

**Digit Glow Plus Term Life Insurance**  
(A Non- Linked Non-Participating Individual Pure Risk Life Insurance Plan)

**Policy Document**

UIN: 165N007V01

**Hi <Policyholder's name>**, *life is the biggest treasure.*  
*You've made a wise decision to protect it!*

**Your Policy Number is DXXXXXXXXX**

<b>Policy Commencement Date</b>	<Date>
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For any help, call Us on 9960126126 or write to us at [life@godigit.com](mailto:life@godigit.com)

You may have come to this document for various reasons, let us guide You a little:

Common reasons of people revisiting Policy Document	Clause / Section
Your plan details i.e., how much Premium You are paying and what are the Benefits You are getting	This is available in the Policy Schedule
Claim information	Quick information right below this table Detailed information in Part F / Clause number 15 & 16
Changing Premium payment frequency and other changes You may want to do which are allowed in this Policy	Part C / Clause number 8

**However, it is important to read all the terms and conditions given in detail in this Policy Document.**

### Claim Information Shortcut

If you are a Claimant / Life Assured's family member opening this Policy Document for claims, here's the quick claim information You may use:

**Step 1:** Register a claim using any of these methods:

1. (Preferred) Email Us at [lifecclaims@godigit.com](mailto:lifecclaims@godigit.com)
2. Call Our helpline number: 9960126126
3. Intimate Us in writing at Our nearest branch or Corporate Office (address given below). We recommend the above two methods, as Our address may have changed over the years.

**Claims department**

Go Digit Life Insurance Limited

Atlantis, 95, 4th B Cross Road, Koramangala Industrial Layout, 5th Block, Bengaluru, Karnataka 560095

**Step 2:** Email Us all the claim documents on [lifecclaims@godigit.com](mailto:lifecclaims@godigit.com).

Simultaneously send the claim documents at following address:

Claims Department

Go Digit Life Insurance Limited, Atlantis, 95, 4th B Cross Road, Koramangala Industrial Layout, 5th Block, Bengaluru, Karnataka 560095

***Thank You for choosing Digit Life Insurance. We are on a mission to simplify life insurance, so this document itself will have simple, understandable content for You to read through!***

*Grab a coffee and read through everything ☺*

**How to read this most effectively?**

While reading everything is a must-do, You must check these pages in super-detail:

**Your Policy Schedule**. These first few pages are the most important as they show the Benefits You have selected.

**Part C: Your Policy's core Benefits explained**. While the Policy Schedule will mention Your Benefits in short, the detailed explanation begins from this page.

**Part D: Your Policy servicing explained**. After buying, You may have certain servicing requests. These are the pages that explain those.

Do go through rest of the pages as well. It takes time but it is Your money and life after all.

## PART – A

### Welcome Letter

<Policyholder's Name>,

<dd-mm-yyyy>

<Address>

<Contact Number>

<email id>

Hi there,

Here is Your Digit Glow Plus Term Life Insurance Policy with Policy No. <Policy no.>.

This Policy Document contains Your:

<b>Policy Schedule</b>	Summary of key features of Your Policy
<b>Premium Receipt</b>	Acknowledgment of the Premium paid by You
<b>Terms &amp; Conditions</b>	Detailed terms of Your Policy contract with Digit Life Insurance
<b>Service Options</b>	Wide range of Policy servicing options that You can Benefit from

If You wish to rectify/modify any of the detail(s) provided by You in this document, here's what You can do:

**1. Contact Our Customer Support team:**

- a) Call on: **9960126126**
- b) Email Us at **life@godigit.com**

**2. Contact Your Distribution Partner/Sales Representative:**

Name	
Code	
Contact Number	
Email	
Address	

**Also You have the option to cancel the Policy as well, here is how!**

**You have the Free Look Cancellation Period**

**1.** In case You are not completely satisfied with the terms and conditions of this Policy, You have a period of 30 (Thirty) days from the date of receipt of the Policy Document to review the terms and conditions of the Policy.

If You disagree with any of the terms or conditions of the Policy, You have the option to return the original Policy Document to Us for cancellation within this Free look period, while stating the objections/reasons for such disagreement in writing.

**2. Some charges will be deducted on free look cancellation**

Upon such Free look cancellation, We shall refund the Premium received by Us subject to deduction of a proportionate risk premium for the period of insurance coverage in addition to the stamp duty paid and expenses incurred on Life Assured's medical examination, if any.

The Policy shall terminate forthwith and all the Benefits, rights, and interests under the Policy shall cease immediately.

**3. Come to Our nearest office if there's any concern:**

In case of any claim or any other matters or queries, You may contact Us at any of the following:

- a) Our nearest Branch Office
- b) Our Corporate Office - **Go Digit Life Insurance Limited, Atlantis, 95, 4th B Cross Road, Koramangala Industrial Layout, 5th Block, Bengaluru, Karnataka 560095**
- c) **Our helpline number: 9960126126**
- d) **Our email ID: life@godigit.com**

We will be delighted to assist You.

For Your assistance, we have mentioned the Instalment Premium due date in Your Policy Schedule. Pay Your Premiums on due dates to enjoy uninterrupted Benefits under the Policy. We are very excited to have You on board and provide You with the service.

Yours Sincerely,

<<Name>>

<<Designation>>

Go Digit Life Insurance Limited

## Policy Preamble

Digit Glow Plus Term Life Insurance is a non-linked non-participating individual pure risk life insurance plan.

This Policy Document is the evidence of a contract between Go Digit Life Insurance Limited and the Policyholder as mentioned in Policy Schedule given below. This Policy is issued on the basis of the details provided by Policyholder in the Proposal Form and submitted to the Company along with the required documents, declarations, statement, any response given to medical questionnaire by the Life Assured, applicable medical evidence, other information and documentation received by the Company from the Policyholder, Life Assured or on behalf of the Policyholder which constitute evidence of the insurability and effecting a life insurance contract on the life of the person (Life Assured) named in the Schedule. This Policy is effective subject to receipt and realization, by the Company, of the consideration payable as first Premium under the Policy and acceptance of the Proposal Form subject to prevailing underwriting policy of the Company. We agree to provide the Benefits set out in this Policy while it is In Force and subject to its terms and conditions stated herein.

In short, this Policy is an important document, You should read it carefully. Especially check Your Policy Schedule as it has the details about the Benefits You are getting under this Policy.

## Policy Schedule

Policyholder's Details	
Name of Policyholder	
Address of Policyholder	
Date of Birth of Policyholder	
Contact Details of Policyholder	<Mobile No.> <E-Mail ID>

Life Assured's details	
Name and Address	
Age at Entry Date of Birth Whether Age admitted?	
Gender	

Policy Details	
Name of Plan	Digit Glow Plus Term Life Insurance
UIN	165N007V01
Policy Number	
Date of Proposal	
Policy Commencement Date	
Risk Commencement Date	
Policy End Date	
Policy Term	

Policy Benefits	
Variant chosen	<Term Insurance> <Term Insurance with Return of Premium>
Sum Assured on Death	<Amount>
Sum Assured on Maturity	<Amount> <Not Applicable>
Inbuilt Accelerated Terminal Illness Benefit	<Amount>
Additional Accidental Death Benefit	<Amount> <Not Applicable>
Additional Accidental Total and Permanent Disability Benefit	<Amount> <Not Applicable>

Premium Payment Details as on Policy Commencement Date				
	Death Benefit	Additional Accidental Death Benefit	Additional Accidental Total and Permanent Disability Benefit	Total
Modal Premium in First Policy Year				
Modal Premium in subsequent Policy Years				
Underwriting Extra Premium				
Goods and Services Tax (GST)				
Total Instalment Premium in first Policy Year (including underwriting extra premium and GST)				
Total Instalment Premium in subsequent Policy Years (including underwriting extra premium and GST)				
Premium Payment Frequency				
Premium Payment Term				
Instalment Premium Due Date/s				
Date of last instalment Premium				

Nominee Details				
Name of Nominee/(s)	Age of Nominee/(s)	Gender of Nominee/(s)	Relationship to Life Assured	Proportion (%)
Appointee Details, if Nominee/(s) is a/are Minor				
Name of Appointee	Relationship with Nominee/(s)	Date of Birth	Age	Gender

<b>Special Conditions (If any)</b>	
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**Consolidated Stamp Duty is Deposited with Department of Stamps, Bengaluru.**

Policy Schedule, Terms and Conditions, and Endorsements by Us, if any, shall form an integral part of this contract and shall be binding on You and Us.

**Signed for and on behalf of the Go Digit Life Insurance Limited, at Corporate Office, Bengaluru on <Issue Date>**

Authorized Signatory  
<Designation>

**Important Notice**

1. Cheque dishonour / non-receipt of Premium: The Policy is void ab-initio i.e., void from the Date of Inception of the Policy and not legally binding and considered cancelled for all purposes in case of non-receipt/non-realization of Premium or dishonour of Cheque issued towards Premium payment.
2. This Policy is subject to the standard Policy wordings, warranties, exclusions, and conditions as per "Digit Glow Plus Term Life Insurance" terms and conditions mentioned in this Policy Document. In case of dispute, the terms and conditions detailed in the Policy Document shall prevail. So again, which is why reading the Policy Document fully is important.
3. The terms and conditions attached herewith includes all the Benefits offered by Digit Life Insurance under Digit Glow Plus Term Life Insurance to its customers. Your entitlement for Benefits shall be restricted to the Benefits as mentioned in Policy Schedule provided all the Premiums are paid by You as and when due. For any clarification, please call Our helpline number **9960126126**.
4. All taxes, including GST & Cess, either existing or those that may apply in future (including enhancement of existing taxes) will be charged extra. Payment of such taxes shall be the responsibility of the Policyholder/ Claimant. For eligibility to claim any tax benefit, kindly consult Your Tax Advisor.



## PART – B

### Important Terms and Definitions

#### DEFINITIONS

In this Policy, unless the context requires otherwise, the following words and expressions shall have the meaning assigned to them respectively herein below:

1. **Accident, Accidental** means sudden, unforeseen and involuntary event caused by external, visible and violent means.
2. **Accidental Death** The Accident shall result in Bodily Injury or injuries to the Life Assured independently of any other means. Such Injury or injuries shall, within 180 days of the occurrence of the Accident solely, directly and independently of any other means, cause the death of the Life Assured. Such a death is defined as "Accidental Death".
3. **Accidental Total & Permanent Disability (ATPD)** refers to a disability, which:
  - a) Is caused by Bodily Injury resulting from an Accident; and
  - b) Occurs solely and directly due to the said Bodily Injury and shall be independent of any other cause; and
  - c) Occurs within 180 days of the occurrence of such Accident; and
  - d) Means and results in one of the three conditions as specified in Clause 2.2 of Part D of this Policy Document.

The above is exclusive of and without prejudice to the other causes of total and permanent disability. The date of the Accident should be after the Risk Commencement Date and before Policy End Date.

4. **Additional Accidental Death Benefit (ADB)** means the absolute amount of Benefit in addition to Death Benefit and which is guaranteed to become payable on occurrence of the event of Accidental Death of the Life Assured, where such Accident occurs after the Risk Commencement Date but occurs before the Policy End Date. This Benefit shall be payable in accordance with the terms and conditions of the Policy and is specified as such in the Policy Schedule.
5. **Additional Accidental Total and Permanent Disability (ATPD) Benefit** means the absolute amount of Benefit which is guaranteed to become payable on occurrence of the event of Accidental Total and Permanent Disability of the Life Assured, where such Accident occurs after the Risk Commencement Date but occurs before the Policy End Date. This Benefit shall be payable in accordance with the terms and conditions of the Policy and is specified as such in the Policy Schedule.
6. **Act** refers to the Insurance Act 1938 as amended from time to time and shall include the Insurance Laws (Amendment) Act 2015.
7. **Age at Entry or Entry Age** shall be Age of the Life Assured at Policy Commencement Date as at last birthday i.e. the Age in completed years and is recorded in the Policy Schedule based on the details provided by the Policyholder.
8. **Annualized Premium** shall be the Premium amount payable in a year excluding taxes, rider Premiums, Underwriting Extra Premiums and loadings for modal Premiums, if any.
9. **Appointee** shall mean a person who is appointed by the Life Assured to receive the Benefits on behalf of the Nominee/(s), if the Nominee/(s) is a/are minor on the date of the payment of such Benefit on the happening of the death of Life Assured.
10. **Assignee** is the person to whom the rights and Benefits under this Policy are transferred by virtue of an Assignment.
11. **Assignment** is the process of transferring the rights and Benefits to an "Assignee," in accordance with the provisions of Section 38 of Insurance Act, 1938, as amended from time to time.
12. **Assignor** means the person who transfers the rights and Benefits under this Policy to the Assignee by virtue of an Assignment.
13. **Authority** means Insurance Regulatory and Development Authority of India (IRDAI).
14. **Benefit/s** means the Death Benefit, Maturity Benefit (in case of Term Insurance with Return of Premium Variant), Inbuilt Accelerated Terminal Illness Benefit, Inbuilt Optional Benefits which are Additional Accidental Death Benefit, Additional Accidental Total and Permanent Disability Benefit, or any other Benefit as applicable under the terms of this Policy.
15. **Beneficiary** means the Policyholder or the Life Assured or Nominee/(s) or the Assignees, as the case may be.
16. **Claimant** means the Policyholder or the Life Assured or the Nominee (under Section 39 of the Insurance Act, 1938 as amended from time to time) who is entitled to register a claim for the insured event under the Policy; or Assignees under Section 38 of the Insurance

Act 1938 as amended from time to time or where there is no Beneficiary(s), then the Life Assured's legal heir or legal representative or the holder of a succession certificate, as the case may be.

17. **Early Exit / Surrender** means complete withdrawal/ termination of the entire Policy contract before completion of Policy Term at the request of the Policyholder and in accordance with terms and conditions of this Policy.
18. **Grace Period (for other than Single Pay Policies)** means the time granted by the Company from the due date for the payment of Premium without any penalty or late fee, during which time the Policy is considered to be In Force with the risk cover without any interruption, as per the terms and conditions of the Policy. The Grace Period so granted is fifteen (15) days for monthly Premium payment frequency and thirty (30) days for other available Premium payment frequencies from the respective due date of first unpaid Premium.
19. **Inbuilt Accelerated Terminal Illness Benefit** means the absolute amount of Benefit payable on diagnosis of Terminal Illness to the Insured Person after the Risk Commencement Date and during the Policy Term and in accordance with terms and conditions of the Policy and is specified as such in the Policy Schedule.
20. **Inbuilt Optional Benefits** means Additional Accidental Death Benefit and Additional Accidental Total and Permanent Disability Benefit as described in Clause 2 of Part C of this Policy Document. These are optional Benefits being offered under Digit Glow Plus Term Life Insurance and any one or both of these Benefits can be chosen by the Policyholder by paying additional Premium for each one of them at the Date of the Inception of Policy.
21. **Indebtedness** means any unpaid Premiums, deductibles and any other amounts owed to the Company.
22. **In Force** means status of the Policy being active, all due Premiums have been paid and the Policy is not terminated or in lapsed status.
23. **Injury / Bodily Injury** means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a Medical Practitioner.
24. **Lapsation** means state of a non-active life insurance contract on account of non-payment of Premium within the Grace Period.
25. **Life Assured / Insured Person** means the person named as such in the Policy Schedule, on whose life the Policy has been taken in terms hereof.
26. **Limited Pay Policy** means the Policy other than Single Pay Policy, where the Premium is paid for a limited period, which shall be less than the Policy Term, and Premiums are payable at regular intervals like annually, half yearly, quarterly or monthly.
27. **Maturity Benefit** means the Benefit payable as lump sum amount on Policy End Date as specified in Clause 3 of Part C of this Policy Document. Maturity Benefit is payable under Term Insurance with Return of Premium Variant subject to Life Assured surviving the Policy Term and the Policy being In Force in accordance with the terms and conditions of this Policy.
28. **Medical Practitioner** means a person who holds a valid registration from the Medical Council of any State of India or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within its scope and jurisdiction of license. The Medical Practitioner shall not be
  - The Policyholder/ Life Assured himself/herself; or
  - An authorized Insurance Intermediary (or related persons) involved with selling or servicing the insurance contract in question; or
  - Employed by or under contractual engagement with the Policyholder / Life Assured;
  - A close relative of the Policyholder/ Insured person.
  - A person residing with the Policyholder/Life Assured
29. **Nomination** is the process of nominating a person(s) in accordance with provisions of Section 39 of the Insurance Act, 1938 as amended from time to time.
30. **Nominee/s** means a person / persons nominated by the Policyholder to receive the applicable Benefit/(s) under this Policy in case of death of the Life Assured and whose name/(s) is/are mentioned in Policy Schedule.
31. **Pre-Existing condition** means any condition, ailment or injury or disease(s):
  - That is/are diagnosed by a physician within 48 months prior to the Risk Commencement Date under the Policy issued by Us or its Revival; or
  - For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the Risk Commencement Date under the Policy issued by Us or its Revival.
32. **Policy** means the contract of insurance entered into between the Policyholder and the Insurer as evidenced by the Policy Document.

33. **Policy Document** means this Digit Glow Plus Term Life Insurance Policy comprising the necessary documents including terms and conditions, Policy Schedule, the signed Proposal Form, any endorsements in this document issued by Us from time to time and the annexures, if any.
34. **Policyholder** shall mean the owner of this Policy and is referred to as the proposer in the Proposal form and is named as such in the Policy Schedule.
35. **Policy Schedule** means the Policy Schedule set out above in Part A that We have issued, along with any annexures, tables and/or endorsements, attached to it from time to time and forming part of this Policy and if any updated Schedule is issued, then the Schedule which is latest in time.
36. **Policy End Date** means the date of completion of the Policy Term as specified in the Policy Schedule.
37. **Policy Commencement Date / Date of Inception of the Policy** is the Date, Month and Year the Policy comes into effect and is as specified in the Policy Schedule.
38. **Policy Term** means the tenure of this Policy as specified in the Policy Schedule.
39. **Policy Year** means a period of twelve (12) consecutive months starting from the Policy Commencement Date and ending on the day immediately preceding the following Policy anniversary date and each subsequent period of twelve (12) consecutive months thereafter.
40. **Premium Payment Term (PPT)** means the period in years during the Policy Term in which Premiums are payable by the Policyholder under the Policy, as specified in the Policy Schedule.
41. **Premium/s** means the contractual amount payable by the Policyholder in a Policy Year on the due date as set out in the Policy Schedule to secure the Benefits under this Policy. Applicable tax, cess and other levies if any are payable in addition.
42. **Proposal** means the proposal form filled in and submitted by You to the Company for issuance of this Policy.
43. **Renewal Premium** means the Premium payable in second Policy Year and onwards during the Premium Payment Term under Limited Pay and Regular Pay Policies.
44. **Regular Pay Policy** means the Policy, where the Premium payment is throughout the Policy Term with Premium Payment Term and Policy Term being equal and Premiums are payable at regular intervals like annually, half yearly, quarterly, monthly or any other interval as approved by the Authority.
45. **Regulations** mean the laws and Regulations in effect as amended from time to time and applicable to this Policy, including without limitation the Regulations and directions issued by the Insurance Regulatory and Development Authority of India (IRDAI) from time to time. The applicable Regulation shall form a part and parcel of the terms and conditions, and the terms and conditions shall be read along with the Regulation.
46. **Revival** means restoration of the Policy, which was discontinued due to non-payment of the Premium (as stated in Part D in this Policy Document), by the Company with all the Benefits mentioned in the terms and conditions, with or without Rider Benefits, if any upon receipt of all the Premiums due and other charge/late fee if any, during the Revival Period as per the terms and conditions of the Policy, upon being satisfied as to the continued insurability of the Life Assured/Policyholder on the basis of the information, documents and reports furnished by the Policyholder, in accordance with the board approved underwriting guidelines.
47. **Revival Period** shall mean the period of five consecutive complete years (during the Policy Term) from the due date for payment of the first unpaid Premium during which the Policyholder is entitled to revive the Policy for full Benefits, as provided in terms of Part D of this Policy Document.
48. **Risk Commencement Date** means the date from which risk is assumed by the Company and as specified in the Policy Schedule.
49. **Single Pay Policy** means the Policy, where the Premium payment is made only one time in lump sum at the Date of Inception of the Policy.
50. **Sum Assured on Death** means an absolute amount of Benefit which is guaranteed to become payable on death of Life Assured in accordance with the terms and conditions of this Policy and as specified in Policy Schedule or such amount as may be endorsed on the Policy.
51. **Sum Assured on Maturity** means an absolute amount of benefit which is guaranteed to become payable at the end of the Policy Term, that is on maturity of the Policy, in case Term Insurance with Return of Premium variant is chosen, in accordance with the terms and conditions of the Policy as mentioned in Part C of this Policy Document and as specified in the Policy Schedule.

52. **Terminal Illness** means an advanced or rapidly progressing incurable and un-correctable medical condition which, in the opinion of two independent Medical Practitioners specializing in treatment of such illness, certifies that the illness is expected to lead to death of the Life Assured within 6 months of the date of diagnosis of the Terminal Illness.  
The Company reserves the right for an independent assessment by two different Medical Practitioners other than the Medical Practitioner whose diagnosis has been provided by the Life Assured.
53. **Surrender Value/Unexpired Risk Premium Value** means an amount, if any, that becomes payable in case of Surrender/Early Exit of the Policy, in accordance with the terms and conditions of the Policy as mentioned in Part D of this Policy Document.
54. **Total Premiums Paid** means total of all the Premiums paid under the base Benefit, excluding any extra Premium and taxes, if collected explicitly. Base Benefit under Digit Glow Plus Term Life Insurance refers to Death Benefit and Inbuilt Accelerated Terminal Illness Benefit.
55. **Underwriting Extra Premium** means an additional amount mentioned in the Policy Schedule and to be received by Us from the Policyholder, as per Underwriting Policy of the Company and which is determined on the basis of disclosures made by You in the Proposal Form or any other information received by Us including the medical examination report of the Life Assured.
56. **"We", "Us", "Our" "Ours", "Digit" "Digit Life" "Digit Life Insurance", "Insurer" and "Company"** refers to Go Digit Life Insurance Limited.
57. **"You", "Your", "Yours"** refers to the Policyholder named in Policy Schedule

## PART – C

### Product Core Benefits (Benefits Payable Under This Policy)

#### 1. Death Benefit

Subject to terms and conditions of this Policy and the Policy remaining In Force as on the date of the death of the Life Assured (after the Risk Commencement Date but before the Policy End Date), the Company shall pay the lumpsum Death Benefit as mentioned below to the Claimant after deducting the Inbuilt Terminal Illness Benefit already paid, if any and also after deducting Premiums, if any due for the Policy Year in which the death has occurred. In the event of death claim during the Grace Period or Pay Later period, if applicable, the Company shall pay Death Benefit in lumpsum as follows, subject to the deduction of any due Premium which is unpaid as on the date of death.

**For Single Pay Policy, Death Benefit payable shall be the higher of the following:**

- i. 1.25 times the Single Premium, OR
- ii. Sum Assured on Death

For Limited Pay and Regular Pay Policy, Death Benefit payable shall be highest of the following:

- i. 105% (One Hundred Five percent) of Total Premiums Paid as on the date of death of the Life Assured, OR
- ii. 10 times the Annualized Premium, OR
- iii. Sum Assured on Death

The Policy shall terminate on payment of Death Benefit.

In case of earlier payout, if any, to the Claimant under Inbuilt Accelerated Terminal Illness Benefit, Death Benefit payable shall be reduced to the extent of such Inbuilt Accelerated Terminal Illness Benefit already paid.

#### Inbuilt Accelerated Terminal Illness Benefit

Inbuilt Accelerated Terminal Illness Benefit as specified in Policy Schedule shall be payable as lump sum upon the occurrence of Terminal Illness condition in respect of Life Assured and subject to acceptance of claim under this Benefit by the Company, where such an occurrence happens during the Policy Term while the Policy is In Force. This is an inbuilt Benefit and no additional Premium shall be payable for it.

This is an accelerated Benefit, which means it only facilitates an earlier payment of Death Benefit on prior occurrence of the Terminal Illness during the Policy Term. It is payable only once during the lifetime of the Life Assured and shall be equal to the Death Benefit under the Policy or Rs. 2 Crore, whichever is lower.

**In case, Death Benefit is less than or equal to Rs. 2 Crore** - Inbuilt Accelerated Terminal Illness Benefit will be equal to Death Benefit under the Policy and the Policy shall terminate upon payment of Inbuilt Accelerated Terminal Illness Benefit.

**In case, Death Benefit is more than Rs. 2 Crore** - Inbuilt Accelerated Terminal Illness Benefit will be limited to Rs. 2 Crore under the Policy and upon the payment of the claim in respect of Inbuilt Accelerated Terminal Illness Benefit, all future Premiums falling due from the date of diagnosis of Terminal Illness would be waived off and the Policy shall continue with remaining Death Benefit till death of the Life Assured or till the end of the Policy Term, whichever is earlier. However, Inbuilt Optional Benefits, if applicable, shall terminate in such case. On occurrence of subsequent death of Life Assured during the Policy Term, remaining amount of Death Benefit shall be payable to the Claimant and Policy shall terminate immediately thereafter, and no further Benefits shall be payable.

In case, Terminal Illness claim is not accepted by Us, then the Policy will continue with full Death Benefit, Inbuilt Accelerated Terminal Illness Benefit and other applicable Benefits, if any, till the death of Life Assured or till end of Policy Term, whichever is earlier, provided Policy being In Force and all due premiums are paid as and when due and subject to terms and conditions of the Policy.

The Terminal Illness must be diagnosed and confirmed by Medical Practitioners. We reserve the right for an independent assessment by two different Medical Practitioners other than the Medical Practitioner whose diagnosis has been provided by Life Assured.

#### 2. Inbuilt Optional Benefits

One or both of the following Inbuilt Optional Benefits can be chosen at the Date of Inception of the Policy subject to Our acceptance, prevailing underwriting policy of the Company and terms and conditions of this Policy. Subject to terms and conditions of this Policy and Policy

remaining In Force at the time of insured event, the Company shall pay the chosen Inbuilt Optional Benefit/s in lumpsum as specified in the Policy Schedule and as described below. Once chosen at the Date of the Inception of Policy, Inbuilt Optional Benefit/s cannot be changed later.

Inbuilt Optional Benefits are not applicable for Point-of-Sale Policies.

#### **2.1 Additional Accidental Death Benefit (Additional ADB):**

If this Inbuilt Optional Benefit is chosen, then in the event of death of the Life Assured due to an Accident, provided that the Accident has occurred during the Policy Term and the Policy is In Force, in addition to the Death Benefit, the Accidental Death Benefit as specified in the Policy Schedule shall be payable in lumpsum. Additional Accidental Death Benefit payable shall be equal to 100% of Sum Assured on Death. A claim under this Benefit Option shall be admitted provided that the death:

- i. is caused by Injury resulting from an Accident,
- ii. occurs solely and directly due to such Injury, and independent of any other causes,
- iii. occurs within 180 days of the occurrence of Accident and
- iv. is not a result from any of the causes listed in the exclusions for Accidental Death Benefit specified in Annexure IV.

In case, the Accident occurs while the Life Assured's Additional Accidental Death Benefit is In Force, but the Accidental Death occurs after the Policy End Date and within 180 days of the Accident, Additional Accidental Death Benefit shall be payable to the Claimant.

The Policy shall terminate on payment of the Additional Accidental Death Benefit.

Definitions and exclusions pertaining to Additional Accidental Death Benefit are provided in Annexure IV in this Policy Document.

#### **2.2 Additional Accidental Total and Permanent Disability (ATPD) Benefit:**

If this Inbuilt Optional Benefit is chosen, then upon occurrence of total and permanent disability due to an Accident, provided that the Accident has occurred during the Policy Term and the Policy is In Force, Additional Accidental Total and Permanent Disability Benefit as specified in Policy Schedule shall be payable in lumpsum. Additional Accidental Total and Permanent Disability Benefit payable shall be equal to 100% of Sum Assured on Death and shall be in addition to Death Benefit and other Inbuilt Optional Benefit/(s) (if any).

In case, the Accident occurs while the Life Assured's Additional Accidental Total and Permanent Disability Benefit is In-Force, but the Accidental Total and Permanent Disability (ATPD) occurs after the Policy End Date and within 180 days of the Accident, Additional Accidental Total and Permanent Disability Benefit shall be payable to the Claimant.

On payment of the Additional ATPD Benefit, insurance cover for this Benefit under Policy terminates, however, the Policy shall continue for In-Force Death Benefit and other In-Force Benefits (if any) for the remaining Policy Term.

Definitions and exclusions pertaining to Additional Accidental Total and Permanent Disability Benefit are provided in Annexure V in this Policy Document.

Life Assured shall be considered Totally and Permanently Disabled, if any one of following conditions specified under (i), (ii), (iii) are met:

##### **(i). Loss of independent living:**

Life Assured shall be permanently unable to perform independently three or more of the following six activities of daily living, namely:

- Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means
- Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances
- Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene
- Mobility: the ability to move indoors from room to room on level surfaces
- Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa
- Feeding: the ability to feed oneself once food has been prepared and made available

The Life Assured must need the help or supervision of another person and be unable to perform the task on their own, even with the use of special equipment routinely available to help and having taken any appropriate prescribed medication by Medical Practitioner.

Loss of independent living must be medically documented for an uninterrupted period of at least six months.

Proof of the same must be submitted to the Company while the Life Assured is alive and permanently disabled.

##### **(ii) Loss of use of limbs or Loss of sight:**

### **Loss of use of limbs**

There shall be physical separation or total, permanent and irreversible loss of all functional use of two or more limbs, as a result of Injury. This will include medically necessary physical separation/amputation necessitated by injury. The physical separation or loss of all functional use of limbs has to be permanent without any chance of surgical correction. Loss of limbs resulting directly or indirectly from self-inflicted injury, alcohol or drug abuse is excluded.

Where, Physical separation shall mean physical severance of the hand at or above the wrist or physical severance of the foot at or above the ankle

Limb means the whole hand at and above the wrist or the whole foot at and above the ankle.

### **Loss of Sight / Blindness**

The Life Assured suffers from total, permanent and irreversible loss of all vision in both eyes as a result of an Injury / Accident

Where loss of sight or blindness is evidenced by:

- corrected visual acuity being 3/60 or less in both eyes or;
- the field of vision being less than 10 degrees in both eyes

The diagnosis of blindness must be confirmed and must not be correctable by aids or surgical procedure.

### **(iii) Unable to work:**

Life Assured suffers an Injury and such Injury causes the Life Assured to be unable to do the 'material, substantial and sustainable' duties of any occupation or employment or business for remuneration or profit for an uninterrupted period of at least six months. The 'material, substantial and sustainable' duties are those that are normally required for, and/or form a significant and integral part of, the performance of the occupation that cannot reasonably be omitted or modified.

'Unable to work' must be certified by relevant Medical Practitioner and medically documented for an uninterrupted period of at least six months of non-working. Proof of the same must be submitted to the Company while the Life Assured is alive and permanently disabled.

For a claim to be payable, the disability must have persisted continuously for a period of at least 180 days and must, in the opinion of a Medical Practitioner nominated by the Company, be deemed permanent. However, in case of total and permanent disability, only due to physical separation of two or more limbs as per the terms and conditions as specified in Clause 2.2 (ii) of Part C of this Policy Document, condition of such 180 days period would not be applicable, and the claim shall be payable immediately subject to terms and conditions of the Policy.

Definitions and exclusions pertaining to Additional Accidental Total and Permanent Disability Benefit are provided in Annexure V in this Policy Document.

## **3. Survival / Maturity Benefit**

On survival of the Life Assured till the Policy End Date provided Policy is In Force, following Benefits shall be applicable as per the variant chosen at Date of Inception of the Policy. The variant chosen at the Date of Inception of the Policy cannot be changed later.

<b>Variant</b>	<b>Survival / Maturity Benefit</b>
Term Insurance	No Survival / Maturity Benefit shall be payable. Policy shall terminate on Policy End Date.
Term Insurance with Return of Premium	Provided all the due Premiums have been paid and on survival of Life Assured till Policy End Date, Sum Assured on Maturity shall be payable as lumpsum amount to the Claimant.  Sum Assured on Maturity shall be equal to 100% of Total Premiums Paid (including Underwriting Extra Premiums, if any).



	<p>In case, Death Benefit in the Policy is higher than Inbuilt Accelerated Terminal Illness Benefit, then upon diagnosis of Terminal Illness and acceptance and payment of Inbuilt Accelerated Terminal Illness Benefit claim, the future Premiums (if any) shall be waived off and Policy will continue with remaining Death Benefit for the rest of Policy Term. Maturity Benefit payable on survival of the Life Assured till the end of Policy Term in such case shall be equal to the following:</p> <p>Total Premiums received by Us (including Underwriting Extra Premiums, if any) before diagnosis of Terminal Illness + Total Premiums which were waived off after diagnosis of Terminal Illness</p> <p>Premium received by Us for Inbuilt Optional Benefits, if any, shall not be paid back as part of Maturity Benefit to the Claimant.</p> <p>Policy shall terminate on payment of Maturity Benefit.</p>
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On Policy End Date, the Policy will terminate and all rights, Benefits and interests of Claimant/(s) under the Policy shall stand terminated.

#### **4. Wellness Benefit**

Through this program, We intend to incentivize the Life Assured for taking care of his/her health/fitness and maintaining healthy lifestyle through such preventative and wellness services.

The applicability of the wellness benefit program and its features may be amended from time to time as per the availability of suitable service providers. The list of services under this program and terms and conditions applicable to them are provided in Annexure VI in this Policy Document.

#### **5. Smart Exit Benefit**

This is an inbuilt Benefit under which Policyholder has an option to receive Smart Exit Benefit which will be equal to sum of Total Premiums Paid plus Underwriting Extra Premiums paid, if any, under the Policy. No additional Premium is payable to avail this option. This option can be exercised by the Policyholder in any Policy Year after completion of 29 Policy Years by exiting the Policy before completion of Policy Term subject to the following conditions:

- Smart Exit Benefit shall not be allowed in last 5 Policy Years.
- The Policy has to be In Force with all due Premiums paid at the time of exercising this option.
- No claim for any of the underlying Benefits has been registered and is under evaluation/accepted/paid/being paid on the Policy.
- This option shall not be available when Term Insurance with Return of Premium variant has been chosen.
- Smart Exit Benefit shall not be applicable for Inbuilt Optional Benefits. Premium paid for Inbuilt Optional Benefits shall not be eligible for Smart Exit Benefit.

The Policy will be terminated upon paying Smart Exit Benefit.

The Policyholder can either opt for Smart Exit Benefit or Unexpired Risk Premium Value as mentioned in Clause 4 of Part D of this Policy Document, i.e. both the Smart Exit Benefit and Unexpired Risk Premium Value cannot be availed simultaneously.

#### **6. Pay Later Option**

This is an inbuilt feature, and no additional premium is required to be paid to avail this option.

Under this option, the Policyholder is allowed to defer the payment of due Premium/(s) for a period of up to 12 months from the due date of first unpaid Premium, while maintaining all the applicable Benefits including Inbuilt Optional Benefits, if any, under the Policy as per the terms and conditions of the Policy. In the event of a claim during this period, the Company will pay the eligible claim as applicable after deducting the unpaid due Premiums and balance Premiums, if any, for the Policy Year of death or other insured event, if applicable, covered under this Policy.

Eligibility conditions to avail this option:

- This option is available to all Premium Payment Terms except Single Pay.
- This option can be exercised any time after paying at least three full years' Premiums and after completion of three Policy Years provided all due Premiums till then have been paid and the Policy is In Force.
- This option can be availed multiple times during the chosen Premium Payment Term, however, there should be a gap of at least 5 years between the two Pay Later Option periods. i.e. Policyholder can choose next Pay Later Option after completion of at least 5 years from the expiry of last exercised Pay Later Option. For example, if the Policyholder chooses Pay Later Option at the start of 10th Policy Year



for the first time. the second time it can be availed shall be after 5 years from the end of 10<sup>th</sup> Policy Year, i.e. from the 16<sup>th</sup> Policy Year provided Premium Payment Term is more than 16 years.

- This option can be exercised from next instalment Premium due date (subject to fulfilment of two above-mentioned conditions under Pay Later Option) without waiting for Policy anniversary. For example, for a Policy with monthly Premium payment frequency, if Policyholder has paid Premiums as and when due for three Policy Years and four months, he/she can choose to start the Pay Later period from subsequent instalment Premium due date for next 12 consecutive months, which is starting from 5<sup>th</sup> month of 4<sup>th</sup> Policy Year to 4<sup>th</sup> month of 5<sup>th</sup> Policy Year.
- Once this option is exercised, it shall continue for maximum of 12 consecutive Policy months i.e. one Pay Later period shall mean maximum to the extent of 1 annual Premium or 2 consecutive half-yearly Premiums or 4 consecutive quarterly Premiums or 12 consecutive monthly Premiums.
- During Pay Later period, the Policy will remain In Force with all the applicable Benefits including Inbuilt Optional Benefits, if any, as per terms and conditions of the Policy.
- At the end of Pay Later period, the Policyholder is required to pay all the due Premiums, including the outstanding Premiums applicable for such Pay Later period already availed, for Death Benefit and Inbuilt Optional Benefits, if any, including the applicable taxes, levies plus next due instalment Premium. For example, if the Policyholder exercises Pay Later Option in the beginning of 4<sup>th</sup> Policy Year for 12 months, then at the end of this Pay Later period, Policyholder has to pay the due Premium for previous Policy Year (4<sup>th</sup> Policy Year) along with the next due Premium (in 5<sup>th</sup> Policy Year).
- If all the premiums due for Pay Later Period are not paid within applicable Grace Period which is 30 days (within 15 days in case of monthly mode) of expiry of Pay Later period, the Policy (and all the applicable benefits under it) shall lapse or acquire reduced paid-up status (as applicable as per terms and conditions of Policy) based on the actual Premium paid till date.
- If the Policyholder chooses Pay Later Option during the last 5 Policy Years of Premium Payment Term, then the next Pay Later Option shall not be allowed.
- The Policyholder needs to intimate the Company 30 days (15 days in case of monthly mode) before exercising this option. If a due Premium is unpaid with no prior intimation, the Policy at the end of the applicable Grace Period shall be converted into lapsed / reduced paid-up Policy, as applicable as per terms and conditions of the policy.
- The Pay Later Option shall not be available during the last year of the Premium Payment Term.
- No interest shall be levied on the Premium due during the Pay Later period.
- During the Pay Later period, Policyholder may exit /Surrender the Policy anytime, however, Surrender Value or Unexpired Risk Premium Value (explained under Clause 4 of Part D of this Policy Document), as applicable, shall be first adjusted towards the outstanding Premium for Pay Later period, if any and only the remaining amount, if any, will be paid to the Claimant.
- Policyholder may pay the outstanding Premium for Pay Later period anytime during the said Pay Later Period itself, without necessarily waiting for the end of such period. In this case, the Pay Later period shall terminate immediately, and Policyholder shall be required to pay the future Premiums on their respective due dates.

## 7. Option to reduce the Premium

After payment of Premiums for first three completed Policy Years, the Policyholder may be given an option to decrease the Premium upto 50% of the original Annualized Premium, subject to the minimum Premium limits under this Policy. Once reduced, the Premium cannot be subsequently increased. All the applicable Benefits under this Policy shall be revised by applying a reduction factor subject to the minimum limits for these respective Benefits allowed under Digit Glow Plus Term Life Insurance.

Revised amount of Death Benefit/Additional Accidental Death Benefit (if any)/ Additional Accidental Total and Permanent Disability Benefit (if any) will be calculated as given below:

$(T/\text{Premium Payment Term} \times B1) + ((\text{Premium Payment Term} - T)/\text{Premium Payment Term} \times B2)$ ; where T is the completed number of Policy Years for which the original Premium has been paid, B1 is the original Death Benefit/Additional Accidental Death Benefit (if any)/ Additional Accidental Total and Permanent Disability Benefit (if any) and B2 is the revised Death Benefit/Additional Accidental Death Benefit (if any)/ Additional Accidental Total and Permanent Disability Benefit (if any) corresponding to the reduced Premium.

For Term Insurance with Return of Premium variant, Sum Assured on Maturity shall be the Total Premiums Paid plus Underwriting Extra Premiums (if any).

## 8. Premium under this Policy

### 8.1. Payment of Premiums

This Policy is issued subject to the Policyholder making prompt and regular payment of Premium as and when due during the Premium Payment Term as mentioned in the Policy Schedule and it shall be the responsibility of the Policyholder to ensure regular payment of the Premium. Any Premium paid by You will be deemed to have been received by Us only after the same has been realized and credited to Our bank account.

Except in case of Single Pay Policy, Premiums under the Policy can be paid on annual, half-yearly, quarterly or monthly basis as per the chosen

Premium payment frequency and as set out in the Policy Schedule or as amended subsequently. The method of Premium collection will be subject to board approved underwriting policy of the Company.

For Premium payment frequency other than annual, instalment Premiums payable are calculated by applying the loading factor as given below on annual premium:

Premium paying frequency	Loading factor
Half-yearly	2%
Quarterly	3%
Monthly	4%

Policyholder will have an option to change the Premium payment frequency during Premium Payment Term by submitting a written request to Us, provided the limits of minimum Premium for the chosen Premium payment frequency are adhered to and the Benefits remains unchanged. Any change in the Premium payment frequency will result in a change in the Premium amount basis the applicable loading factors. A change in Premium payment frequency will be effective only on the Policy anniversary following the receipt of such request, subject to the Policy being In Force.

## 8.2 Payment of Advance Premiums

Collection of advance Premium shall be allowed within the same financial year for the Premium due in that financial year. However, where the Premium due in one financial year is being collected in advance in earlier financial year, Premium for maximum period of three months in advance of the due date shall be collected or as may be permitted by IRDAI. The Premium so collected in advance shall only be adjusted on the due date of the Premium. These advance premiums shall be non-refundable, except in case of Free Look Cancellation of this Policy.

Any Premiums paid before the due date will be deemed to have been received on the due date for that Premium.

## 9. Grace Period

Except for Single Pay Policies, a` Grace Period of fifteen (15) days from the due date of the first unpaid Premium for Policies with monthly Premium payment frequency and thirty (30) days from the due date of the first unpaid Premium for all other available Premium payment frequencies will be allowed for the payment of each due Premium instalment. Instalment Premium Payment in parts shall not be accepted. During the Grace Period, the Policy shall continue to be In Force for availing the Benefit/(s) as applicable. Any unpaid due Premium is deductible from the Benefits that may arise during the Grace Period. The Company shall pay the applicable Benefit during Grace Period, subject to the deduction of the Premiums due but unpaid as well as balance Premiums for the Policy Year of death or other insured event, if applicable under the Policy.

A Premium will be deemed to remain unpaid if the Premium amount has not been realized by Us.

## PART – D

### Policy Servicing Related Aspects

#### 1. Free Look Provisions:

If You do not agree with the terms and conditions of the Policy, You have the option to request for cancellation of the Policy by returning the original Policy Document (in case the physical copy of Policy Document was sent to the Policyholder) along with a written request stating the reasons for objection to Us within 30 days from the date of receipt of Policy Document. Upon such Free-Look cancellation, the Company shall refund the Premiums received after deducting proportionate risk premium for the period of insurance coverage and expenses incurred on medical examination of Life Assured, if any and applicable stamp duty. The Policy and all the Benefits, rights under it shall immediately stand terminated on the cancellation of the Policy.

#### 2. Lapsation of the Policy (applicable for Limited Pay and Regular Pay Policies only):

**Term Insurance variant** - If any due Premium is not paid by the end of Grace Period, the Policy will lapse on the expiry of Grace Period until the Policy is revived for full Benefits within the Revival Period. No Benefit shall be payable if the Policy is in lapsed status.

However, for Limited Pay Policies, if at least three full year's Premiums are paid and no further Premium is paid and Policy is in lapsed status, then Unexpired Risk Premium Value (explained in Clause 4 of Part D of this Policy Document) applicable as on due date of first unpaid Premium shall be payable on earliest of following events:

- Death of Life Assured within Revival Period
- Diagnosis of Terminal Illness to the Life Assured within the Revival Period (with Inbuilt Accelerated Terminal Illness being equal to Death Benefit under the Policy)
- Early Exit / Surrender of Policy
- End of the Revival Period
- Policy End Date

Post payment of such Unexpired Risk Premium Value, Policy and all applicable Benefits under it shall terminate.

**Term Insurance with Return of Premium variant** - If at least one full year's Premiums have not been paid, the Policy will lapse on the expiry of Grace Period until the Policy is revived for full Benefits within the Revival Period. No Benefit shall be payable if the Policy is in lapsed status.

**Please note: Single Pay Policy shall not lapse.**

#### 3. Reduced Paid-up Benefit (applicable for Limited Pay and Regular Pay Policies only):

**Term Insurance variant** - This variant does not have any reduced paid-up benefit.

**Term Insurance with Return of Premium variant** – If the Policy acquires Surrender Value as specified in Clause 4 of Part D of this Policy Document, then in case of non-payment of further due Premiums by Policyholder by the end of Grace Period, the Policy will acquire reduced paid-up status. Once the Policy acquires Reduced Paid-up status, Reduced Paid-up Benefits shall be payable as described below until it is revived for full Benefits within the Revival Period:

**Reduced Paid-up Death Benefit**– Reduced Paid-Up Death Benefit shall be paid as a lump sum amount and shall be the highest of following:

- (Reduced Paid-up Factor \* Sum Assured on Death); or
- (Reduced Paid-up Factor \* 10 times the Annualized Premium); or
- 105% of Total Premiums Paid as on the date of death of Life Assured

**Reduced Paid-up Inbuilt Accelerated Terminal Illness Benefit** = Reduced Paid-up Factor \* Minimum of (Death Benefit and Rs.2 Crore)

- **In case where Death Benefit chosen at the Date of Inception of the Policy is up to Rs. 2 Crore and if Policy acquires reduced paid-up status** - Upon diagnosis of Terminal Illness and acceptance of Terminal Illness claim by Us, Reduced Paid-up Inbuilt

Terminal Illness Benefit equal to Reduced Paid-Up Death Benefit shall be payable in lumpsum to the Claimant. Policy will terminate immediately after payment of this reduced paid-up Benefit and no further Benefits shall be payable thereafter.

- **In case where Death Benefit chosen at the Date of Inception of the Policy is more than Rs. 2 Crore and if Policy acquires reduced paid-up status** - Upon diagnosis of Terminal Illness (TI) and acceptance of Terminal Illness claim by Us, Reduced Paid-up Inbuilt Terminal Illness Benefit equal to Reduced Paid-up Factor \* Rs. 2 Crore shall be advanced and payable as lumpsum amount to the Claimant and Policy will continue for remaining amount of Reduced Paid-up Death Benefit for rest of the Policy Term or till occurrence of death of Life Assured, whichever is earlier.

Waiver of future premiums shall not be applicable for Policy under reduced paid-up status.

Any reduced paid-up Policy under Term Insurance with Return of Premium cannot be revived after acceptance of claim under Inbuilt Accelerated Terminal Illness Benefit

#### **Reduced Paid-up Maturity Benefit:**

- **Reduced Paid-up Maturity Benefit** = (Reduced Paid-up Factor \* Sum Assured on Maturity)

**Where Reduced Paid-up Factor** = 
$$\frac{\text{Number of Premiums paid (in months)}}{\text{Total number of Premiums payable during the Premium Payment Term (in months)}}$$

Reduced Paid-up Benefit shall not be applicable for Inbuilt Optional Benefits.

#### **4. Early Exit / Surrender of Policy**

Policyholder can Surrender the Policy any time after Policy acquires Surrender / Unexpired Risk Premium Value during the Policy Term. Policy cannot be surrendered after the death of Life Assured.

#### **Early Exit / Surrender of Policy in case of Term Insurance variant**

**Single Pay Policies** — Policyholder can exit any time after Policy Commencement Date and before the completion of Policy Term. On such Early Exit, an Unexpired Risk Premium Value for the outstanding Policy Term shall be payable to the Claimant.

Unexpired Risk Premium Value on Early Exit in case of Single Pay Policy =  $\text{Max} [60\% * (\text{Policy Term (in months)} - \text{expired duration of Policy Term (in months)}), 0] * \text{Single Premium including Underwriting Extra Premiums (if any)} / \text{Policy Term (in months)}$

**For Limited Pay Policies** – Policyholder can exit any time after Policy Commencement Date and before completion of Policy Term. In case of such Early Exit, Unexpired Risk Premium Value for the outstanding Policy Term shall be payable to the Claimant, provided at least 3 full years' Premiums are received by Us before such Early Exit.

Unexpired Risk Premium Value on Early Exit in case of Limited Pay Policy (provided at least 3 full years' Premiums are paid by You before such Early Exit) =  $\text{Max}[60\% * (\text{Number of instalment Premiums paid} * 12 / \text{Premium payment frequency} * \text{Policy Term (in months)} / \text{Premium Payment Term (in months)} - \text{expired duration of Policy Term (in months)}), 0] * \text{instalment Premium} * \text{Premium Payment Term (in months)} / \text{Policy Term (in months)} * \text{Premium payment frequency} / 12$

For Early Exit in case of Limited Pay Policy, where three full years' Premiums are not paid, Unexpired Risk Premium Value shall not be applicable.

In the above-mentioned formula for Limited Pay Policies, Instalment Premium is inclusive of Underwriting Extra Premiums, if any and excluding taxes, if any.

The above-mentioned formula /methodology shall be applicable for calculating Unexpired Risk Premium Value for Inbuilt Optional Benefits as well (whether chosen with Term Insurance variant or with Term Insurance with Return of Premium variant).

**For Regular Pay Policies:** No Unexpired Risk Premium Value shall be payable for Regular Pay Policies on Early Exit.

Any change to the above-mentioned formula for deriving Unexpired Risk Premium Value shall be subject to the prior approval of the Authority.

### **Early Exit / Surrender of Policy in case of Term Insurance with Return of Premium variant**

For Single Premium Policies, Policy acquires Surrender Value immediately after Policy Commencement Date and it can be surrendered any time thereafter.

For Limited Pay and Regular Pay Policies, Policy acquires Surrender Value on payment of at least one full years' Premium, however, Policy can be surrendered only after completion of one Policy Year.

#### **Surrender Value**

The Surrender Value payable shall be higher of Guaranteed Surrender Value (GSV) or Special Surrender Value (SSV).

**Guaranteed Surrender Value (GSV):** The Guaranteed Surrender Value is calculated as following subject to minimum value of zero:

- GSV Factor multiplied by Total Premiums Paid including Underwriting Extra Premiums, if any

#### **GSV Factors for Single Pay Policies**

<b>Policy Year of Surrender during the Policy Term (in years)</b>	<b>GSV Factor</b>
1	92%
2	94%
3	96%
4	98%
5 and above	100%

#### **GSV Factors for Limited and Regular Pay Policies**

GSV Factors for Limited and Regular Pay Policies are provided in Annexure VII in this Policy Document

**Special Surrender Value (SSV):** Special Surrender Value is calculated as following:

SSV for Limited and Regular Pay Policies =  $\text{Max} [30\% * (\text{Number of instalment Premiums paid} * 12 / \text{Premium payment frequency} * \text{Policy Term (in months)} / \text{Premium Payment Term (in months)} - \text{expired duration of Policy Term (in months)}), 0] * \text{instalment Premium} * \text{Premium Payment Term (in months)} / \text{Policy Term (in months)} * \text{Premium payment frequency} / 12 + \text{Present value of reduced paid up Maturity Benefit}.$

In the above-mentioned formula for Limited Pay Policies, instalment Premium is inclusive of Underwriting Extra Premiums, if any and excluding taxes, if any.

SSV for Single Pay Policies =  $\text{Max} [30\% * (\text{Policy Term (in months)} - \text{expired duration of Policy Term (in months)}), 0] * \text{Single Premium including Underwriting Extra Premiums (if any)} / \text{Policy Term (in months)} + \text{Present value of Maturity Benefit}.$

Present value shall be calculated using the discount rate of 7.50% p.a.

Any change in the methodology/formula for calculating SSV shall be subject to prior approval from the Authority.

Upon payment of the Surrender Value/Unexpired Risk Premium Value, the Policy shall stand terminated with no further Benefits payable under the Policy and the Company shall be relieved and discharged from all obligations under this Policy thereafter.

## **5. Revival**

5.1 Subject to the approval of the Company and the prevailing board approved underwriting policy, this Policy, if lapsed or in reduced paid-up state may be revived for full Benefits before the Policy End Date but within five years from the due date for payment of the first unpaid Premium provided that;

5.1.1 This Policy has not been surrendered for cash;

5.1.2 No claim has arisen under this Policy;

5.1.3 Where required by the Company, a written application for Revival/ is received from the Policyholder by the Company, together with evidence of insurability and health of the Life Assured, to the satisfaction of the Company; and

5.1.4. All amounts necessary to revive this Policy including all arrears Premiums with interest for late payment of Premiums / Revival charge set as per the formula below and is subject to IRDAI's approval:

(10-year benchmark G-Sec Yield + 1.5%) rounded up to multiple of 25 bps. The Revival interest rate will be reviewed on 31st March of every year and any change in Revival interest rate will be applicable from the following 1st July to 30th June period. The current rate of interest for Revival is 9.00% p.a. Interest rate will be as prevailing from time to time. Any change on basis of determination of interest rate for Revival can be done only after prior approval of the Authority.

5.2. Notwithstanding anything to the contrary contained elsewhere in this Policy, the Company reserves the right to revive the lapsed Policy either on its original terms and conditions or on such other or modified terms and conditions as the Company may specify or to reject the Revival. If needed the Company may refer it to its medical examiner in deciding on Revival of lapsed Policy. Subject to the provisions of Part D.5.1 above, the Revival shall come into effect on the date when the Company specifically communicates it in writing to the Policyholder.

5.3. If the Policy in lapsed status is not revived for full Benefits within Revival Period, provided the Revival Period doesn't exceed the Policy Term, then the Policy will terminate, and no Benefit shall be payable to the Claimant except the Unexpired Risk Premium Value in case of Limited Pay Policies under Term Insurance variant in accordance with Clause 2 of Part D of this Policy Document.

5.4 If the Policy in reduced paid-up status is not revived for full Benefits within Revival Period, provided the Revival Period doesn't exceed the Policy Term, then the Policy under reduced paid-up status cannot be revived thereafter and will continue to be under reduced paid-up status for the remaining part of the Policy Term.

The Benefits under the Policy are restored in full once revived and any due Benefit becomes payable immediately.

**6. Policy Loan:** Policy loan is not available under this Policy.

#### **7. Payment of Benefits:**

- 7.1. Payment of the Benefits under this Policy shall be subject to deduction of any unpaid Premium due, balance Premiums for the Policy Year of death or other insured event, if applicable, under this Policy and deduction of any Indebtedness.
- 7.2. Payment of all the Benefits as shown in the Policy Schedule shall be subject to receipt of proof by the Company to its satisfaction:
  - 7.2.1. of the Benefits having become payable as set out in this Policy and as per the terms and conditions of this Policy; and
  - 7.2.2. of the title of the person or persons claiming the Benefits; and
  - 7.2.3. of the correctness of the Age of the Life Assured as stated in the Proposal, if not previously admitted.
- 7.3. All Benefits and other sums under this Policy shall be payable in the manner and currency allowed/permitted under the Regulations and shall be payable by NEFT, account payee cheque or other permissible modes.
- 7.4. The Company shall pay the applicable Benefits and other sums payable under this Policy to the Policyholder / Claimant as the case may be. Once the applicable Benefits under this Policy are paid to the Policyholder / Claimant as the case may be, the same will constitute a valid discharge of Our liability under this Policy.
- 7.5. Apart from the Benefits mentioned hereinabove in part C, and if applicable as per the Policy Schedule, the Company shall not be liable to pay any other Benefits to the Claimant.

#### **8. Termination**

- a) Termination of Policy:** All the rights and Benefits under the Policy shall terminate upon the occurrence of the earliest of the following:
- i) On the date on which We receive a Freelook cancellation request from the Policyholder;
  - ii) On the date of payment of Death Benefit on death of Life Assured
  - iii) On the date of payment of Inbuilt Accelerated Terminal Illness Benefit (in case Inbuilt Accelerated Terminal Illness Benefit is equal to Death Benefit in this Policy).
  - iv) On Policy End Date
  - v) On lapsed Policy not being revived during the Revival Period;
  - vi) On the date of Early Exit / Surrender;
  - vii) On the date of payment of Smart Exit Benefit;
  - viii) On the date of payment of dues as per suicide clause (as mentioned in Part F)
  - ix) On cancellation / termination of the Policy by Company on grounds of fraud, misstatement and suppression of a material fact in accordance with Section 45 of Insurance Act, 1938 as amended from time to time.

**9. Loss of Policy Document & Issuance of duplicate Policy Document:** In the event, if the physical Policy Document received by You is lost or destroyed, You may make a written request for a duplicate Policy Document, which We will issue duly endorsed to show that it is in place of the original document, provided that, We receive the fee not exceeding Rs. 250 for issuing the duplicate Policy Document. Upon the issue of a duplicate Policy Document,

- a)** the original one shall cease to have any legal force or effect.
- b)** You agree that You shall indemnify and hold Us free and harmless from and against any and all claims, losses, costs expenses, awards, judgements, demands or damages that may arise under or in relation to the original Policy document.
- c)** You will not be entitled to any free-look period cancellation on duplicate Policy document issued. However, we may permit free-look period cancellation in cases where after investigation, it is evident that You did not receive the original Policy document, either in physical or the soft copy.

**PART – E**

**All the Applicable Charges, Fund Name, Fund Options, etc. (Applicable especially for ULIP Policies)**

- 1) Not Applicable as this is a non-linked product.

## PART – F

### General Terms and Conditions

- 1) **Fraud, Misstatement and forfeiture:** In issuing this Policy, the Company has relied on, and would rely on, accuracy and completeness of the information provided by the Policyholder/Life Assured and any other declarations or statements made or as may be made hereafter, by the Policyholder/Life Assured.

In case of fraud or misstatement or forfeiture, the Policy shall be treated in accordance with the provisions of Section 45 of the Insurance Act, 1938 as amended from time to time.

**[A Leaflet containing the simplified version of the provisions of Section 45 is enclosed as Annexure I for reference]**

- 2) **Misstatement of Age:** The Age of the Life Assured has been admitted on the basis of the declaration made by the Policyholder / Life Assured in the Proposal Form and/or in any document/statement based on which this Policy has been issued. If the Age of the Life Assured is found to be different from that declared, the Company may adjust the Premiums and/or the Benefits under this Policy and/or recover the applicable balance amounts, if any, along with interest thereon, as it deems fit. This Policy shall however become void from Risk Commencement Date and We may refund the Premiums paid (excluding applicable taxes) subject to deduction of proportionate risk premium for the period of insurance cover in addition to the expenses incurred on medical examination (if any), stamp duty charges and Benefits already paid, if any, if at any time the Age of the Life Assured is found to be higher than the maximum Entry Age or lower than the minimum Entry Age that was permissible under this Policy at the time of Risk Commencement Date. The provisions of Section 45 of the Insurance Act 1938 as amended from time to time shall be applicable.

- 3) **Assignment:** Assignment should be in accordance with provisions of Section 38 of the Insurance Act 1938 as amended from time to time.

**[A Leaflet containing the simplified version of the provisions of Section 38 is enclosed as Annexure II for reference].**

- 4) **Nomination:** Nomination should be in accordance with provisions of Section 39 of the Insurance Act 1938 as amended from time to time.

**[A Leaflet containing the simplified version of the provisions of Section 39 is enclosed as Annexure III for reference]**

- 5) **Review, revision:** The Company reserves the right to review, revise, delete and/ or alter any of the terms and conditions of this Policy, including without limitation the Benefits, the Premiums with the prior approval of IRDAI.

- 6) **Release and discharge:** The Policy will terminate automatically on payment of the refund from Free Look cancellation, Unexpired Risk Premium Value, Death Benefit, on lapse of the Policy if not revived in accordance with terms and conditions of this Policy or on happening of events that the Policy states specifically that the Policy shall terminate, as the case may be, and the Company will be relieved and discharged from all obligations under this Policy thereafter.

- 7) **Taxes, duties and levies and disclosure of information:**

**Taxes, duties and levies:** It shall be the sole responsibility of the Policyholder/Claimant to ensure compliance with all applicable laws including Regulations, taxation laws, and payment of all applicable taxes in respect of the Premiums and Benefits or other payouts made or received by the Policyholder/Claimant under this Policy and the Company does not accept any liability or responsibility in this regard. Except as may be specifically required by the Regulations, the Company shall not be responsible for any tax liability arising in relation to this Policy, the Premiums payable or the Benefits or other payouts made in terms of this Policy. The Company shall be entitled to deduct such amounts towards taxes, duties or such other levies as may be required from any sum received by it or payable under this Policy, and deposit the amount so deducted with the appropriate government or regulatory authorities. Policyholder/Claimant acknowledge that they are solely responsible for understanding and complying with their respective tax obligations (including but not limited to, tax payment or filing of returns or other required documentation relating to the payment of all relevant taxes in all jurisdictions in which Your tax obligations arise and relating to the Services provided by Us.

We do not provide any tax advice. Policyholder/Claimant is advised to seek independent legal and/or tax advice. We have no responsibility in respect of Policyholder/Claimant's tax obligations in any jurisdiction including but not limited to those that relate specifically to the Services provided by Us. Tax benefits, if any, may be available as per extant tax laws.

- 8) **Notice by the Company under the Policy:** We will send you the Policy Document in accordance with the applicable laws. We will send the communication or notices to You either in physical at Your registered address or in electronic mode (including sms) at registered e-mail id or registered mobile number and / or through facsimile provided by You in Proposal Form or otherwise notified to Us, or by issuing general notice, including by publishing such notices in newspapers and / or on Company's website. Any change in the mailing address or any other communication details /email or registered mobile number of Policyholder/Life Assured or Claimant must be notified to Us immediately. This will help Us to serve You better.



- 9) Electronic Transactions:** All transactions carried out by the Policyholder through Internet, electronic data interchange, call centres, teleservice operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication will be valid and legally binding on the Policyholder / Life Assured / Claimants as well as the Company. This will be subject to the relevant guidelines and terms and conditions as may be made applicable by the Company.
- 10) Governing Law and Jurisdiction:** This Policy shall be governed by and interpreted in accordance with the laws of India. All actions, suits and proceedings under this Policy shall be subject to the exclusive jurisdiction of the courts in India.
- 11) Entire Contract:** This Policy comprises of the terms and conditions set forth in this Policy Document, the Policy Schedule, and the endorsements, if any, made on or applicable to this Policy, which shall form an integral part and the entire contract evidenced by this Policy. The liability of the Company is at all times subject to the terms and conditions of this Policy and the endorsements made from time to time.
- 12) Recovery:** We reserve the right to recover the amount from the Policyholder or the Claimant or any other person, if it is found that the Benefits are erroneously paid due to the fault of the Policyholder or the Claimant. However, the Policyholder will not be liable or responsible for any wrong payments made by the Company without any fault on the part of the Policyholder, however the Company shall be entitled to recover the amount paid erroneously from the Policyholder or any other person deriving the Benefit of the said error.
- 13) Policy Currency:** All Contributions/Premiums and Benefits payable shall be paid in Indian Rupees only.
- 14) Suicide Exclusion:** In case of death of the Life Assured due to suicide within 12 months from the Risk Commencement Date under the Policy or from the date of Revival of the Policy, as applicable, Claimant shall be entitled to at least 80% of the Total Premiums Paid till the date of death or Unexpired Risk Premium Value /Surrender Value available as on the date of death whichever is higher, provided the Policy is In Force.
- 15) Requirements for claims /Claim Procedure:** In order to register a claim under the Policy, the Claimant shall endeavor to inform Us in writing with the following documents (as applicable) along with bank account details (Cancelled Cheque/copy of pass book with IFSC code) of the Claimant:
- a) For Death Claim, except death claims arising out of accidents or unnatural deaths**
    - i) Duly completed Claim Form signed by Claimant.
    - ii) Original Policy Document
    - iii) KYC document of Life Assured and Claimant
    - iv) Attested copy of Death Certificate of the Life Assured issued by Indian Government Authority.
    - v) Medical treatment records (discharge summary / death summary, investigation and treatment reports, post mortem report, etc) if Life Assured has taken treatment for illness leading to his/her death
  - b) In case of Death Benefit claim arising out of Accident or unnatural death**, the following documents need to be submitted, in addition to above requested documents:
    - i) Police Records – Attested copy of First Information Report, Panchnama / Inquest Panchnama
    - ii) Newspaper cutting/Photograph of the accident, in case of Accidental Deaths.
    - iii) Attested Copy of Post Mortem Report (Only if conducted).
    - iv) Attested Copy of Viscera report if any (Only if Post Mortem is conducted)
  - c) For Accidental Total and Permanent Disability Benefit Claim:**
    - i) Claimants Statement for Disability Claim,
    - ii) Attested copy of disability certificate from relevant Government Medical authority.
    - iii) All investigation including Medical Records, Indoor Case papers, Lab tests reports confirming the disability
    - iv) Complete treatment record with follow-up documentation
    - v) Attested copy of FIR (if required)
    - vi) Disability assessment report from Digit empanelled medical specialist (if required)
    - vii) KYC document of Claimant
  - d) For Accelerated Terminal Illness Benefit claim:**
    - i) Duly completed Claim Form signed by Claimant.
    - ii) Medical Report(s) including Investigation report(s), indoor case papers, Hospital Summary/Discharge Card
    - iii) Medical Practitioner's Certificate confirming the Illness/Treatment advise/Medical Reference
    - iv) KYC document of Claimant

Notwithstanding anything contained in Clause 15 above of this Part F, depending upon the cause or nature of the claim, the Company reserves the right to call for any other and/or additional documents or information, including documents/information concerning the title of the person claiming the Benefit/(s) under this Policy, to the satisfaction of the Company, for processing of the claim.

The claim should be intimated to the Company within a period of 90 days from the date of insured event, to treat the same as a valid claim. However, delay in intimation of claim or submission of documents should be supported by valid reasons for the Company to condone such delay.

#### **16) Claims Intimation**

- a)** The claim can be notified with proof of claim to the Claims Department' at [lifecclaims@godigit.com](mailto:lifecclaims@godigit.com), and the claim documents to be simultaneously sent at Go Digit Life Insurance Limited, Atlantis, 95, 4th B Cross Road, Koramangala Industrial Layout, 5th Block, Bengaluru, Karnataka 560095.
- b)** Claims can also be intimated at Our helpline number – 9960126126 and claim documents to be simultaneously sent at Digit Life Office address as mentioned above in (a) and (b).
- c)** Claim intimation to the Company can also be made in writing and delivered to the nearest branch office or Corporate Office address, which is currently as:

##### **Claims department**

Go Digit Life Insurance Limited

Atlantis, 95, 4th B Cross Road, Koramangala Industrial Layout, 5th Block, Bengaluru, Karnataka 560095

Helpline Number: 9960126126

Email id: [lifecclaims@godigit.com](mailto:lifecclaims@godigit.com)

Any change in the address or details above will be communicated by the Company to the Policyholder.

Our liability under the Policy will be automatically discharged on payment to the Claimant.

## PART – G

### Grievance Redressal Mechanism and Ombudsman Details

#### 1) Contact Information for Complaints & Grievance Redressal

- a) Meet your Grievance Officer at Your nearest Digit Life Branch Office
- b) Write to [life@godigit.com](mailto:life@godigit.com) from Your registered email address.
- c) Call 9960126126 from your registered mobile number.

#### 2) Grievance Escalation Matrix

- a) **Level 1:** In case the complainant is not satisfied with the response, the complainant can escalate the grievance to Chief Grievance Redressal Officer within 8 weeks from date of complaint resolution at [lifegro@godigit.com](mailto:lifegro@godigit.com).

**Address:**

The Chief Grievance Redressal Officer  
Go Digit Life Insurance Limited.

Atlantis, 95, 4<sup>th</sup> B Cross Road, Koramangala Industrial Layout, 5th Block, Bengaluru, Karnataka 560095

- b) **Level 2:** In case the complainant is not satisfied with the response or does not receive any response from the Chief Grievance Redressal Officer within 15 days, complainant may approach the grievance cell of the Insurance Regulatory and Development Authority of India (IRDAI):

**IRDAI Grievance Call Centre (IGCC) Address:**

Consumer Affairs Department, Insurance Regulatory and Development Authority of India

Survey No. 115/1, Financial District, Nanakramguda, Gachibowli, Hyderabad

Telangana State – 500032

Toll Free Number: 155255 (or) 1800 4254 732

Timings: 8 AM to 8 PM (Monday to Saturday)

Email: [complaints@irdai.gov.in](mailto:complaints@irdai.gov.in)

Website: <http://igms.irda.gov.in>

- c) **Level 3**

**Manner of making complaints to Insurance Ombudsman:** In case the complainant is not satisfied with the decision/resolution of the Company, or does not receive any response from the Company within 30 days of filing the complaint, the complainant may approach the nearest Insurance Ombudsman. Pls refer the list of Insurance Ombudsman at the end of this section.

As per the provisions of Rule 13(1) of Insurance Ombudsman Rules, 2017, the Ombudsman shall receive and consider complaints or disputes relating to:

- i) delay in settlement of claims
- ii) any partial or total repudiation of claims
- iii) disputes over premium paid or payable in terms of the policy
- iv) misrepresentation of policy terms and conditions
- v) legal construction of insurance policies in so far as the dispute relates to claim.
- vi) servicing related grievances against insurers, their agents and intermediaries
- vii) issuance of policy not in conformity with Proposal form submitted.
- viii) non-issuance of insurance policy after premium receipt; and
- ix) any other matter resulting from regulatory violation, related to issues mentioned at clauses a. to h.

As per the provisions of Rule 14 of Insurance Ombudsman Rules, 2017:

**Rule 14(1),** 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.

**Rule 14(2),** the complaint shall be in writing, duly signed by the complainant or through his legal heirs, nominee or assignee and shall state clearly 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.

**Rule 14(3),** no complaint to the Insurance Ombudsman shall lie unless:

- i) the complainant makes a written representation to the insurer named in the complaint and
  - (1) either the insurer had rejected the complaint; or
  - (2) the complainant had not received any reply within a period of one month after the insurer received his representation; or
  - (3) the complainant is not satisfied with the reply given to him by the insurer
- ii) The complaint is made within one year—

- (1) after the order of the insurer rejecting the representation is received; or
- (2) after receipt of decision of the insurer which is not to the satisfaction of the complainant.
- (3) 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.

**Rule 14(4)**, the Ombudsman shall be empowered to condone the delay in such cases as he may consider necessary, after calling for objections of the insurer against the proposed condonation and after recording reasons for condoning the delay and in case the delay is condoned, the date of condonation of delay shall be deemed to be the date of filing of the complaint, for further proceedings under these rules.

**Rule 14(5)**, 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.

#### List of Insurance Ombudsman Centers

CONTACT DETAILS	JURISDICTION
<b>AHMEDABAD</b> Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 Email: <a href="mailto:bimalokpal.ahmedabad@cioins.co.in">bimalokpal.ahmedabad@cioins.co.in</a>	State of Gujarat and Union Territories of Dadra & Nagar Haveli and Daman and Diu.
<b>BENGALURU</b> 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: <a href="mailto:bimalokpal.bengaluru@cioins.co.in">bimalokpal.bengaluru@cioins.co.in</a>	State of Karnataka
<b>BHOPAL</b> Office of the Insurance Ombudsman, 1 <sup>st</sup> Floor, “Jeevan Shikha” 60-B, Hoshangabad Road, Opp Gayatri Mandir, Bhopal -462 011. Tel.: 0755-2769201/2769202 Email: <a href="mailto:bimalokpal.bhopal@cioins.co.in">bimalokpal.bhopal@cioins.co.in</a>	States of Madhya Pradesh and Chattisgarh.
<b>BHUBANESHWAR</b> Office of the Insurance Ombudsman, 62, Forest Park, Bhubaneswar-751009. Tel.: 0674-2596461/2596455/2596429/2596003 Email: <a href="mailto:bimalokpal.bhubaneswar@cioins.co.in">bimalokpal.bhubaneswar@cioins.co.in</a>	State of Orissa.
<b>CHANDIGARH</b> Office of the Insurance Ombudsman, Jeevan Deep Building, S.C.O., 20-27 Ground Floor, Sector 17-A, Chandigarh-160 017. Tel.: 0172-2706468 Email: <a href="mailto:bimalokpal.chandigarh@cioins.co.in">bimalokpal.chandigarh@cioins.co.in</a>	States of Punjab, Haryana (excluding Gurugram, Faridabad, Sonapat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh.
<b>CHENNAI</b> Office of the Insurance Ombudsman, Fathima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, Chennai-600 018. Tel.: 044-24333668 /24333678 Email: <a href="mailto:bimalokpal.chennai@cioins.co.in">bimalokpal.chennai@cioins.co.in</a>	State of Tamil Nadu and Union Territories - Pondicherry Town and Karaikal (which are part of Union Territory of Pondicherry).
<b>NEW DELHI</b> Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Bldg., Asaf Ali Road, New Delhi-110 002. Tel.: 011- 46013992/23213504/23232481	Delhi and following districts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh.

Email: <a href="mailto:bimalokpal.delhi@cioins.co.in">bimalokpal.delhi@cioins.co.in</a> <b>GUWAHATI</b> Insurance Ombudsman, Office of the Insurance Ombudsman, “Jeevan Nivesh”, 5th Floor, Near Pan Bazar, S.S. Road, Guwahati-781 001 (ASSAM). Tel:- 0361-2632204/2602205/2631307 Email: <a href="mailto:bimalokpal.guwahati@cioins.co.in">bimalokpal.guwahati@cioins.co.in</a>	States of Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
<b>HYDERABAD</b> Office of the Insurance Ombudsman, 6-2-46, 1st Floor, Moin Court, Lane Oppo.,Opp.Hyundai Showroom A.C. Guards, Lakdi-Ka-Pool, Hyderabad-500 004. Tel : 040-23312122/23376991/23376599/23328709/23325325 Email: <a href="mailto:bimalokpal.hyderabad@cioins.co.in">bimalokpal.hyderabad@cioins.co.in</a>	States of Andhra Pradesh, Telangana and Union Territory of Yanam and a part of the Union Territory of Pondicherry.
<b>JAIPUR</b> Office of the Insurance Ombudsman, Ground Floor, Jeevan Nidhi II Building, Bhawani Singh Road, Jaipur – 302005 Tel : 0141-2740363 Email: <a href="mailto:Bimalokpal.jaipur@cioins.co.in">Bimalokpal.jaipur@cioins.co.in</a>	State of Rajasthan
<b>KOCHI</b> Office of the Insurance Ombudsman, 10th Floor, Jeevan Prakash, LIC Building, Opp to Maharaja's College Ground, M.G.Road, Kochi - 682 011. Tel.: 0484 - 2358759 Email: <a href="mailto:bimalokpal.ernakulam@cioins.co.in">bimalokpal.ernakulam@cioins.co.in</a>	State of Kerala and Union Territory of (a) Lakshadweep (b) Mahe-a part of Union Territory of Pondicherry.
<b>KOLKATA</b> Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4, C.R. Avenue, 7th Floor, Kolkata - 700 072. Tel : 033-22124339/22124341 Email:- <a href="mailto:bimalokpal.kolkata@cioins.co.in">bimalokpal.kolkata@cioins.co.in</a>	States of West Bengal, Sikkim, Union Territories of Andaman and Nicobar Islands.
<b>LUCKNOW</b> Office of the Insurance Ombudsman, Jeevan Bhawan, Phase-2, 6th Floor, Nawal Kishore Road, Hazaratganj, Lucknow-226 001. Tel : 0522 - 4002082/ 3500613 Email: <a href="mailto:bimalokpal.lucknow@cioins.co.in">bimalokpal.lucknow@cioins.co.in</a>	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, Gorakhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
<b>MUMBAI</b> Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S.V. Road, Santacruz(W), Mumbai-400 054. Tel : 022 - 69038800/27/29/31/32/33 Email: <a href="mailto:bimalokpal.mumbai@cioins.co.in">bimalokpal.mumbai@cioins.co.in</a>	<u>List of wards</u> under Mumbai Metropolitan Region excluding wards in Mumbai – i.e M/E, M/W, N, S and T covered under Office of Insurance Ombudsman Thane and areas of Navi Mumbai.
<b>NOIDA</b> Office of the Insurance Ombudsman, Bhagwan Sahai Palace, 4th Floor, Main Road, Naya Bans, Sector-15, Gautam Budh Nagar, U.P.-201301 Tel.: 0120-2514252 / 2514253 Email:- <a href="mailto:bimalokpal.noida@cioins.co.in">bimalokpal.noida@cioins.co.in</a>	States of Uttarakhand and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshahr, Etah, Kanauj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozabad, Gautam Budh Nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur
<b>PATNA</b> Office of the Insurance Ombudsman,	

2 <sup>nd</sup> Floor, Lalit Bhawan, Bailey Road, Patna - 800 001. Tel.: 0612 – 2547068 Email:- <a href="mailto:bimalokpal.patna@cioins.co.in">bimalokpal.patna@cioins.co.in</a>	States of Bihar and Jharkhand
<b>PUNE</b> 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.: 020-24471175 Email: <a href="mailto:bimalokpal.pune@cioins.co.in">bimalokpal.pune@cioins.co.in</a>	State of Goa and State of Maharashtra excluding areas of Navi Mumbai, Thane district, Palghar District, Raigad District and Mumbai Metropolitan Region
<b>THANE</b> <b>Office of the Insurance Ombudsman,</b> 2nd Floor, Jeevan Chintamani Building, Vasantrao Naik Mahamarg, Thane (West) Thane - 400604 Email: <a href="mailto:bimalokpal.thane@cioins.co.in">bimalokpal.thane@cioins.co.in</a>	Area of Navi Mumbai, Thane District, Raigad District, Palghar District and <u><a href="#">wards of Mumbai</a></u> , M/East, M/West, N, S and T."

Note: For further information or latest updated list of Ombudsman Office addresses, kindly visit the following website.  
<https://www.cioins.co.in/Ombudsman>

**IRDAI Notice - Beware of Spurious/Fraud Phone Calls:** IRDAI is not involved in activities like selling insurance policies, announcing bonus or investment of premiums. Public receiving such phone calls are requested to lodge a police complaint.

Digit Glow Plus Term Life Insurance UIN: 165N007V01 Go Digit Life Insurance Limited (previously known as Go Digit Life Sciences Limited). IRDAI Registration number: 165, CIN: U66000PN2021PLC206995, Registered Office: Go Digit Life Insurance Limited, Ananta One (AR One), Pride Hotel Lane, Narveer Tanaji Wadi, City Survey No. 1579, Shivajinagar, Pune-411005; Corporate Office: Go Digit Life Insurance Limited, Atlantis, 95, 4th B Cross Road, Koramangala Industrial Layout, 5th Block, Bengaluru, Karnataka 560095; Customer Helpline Number: 9960126126; Website: [www.godigit.com/life](http://www.godigit.com/life) Email: [life@godigit.com](mailto:life@godigit.com)

## **ANNEXURE – I**

### **Section 45 – Policy shall not be called in question on the ground of misstatement 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 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.
- 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, the insurer should 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 insurer or to induce the insurer 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) No Insurer shall repudiate a life insurance Policy on the ground of Fraud, if the Insured / claimant 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 misstatement of or suppression of material fact are within the knowledge of the insurer. Onus of disproving is upon the Policyholder, if alive, or claimant.
- 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 insurer should 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 of life insurance is based.
- 7) In case repudiation is on ground of misstatement 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 insurer. The onus is on insurer to show that if the insurer 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 he 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 Assured. So, this Section will not be applicable for questioning age or adjustment based on proof of age submitted subsequently.

**[Disclaimer: This is not a comprehensive list of amendments. Policyholders are advised to refer to Section 45 of the Insurance Act, 1938, as amended from time to time for complete and accurate details].**

## ANNEXURE – II

### Section 38 – Assignment and Transfer of Insurance Policies:

Provisions regarding assignment or transfer of a Policy in terms of Section 38 of the Insurance Act, 1938, as amended from time to time 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 Insurer.
  - 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 an insurer 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 32 authorized agents have been delivered to the insurer.
  - 6) Fee to be paid for assignment or transfer can be specified by the Authority through Regulations.
  - 7) On receipt of notice with fee, the insurer should Grant a written acknowledgement of receipt of notice. Such notice shall be conclusive evidence against the insurer of duly receiving the notice.
  - 8) If the insurer maintains one or more places of business, such notices shall be delivered only at the place where the Policy is being serviced.
  - 9) The insurer 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, the Insurer should 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 Insurer, any person aggrieved by the refusal may prefer a claim to IRDAI within 30 days of receipt of the refusal letter from the Insurer.
  - 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 insurer; 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 should 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
    - c) 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
    - d) the insured surviving the term of the Policy
- Such 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, the insurer shall, 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 transfer 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.

**[Disclaimer: This is not a comprehensive list of amendments. Policyholders are advised to refer to Section 38 of the Insurance Act, 1938, as amended from time to time for complete and accurate details].**



### ANNEXURE – III

#### Section 39 – Nomination by Policyholder

Provisions regarding nomination of a Policy in terms of Section 39 of the Insurance Act, 1938, as amended from time to time 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. The manner of appointment is to be laid down by the insurer.
- 3) Nomination can be made at any time before the vesting 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 insurer and can be registered by the insurer 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 insurer for the insurer to be liable to such nominee. Otherwise, insurer will not be liable if a bona fide payment is made to the person named in the text of the Policy or in the registered records of the insurer.
- 7) Fee to be paid to the insurer for registering change or cancellation of a nomination can be specified by the Authority through Regulations.
- 8) On receipt of notice with fee, the insurer should 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 insurer or other transferee or assignee for purpose of loan or against security or its reassignment after repayment. In such case, the nomination will get affected to the extent of insurer'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 insurer to the Policyholder unless it is proved that the 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 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.

**[Disclaimer: This is not a comprehensive list of amendments. Policyholders are advised to refer to Section 39 of the Insurance Act, 1938, as amended from time to time for complete and accurate details].**

#### **Annexure IV**

##### **Exclusions to Additional Accidental Death Benefit**

Additional Accidental Death Benefit shall not be payable if death occurs from, or is caused by, either directly or indirectly, voluntarily or involuntarily due to or caused, occasioned, accelerated or aggravated by, any one of the following:

1. Any injury before commencement of Additional Accidental Death Benefit's coverage.
2. Infection: Death caused or contributed to by any infection, except infection caused by an external visible wound accidentally sustained.
3. Death arising due to any condition other than death solely and directly as a result of an accident.
4. Intentional self-inflicted injury, suicide, while sane or insane. This benefit shall not be payable in case the Life Assured commits suicide anytime during the Policy Term.
5. Life Assured being under the influence of drugs, alcohol, narcotics or psychotropic substances unless taken in accordance with the lawful directions and prescription of a registered independent medical practitioner.
6. War, invasion, act of foreign enemy, hostilities and war like operations (whether war be declared or not), armed or unarmed truce, civil war, mutiny, rebellion, revolution, insurrection, military or usurped power, riot or civil commotion, strikes.
7. Taking part in any naval, military or air force operation during peace time or during service in any police, paramilitary or any similar organization;
8. Participation of the Life Assured in any flying activity, except as a bona fide fare-paying passenger of a recognized airline or Pilots, Cabin crew of a commercial airline operating between established aerodromes on a regular routes and on a scheduled timetable.
9. Working in underground mines, tunnelling or explosives, or involving electrical installation with high tension supply, or as jockeys or circus personnel, or engaged in Hazardous Activities
10. Life Assured committing an assault, a criminal offence, an illegal activity, or any breach of law with criminal intent.
11. Engaging in hazardous sports/hobbies or activities like (but not limited to) mountaineering, hunting, skiing, pot holing, racing of any kind, deep sea diving or climbing.
12. Nuclear, biological, and chemical contamination, the radio-active, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature.

## **Annexure V**

### **Exclusions to Additional Accidental Total and Permanent Disability Benefit**

Additional Accidental Total and Permanent Disability Benefit shall not be payable if total and permanent disability occurs from, or is caused by, either directly or indirectly, voluntarily or involuntarily due to or caused, occasioned, accelerated or aggravated by, any one of the following:

1. Any injury before commencement of Additional Accidental Total and Permanent Disability Benefit's coverage.
2. Infection: Total and Permanent Disability caused or contributed to by any infection, except infection caused by an external visible wound accidentally sustained.
3. Total and permanent disability arising due to any condition other than total and permanent disability solely and directly as a result of an accident.
4. Intentional self-inflicted injury, attempted suicide / suicide while sane or insane.
5. Life Assured being under the influence of drugs, alcohol, narcotics or psychotropic substances unless taken in accordance with the lawful directions and prescription of a registered independent medical practitioner.
6. Injuries resulting from war, invasion, act of foreign enemy, hostilities and war like operations (whether war be declared or not), armed or unarmed truce, civil war, mutiny, rebellion, revolution, insurrection, military or usurped power, riot or civil commotion, strikes.
7. Taking part in any naval, military or air force operation during peace time or during service in any police, paramilitary or any similar organization;
8. Participation of the Life Assured in any flying activity, except as a bona fide fare-paying passenger of a recognized airline or Pilots and Cabin crew of a commercial airline operating between established aerodromes on regular routes and on a schedule timetable.
9. Working in underground mines, tunnelling or explosives, or involving electrical installation with high tension supply, or as jockeys or circus personnel, or engaged in Hazardous Activities
10. Life Assured committing an assault, a criminal offence, an illegal activity, or any breach of law with criminal intent.
11. Engaging in hazardous sports/hobbies or activities like (but not limited to) mountaineering, hunting, skiing, pot holing, racing of any kind, deep sea diving or climbing.
12. Nuclear, biological, and chemical contamination, the radio-active, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature.

## **Annexure VI**

### **Wellness Benefit Program**

There are total 17 services applicable under Wellness Benefit Program, subject to availability of suitable service providers.

#### **1. Doctor on Call**

Upon Your request, We will facilitate an appointment, through Our empanelled Service Provider, with a Medical Practitioner who can help You by providing round-the-clock medical helpline services through an online portal as a chat service, a call back service or a voice call service or a video call service.

#### **2. Wellness Coach**

In order to educate, empower and engage You to become more aware of Your health and proactively manage it, We will, through periodic communications like e-mailers, blogs, videos, webinar and online platform provide You information on wellness coaching including but not limited to the areas as provided below:

- a) Weight Management
- b) Activity and Fitness
- c) Nutrition
- d) Tobacco Cessation
- e) Alcohol Abuse de-addiction Program
- f) Information on various diseases
- g) Dietary Plans

### **3. Lab Services and Imaging (For Diagnostic Services)**

Upon Your request, We will facilitate, through Our empanelled Service Provider, Collection of test samples such as blood, urine, stool etc or imaging for further testing and analysis.

The cost of these tests and reports will have to be borne by You.

### **4. Pharmacy (Home Delivery)**

Upon Your request, We will facilitate, through Our Empanelled Service Provider, home delivery of the Medications Prescribed by a Registered Medical Practitioner and nutritional supplement from the nearby Network Pharmacy, subject to copy of prescription being shared (where ever required) and availability of the medication with the Pharmacy.

The cost of the medication will have to be borne by You.

### **5. Vital/Physical Activity Monitoring Services**

Upon Your request, We will facilitate, through Our Empanelled Service Provider, the integration of Your Health Device(s), or Digital Wearables or trackers such as Blood-Pressure Monitors, Glucometers, Wireless Pedometers, heart rate monitors, pulse oximeters, non-invasive wearable blood-sugar sensors, Smart Watches etc. to an online database that will track and assess Your vitals as reported by the device.

It can provide periodic updates and reports of your health status. The cost of the device will have to be borne by You.

### **6. Reminder Notifications**

Upon Your request, We will facilitate, through Our Empanelled Service Provider, routine notification messages via mail or a messaging portal or a follow-up call to You as a reminder to schedule Your medical appointments and/or take daily dosage of Your medicine as per the information shared by You.

### **7. Medical Wallet**

Upon Your request, We will arrange, through Our Empanelled Service Provider, for a medical wallet. This will be a digital cloud service which will allow You to store all Your medical reports online. It will provide easy access of Medical history and reports to the treating Medical Practitioners and to any other person with whom You may share the login and access codes, easing Your need to physically carry documents with You.

### **8. Report Aggregation**

Upon Your request, We will facilitate, through Our Empanelled Service Provider, for regular analysis of Your health status as per the medical records/reports/information or data shared by You. It will highlight your wellbeing or any areas of concern or deterioration in Your health, allowing You to take necessary calls about your health.

### **9. Home Care Services**

Upon Your request, We will facilitate, through Our Empanelled Service Provider, Home Care Services for You in case You are in need of services, including but not limited to the following:

- a. Home Care Nursing
- b. Patient Assistant
- c. Physiotherapy
- d. Yoga Trainer
- e. Psychologist
- f. Palliative Care
- g. Renting Medical equipment. For Example - Wheel-Chair, Patient Bed, Oxygen Cylinder etc.
- h. Doctor Visit
- i. Elderly care and senior living assistance related to their health condition

The cost of the Services/Equipment will have to be borne by You.

### **10. Ambulance Arrangement Services**

Upon request, We will facilitate, through Our Empanelled Service Provider, ambulance services for Your transportation subject to availability of ambulance in the area where such service needs to be arranged.

The cost of the transportation will have to be borne by You.

### **11. Pick-up and Drop Services for Consultation**

Upon Your request, We will facilitate, through Our Empanelled Service Provider, Pick-up and Drop Service, for Your transportation to the Health Care Facility for treatment/Diagnostics subject to availability of vehicle/taxi in the area where such service needs to be arranged.

The cost of the transportation will have to be borne by You.

### **12. Prioritizing Appointments**

Upon Your request, We will facilitate, through Our Empanelled Service Provider, prioritization of Your appointment, based on the urgency, with the Network Providers offering the necessary consultation/treatment/diagnostics/packages/memberships/risk assessment/procedures subject to availability of the service(s). The cost of the Consultancy/Diagnostic will have to be borne by You. These may include the following but not limited to :-

- Doctors' services

- Nursing services
- Dietitian services

**13. Mental wellbeing** - Upon Your request, We will facilitate, through Our empanelled Service Provider, self-assessments, therapy sessions, activities and educational/awareness blogs, videos and webinars. The cost of these sessions will have to be borne by You.

**14. Physiotherapy** - Upon Your request, We will facilitate, through Our empanelled Service Provider, consultation and treatment sessions/packages, pain management sessions, ergonomics sessions. The cost of these services will have to be borne by You.

**15. Childcare/Children's activities** - Upon Your request, We will facilitate, through Our empanelled Service Provider, recreational/developmental activities for children of different age groups. The cost of these services will have to be borne by You.

**16. Out-Patient (OPD) Services** - Upon Your request, We will facilitate, through Our empanelled Service Provider, outpatient care services like doctor consultation, pharmacy and diagnostics, both online and onsite. The cost of these services will have to be borne by You.

**17. Fitness** - Upon Your request, we will facilitate, through our empanelled service provider, access to membership or classes of fitness activities like but not limited to sports, yoga, Zumba, Pilates, dance, fitness coach services at gymnasiums, health studios, fitness centres, sports centres and playgrounds. The cost of these services will have to be borne by You.

**Terms and Conditions applicable to Wellness Benefit Program**

1. Any Information provided by You shall be kept confidential.
2. For services which are provided through Our Empanelled Service Provider/Medical Experts/Centres, We are acting only as a facilitator, hence We would not be liable for any incremental costs or the services. We will not charge any premium amount for the services. You need to pay directly to the Service Provider/Medical Experts/Centres for the services availed.
3. All medical services are being provided by Empanelled Service Provider/Medical Experts/Centres who are empanelled after full due diligence. Insured Person may however consult their Personal/Family Doctor before availing the medical services. The decisions to utilise the services will solely be at the discretion of the Insured Person.
4. We/Company/Us or its Group Entities, affiliates, officers, employees, agents, are not responsible for or liable for any actions, claims, demands, losses, damages, costs, charges, and expenses which an Insured Person/You may claim to have suffered or sustained or incurred by way of or on account of utilization of any benefits specified herein.
5. This shall not be deemed to substitute the Insured Person's visit or consultation to an Independent Medical Practitioner. The Insured Person is free to choose whether or not to undergo the same and if done whether or not to act on it.
6. We do not assume any liability towards any loss or damage arising out of or in relation to any opinion, advice, prescription, actual or alleged errors, omissions and representations made by the Medical Practitioner.

**Subject otherwise to all the other terms, conditions, warranties, limitations and exceptions of the Policy to which this Benefit is attached.**

**Annexure VII – GSV Factors for Limited and Regular Pay under Term Insurance with Return of Premium variant**

Policy Year of Surrender / Policy Term (In Years)	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
1	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
2	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%
3	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%
4	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
5	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
6	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
7	63%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
8	75%	63%	60%	58%	57%	56%	56%	55%	55%	54%	54%	54%	53%	53%	53%	53%

9	90%	75%	70%	67%	64%	63%	61%	60%	59%	58%	58%	57%	57%	56%	56%	56%
10	90%	90%	80%	75%	71%	69%	67%	65%	64%	63%	62%	61%	60%	59%	59%	58%
11		90%	90%	83%	79%	75%	72%	70%	68%	67%	65%	64%	63%	63%	62%	61%
12			90%	90%	86%	81%	78%	75%	73%	71%	69%	68%	67%	66%	65%	64%
13				90%	90%	88%	83%	80%	77%	75%	73%	71%	70%	69%	68%	67%
14					90%	90%	89%	85%	82%	79%	77%	75%	73%	72%	71%	69%
15						90%	90%	90%	86%	83%	81%	79%	77%	75%	74%	72%
16							90%	90%	90%	88%	85%	82%	80%	78%	76%	75%
17								90%	90%	90%	88%	86%	83%	81%	79%	78%
18									90%	90%	90%	89%	87%	84%	82%	81%
19										90%	90%	90%	90%	88%	85%	83%
20											90%	90%	90%	90%	88%	86%
21												90%	90%	90%	90%	89%
22													90%	90%	90%	90%
23														90%	90%	90%
24															90%	90%
25																90%

Policy Year of Surrender /Policy Term (In Years)	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
1	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
2	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%
3	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%
4	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
5	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
6	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
7	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
8	53%	53%	52%	52%	52%	52%	52%	52%	52%	52%	52%	52%	52%	52%	52%
9	55%	55%	55%	55%	54%	54%	54%	54%	54%	54%	53%	53%	53%	53%	53%
10	58%	58%	57%	57%	57%	56%	56%	56%	56%	55%	55%	55%	55%	55%	55%
11	61%	60%	60%	59%	59%	58%	58%	58%	57%	57%	57%	57%	56%	56%	56%
12	63%	63%	62%	61%	61%	60%	60%	60%	59%	59%	59%	58%	58%	58%	58%
13	66%	65%	64%	64%	63%	63%	62%	62%	61%	61%	60%	60%	60%	59%	59%
14	68%	68%	67%	66%	65%	65%	64%	63%	63%	63%	62%	62%	61%	61%	61%
15	71%	70%	69%	68%	67%	67%	66%	65%	65%	64%	64%	63%	63%	63%	62%
16	74%	73%	71%	70%	70%	69%	68%	67%	67%	66%	66%	65%	65%	64%	64%
17	76%	75%	74%	73%	72%	71%	70%	69%	69%	68%	67%	67%	66%	66%	65%
18	79%	78%	76%	75%	74%	73%	72%	71%	70%	70%	69%	68%	68%	67%	67%
19	82%	80%	79%	77%	76%	75%	74%	73%	72%	71%	71%	70%	69%	69%	68%
20	84%	83%	81%	80%	78%	77%	76%	75%	74%	73%	72%	72%	71%	70%	70%
21	87%	85%	83%	82%	80%	79%	78%	77%	76%	75%	74%	73%	73%	72%	71%
22	89%	88%	86%	84%	83%	81%	80%	79%	78%	77%	76%	75%	74%	73%	73%

		%		%	%	%	%	%	%	%	%	%	%	%	%
23	90%	90%	88%	86%	85%	83%	82%	81%	80%	79%	78%	77%	76%	75%	74%
24	90%	90%	90%	89%	87%	85%	84%	83%	81%	80%	79%	78%	77%	77%	76%
25	90%	90%	90%	90%	89%	88%	86%	85%	83%	82%	81%	80%	79%	78%	77%
26	90%	90%	90%	90%	90%	90%	88%	87%	85%	84%	83%	82%	81%	80%	79%
27		90%	90%	90%	90%	90%	90%	88%	87%	86%	84%	83%	82%	81%	80%
28			90%	90%	90%	90%	90%	90%	89%	88%	86%	85%	84%	83%	82%
29				90%	90%	90%	90%	90%	90%	89%	88%	87%	85%	84%	83%
30					90%	90%	90%	90%	90%	90%	90%	88%	87%	86%	85%
31						90%	90%	90%	90%	90%	90%	90%	89%	88%	86%
32							90%	90%	90%	90%	90%	90%	90%	89%	88%
33								90%	90%	90%	90%	90%	90%	90%	89%
34									90%	90%	90%	90%	90%	90%	90%
35										90%	90%	90%	90%	90%	90%
36											90%	90%	90%	90%	90%
37												90%	90%	90%	90%
38													90%	90%	90%
39														90%	90%
40															90%

Policy Year of Surrender /Policy Term (In Years)	41	42	43	44	45	46	47	48	49	50	51	52	53	54
1	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
2	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%
3	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%
4	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
5	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
6	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
7	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
8	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%	51%
9	53%	53%	53%	53%	53%	53%	53%	52%	52%	52%	52%	52%	52%	52%
10	54%	54%	54%	54%	54%	54%	54%	54%	54%	53%	53%	53%	53%	53%
11	56%	56%	56%	55%	55%	55%	55%	55%	55%	55%	55%	54%	54%	54%
12	57%	57%	57%	57%	57%	56%	56%	56%	56%	56%	56%	56%	55%	55%
13	59%	59%	58%	58%	58%	58%	58%	57%	57%	57%	57%	57%	57%	56%
14	60%	60%	60%	59%	59%	59%	59%	59%	58%	58%	58%	58%	58%	57%
15	62%	61%	61%	61%	61%	60%	60%	60%	60%	59%	59%	59%	59%	59%
16	63%	63%	63%	62%	62%	62%	61%	61%	61%	60%	60%	60%	60%	60%
17	65%	64%	64%	64%	63%	63%	63%	62%	62%	62%	61%	61%	61%	61%
18	66%	66%	65%	65%	64%	64%	64%	63%	63%	63%	63%	62%	62%	62%
19	68%	67%	67%	66%	66%	65%	65%	65%	64%	64%	64%	63%	63%	63%
20	69%	69%	68%	68%	67%	67%	66%	66%	65%	65%	65%	64%	64%	64%
21	71%	70%	69%	69%	68%	68%	67%	67%	67%	66%	66%	66%	65%	65%





11	54%	54%	54%	54%	54%	54%	54%	54%	54%	54%	53%	53%	53%
12	55%	55%	55%	55%	55%	55%	55%	55%	54%	54%	54%	54%	54%
13	56%	56%	56%	56%	56%	56%	56%	55%	55%	55%	55%	55%	55%
14	57%	57%	57%	57%	57%	57%	56%	56%	56%	56%	56%	56%	56%
15	58%	58%	58%	58%	58%	58%	57%	57%	57%	57%	57%	57%	57%
16	59%	59%	59%	59%	59%	58%	58%	58%	58%	58%	58%	58%	58%
17	60%	60%	60%	60%	60%	59%	59%	59%	59%	59%	59%	58%	58%
18	61%	61%	61%	61%	61%	60%	60%	60%	60%	60%	59%	59%	59%
19	63%	62%	62%	62%	62%	61%	61%	61%	61%	61%	60%	60%	60%
20	64%	63%	63%	63%	63%	62%	62%	62%	62%	61%	61%	61%	61%
21	65%	64%	64%	64%	63%	63%	63%	63%	63%	62%	62%	62%	62%
22	66%	65%	65%	65%	64%	64%	64%	64%	63%	63%	63%	63%	63%
23	67%	66%	66%	66%	65%	65%	65%	65%	64%	64%	64%	64%	63%
24	68%	67%	67%	67%	66%	66%	66%	65%	65%	65%	65%	64%	64%
25	69%	68%	68%	68%	67%	67%	67%	66%	66%	66%	66%	65%	65%
26	70%	69%	69%	69%	68%	68%	68%	67%	67%	67%	66%	66%	66%
27	71%	70%	70%	70%	69%	69%	69%	68%	68%	68%	67%	67%	67%
28	72%	71%	71%	71%	70%	70%	69%	69%	69%	68%	68%	68%	67%
29	73%	72%	72%	72%	71%	71%	70%	70%	70%	69%	69%	69%	68%
30	74%	73%	73%	73%	72%	72%	71%	71%	71%	70%	70%	69%	69%
31	75%	74%	74%	74%	73%	73%	72%	72%	71%	71%	71%	70%	70%
32	76%	76%	75%	75%	74%	74%	73%	73%	72%	72%	72%	71%	71%
33	77%	77%	76%	75%	75%	75%	74%	74%	73%	73%	72%	72%	72%
34	78%	78%	77%	76%	76%	75%	75%	75%	74%	74%	73%	73%	72%
35	79%	79%	78%	77%	77%	76%	76%	75%	75%	75%	74%	74%	73%
36	80%	80%	79%	78%	78%	77%	77%	76%	76%	75%	75%	75%	74%
37	81%	81%	80%	79%	79%	78%	78%	77%	77%	76%	76%	75%	75%
38	82%	82%	81%	80%	80%	79%	79%	78%	78%	77%	77%	76%	76%
39	83%	83%	82%	81%	81%	80%	80%	79%	79%	78%	78%	77%	77%
40	84%	84%	83%	82%	82%	81%	81%	80%	79%	79%	78%	78%	77%
41	85%	85%	84%	83%	83%	82%	81%	81%	80%	80%	79%	79%	78%
42	86%	86%	85%	84%	84%	83%	82%	82%	81%	81%	80%	80%	79%
43	87%	87%	86%	85%	85%	84%	83%	83%	82%	82%	81%	81%	80%
44	89%	88%	87%	86%	86%	85%	84%	84%	83%	82%	82%	81%	81%
45	90%	89%	88%	87%	87%	86%	85%	85%	84%	83%	83%	82%	82%
46	90%	90%	89%	88%	87%	87%	86%	85%	85%	84%	84%	83%	82%
47	90%	90%	90%	89%	88%	88%	87%	86%	86%	85%	84%	84%	83%
48	90%	90%	90%	90%	89%	89%	88%	87%	87%	86%	85%	85%	84%
49	90%	90%	90%	90%	90%	90%	89%	88%	87%	87%	86%	86%	85%
50	90%	90%	90%	90%	90%	90%	90%	89%	88%	88%	87%	86%	86%
51	90%	90%	90%	90%	90%	90%	90%	90%	89%	89%	88%	87%	87%
52	90%	90%	90%	90%	90%	90%	90%	90%	90%	89%	89%	88%	87%
53	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	89%	88%
54	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	89%
55	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
56		90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
57			90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
58				90%	90%	90%	90%	90%	90%	90%	90%	90%	90%

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