Digit Icon
(A Non- Linked Non-Participating Individual Life Insurance Savings Plan)

Policy Document

UIN: 165N011V05

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

Your Policy Number is DXXXXXXXXX

Policy Commencement Date	<Date>

For any help, call Us on 9960126126/18002962626 or write to us at 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 Part F, Clause number 17,18
Surrendering the Policy	Part D, Clause number 2.2
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 lifeclaims@godigit.com
2. Call Our helpline number: 9960126126/18002962626
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 lifeclaims@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>,
<Address>
<Contact Number>
<email id>

<dd-mm-yyyy>

Hi there,

Here is Your Digit Icon Policy with Policy No. <Policy no.>.

This Policy Document contains Your:

Policy Schedule	Summary of key features of Your Policy
Premium Receipt	Acknowledgment of the Premium paid by You
Terms & Conditions	Detailed terms of Your Policy contract with Digit Life Insurance
Service Options	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: **9960126126/18002962626**
   - 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 Freelook period, while stating the objections/reasons for such disagreement in writing.

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

Upon such Freelook 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: **9960126126/18002962626**
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 Icon is a non-linked non-participating individual life insurance savings plan. (This is a non-market linked plan i.e., this product is not affected by market fluctuations). In this kind of plan, the Company **is not entitled to share any surplus (profits) with the Policyholder.**

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, applicable medical reports, 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 upon receipt and realization, by the Company, of the consideration payable as first Premium under the Policy and 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 Icon
UIN	165N011V05
Policy Number	
Date of Proposal	
Policy Commencement Date	
Risk Commencement Date	
Policy Maturity Date	
Policy Term	

Policy Benefits

Note: Each Benefit payable under this Policy is subject to the terms and conditions stated in this Policy Document, so do read all the terms and conditions given in this Policy Document in detail.

Benefit	**Benefit amount / option chosen / conditions**	**Simplified meaning for You** (In case of any ambiguity, Definitions provided in Part B and terms and conditions mentioned in Part C onwards in this Policy Document shall prevail)
Variant chosen	<Income Benefit>	This is how You have chosen to receive Benefits on Life Assured's survival during the Policy Term
Guaranteed Income (GI)	< Level Income> <Income Increasing at simple rate of 5% every year> <Income Increasing at simple rate of 15% every 5 years>	This is how You have chosen to receive the Guaranteed Income. • Level Income means Guaranteed Income instalment amount remains same throughout the Income Period.

			• Increasing Income means Guaranteed Income instalment amount increases as per the Increasing Income option chosen
	Frequency of Guaranteed Income Payout <_____>		This is the frequency at which You will receive Guaranteed Income during Income Period
	First Guaranteed Income Instalment during Income Period <Amount>		This is the first instalment of Guaranteed Income as per the frequency chosen.
	Special Date Option	<Yes><No><Not Applicable>	Option to receive the Guaranteed Income every year during the Income Period on a special day of Your life
		<Date and Month> every year except for first and last instalment of GI	
	First Guaranteed Income instalment payout date during Income Period <Date>		When does Your Guaranteed Income payout start during Income Period…
	Last Guaranteed Income instalment payout date during Income Period <Date>		…and when does the Guaranteed Income payout end during Income Period!
Sum Assured on Death	<Amount>		Amount of Death Benefit chosen at the Date of Inception of the Policy. This shall be payable as a lumpsum to the Nominee/(s), if the Life Assured dies during the Policy Term.
Inbuilt Additional Accidental Death Benefit (ADB)	<Amount>		**In addition to the Death Benefit**, if the Life Assured dies due to an Accident which happens during the Policy Term, this is an additional Benefit payable in lumpsum to the Nominee/(s). *Why? Accidents are sudden and can derail the family's finances in the short term, so the additional Benefit can help dependents be more prepared financially.*
Policy Continuance Benefit on Death	<Yes> <No><Not Applicable>		In the event the Life Assured dies during the Policy Term, the Nominee/(s) gets 100% of Sum Assured on Death immediately. The Nominee/(s) will continue to get the outstanding Guaranteed Income, if any and applicable

		Maturity Benefit as and when due. Future Premium, if any, won't be payable after the death of Life Assured.
Policy Continuance Benefit on Diagnosis of Critical Illness	<Yes> <No><Not Applicable>	In the event the Life Assured is diagnosed with a Critical Illness Condition covered under this Policy, five times the Annualized Premium will be immediately paid in lumpsum on admission of Critical Illness (CI) Benefit claim. This Critical Illness Benefit shall not be deducted from the Death Benefit payable in case of subsequent death of Life Assured. The future Premium instalments payable, if any, will be waived off. You will continue to get the outstanding Guaranteed Income, if any, and applicable Maturity Benefit as and when due. Upon death of Life Assured at any time during the Policy Term, 100% of Death Benefit shall be paid to the Nominee/(s) and Policy will terminate thereafter.
Family Income Benefit	<Yes> <No><Not Applicable>	Upon death of the Life Assured during the Policy Term, Nominee/(s) will get 100% of the Death Benefit immediately. Additionally, 50% of Guaranteed Income payable to the Policyholder (as applicable on date of death of Life Assured or first instalment of GI, whichever is higher), will be paid to the Nominee/(s) for remaining Income Period or for 10 years, whichever is higher.
Senior Citizen Health Benefit	<Yes> <No><Not Applicable>	During the Policy Term, once the Life Assured turns 60 years old, then upon diagnosis of any Critical Illness Condition covered under this Policy, a portion of applicable Death Benefit equal to five times the Annualized Premium will be converted into Critical Illness Benefit and will be paid in lumpsum after admission of Critical Illness Benefit claim. You will have to continue to pay future Premiums as and when due.

		After the admission of Critical Illness claim, all the remaining Guaranteed Income payouts (if applicable) will Increase by 5% for more financial support in difficult times. If subsequently, the Life Assured dies during the Policy Term, Nominee/(s) will get the applicable Death Benefit reduced by the Critical Illness Benefit already paid, if any. If the Life Assured dies during the Policy Term without claiming any Critical Illness Benefit earlier, Nominee/(s) will get 100% of the applicable Death Benefit.

Premium Payment Details as on Policy Commencement Date	
Modal Premium	
Annualized Premium	
Underwriting Extra Premium	
Goods and Services Tax (GST)	
Total Instalment Premium including underwriting extra premium and GST	
Premium Payment Frequency	
Premium Payment Term	
Instalment Premium Due Date	
Date of last instalment Premium	

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

Special Conditions (If any)	

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 Icon" 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 Icon 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 **9960126126/18002962626.**

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 (in case of Inbuilt Additional Accidental Death Benefit as mentioned in in Part C of this Policy Document) directly and independently of any other means, cause the death of the Life Assured. Such a death is defined as "Accidental Death".

3. **Act** refers to the Insurance Act 1938 as amended from time to time and shall include the Insurance Laws (Amendment) Act 2015.

4. **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.

5. **Annualized Premium** shall be the Premium amount payable in a year chosen by the Policyholder excluding the taxes, rider Premiums, underwriting extra premiums and loadings for modal Premiums, if any.

6. **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.

7. **Assignee** is the person to whom the rights and Benefits under this Policy are transferred by virtue of an Assignment.

8. **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.

9. **Assignor** means the person who transfers the rights and Benefits under this Policy to the Assignee by virtue of an Assignment.

10. **Authority** means Insurance Regulatory and Development Authority of India (IRDAI).

11. **Benefit/s** means the Death Benefit, Maturity Benefit, Survival Benefit, Inbuilt Additional Accidental Death Benefit, Surrender Benefit, Optional Benefits like Policy Continuance Benefit on Death, Policy Continuance Benefit on Diagnosis of Critical Illness, Family Income Benefit, Senior Citizen Health Benefit, Auto Pay Benefit or any other Benefit as applicable under the terms of this Policy.

12. **Beneficiary** means the Policyholder or the Life Assured or Nominee/(s) or the Assignees, as the case may be .

13. **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.

14. **Critical Illness (CI) Condition** means the first diagnosis of any of the covered Critical Illnesses or undergoing any surgery, as per chosen CI variant listed in Part C of this Policy Document.

Following are the definitions of such listed **Critical Illnesses / surgical procedures**:

I. Standard Definitions

1) **Cancer Of Specified Severity**
   a) A malignant tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukemia, lymphoma and sarcoma.
   b) The following are excluded:
      i) All tumors which are histologically described as carcinoma in situ, benign, pre- malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN - 2 and CIN-3.
      ii) Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond.
      iii) Malignant melanoma that has not caused invasion beyond the epidermis.
      iv) All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0.
      v) All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below.
      vi) Chronic lymphocytic leukaemia less than RAI stage 3.
      vii) Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification.
      viii) All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs.
2) **Myocardial Infarction** (First Heart Attack of specific severity)
   a) The first occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria:
      i) A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g., typical chest pain)
      ii) New characteristic electrocardiogram changes
      iii) Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.
   b) The following are excluded:
      i) Other acute Coronary Syndromes
      ii) Any type of angina pectoris
      iii) A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.
3) **Open Heart Replacement Or Repair Of Heart Valves**
   a) The actual undergoing of open-heart valve surgery is to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease- affected cardiac valve(s). The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of surgery has to be confirmed by a specialist medical practitioner. Catheter based techniques including but not limited to balloon valvotomy/valvuloplasty are excluded.
4) **Primary (Idiopathic) Pulmonary Hypertension**
   a) An unequivocal diagnosis of Primary (Idiopathic) Pulmonary Hypertension by a Cardiologist or specialist in respiratory medicine with evidence of right ventricular enlargement and the pulmonary artery pressure above 30 mm of Hg on Cardiac Cauterization. There must be permanent irreversible physical impairment to the degree of at least Class IV of the New York Heart Association Classification of cardiac impairment.
   b) The NYHA Classification of Cardiac Impairment are as follows:
      i) Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.

ii) Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.

c) Pulmonary hypertension associated with lung disease, chronic hypoventilation, pulmonary thromboembolic disease, drugs and toxins, diseases of the left side of the heart, congenital heart disease and any secondary cause are specifically excluded.

5) **Open Chest CABG**

a) The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breastbone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist.

b) The following are excluded:

i) Angioplasty and/or any other intra-arterial procedures

6) **End Stage Lung Failure**

a) End stage lung disease, causing chronic respiratory failure, as confirmed and evidenced by all of the following:

i) FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart; and

ii) Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and

iii) Arterial blood gas analysis with partial oxygen pressure of 55mmHg or less ($PaO_2 < 55mmHg$); and

iv) Dyspnoea at rest.

7) **End Stage Liver Failure**

a) Permanent and irreversible failure of liver function that has resulted in all three of the following:

i) Permanent jaundice; and

ii) Ascites; and

iii) Hepatic encephalopathy.

b) Liver failure secondary to drug or alcohol abuse is **excluded.**

8) **Kidney Failure Requiring Regular Dialysis:** End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (haemodialysis or peritoneal dialysis) is instituted, or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.

9) **Major Organ /Bone Marrow Transplant**

a) The actual undergoing of a transplant of:

i) One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or

ii) Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.

b) The following are excluded:

i) Other stem-cell transplants

ii) Where only Islets of Langerhans are transplanted

10) **Benign Brain Tumor**

a) Benign brain tumor is defined as a life threatening, non-cancerous tumor in the brain, cranial nerves or meninges within the skull. The presence of the underlying tumor must be confirmed by imaging studies such as CT scan or MRI.

b) This brain tumor must result in at least one of the following and must be confirmed by the relevant medical specialist.

i) Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or

ii) Undergone surgical resection or radiation therapy to treat the brain tumor.

c) The following conditions are **excluded:**

i) Cysts, Granulomas, malformations in the arteries or veins of the brain, hematomas, abscesses, pituitary tumors, tumors of skull bones and tumors of the spinal cord.

11) **Coma Of Specified Severity**

a) A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following:

i) no response to external stimuli continuously for at least 96 hours;

ii) life support measures are necessary to sustain life; and
iii) permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.

b) The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse is excluded.

12) **Major Head Trauma**

a) Accidental head injury resulting in permanent Neurological deficit is to be assessed no sooner than 3 months from the date of the accident. This diagnosis must be supported by unequivocal findings on Magnetic Resonance Imaging, Computerized Tomography, or other reliable imaging techniques. The accident must be caused solely and directly by accidental, violent, external and visible means, and independently of all other causes.

b) The Accidental Head injury must result in an inability to perform at least three (3) of the following Activities of Daily Living either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons. For the purpose of this benefit, the word "permanent" shall mean beyond the scope of recovery with current medical knowledge and technology.

c) The Activities of Daily Living are:
i) 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;
ii) Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
iii) Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
iv) Mobility: the ability to move indoors from room to room on level surfaces;
v) Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
vi) Feeding: the ability to feed oneself once food has been prepared and made available.

d) The following are excluded:
i) Spinal cord injury

13) **Permanent Paralysis Of Limbs:** Total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist medical practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months.

14) **Stroke Resulting In Permanent Symptoms**

a) Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolization from an extracranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.

b) The following are excluded:
i) Transient ischemic attacks (TIA)
ii) Traumatic injury of the brain
iii) Vascular disease affecting only the eye or optic nerve or vestibular functions.

15) **Motor Neuron Disease With Permanent Symptoms:** Motor neuron disease diagnosed by a specialist medical practitioner as spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis. There must be progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurons. There must be current significant and permanent functional neurological impairment with objective evidence of motor dysfunction that has persisted for a continuous period of at least 3 months.

16) **Multiple Sclerosis With Persisting Symptoms**

a) The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:
i) investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and
ii) there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.

b) Other causes of neurological damage such as SLE are excluded.

II. Specific Definitions:

1) **Surgery To Aorta:** The actual undergoing of major surgery to repair or correct an aneurysm, narrowing, obstruction, or dissection of the aorta through surgical opening of the chest or abdomen. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches.
2) **Apallic Syndrome:** Universal necrosis of the brain cortex, with the brain stem intact. Diagnosis must be definitely confirmed by a registered Medical practitioner who is also a neurologist holding such an appointment at an approved hospital. This condition must be documented for at least one (1) month.
3) **Loss Of Independent Existence:** Confirmation by a Consultant Physician of the loss of independent existence due to illness or trauma, lasting for a minimum period of 6 months and resulting in a permanent inability to perform at least three (3) of Activities of Daily Living.

4) **Aplastic Anaemia**
   a) Irreversible persistent bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least two (2) of the following:
      i) Blood product transfusion.
      ii) Marrow stimulating agents.
      iii) Immunosuppressive agents; or
      iv) Bone marrow transplantation.
   b) The Diagnosis of aplastic anaemia must be confirmed by a bone marrow biopsy. Two out of the following three values should be present:
      i) Absolute Neutrophil count of 500 per cubic millimetre or less;
      ii) Absolute Reticulocyte count of 20,000 per cubic millimetre or less; and
      iii) Platelet count of 20,000 per cubic millimetre or less.

15. **Death Benefit** means the Benefit which is agreed to be paid by Us on occurrence of death of Life Assured as per the terms and conditions of this Policy and as specified in Part C of this Policy Document or such amount as may be endorsed on the Policy.

16. **Direct Debit** means an automatic payment method whereby We (Digit) are allowed to automatically debit Premiums directly from bank account or credit/ debit card or Unified Payments Interface (UPI).

17. **Grace Period** 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.

18. **Guaranteed Income (GI)** means a series of regular payouts as specified in the Policy Schedule, calculated as a fixed percentage of the Annualized Premium and is payable during the Income Period, as per the Guaranteed Income payout frequency chosen by the Policyholder.

19. **Indebtedness** means any unpaid Policy loans including accrued interest, unpaid Premiums, deductibles and any other amounts owed to the Company.

20. **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 or in reduced paid-up status.

21. **Income Period** is the period in Policy Term during which Guaranteed Income, as per the Guaranteed Income payout frequency as chosen by the Policyholder, is payable till the end of Policy Term, subject to the survival of Life Assured.

22. **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.

23. **Lapsed Status** means state of a non-active life insurance contract on account of non-payment of Premium within the Grace Period.

24. **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.

25. **Limited Pay Policy** means the Policy other than Single Premium Policy, where the Premium Payment Term is limited compared to the Policy Term, and Premiums are payable at regular intervals like annually, half yearly, quarterly, monthly or any other interval as approved by the Authority.

26. **Maturity Benefit** means the Benefit payable as lump sum amount on Policy Maturity Date and as specified in the Part C of this Policy Document. Maturity Benefit is payable subject to Life Assured surviving the Policy Term and the Policy being In Force in accordance with the terms and conditions of this Policy. Maturity Benefit is not applicable for Income Benefit Variant.

27. **Medical Practitioner** means a person who holds a valid registration from the Medical Council of any State 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 person 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;
    • Related to the Policyholder/ Insured person by blood or marriage.

    All medical professionals referred to in Definitions and Exclusions, that is, cardiologist, neurologist, consultant physician, specialist in respiratory medicine, special medical practitioner, relevant medical specialist shall be registered Medical Practitioners

28. **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.

29. **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.

30. **Policy** means the contract of insurance entered into between the Policyholder and the Insurer as evidenced by the Policy Document.

31. **Policy Document** means this Digit Icon 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.

32. **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.

33. **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.

34. **Policy Maturity Date** means the date of completion of the Policy Term as specified in the Policy Schedule.

35. **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.

36. **Policy Term** means the tenure of this Policy as specified in the Policy Schedule.

37. **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.

38. **Pre-existing Disease** means any condition, ailment, Injury or disease:
    a) that is/are Diagnosed by a physician within 48 months prior to the effective date of the Policy issued by Us or;
    b) for which medical advice or treatment was recommended by, or received from, a physician within 48months prior to the effective date of the Policy or its Revival.

39. **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.

40. **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.

41. **Proposal** means the proposal form filled in and submitted by You to the Company for issuance of this Policy.

42. **Renewal Premium** means the Premium payable in second Policy Year and onwards during the Premium Payment Term under Limited Pay and Regular Pay Policies.

43. **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.

44. **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.

45. **Revival** means restoration of the Policy, which is in Lapsed Status or reduced paid-up status 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, 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.

46. **Revival Period** shall mean the period of five 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.

47. **Risk Commencement Date** means the date from which risk is assumed by the Company and as specified in the Policy Schedule.

48. **Sum Assured on Death** means an absolute amount of Benefit which is guaranteed to become payable on the event of death of the Life Assured after the Risk Commencement Date during the Policy Term and in accordance with the terms and conditions of the Policy and is specified as such in Policy Schedule.

49. **Surrender** means complete withdrawal/ termination of the Policy before completion of Policy Term at the request of the Policyholder in accordance with terms and conditions of this Policy.

50. **Survival Period** means the period of 30 days from the date of the first diagnosis of covered Critical Illness Condition that the Life Assured has to survive to be eligible for receiving Critical Illness Benefit (under Policy Continuance Benefit on Diagnosis of Critical Illness or Senior Citizen Health Benefit).

51. **Survival Benefit/s** means the Benefit/s and amount/s that are payable on survival of Life Assured during the Policy Term and as specified in Part C of this Policy Document.

52. **Surrender Value** means an amount, if any, that becomes payable in case of Surrender, in accordance with the terms and conditions of the Policy as mentioned in Part D of this Policy Document.

53. **Total Premiums Paid** means total of all the Premiums received, excluding any extra Premium, any rider premium and taxes.

54. **UIN** means the Unique Identification Number allotted to Digit Icon by Insurance Regulatory Development Authority of India (IRDAI).

55. **Vesting** means the transfer of Policy's ownership to the Life Assured on attainment of majority in case the Policy is issued to a minor Life Assured subject to the terms and conditions of this Policy.

56. **Waiting Period** means a period of 90 days for Critical Illness Benefit (under Policy Continuance Benefit on Diagnosis of Critical Illness or Senior Citizen Health Benefit) starting from the Risk Commencement Date for the Life Assured or from the date of Revival of Policy. No amount shall be payable in case of occurrence of covered Critical Illness Condition within the Waiting Period. Waiting Period shall not be applicable in case Critical Illness condition/(s) manifests due to an Accident.

57. **"We", "Us", "Our" "Ours", "Digit" "Digit Life" "Digit Life Insurance", "Insurer" and "Company"** refers to Go Digit Life Insurance Limited**.**

58. **"You", "Your", "Yours"** refers to the Policyholder named in Policy Schedule.

PART – C

Product Core Benefits (Benefits Payable Under This Policy)

Benefits applicable under Income Benefit Variant

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 end of the Policy Term), the Company shall pay the lumpsum Death Benefit as mentioned below to the Claimant after deducting the Premiums, if any due for the Policy Year in which the death has occurred. In the event of death claim during the Grace Period, the Company shall pay the Death Benefit in lumpsum as follows, subject to the deduction of any Premium which is unpaid as on the date of death.

The Death Benefit payable shall be the highest of the following :
i. Sum Assured on Death, OR
ii. 105% (One Hundred Five percent) of Total Premiums Paid as on the date of death of the Life Assured, OR
iii. Surrender Value applicable as on the date of death of the Life Assured.

Where Sum Assured on Death shall be equal to 'Death Benefit multiple' (DB multiple) times the Annualized Premium. Policyholder will have the following Death Benefit multiple options available at the Date of Inception of the Policy to choose from:

- **Default Death Benefit**: Under this option, Sum Assured on Death will be equal to a pre-decided Death Benefit multiple of Annualized Premium, as per the Entry Age. The table for these pre-decided DB multiples is provided under Annexure VI in this Policy Document.

- **Chosen Death Benefit**: Under this option, Policyholder will have the option to choose the Death Benefit Multiple from the following:

Death Benefit Multiple	7x, 10x,15x of Annualized Premium

2. Inbuilt Additional Accidental Death Benefit (ADB)

This is an inbuilt Benefit under which, if the Life Assured dies due to Accident during the Policy Term, provided the Policy is In Force as on the date of Accident of the Life Assured, We shall pay the inbuilt additional Accidental Death Benefit equal to Sum Assured on Death, in addition to the applicable Death Benefit payable as specified above under Clause 1 of Part C. If the Life Assured is a minor (less than age 18 as on date of Accident), inbuilt additional Accidental Death Benefit will not be available under the Policy. Inbuilt Additional Accidental Death Benefit coverage shall cease on Policy Maturity Date or at the end of the Policy Year in which Life Assured attains the age of 85 years, whichever is earlier.

In case, the Accident occurs during the Policy Term while the Life Assured's inbuilt additional ADB is In Force, but the death due to such Accident occurs after the end of the Policy Term and within 180 days of the Accident, inbuilt additional ADB shall be payable.

Definitions and exclusions pertaining to inbuilt additional Accidental Death Benefit are provided in Annexure V in this Policy Document.

3. <u>Optional Benefits</u>

Policyholder can choose the Optional Benefits at the Date of Inception of the Policy only, subject to prevailing board approved underwriting policy of the Company. Optional Benefits are not applicable for Point of Sale Policies.

3.1 Policy Continuance Benefit on Death

Under this option, on occurrence of death of Life Assured during the Policy Term, a lumpsum Death Benefit amount equal to Sum Assured on Death shall be payable to the Claimant.
Additionally, the applicable future Survival Benefits, if any and / or Maturity Benefit shall be payable to the Claimant as and when due, without payment of any future Premiums as would have been the case had the Life Assured been alive and would have been paying the Premiums.
If Policyholder has opted for Policy Continuance Benefit on Death, then upon death of the Life Assured , the Claimant cannot Surrender the Policy. Policy Continuance Benefit on Death can be chosen only when Policyholder and Life Assured are same.

3.2 Family Income Benefit

Under this option, on occurrence of death of the Life Assured during the Policy Term, in addition to the lumpsum Death Benefit as specified above under Clause 1, 50% of the Guaranteed Income (as applicable on date of death of Life Assured or first instalment of Guaranteed Income, whichever is higher), which was payable as Survival Benefit to the Policyholder, shall be paid to the Claimant as and when due during the remaining Income Period or for 10 years, whichever is higher.

3.3 Policy Continuance Benefit on Diagnosis of Critical Illness

Under this option, if the Life Assured is diagnosed with any of the listed Critical Illness Condition during the Policy Term, then on admission of claim, following Benefits shall be payable:
a. Additional Critical Illness Benefit equal to 5 times of Annualized Premium shall be payable in lumpsum. This Critical Illness Benefit shall be additional (over and above) to the applicable Death Benefit payable.
b. The Policy shall continue to be In-Force and future Premiums, if any, shall be waived off.
c. All future Survival Benefits, if any and / or Maturity Benefit as applicable under the Policy shall be payable as and when due.
d. The additional Critical Illness Benefit under this option shall be applicable till the end of chosen Policy Term or till Life Assured attaining age 75 years, whichever is earlier.
e. However, on occurrence of death of Life Assured anytime during the Policy Term, applicable Death Benefit shall be payable and Policy will terminate upon payment of Death Benefit.
f. Policy Continuance Benefit on diagnosis of Critical Illness can be chosen only when Policyholder and Life Assured are same.

3.4 Senior Citizen Health Benefit

Under this option, if the Life Assured is diagnosed with any of the listed Critical Illness Condition post attaining age 60 years (as on last birthday) during the Policy Term, then on admission of claim, following Benefits shall be payable.

a. Accelerated Critical Illness Benefit – A lumpsum Benefit equal to 5 times of Annualized Premium shall be accelerated and paid out immediately. Critical Illness Benefit under this option is an accelerated Benefit and hence payment of this Benefit shall not be in addition to the applicable Death Benefit. It only facilitates an earlier payment of a part (equal to 5 times of Annualized Premium) of applicable Death Benefit on prior occurrence of the Critical Illness.

b. All future Guaranteed Income Payouts, if any, will be increased by 5% and shall be paid as and when due.

c. Future Premiums, if any, shall be payable as and when due by the Policyholder.

d. In case of death of Life Assured anytime during the Policy Term, prevailing Death Benefit reduced by accelerated Critical Illness Benefit (as mentioned in 3.4.a), if already paid earlier, shall be payable to the Claimant.

e. The accelerated Critical Illness Benefit under this option shall be applicable till the end of Policy Term or till Life Assured attaining age 75 years, whichever is earlier.

f. This option cannot be chosen along with Policy Continuance Benefit on Diagnosis of Critical Illness.

Following is the list of Critical Illnesses /Surgical procedures covered under this Policy, if Policy Continuance Benefit on Diagnosis of Critical Illness or Senior Citizen Health Benefit are chosen.

Sr. No	Category	Critical Illness
1	**Cancer**	Cancer of Specified Severity
2	**Cardiovascular system**	Myocardial Infarction
3		Open Heart Replacement or Repair of Heart Valves
4		Surgery to Aorta
5		Primary (Idiopathic) Pulmonary Hypertension
6		Open Chest CABG
7	**Major Organ Transplant**	End Stage Lung Failure
8		End Stage Liver Failure
9		Kidney Failure Requiring Regular Dialysis
10		Major Organ/ Bone Marrow Transplant
11	**Nervous System**	Apallic Syndrome
12		Benign Brain Tumour
13		Coma of Specified Severity
14		Major Head Trauma
15		Permanent Paralysis of Limbs
16		Stroke Resulting in Permanent Symptoms
17		Motor Neurone Disease with Permanent Symptoms
18		Multiple Sclerosis with Persisting Symptoms
19	**Others**	Loss of Independent Existence
20		Aplastic Anaemia

Exclusions pertaining to Critical Illness Benefit under Policy Continuance Benefit on Diagnosis of Critical Illness and Senior Citizen Health Benefit are provided in Annexure IV in this Policy Document.

Combination of following Optional Benefits can be chosen together by the Policyholder under this Policy.

Combination of Optional Benefits		**Allowed / Not Allowed**
Optional Benefit 1	**Optional Benefit 2**	
Policy Continuance Benefit on Death	Policy Continuance Benefit on Diagnosis of Critical Illness	Allowed
Policy Continuance Benefit on Death	Family Income Benefit	Not Allowed
Policy Continuance Benefit on Death	Senior Citizen Health Benefit	Allowed
Policy Continuance Benefit on Diagnosis of Critical Illness	Family Income Benefit	Allowed
Policy Continuance Benefit on Diagnosis of Critical Illness	Senior Citizen Health Benefit	Not Allowed

Family Income Benefit	Senior Citizen Health Benefit	Allowed

4. Survival Benefit

Subject to the terms and conditions of this Policy and Policy remaining In Force and effect, the Guaranteed Income (GI) shall be payable by the Company to the Claimant subject to survival of the Life Assured during the Income Period. GI shall be calculated as a percentage of Annualized Premium. Following options are available to the Policyholder at the Date of Inception of the Policy with respect to GI:

Option to choose the year of commencement of GI	• During Premium Payment Term – 1st, 2nd, 5th Policy Year • After Premium Payment Term - 1st, 2nd, 4th, 6th Policy Year after the completion of Premium Payment Term
Option to choose the GI payout frequency	• Annual or Monthly
Option to choose Level or Increasing Guaranteed Income (GI)	• Under Level GI option, GI amount remains same throughout the Income Period. • Under Increasing GI option, GI amount increases during the Income Period as per the following sub-options: - Increases at a simple rate of 5% per annum during the Income Period - Increases at a simple rate of 15% once in every five years during the Income Period

Guaranteed Income shall be payable in arrears as per the chosen GI payout frequency.

Please note: In case of death of the Life Assured after the commencement of Guaranteed Income payouts and before Policy Maturity Date, the future installments of Guaranteed Income, if any, shall cease and Death Benefit shall be payable by Company, as mentioned in Clause 1 of Part C. Guaranteed Income paid, if any, after the date of death of the Life Assured shall be deducted from Death Benefit.

Accumulation of Guaranteed Income

Policyholder may choose an option to accumulate the applicable Guaranteed Income payouts during the Policy Term before they are paid out.

For choosing this option, Policyholder will have to submit a written request to Us at least 30 days before the date of Guaranteed Income payout during the Policy Term. Any change so effected, will be applicable for a minimum of 1 (one) Policy Year. Interest rate equal to the applicable reverse repo rate plus 0.50% rounded up to the nearest 25 basis points will apply on the Guaranteed Income so accumulated and this rate will be reviewed bi-annually. The applicable interest rate for a financial year will be based on the reverse repo rate applicable as on the respective 1st day of April and October of every financial year. Policyholder may withdraw the Guaranteed Income so accumulated in full or in part, any time during the Policy Term. Any accumulated Guaranteed Income, if not already withdrawn and is excluded from the calculation of Maturity Benefit or Death Benefit or Benefit payable on Surrender of the Policy, shall be payable in full as lumpsum upon termination of the Policy respectively due to maturity of the Policy or death of the Life Assured or Surrender of this Policy, whichever is earlier.

The basis of determination of interest rate on accumulation of Guaranteed Income can be changed subject to prior approval of Authority.

5. Maturity Benefit

No Maturity Benefit shall be payable under Income Benefit Variant.

6. Auto Pay Benefit

In case, Policyholder chooses Direct Debit as the mode of payment of Renewal Premium under his/her Policy, then for all the Renewal Premiums received by Us through Direct Debit mode, Auto Pay Benefit equivalent to 1 % (one percent) of the total of such Renewal Premiums will be paid to the Claimant at the end of Premium Payment Term or on earlier death of Life Assured.

7.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 VII in this Policy Document.

8. Other Options under the Policy

8.1 Guaranteed Income and Lumpsum rebalancing option during Policy Term:

At any time during the Policy Term, the Policyholder will have the option to convert the Guaranteed Income receivable in future during the Income Period partially or fully into lumpsum amount payable on Policy Maturity Date. The conversion factor will be derived according to the prevailing age of the Life Assured and applicable Income Period, using the pricing mortality assumption.
The conversion shall be effective from subsequent Policy anniversary.

The prevailing G-Sec interest rates as per the following table will be used for such conversion with an explicit loading of 1% of the converted amount.

Income Period	**Prevailing G-Sec rates**
Up to less than 5 years	Prevailing G-Sec rates of 5 year term
5 to 9 years	Prevailing G-Sec rates of 10 year term
10 to 14 years	Prevailing G-Sec rates of 15 year term
15 years and above	Prevailing G-Sec rates of 20 year term

Using the above-mentioned interest rates (which will be reviewed and updated on quarterly basis) and pricing mortality assumptions, the Guaranteed Income will be converted to the equivalent lumpsum Maturity Benefit. Finally, 99% of the equivalent Guaranteed Income will be payable as Maturity Benefit as lumpsum amount to the Policyholder on Policy Maturity Date.

8.2 Special Date Option

- The Guaranteed Income payable as Survival Benefit during the Policy Term, if any, shall be paid on Policy anniversaries by default during the Income period.
- However, this Policy provides an option to receive the Guaranteed Income on any date (called Special Date) other than the Policy anniversary.
- This option is available only if the Guaranteed Income payout frequency is annual.
- The first Guaranteed Income payout must be at least one year after Policy Commencement Date.
- Pro-rated Guaranteed Income shall be paid during the first and last year of Income Period in case the special date option is chosen.
- Once this option is chosen at Date of Inception of the Policy, the Guaranteed Income payout frequency or the Special Date cannot be changed later.

8.3 Change in Guaranteed Income payout frequency

Policyholder may choose to receive Guaranteed Income annually or monthly. Guaranteed Income shall be payable in arrears, as per the chosen Guaranteed Income payout frequency. For calculating monthly Guaranteed Income, a loading factor of 4% shall be applied on Guaranteed Income with annual payout frequency (as explained with an example given below).

Example:

Guaranteed Income with annual payout frequency	Rs. 1,00,000
Loading amount to calculate the equivalent monthly Guaranteed Income	(Annual Guaranteed Income*4%) Rs.1,00,000 *4% Rs. 4,000
Equivalent monthly Guaranteed Income	(Annual Guaranteed Income – loading amount)/12 (Rs.100,000 – Rs. 4,000) / 12 Rs. 8,000 per month

The payout frequency of the Guaranteed Income payable during Income Period needs to be chosen at the Date of Inception of the Policy and can be changed anytime later (except in case of Special Date Option) by submitting a request at least 30 days before the next anniversary, subject to terms and conditions of the Policy and shall be effective from the next anniversary. Once changed, request for next change in the Guaranteed Income payout frequency can be made only after completion of a year. By choosing monthly Guaranteed Income payout frequency, the Guaranteed Income payments will commence 11 months prior to the date of commencement of Annual Guaranteed Income.

8.4 Option to reduce the Premium

After payment of Premiums for first five completed Policy Years, but before the commencement of Guaranteed Income, if any, 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 outstanding Benefits under this Policy may be revised by applying a reduction factor subject to the minimum Death Benefit allowed under Digit Icon.

Revised Benefit amount will be calculated as given below:
Revised Benefit amount = (T/Premium Payment Term*B1) + ((Premium Payment Term - T)/Premium Payment Term*B2); where T is the completed number of Policy Years for which the original Premium has been paid, B1 is the original level of Benefits payable and B2 is the revised level of Benefits corresponding to the reduced Premium while taking the Premium size discount, if any, in consideration.

8.5 Premium offset:

The Policyholder can choose to offset future Premiums when due using all or part of the Survival Benefit/(s), if any. Residual Survival Benefit, if any, shall be paid out as and when due to the Claimant.

8.6 Premium under this Policy:

8.6.1 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.

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.

8.6.2 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.

8.7. Grace Period

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 Death Benefit for death during Grace Period, subject to the deduction of the Premiums due as well as balance Premiums for the Policy Year, if any under the Policy.

A Premium will be deemed to remain unpaid if the Premium amount has not been realized by Us. If any Premium remains unpaid after the expiry of the Grace Period, the Policy may lapse or become reduced paid-up, as described in Part D Clause 2 with effect from the due date of the first unpaid Premium. In that event, the Benefits under such Policy shall be payable in accordance with Part D Clause 2.

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. Non-Forfeiture options (applicable for Limited and Regular Pay Policies only):

Forfeiture: 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.

Non-Forfeiture: If at least one full year's Premiums have been paid and if any subsequent Premium which is due has not been paid by the end of Grace Period, the Policy will acquire reduced paid-up status and the Policyholder / Claimant will be eligible for Reduced Paid-up Benefit as explained in Section 2.1. and Surrender Value as explained in Section 2.2.

2.1. Reduced Paid-up Benefit

If at least one full year's Premiums have been paid and no further Premiums are paid by the end of Grace Period and the Policy is not surrendered, then the Policy will continue while acquiring the Reduced Paid-up status. Once the Policy acquires Reduced Paid-up status, Reduced Paid-up Benefits shall be payable as described below:

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

- Reduced Paid-up Factor * Sum Assured on Death;.
- 105% of Total Premiums Paid as on the date of death of Life Assured;
- Surrender Value as on date of death of Life Assured

Reduced Paid-up Inbuilt Additional Accidental Death Benefit = Reduced Paid-up Factor * Inbuilt Additional Accidental Death Benefit

Reduced Paid-up Survival Benefit

- **Reduced Paid-up Guaranteed Income** = Reduced Paid-up Factor * Guaranteed Income (payable as and when due)

Reduce Paid-up Auto Pay Benefit = Auto Pay Benefit applicable on the premiums paid through Direct Debit

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

Reduced Paid – Up Benefit in case of Policy Continuance Benefit on Death

Waiver of future Premiums under it shall not be available on Policy acquiring reduced paid-up status. Reduced Paid-up Death Benefit shall be payable which will be equal to Reduced Paid-up Factor * Sum Assured on Death.

Additionally, reduced paid-up Survival Benefit, as applicable, shall be payable as and when due as mentioned above under Reduced Paid-up Survival Benefit in this Clause 2.1 of Part D.

Reduced Paid – Up Benefit in case of Policy Continuance Benefit on Diagnosis of Critical Illness

On diagnosis of any of the covered Critical Illness, Reduced Paid-up Additional Critical Illness Benefit shall be payable in lumpsum and will be equal to Reduced Paid-up factor * Additional Critical Illness Benefit.
Waiver of Premium shall not be applicable in case of Reduced Paid-up Policies

Reduced Paid-up Survival Benefit, Reduced Paid-up Death Benefit, as applicable, shall be payable as and when due as mentioned above under corresponding Reduced Paid-up Benefits in this Clause 2.1 of Part D.

Reduced Paid-up Benefits under Senior Citizen Health Benefit

Reduced Paid-up Accelerated Critical Illness Benefit on diagnosis of Critical Illness = (Reduced Paid-up Factor * Accelerated Critical Illness Benefit)

+

All future Reduced Paid-up Guaranteed Income, if applicable, shall be increased by 5% and shall be payable as and when due.

In case of death of Life Assured during Policy Term, reduced Paid-up Death Benefit less accelerated Critical Illness Benefit already paid (if any) shall be payable.

Reduced Paid-up Benefit under Family Income Option upon death of Life Assured

Reduced Paid -up Death Benefit

+

50% of Reduced Paid-up Guaranteed Income, as applicable, shall be payable for outstanding Income Period as and when due or for 10 years, whichever is higher.

Please Note:

A reduced paid-up Policy may be surrendered any time by the Policyholder before Policy Maturity Date provided the Policy has not been terminated earlier.

Any excess payment made (total Survival Benefit paid minus total Reduced Paid-up Survival Benefit payable till the Policy acquiring Reduced Paid-up status) shall be adjusted against the future Benefits payable.

2.2. Surrender the Policy

Policy can be surrendered any time after completion of first Policy Year, provided at least one full year's Premiums have been paid. The Policy cannot be surrendered after the death of the Life Assured and can only be surrendered during the Policy Term. On receipt of request for Surrender of Policy, the Surrender Value prevailing on the date of such request shall be payable by Us. Upon payment of the Surrender 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.

In case, Policy Continuance Benefit on Death or Policy Continuance Benefit on diagnosis of Critical Illness or Family Income Benefit is chosen and triggered, Surrender will not be allowed.

In case, Senior Citizen Health Benefit is chosen and triggered, no additional Surrender Value with respect to the incremental Premiums paid towards this optional Benefit will be payable.

2.2.1. Surrender Value

The Surrender Value payable shall be higher of Guaranteed Surrender Value (GSV) or Special Surrender Value (SSV). Any excess Survival Benefit paid shall be adjusted against the Surrender Value payable.

Where, excess Survival Benefit shall be equal to:

- Total Survival Benefit paid during the Policy Term,
- Less Total Reduced Paid-up Survival Benefit payable during the period when full Survival Benefit was paid,
- Less any recovery made till the date of Surrender

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, less
- Sum total of Survival Benefits already paid till date of Surrender, if any

GSV Factors:

With Policy Term of 11 years and more

Policy Year of Surrender (in years)	GSV Factor
1	0%
2	30%
3	35%
4 to 7	50%
8 to (Policy Term-2)	MIN (90%, 50% + 50%*(1/(Policy Term – Policy Year + 1)))
(Policy Term – 1) and Last Policy Year	90%

With Policy Term of 5 to 10 years

Policy Year of Surrender (in years)	GSV Factor
1	0%
2	30%
3	35%
(Policy Term – 1) and Last Policy Year	90%
Remaining Policy Years, if any (from 4th year to (Policy Term – 2))	Graduating linearly from 50% until it reaches 90% in (Policy Term – 1)th Policy Year

Special Surrender Value (SSV):

The Special Surrender Value will be quoted only on receipt of a Surrender request. Before making a request for Surrender, You may approach Us to know about the Surrender Value in respect of your Policy.

Company may revise the Special Surrender Value (SSV) from time-to-time on account of change in prevailing market conditions. However, any change in the methodology/formula for calculating SSV shall be subject to approval from Authority.

3. Revival

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

3.1.1 This Policy has not been surrendered for cash;
3.1.2 No Death Benefit claim has arisen under this Policy;
3.1.3 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
3.1.4. 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.

A Reduced Paid-up Policy with the optional Benefits - Policy Continuance on Diagnosis of Critical Illness or Senior Citizen Health Benefit cannot be revived after admission of Critical Illness Benefit claim.

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

3.2. Notwithstanding anything to the contrary contained elsewhere in this Policy, the Company reserves the right to revive the lapsed / reduced paid-up 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 / reduced paid-up Policy. Subject to the provisions of Clauses D.3.1 above, the Revival shall come into effect on the date when the Company specifically communicates it in writing to the Policyholder.

3.3. If the Policy in Lapsed Status is not revived for full Benefits before the Policy Maturity Date but within five years from the due date for payment of the first unpaid Premium and if the Policy has not acquired Guaranteed Surrender Value, then the Policy will terminate and no Benefits shall be payable to the Claimant.

3.4. If the Policy in reduced paid-up status is not revived for full Benefits before the Policy Maturity Date but within five years from the due date for payment of the first unpaid Premium, the Policy under reduced paid-up status cannot be revived and will continue to be under reduced paid-up status for the remaining part of the Policy Term.

4. Loan:

This Policy shall be eligible for providing loan once it acquires Surrender Value and Policyholder may obtain a loan on the sole security of the Policy and on its proper assignment to the Company. The maximum loan amount that will be advanced at any one time or more than one time shall not exceed 80% of the available Surrender Value at that point of time and provided that the amount of the loan is not less than Rs.5,000. On availing the loan under this Policy, Policyholder will be required to pay the interest on such loan. The interest rate charged shall be determined by the Company from time to time. The interest on the loan will be compounded and applied annually on the Policy anniversary at the rates as prescribed by Us at the time of taking the loan.

The Policy loan interest rate is equal to 10 year G-Sec + 2.0%, rounded up to multiple of 25 bps. Current loan interest rate is 9.50%.

The loan interest rate will be reviewed on 31st March of every year and any change in loan interest rate will be applicable from the following 1st July to 30th June. Any change to the basis of determination of interest rate can be made only after prior approval of the Authority.
Any fresh loan within the permissible limits will be the difference between maximum permissible loan amount and any outstanding loans including accumulated interest, if any. All the Benefits payable under the Policy (including Surrender Value, Death Benefit, Maturity Benefit, Survival Benefit) shall be first adjusted against outstanding loan and interest accrued thereon, prior to being paid to Policyholder / Claimant. For clarity, it may be noted that any such

adjustment will be done firstly to repay the accrued loan interest and the balance if any, shall be adjusted toward the principal loan outstanding amount. The In-force Polices or fully paid up Polices shall not be foreclosed for non-payment of outstanding loan balance even if the outstanding loan balance together with interest exceeds the Surrender Value. In case of other than In-Force or in case of Reduced Paid-up Policies, if at any point of time, the outstanding loan along with outstanding accrued interest exceeds the Surrender Value payable under this Policy, the Policy shall terminate after providing advance notice of three months to the Policyholder to continue the Policy by repaying the outstanding loan with interest.

5. Payment of Benefits:

5.1. Payment of the Benefits under this Policy shall be subject to deduction of any unpaid Premium due for the Policy Year of death, deduction of any Indebtedness arising out of outstanding Policy loans, interest due on such loans etc.

5.2. Payment of all the Benefits as shown in the Policy Schedule shall be subject to receipt of proof by the Company to its satisfaction:

5.2.1. of the Benefits having become payable as set out in this Policy and as per the terms and conditions of this Policy ; and

5.2.2. of the title of the person or persons claiming the Benefits; and

5.2.3. of the correctness of the Age of the Life Assured as stated in the Proposal, if not previously admitted.

5.3. 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.

5.4. 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.

5.5. 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.

5.6 If the Policyholder and the Life Assured are different, then in the event of death of the Policyholder and upon subsequent intimation of the death with the Company: a. If the Life Assured is a minor: the Policy shall vest on the guardian of the minor Life Assured till he/she attains the age of majority. Upon attaining the age of majority, the ownership of the Policy shall be changed according to Clause 19 under Part F. ; b. If the Life Assured is major: the Policy shall vest on the Life Assured. Thereafter, the Life Assured shall become the Policyholder and will be entitled to all Benefits and subject to all liabilities as per the terms and conditions of the Policy. The Life Assured cum Policyholder can register due nomination as per Section 39 of the Insurance Act, 1938 as amended from time to time.

6. 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 (in case Policy Continuance Benefit on Death not chosen)
   iii) On payment of Maturity Benefit in accordance with terms and condition of Policy.
   iv) On lapsed Policy not being revived during the Revival Period;
   v) On the date of payment of Surrender Value
   vi) On the date of payment of dues as per suicide clause (as mentioned in Part F)
   vii) In case outstanding loan and interest accumulated on it exceeds the Surrender Value payable under the Policy as per the Clause 4 of this Part D.
   viii) 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.

7. 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, Surrender Value, Death Benefit or the Maturity 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) **Risk Factors:** This is a Non-Linked, Non-Participating individual Life Insurance Savings Product. Go Digit Life Insurance Limited is only the name of the Insurance Company and Digit Icon is only the name of the product and does not in any way indicate the quality of the product, its future prospects or returns.

13) **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.

14) **Policy Currency:** All Contributions/Premiums and Benefits payable shall be paid in Indian Rupees only.

15) **Death Benefit for minor life:** If Age of the Life Assured is greater than or equal to two years, the risk will commence immediately from the Policy Commencement Date. If the Age of Life Assured is less than two years, the risk will commence under the Policy (that is full Death Benefit will become payable on death of Life Assured) from the date

of Life Assured attaining age two years. If the Life Assured is less than two years old and if the Life Assured dies before attaining age two years, the Death Benefit shall be restricted to refund of Premiums without interest.

16) **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 Surrender Value available as on the date of death whichever is higher, provided the Policy is In Force.

17) **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 Critical Illness Benefit claim:

i) Duly completed Claim Form signed by Claimant.
ii) Medical Report(s)(Current and past) including Investigation test(s), treatment report(s) and indoor case papers
iii) Hospital Summary/Discharge Card
iv) Medical Practitioner's Certificate confirming the current health status (Details of diagnosed Illness/Treatment advise)
v) KYC document of Claimant

d) Additional Documents Specific to Critical Illness Benefit claim (In case of Non-Survival of Life Assured till end of Policy Term):

i) KYC document of Claimant and Life Assured
ii) Medical certificate confirming the cause of death (Form 4A)
iii) Attested copy of Death Certificate of the Life Assured issued by Indian Government Authority.
iv) Death Summary which confirms the treatment given prior to death and what all conditions led to death (in case of Hospitalization death)
v) In case of death at home – all the consultation and treatment record prior to death, medical certificate/Attending Physician statement confirming possible reason of death

e) For Maturity Benefit Claim

i) Original Policy Document
ii) Discharge Voucher
iii) KYC document of the Claimant
iv) Bank account details along with IFSC code (payment would be made vide NEFT only) if not provided earlier or in case there is a change in the bank details already provided.

For payment of Survival Benefit, requirements specified in (iii) & (iv) above need to be furnished.

Notwithstanding anything contained in Clause 17 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.

18) Claims Intimation

a) The claim can be notified with proof of claim to the Claims Department' at lifeclaims@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 – 9960126126/18002962626 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: 9960126126/18002962626
Email id: lifeclaims@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.

19) Policy on life of a minor

19.1. Vesting of the Policy: If the Policy is taken on the life of a minor, the Policy shall automatically vest in him / her on his/her attaining the age of majority, that is, attaining age 18 years.
On such vesting, the Company shall recognize the Life Assured to be the Policyholder under this Policy, who shall be then entitled to all the applicable Benefits and subject to all the liabilities as per the terms and conditions of this Policy. He/she can register the due nomination as per Section 39 of the Insurance Act 1938 as amended from time to time. The Life Assured on attaining age of majority will be required to provide all the requisite information (including his / her address, contact details, bank account details, etc.) and other documents as specified by Us to enable Us to pay the Benefits, as applicable, under this Policy.

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 from Your registered email address.
c) Call 9960126126/18002962626 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.**

Address:
The Chief Grievance Redressal Officer
Go Digit Life Insurance Limited.
Atlantis,95,4th 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
Website: https://bimabharosa.irdai.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. Please 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 i. to viii.

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
AHMEDABAD Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02 Email: oio.ahmedabad@cioins.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
BENGALURU Office of the Insurance Ombudsman, Jeevan Soudha Building,PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: oio.bengaluru@cioins.co.in	Karnataka
BHOPAL Office of the Insurance Ombudsman, 1st Floor, "Jeevan Shikha" 60-B, Hoshangabad Road, Opp Gayatri Mandir, Arera Hills, Bhopal -462 011. Tel.:- 0755-2769201/2769202/2769203 Email: oio.bhopal@cioins.co.in	Madhya Pradesh, Chattisgarh.

BHUBANESWAR Office of the Insurance Ombudsman, 62, Forest Park, Bhubaneswar-751009. Tel.:- 0674-2596461/2596455/2596429/2596003 Email: oio.bhubaneswar@cioins.co.in	Odisha.
CHANDIGARH Office of the Insurance Ombudsman, Jeevan Deep Building, SCO, 20-27 Ground Floor, Sector- 17A, Chandigarh-160 017. Tel.:- 0172-2706468 Email: oio.chandigarh@cioins.co.in	Punjab, Haryana (excluding Gurugram, Faridabad, Sonepat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh.
CHENNAI Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, Chennai-600 018. Tel.:- 044-24333668 /24333678 Email: oio.chennai@cioins.co.in	Tamil Nadu - Puducherry Town and Karaikal (which are part of Puducherry).
NEW DELHI Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi-110 002. Tel.:- 011- 46013992/23213504/23232481 Email: oio.delhi@cioins.co.in	Delhi and following districts of Haryana - Gurugram, Faridabad, Sonepat & Bahadurgarh.
GUWAHATI 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: oio.guwahati@cioins.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
HYDERABAD Office of the Insurance Ombudsman, 6-2-46, 1st Floor, "Moin Court", Lane Opp. Hyundai Showroom A.C. Guards, Lakdi-Ka-Pool, Hyderabad-500 004. Tel : 040-23312122/23376991/23376599/23328709/23325325 Email: oio.hyderabad@cioins.co.in	Andhra Pradesh, Telangana, Yanam and part of the Union Territory of Puducherry.
JAIPUR Office of the Insurance Ombudsman, Jeevan Nidhi II Bldg, Ground Floor, Bhawani Singh Marg, Jaipur – 302005 Tel : 0141-2740363 Email: oio.jaipur@cioins.co.in	Rajasthan
KOCHI Office of the Insurance Ombudsman,	Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.

10th Floor, Jeevan Prakash, LIC Building, Opp to Maharaja's College Ground, M.G. Road, Kochi - 682 011. Tel.: 0484 - 2358759 Email: oio.ernakulam@cioins.co.in	
KOLKATA Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 7th Floor, 4, C.R. Avenue, Kolkata - 700 072. Tel : 033-22124339/22124341 Email:- oio.kolkata@cioins.co.in	West Bengal, Sikkim, Andaman and Nicobar Islands.
LUCKNOW Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow-226 001. Tel : 0522 - 4002082/ 3500613 Email: oio.lucknow@cioins.co.in	Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, Fatehpur, Pratapgarh, Jaunpur,Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
MUMBAI 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: oio.mumbai@cioins.co.in	**List of wards** 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 excluding areas of Navi Mumbai.
NOIDA Office of the Insurance Ombudsman, Bhagwan Sahai Palace, 4th Floor, Main Road, Naya Bans, Sector15, Gautam Buddh Nagar, U.P.-201301 Tel.: 0120-4027589 Email:- oio.noida@cioins.co.in	State of Uttarakhand and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kannauj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozabad, Gautam Buddh Nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur
PATNA Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna - 800 001. Tel.: 0612 – 2547068 Email:- oio.patna@cioins.co.in	Bihar Jharkhand
PUNE Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth,	State of Goa and State of Maharashtra excluding areas of Navi Mumbai, Thane district, Palghar District, Raigad District and Mumbai Metropolitan Region

Pune – 411 030. Tel.: 020-24471175 Email: oio.pune@cioins.co.in	
THANE **Office of the Insurance Ombudsman,** Jeevan Chintamani Building, 2nd Floor,Near RTO Office, Louis Wadi, Vasantrao Naik Mahamarg, Thane (West)- 400604 Tel: 022-20812868/69 Email: oio.thane@cioins.co.in	Area of Navi Mumbai, Thane District, Raigad District, Palghar District and **wards of Mumbai**, 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

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Digit Icon - UIN: 165N011V05 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: 9960126126/18002962626; Website:www.godigit.com/life Email: 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 insured. 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 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 Critical Illness (CI) Benefit

The Critical illness or covered surgical procedure should have been diagnosed for the first time in life.
Claim for Critical Illness Benefit will be accepted subject to Survival period of 30 days and Waiting period of 90 days.
Once a claim has been paid under Critical Illness and / or Surgical Procedure, coverage under Critical Illness Benefit shall cease and no further payment will be made for any consequent disease or any dependent disease.

Notwithstanding anything to the contrary stated herein and in addition to the foregoing exclusions, no Critical Illness Benefit will be payable if the any of the covered Critical illnesses under the Policy is caused or aggravated directly or indirectly, voluntarily or involuntarily, due to one of the following:

1. Congenital Condition: Any external congenital condition or related illness is not covered. In case any Internal congenital condition or related illness is known and was/is being treated, is disclosed at proposal stage and accepted, claims will be processed as per policy terms and conditions.

2. Any covered condition or its signs or symptoms having occurred and /or was diagnosed, and/or received medical advice/treatment within the Waiting Period.

3. Drug Abuse: 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.

4. Pre-Existing Diseases are not covered. Any pre-existing disease at the time of Date of Inception of the Policy. Pre-existing Disease means any condition, ailment, Injury or disease:
   - that is/are diagnosed by a physician within 48 months prior to the effective date of the Policy issued by Company or
   - for which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the Policy or its Revival.

5. Any investigation or treatment for any Illness, disorder, complication or ailment arising out of or connected with the pre-existing Illness shall be considered part of that pre-existing illness.

6. No benefits will be payable for any condition(s) which is a direct or indirect result of any pre-existing conditions unless Life Assured has disclosed the same at the time of proposal or date of Revival whichever is later and the Company has accepted the same.

7. Self-inflicted Injury: Intentional self-inflicted injury by the Insured.
8. Suicide: If the Critical Illness was contracted due to attempted suicide.
9. Criminal Acts: Life Assured's involvement in criminal activities with criminal intent.
10. War, invasion, act of foreign enemy, hostilities, war like operations (whether war be declared or not), civil war, mutiny, rebellion, revolution, insurrection, military or usurped power, riot or civil commotion, willful participation in strikes / acts of violence.
11. Nuclear Contamination: Exposure to radioactive, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature.
12.Biological, chemical or radioactive contamination.
13. Aviation: Participation by the Life Assured in any flying activity, except as a bona fide fare-paying passenger of a recognized airline on regular routes and on a scheduled timetable. However Pilots, Cabin crew, aeronautical staff members in a licensed passenger carrying commercial aircraft operating on a regular scheduled route will be covered under this product as per Board Approved Underwriting Policy.
14. Hazardous sports and pastimes: Engaging in or taking part in professional sport(s) or any hazardous pursuits, including but not limited to underwater activities involving the use of breathing apparatus or not; martial arts; hunting; mountaineering; parachuting; bungee-jumping, horse racing or any kind of race.

15. 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
16. Any treatment of the donor for the replacement of an organ.
17. Diagnosis and treatment outside India.
18. Unreasonable failure to seek or follow medical advice or treatment by a medical practitioner leading to occurrence of the insured event or Life Assured delaying medical treatment in order to circumvent the waiting period or other conditions and restrictions applying to this policy.

Annexure V

Exclusions to Inbuilt Additional Accidental Death Benefit (ADB)

Inbuilt 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 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, 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. War, invasion, act of foreign enemy, hostilities, war like operations (whether war be declared or not), civil war, mutiny, rebellion, revolution, insurrection, military or usurped power, riot or civil commotion, willful participation in strikes / acts of violence.

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 by the Life Assured in any flying activity, except as a bona fide fare-paying passenger of a recognized airline on regular routes and on a scheduled timetable. However, Pilots, Cabin crew, aeronautical staff members in a licensed passenger carrying commercial aircraft operating on a regular scheduled route will be covered under this product as per Board Approved Underwriting Policy.

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. Participation by the Life Assured in a criminal or unlawful act with criminal intent.

11. Engaging in or taking part in professional sport(s) or any hazardous pursuits, including but not limited to underwater activities involving the use of breathing apparatus or not; martial arts; hunting; mountaineering; parachuting; bungee-jumping, horse racing, diving or riding or any kind of race.

12. Nuclear 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. Biological, chemical or radioactive contamination.

Annexure VI

Default Death Benefit (DB) Multiple							
Entry Age	**DB Multiple**	**Entry Age**	**DB Multiple**	**Entry Age**	**DB Multiple**	**Entry Age**	**DB Multiple**
0 to 5	15.0	19	13.6	33	12.2	47	10.8
6	14.9	20	13.5	34	12.1	48	10.7
7	14.8	21	13.4	35	12.0	49	10.6
8	14.7	22	13.3	36	11.9	50	10.5
9	14.6	23	13.2	37	11.8	51	10.5
10	14.5	24	13.1	38	11.7	52	10.4
11	14.4	25	13.0	39	11.6	53	10.4
12	14.3	26	12.9	40	11.5	54	10.3
13	14.2	27	12.8	41	11.4	55	10.3
14	14.1	28	12.7	42	11.3	56	10.2
15	14.0	29	12.6	43	11.2	57	10.2
16	13.9	30	12.5	44	11.1	58	10.1
17	13.8	31	12.4	45	11.0	59	10.1
18	13.7	32	12.3	46	10.9	60 to 65	10.0

Annexure VII

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), orDigital 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.