premiums to us by the premium renewal dates and we will not accept premiums directly from insured members. If the premium is paid by the Insured Member but the same is not remitted by the master policyholder to us within the grace period then the insured member will be covered subject to producing a premium receipt issued by master policyholder and a valid proof of payment. In case of Voluntary groups where the premium is being contributed by insured members a separate Certificate of Insurance will be issued for each member. The Certificate of Insurance will be issued only for members under Voluntary Schemes. For all other groups we will inform the master policyholder about additions and deletions and cover details through the member schedule.

<Insert for One Year Renewable Term option>

14. Premium

We will calculate the total premium due under this master policy on the policy commencement date and on each premium renewal date (if applicable) as the sum of the premiums for all insured members of the group as on the date of calculation. On payment of this total premium when due, whether it is due yearly, half yearly, or monthly, we will hold all insured members covered for their full benefits.

In case of new members becoming eligible for the plan, the premium for these new members will be calculated on pro rata basis for the balance term.

Though entry into or exit from the group may go on continuously, entry into the group insurance policy for individual member can happen at any time, subject to receipt of premium in time.

Members who do not opt for the benefits of the scheme from the date of being eligible for the same, can opt for the benefits of the scheme at any policy anniversary or from the first of the following month after they have furnished evidence of their insurability satisfactorily to the company and is considered insurable by the company based on the Board approved underwriting policies at that time.

Premiums are payable continuously from the cover commencement date for new members and as renewal premiums (if applicable) fall due in respect of existing insured members.

The master policyholder is responsible for collecting and paying all premiums to us by the premium renewal dates and we will not accept premiums directly from insured members. If the premium is paid by the Insured Member but the same is not remitted by the master policyholder to us within the grace period then the insured member will be covered subject to producing a premium receipt issued by master policyholder and a valid proof of payment. In case of Voluntary groups where the premium is being contributed by insured members a separate Certificate of Insurance will be issued for each member. The Certificate of Insurance will be issued only for members under Voluntary Schemes. For all other groups we will inform the master policyholder about additions and deletions and cover details through the member schedule.

<Insert for Single Premium option>

15. Grace Period for non-forfeiture provisions

Grace period is not applicable for Single Premium Policy.

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<Insert for One Year Renewable Term and Regular Premium option>

15. Grace Period for non-forfeiture provisions

The Grace period is 15 days for Monthly mode and 30 days in all other cases from the due date for the payment of Premium all is applicable only during the policy term.

Grace period is not applicable for One Year Renewable Term variant with Yearly mode of premium payment. **<insert only for One Year Renewable Term>**

The policy shall be in force with the risk cover during the grace period without any interruption. If a claim arises during the grace period, outstanding premiums till the end of policy year of death shall be deducted from the claim amount and balance shall be paid. If a Premium is not paid within the grace period, then all benefits will lapse.

Insurer shall be responsible to honor any valid claims brought under this policy in instances wherein the Master Policyholder has collected the Premium but has failed to pay the same to the Insurer within the Grace Period due to administrative reasons.

PART E

FUNDS AND CHARGES

This section is meant for information on charges, fund names and fund options pertaining to ULIP policies. Since this is a Non-Linked, Non-Participating, Group Life, Pure Risk Premium, Insurance Plan this section is not applicable.

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PART F

GENERAL TERMS AND CONDITIONS

This policy is subject to our general terms and conditions for conducting business with our master policy holder. These are binding on you and us. We may amend the general terms and conditions with the necessary approvals as required by IRDAI, wherever required, for the sake of compliance, good governance, the security of our policyholders, and administrative efficiency. We may also be required by the law, rule, regulations, and statute to change the general terms and conditions. We will advise you of any changes to the general terms and conditions which are also available on request at any of our official branches and offices.

1. Suicide claim provision:

In case of death due to suicide within 12 months from the date of commencement of risk under the cover or from the date of revival of the cover, as applicable, the nominee or beneficiary of the insured member shall be entitled to 80% of the total premiums paid for the respective life till the date of his death or Refund Value (as applicable) in respect of the same life as on the date of death whichever is higher, provided the cover is in force.

Total Premiums Paid is defined as total of all the premiums received, excluding any extra premium, any rider premium and taxes.

We confirm that Suicide Exclusion is as per Section 9(c) of IRDAI (Non-Linked Insurance Products) Regulations, 2019, as amended from time to time.

<Insert only if spouse cover is opted>

In case Spouse cover is opted, on death of the Secondary Life, due to suicide within 12 months from the date of commencement of risk under the policy or from the date of revival of the cover, whichever is later, the Primary Life shall be entitled to 80% of the total premiums paid in respect of the Spouse Cover till the date of death or Refund Value (as applicable) available as on the date of death whichever is higher, provided the cover is in force.

The risk cover continues for the Primary Life till the end of the Cover Term.

In case of Employer-Employee Group where the cover is compulsory, the Suicide Claim provision does not apply.

2. Claim requirements:

All claims must be notified to us in writing. We have requirements to establish the validity of any claim that is made under the member COI before we can make any benefit payment. We will ask for:

- The original certificate of insurance (for all non-employer employee schemes)
- Claim Form
- Death certificate
- Any further documentation or information we may need before we can process the claim for non-employer-employee group
- A claim discharge signed by the party to whom the benefits are payable, and
- any further documentation or information we may need before we can process the claim.
- the original certificate of insurance for non employer employee cases
- KYC documents of the claimant
- Pre-printed bank details of the claimant

In case of an unnatural death, we will ask for the below:

- First Information Report
- Post Mortem report
- Panchnama
- Police Final Investigation Report

In exceptional circumstances company may waive the requirement of any or all of the above documents.

We may conduct any investigation that we consider necessary for this purpose.

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A claim should be notified to us within 90 days from the date of insured event. If the delay occurs due to events beyond the control of the claimant we may overlook the delay

In addition to the above documents Ageas Federal Life Insurance reserves the rights to ask for more documents/information as may be required for consideration of the claim.

Notification of claim, submission of claim forms and/or claim documents to the Company shall not be construed that the claim is payable by the Company.

In case of Master Policyholder falls under one of below category

At the time of claim settlement Ageas Federal Life will call for a credit account statement from the master policyholder. If the master policyholder is either of the following:

Reserve Bank of India (RBI) regulated scheduled banks(including co operative banks)

NBFCs having Certificate of Registration from RBI

National Housing Bank(NHB) Regulated Housing Finance Companies

National Minority Development Finance Corporation (NMDFC) and its State Channelizing Agencies

Small Finance Banks regulated by RBI

Mutually Aided Cooperative Societies formed and registered under state act

Microfinance companies registered under Companies Act

Any other category as approved by Authority

And in case there is any outstanding loan balance, the death benefit will be paid to the master policyholder to the extent of outstanding loan balance subject to due authorization by the insured member at the time of enrolment, balance claim amount (if any) will be payable to the beneficiary of the insured member. Balance claim amount is equal to death benefit less outstanding loan balance.

The master policyholder will provide to us the following details in the credit account statement

Name and policy number of the Group Master policyholder

Name of the Insured Member

Original amount of Loan

Particulars of the recoveries made by the Master Policyholder towards the Loan

Outstanding Loan Balance as on the date of the claim

The credit account statement should have a Declaration/undertaking of the Master policyholder that the information/details furnished in the credit account statement are verified for accuracy.

Company may conduct a surprise inspection of master policyholder's books and accounts at least once a year to ensure total compliance with the applicable group life insurance guidelines issued by IRDAI or require a certificate of such compliance from your auditors at least once a year.

All claims must be notified to us in writing. We have requirements to establish the validity of any claim that is made under the member COI before we can make any benefit payment. We will ask for the below in case of a claim:

- Original Certificate of Insurance for non-employer employee cases
- Death Claim Form to be signed and attested by the party to whom benefits are payable
- Death Certificate issued by Municipal Corporation / Gram Panchayat
- O/s Loan Schedule as on date of Death
- KYC of the claimant & Relationship Proof between Insured member and Claimant
- Bank Account details with IFSC code of Beneficiary

In case of an unnatural death, we will ask for the below:

- First Information Report
- Post Mortem report
- Panchnama
- Police Final Investigation Report

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Claim discharge form is sent along with our claim settlement letter to MPH/Claimant with a request to furnish complete discharge form.

Any further documentation or information that we may need in support of the claim before we can process the claim. In exceptional circumstances company may waive the requirement of any or all of the above documents.

We may conduct investigation which we consider necessary before we initiate processing of the claim.

A claim should be notified to us within 90 days from the date of insured event and submit the claim documents to:

Ageas Federal Life Insurance Company Limited (Formerly known as IDBI Federal Life Insurance Co. Ltd.)
22nd Floor, A Wing, Marathon Futurex,
N. M. Joshi Marg, Lower Parel – East,
Mumbai 400 013. Maharashtra.

If the delay occurs due to events beyond the control of the claimant, we may overlook the delay.

We urge you to ensure the safe storage of this Master Policy for a smooth claim settlement.

3. Nomination:

Nomination shall be as per Section 39 of the Insurance Act, 1938, respectively, as amended from time to time.

4. Assignment:

Assignment shall be as per Section 38 of the Insurance Act, 1938, respectively as amended from time to time.

5. Endorsements:

The terms and conditions of this master policy cannot be waived or changed except by an endorsement approved and signed by our authorised officials.

6. Travel, residence and occupation:

The master policyholder and the insured member are free from all restrictions as to travel, residence and occupation unless specifically restricted in the master policy or certificate of insurance.

7. Changes in applicable law:

Notwithstanding anything contained in this master policy, the provisions herein shall stand altered, amended, modified or superseded to such extent and in such manner as may be required by any change in the applicable law (including but not limited to any regulations made or directions or instructions or guidelines issued by the IRDAI or any other statutory bodies) or as may be necessary under a judgement or order of a court of law.

8. Fraud, Misstatement and Suppression:

Fraud, Misstatement and Suppression would be dealt with in accordance with provisions of Section 45 of the Insurance Act 1938 as amended from time to time. Please refer Annexure C for further details.

9. Governing law & jurisdiction:

Indian law shall govern this master policy / insurance cover and the relationship between the master policyholder, insured member and us. The parties shall be subject to the exclusive jurisdiction of the courts in India for all matters and disputes arising from, relating to or concerning the master policy / insurance cover.

10. Currency and place of payment:

All payment to or by us will be in accordance with the prevailing Exchange Control regulations and other relevant laws and regulations of India.

Indian Rupee is the currency of this master policy/insurance cover. We will make or accept payments at any of our offices in India or such other locations as determined by us from time to time.

11. Loss of Master Policy Document

If the master policy document is lost then we will, pursuant to a written request duly signed by the Master policyholder addressed to our registered office and upon being satisfied as to the fact and cause of the loss, provide a duplicate copy of the policy document. If a duplicate copy is issued, the original policy document will cease to be of any legal effect. Master policyholder agrees to keep us indemnified and hold us harmless from any costs, expenses, claims, awards or judgments arising out of or

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howsoever connected with the original master policy document. We do not levy any charges for providing a duplicate copy of the master policy document.

12. Inspection:

We may conduct a surprise inspection of your (master policyholder's) books and accounts at least once a year to ensure total compliance with the applicable group life insurance guidelines issued by IRDAI or require a certificate of such compliance from your auditors at least once a year.

13. Details of individual members:

As per the Master Circular on Anti-Money Laundering/Combating the Financing Terrorism (AML/CFT) dated 1st August, 2022 which will be amended from time to time, the Master Policyholder under the group insurance shall maintain the details of all the individual members covered, which shall be made available to the insurer as and when required.

SAMPLE

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PART G

GRIEVANCES

1. Notices

All notices meant for us whether under this policy or otherwise must be in writing and delivered to us at the address mentioned below, or such other address as we may notify to you from time to time.

All notices meant for you will be in writing and we will send the same to the most recent address registered with us. If you change address, you must notify us immediately.

Please notify us immediately in case of any change in postal/permanent address/contact details along with relevant KYC documents. This will enable the Company to send you regular updates on your policy.

2. Grievances

In case you have any query, request, or complaint/grievance, you may approach any of our branches.

For the list of branches and their address, please visit www.ageasfederal.com

Alternatively, you may contact our head office at the following address:

Head Office Address:

Manager-Customer & Sales Support

Ageas Federal Life Insurance Company Limited (Formerly known as IDBI Federal Life Insurance Co. Ltd.)

22nd Floor, A Wing, Marathon Futurex,

N. M. Joshi Marg, Lower Parel – East,

Mumbai - 400 013.

Toll free No.: 1800 209 0502(From Monday to Saturday, 8 am to 8 pm)

Email ID: support@ageasfederal.com

2.1 In case you are not satisfied with the decision of the above office, or have not received any response within 10 days, you may contact the following official for resolution:

Chief Operations Officer

Ageas Federal Life Insurance Company Limited (Formerly known as IDBI Federal Life Insurance Co. Ltd.)

22nd Floor, A Wing, Marathon Futurex,

N. M. Joshi Marg, Lower Parel – East,

Mumbai 400 013.

Contact No.: 022 23029200

Email ID: grievance@ageasfederal.com

2.2 If you are not satisfied with the response or do not receive a response from us within 15 days, you may approach the Grievance Cell of IRDAI on the following contact details:

IRDAI Grievance Call Centre (IGCC) TOLL FREE NO:155255 or 1800 4254 732

Email ID: complaints@irdai.gov.in

You can also lodge your grievances by logging into IGMS Portal i.e (<https://bimabharosa.irdai.gov.in/Home/Home>)

Address for communication for complaints:

General Manager

Insurance Regulatory and Development Authority of India(IRDAI)

Policyholder's protection & Grievance Redressal Department – Grievance Redressal Cell.

Sy.No.115/1, Financial District, Nanakramguda,

Gachibowli, Hyderabad – 500 032.

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2.3 The Ombudsman shall receive and consider complaints or disputes relating to—

- (a) delay in settlement of claims, beyond the time specified in the regulations, framed under the Insurance Regulatory and Development Authority of India Act, 1999;
- (b) any partial or total repudiation of claims by the life insurer;
- (c) disputes over premium paid or payable in terms of insurance policy;
- (d) misrepresentation of policy terms and conditions at any time in the policy document or policy contract;
- (e) legal construction of insurance policies in so far as the dispute relates to claim;
- (f) policy servicing related grievances against insurers and their agents and intermediaries;
- (g) issuance of life insurance policy, which is not in conformity with the proposal form submitted by the proposer;
- (h) non-issuance of insurance policy after receipt of premium in life insurance; and
- (i) any other matter resulting from the violation of provisions of the Insurance Act, 1938 as amended from time to time or the regulations, circulars, guidelines, or instructions issued by the IRDAI from time to time or the terms and conditions of the policy contract, in so far as they relate to issues mentioned at clauses (a) to (f).

2.4 Any person who has a grievance against an insurer, may himself or through his legal heirs, nominee or assignee, make a complaint in writing to the Insurance Ombudsman within whose territorial jurisdiction the branch or office of the insurer complained against or the residential address or place of residence of the complainant is located.

2.5 The complaint shall be in writing, duly signed by the complainant or through his legal heirs, nominee or assignee and shall clearly state the name and address of the complainant, the name of the branch or office of the insurer against whom the complaint is made, the facts giving rise to the complaint, supported by documents, the nature and extent of the loss caused to the complainant and the relief sought from the Insurance Ombudsman.

2.6 No complaint to the Insurance Ombudsman shall lie unless—

- (a) the complainant makes a written representation to the insurer named in the complaint and—
 - (i) either the insurer had rejected the complaint; or
 - (ii) the complainant had not received any reply within a period of one month after the insurer received his representation; or
 - (iii) the complainant is not satisfied with the reply given to him by the insurer.
- (b) The complaint is made within one year—
 - (i) after the order of the insurer rejecting the representation is received; or
 - (ii) after receipt of decision of the insurer which is not to the satisfaction of the complainant.
 - (iii) after expiry of a period of one month from the date of sending the written representation to the insurer if the insurer named fails to furnish reply to the complainant.

2.7 No complaint before the Insurance Ombudsman shall be maintainable on the same subject matter on which proceedings are pending before or disposed of by any court or consumer forum or arbitrator.

2.8 In case you are not satisfied with the decision/resolution of IRDAI, you may approach the Insurance Ombudsman at the address given below.

Address of Insurance Ombudsman:

Office Details	Jurisdiction of Office Union Territory, District)
<p>AHMEDABAD - Shri Collu Vikas Rao Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@cioins.co.in</p>	<p>Gujarat, Dadra & Nagar Haveli, Daman and Diu.</p>

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Office Details	Jurisdiction of Office Union Territory, District)
<p>BENGALURU – Mr Vipin Anand Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in</p>	<p style="text-align: center;">Karnataka.</p>
<p>BHOPAL – Shri R. M. Singh Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@cioins.co.in</p>	<p style="text-align: center;">Madhya Pradesh Chhattisgarh.</p>
<p>BHUBANESHWAR - Shri Manoj Kumar Parida Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 / 2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@cioins.co.in</p>	<p style="text-align: center;">Odisha.</p>
<p>CHANDIGARH – Mr Atul Jerath Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@cioins.co.in</p>	<p style="text-align: center;">Punjab, Haryana (excluding Gurugram, Faridabad, Sonapat and Bahadurgarh) Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh.</p>
<p>CHENNAI – Shri Segar Sampathkumar Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@cioins.co.in</p>	<p style="text-align: center;">Tamil Nadu, Puducherry Town and Karaikal (which are part of Puducherry).</p>

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Office Details	Jurisdiction of Office Union Territory, District)
<p>DELHI - Ms Sunita Sharma Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@cioins.co.in</p>	<p style="text-align: center;">Delhi & Following Districts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh.</p>
<p>GUWAHATI – Shri Somnath Ghosh Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@cioins.co.in</p>	<p style="text-align: center;">Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.</p>
<p>HYDERABAD – Shri N. Sankaran Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@cioins.co.in</p>	<p style="text-align: center;">Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.</p>
<p>JAIPUR – Shri Rajiv Dutt Sharma Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: bimalokpal.jaipur@cioins.co.in</p>	<p style="text-align: center;">Rajasthan.</p>
<p>ERNAKULAM – Shri G. Radhakrishnan Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@cioins.co.in</p>	<p style="text-align: center;">Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.</p>
<p>KOLKATA – Ms Kiran Sahdev Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072.</p>	<p style="text-align: center;">West Bengal, Sikkim, Andaman & Nicobar Islands.</p>

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Office Details	Jurisdiction of Office Union Territory, District)
<p>Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 Email: bimalokpal.kolkata@cioins.co.in</p>	
<p>LUCKNOW – Shri Atul Sahai Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@cioins.co.in</p>	<p>Districts of Uttar Pradesh: Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.</p>
<p>MUMBAI – Shri Bharatkumar S. Pandya Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 69038821/23/24/25/26/27/28/28/29/30/31 Fax: 022 - 26106052 Email: bimalokpal.mumbai@cioins.co.in</p>	<p>Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.</p>
<p>NOIDA - Shri Bimbadhar Pradhan Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in</p>	<p>State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanoor, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.</p>
<p>PATNA – Ms Susmita Mukherjee Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in</p>	<p>Bihar, Jharkhand.</p>

Ageas Federal Life Insurance Group Term Life Plan II
Non-Linked, Non-Participating, Group Life, Pure Risk Premium Insurance Plan
UIN: 135N091V01

Office Details	Jurisdiction of Office Union Territory, District)
PUNE - Shri Sunil Jain Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@cioins.co.in	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.

For updated list on Ombudsman details please refer the following link - <https://www.cioins.co.in/Ombudsman>

SAMPLE

Ageas Federal Life Insurance Group Term Life Plan II
Non-Linked, Non-Participating, Group Life, Pure Risk Premium Insurance Plan
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Annexure A

A. Section 38 - Assignment and Transfer of Insurance Policies

Assignment or transfer of a policy will be in accordance with Section 38 of the Insurance Act, 1938 as amended from time to time. The extant provisions in this regard are as follows:

1. This policy may be transferred/assigned, wholly or in part, with or without consideration.
2. An Assignment may be effected in a policy by an endorsement upon the policy itself or by a separate instrument under notice to the Company
3. The instrument of assignment should indicate the fact of transfer or assignment and the reasons for the assignment or transfer, antecedents of the assignee and terms on which assignment is made.
4. The assignment must be signed by the transferor or assignor or duly authorized agent and attested by at least one witness.
5. The transfer of assignment shall not be operative as against the company until a notice in writing of the transfer or assignment and either the said endorsement or instrument itself or copy there of certified to be correct by both transferor and transferee or their duly authorised agents have been delivered to the Company
6. Fee to be paid for assignment or transfer can be specified by the Authority through Regulations.
7. On receipt of notice with fee, we will grant a written acknowledgement of receipt of notice. Such notice shall be conclusive evidence against the Company of duly receiving the notice.
8. The policyholder may send such notice to our office address as mentioned in the policy document where the policy is being serviced.
9. We may accept or decline to act upon any transfer or assignment or endorsement, if it has sufficient reasons to believe that it is
 - a) not bonafide or
 - b) not in the interest of the policyholder or
 - c) not in public interest or
 - d) is for the purpose of trading of the insurance policy.
10. Before refusing to act upon endorsement, we will record the reasons in writing and communicate the same in writing to policyholder within 30 days from the date of policyholder giving a notice of transfer or assignment.
11. In case of refusal to act upon the endorsement by the Company, any person aggrieved by the refusal may prefer a claim to IRDAI within 30 days of receipt of the refusal letter from the Company
12. The priority of claims of persons interested in an insurance policy would depend on the date on which the notices of assignment or transfer is delivered to the Company; where there are more than one instruments of transfer or assignment, the priority will depend on dates of delivery of such notices. Any dispute in this regard as to priority shall be referred to Authority.
13. Every assignment or transfer shall be deemed to be absolute assignment or transfer and the assignee or transferee shall be deemed to be absolute assignee or transferee, except
 - a) where assignment or transfer is subject to terms and conditions of transfer or assignment OR
 - b) where the transfer or assignment is made upon condition that
 - i. the proceeds under the policy shall become payable to policyholder or nominee(s) in the event of assignee or transferee dying before the insured OR
 - ii. the insured surviving the term of the policySuch conditional assignee will not be entitled to obtain a loan on policy or surrender the policy. This provision will prevail notwithstanding any law or custom having force of law which is contrary to the above position.
14. In other cases, we will, subject to terms and conditions of assignment, recognize the transferee or assignee named in the notice as the absolute transferee or assignee and such person
 - a) shall be subject to all liabilities and equities to which the transferor or assignor was subject to at the date of transfer or assignment and
 - b) may institute any proceedings in relation to the policy
 - c) obtain loan under the policy or surrender the policy without obtaining the consent of the transferor or assignor or making him a party to the proceedings
15. Any rights and remedies of an assignee or transferee of a life insurance policy under an assignment or transfer effected before commencement of the Insurance Laws (Amendment) Act, 2015 shall not be affected by this section.

Please note: This is not a comprehensive list of amendments of Insurance Laws (Amendment) Act, 2015 and only a simplified version prepared for general information. Policyholders are advised to refer to Insurance Laws (Amendment) Act, 2015 Gazette Notification dated March 23, 2015 for complete and accurate details.

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Annexure B

B. Section 39 - Nomination by policyholder

Nomination of a life insurance Policy is as below in accordance with Section 39 of the Insurance Act, 1938 as amended from time to time. The extant provisions in this regard are as follows:

1. The policyholder of a life insurance on his own life may nominate a person or persons to whom money secured by the policy shall be paid in the event of his death.
2. Where the nominee is a minor, the policyholder may appoint any person to receive the money secured by the policy in the event of policyholder's death during the minority of the nominee.
3. Nomination can be made at any time before the maturity of the policy.
4. Nomination may be incorporated in the text of the policy itself or may be endorsed on the policy communicated to the company and can be registered by the company in the records relating to the policy.
5. Nomination can be cancelled or changed at any time before policy matures, by an endorsement or a further endorsement or a will as the case may be.
6. A notice in writing of Change or Cancellation of nomination must be delivered to the Company for the Company to be liable to such nominee. Otherwise, we will not be liable if a bonafide payment is made to the person named in the policy or in the registered records of the company.
7. Fee to be paid to the Company for registering change or cancellation of a nomination can be specified by the Authority through Regulations.
8. On receipt of notice with fee, we will grant a written acknowledgement to the policyholder of having registered a nomination or cancellation or change thereof.
9. A transfer or assignment made in accordance with Section 38 shall automatically cancel the nomination except in case of assignment to the Company or other transferee or assignee for purpose of loan or against security or its reassignment after repayment. In such case, the nomination will not get cancelled to the extent of the Company's or transferee's or assignee's interest in the policy. The nomination will get revived on repayment of the loan.
10. The right of any creditor to be paid out of the proceeds of any policy of life insurance shall not be affected by the nomination.
11. In case of nomination by policyholder whose life is insured, if the nominees die before the policyholder, the proceeds are payable to policyholder or his heirs or legal representatives or holder of succession certificate.
12. In case nominee(s) survive the person whose life is insured, the amount secured by the policy shall be paid to such survivor(s).
13. Where the policyholder whose life is insured nominates his
 - a. parents or
 - b. spouse or
 - c. children or
 - d. spouse and children
 - e. or any of them

the nominees are beneficially entitled to the amount payable by the Company to the policyholder unless it is proved that policyholder could not have conferred such beneficial title on the nominee having regard to the nature of his title.

14. If nominee(s) die after the policyholder but before his share of the amount secured under the policy is paid, the share of the expired nominee(s) shall be payable to the heirs or legal representative of the nominee or holder of succession certificate of such nominee(s).
15. The provisions of sub-section 7 and 8 (13 and 14 above) shall apply to all life insurance policies maturing for payment after the commencement of Insurance Laws (Amendment) Act, 2015.
16. If policyholder dies after maturity but the proceeds and benefit of the policy has not been paid to him because of his death, his nominee(s) shall be entitled to the proceeds and benefit of the policy.
17. The provisions of Section 39 are not applicable to any life insurance policy to which Section 6 of Married Women's Property Act, 1874 (MWP Act) applies or has at any time applied except where before or after Insurance Laws (Amendment) Act, 2015 a nomination is made in favour of spouse or children or spouse and children whether or not on the face of the policy it is mentioned that it is made under Section 39. Where nomination is intended to be made to spouse or children or spouse and children under Section 6 of MWP Act, it should be specifically mentioned on the policy. In such a case only, the provisions of Section 39 will not apply.

Please note: This is not a comprehensive list of amendments of Insurance Laws (Amendment) Act, 2015 and only a simplified version prepared for general information. Policyholders are advised to refer to Insurance Laws (Amendment) Act, 2015 Gazette Notification dated March 23, 2015 for complete and accurate details.

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Annexure C

Section 45 – Policy shall not be called in question on the ground of mis-statement after three years

Provisions regarding policy not being called into question in terms of Section 45 of the Insurance Act, 1938, as amended from time to time are as follows:

1. No Policy of Life Insurance shall be called in question **on any ground whatsoever** after expiry of 3 yrs from
 - a) the date of issuance of policy or
 - b) the date of commencement of risk or
 - c) the date of revival of policy or
 - d) the date of rider to the policy

whichever is later.

2. On the ground of fraud, a policy of Life Insurance may be called in question within 3 years from
 - a) the date of issuance of policy or
 - b) the date of commencement of risk or
 - c) the date of revival of policy or
 - d) the date of rider to the policy

whichever is later.

For this, we will communicate in writing to the insured or legal representative or nominee or assignees of insured, as applicable, mentioning the ground and materials on which such decision is based.

3. Fraud means any of the following acts committed by insured or by his agent, with the intent to deceive the Company or to induce the Company to issue a life insurance policy:
 - a) The suggestion, as a fact of that which is not true and which the insured does not believe to be true;
 - b) The active concealment of a fact by the insured having knowledge or belief of the fact;
 - c) Any other act fitted to deceive; and
 - d) Any such act or omission as the law specifically declares to be fraudulent.
4. Mere silence is not fraud unless, depending on circumstances of the case, it is the duty of the insured or his agent keeping silence to speak or silence is in itself equivalent to speak.
5. We will not repudiate a life insurance Policy on the ground of fraud, if the Insured / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of material fact are within the knowledge of the Company. Onus of disproving is upon the policyholder, if alive, or beneficiaries.
6. Life insurance Policy can be called in question within 3 years on the ground that any statement of or suppression of a fact material to expectancy of life of the insured was incorrectly made in the proposal or other document basis which policy was issued or revived or rider issued. For this, the Company will communicate in writing to the insured or legal representative or nominee or assignees of insured, as applicable, mentioning the ground and materials on which decision to repudiate the policy is based.
7. In case repudiation is on ground of mis-statement and not on fraud, the premium collected on policy till the date of repudiation shall be paid to the insured or legal representative or nominee or assignees of insured, within a period of 90 days from the date of repudiation.
8. Fact shall not be considered material unless it has a direct bearing on the risk undertaken by the Company. The onus is on the Company to show that if the Company had been aware of the said fact, no life insurance policy would have been issued to the insured.
9. The insurer can call for proof of age at any time if it is entitled to do so and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof of age of life insured. So, this Section will not be applicable for questioning age or adjustment based on proof of age submitted subsequently.

Please note: This is not a comprehensive list of amendments of Insurance Laws (Amendment) Act, 2015 and only a simplified version prepared for general information. Policyholders are advised to refer to Insurance Laws (Amendment) Act, 2015 Gazette Notification dated March 23, 2015 for complete and accurate details.