TATA AIG LIFE INSURANCE COMPANY LIMITED

(Regn. No. 110)

(Herein called the Company)

Unit No: 302, Building No: 4, Infinity IT Park, Film City Road, Dindoshi, Malad (East), Mumbai – 400097
Tel: +91 22 6760 8000, Fax: +91 22 60708001
Email: CreditIndia@Tata-AIG.com

In consideration of the application for this Policy, and the payment in advance of the premium computed and payable as provided hereinafter, by

<NAME OF THE POLICYHOLDER>

(Herein called the Policyholder)

HEREBY AGREES, in accordance with and subject to the provisions of this Policy, to pay the benefits as provided by this Policy to the person or persons entitled thereto.

The provisions and conditions on the subsequent pages hereof form a part of this Policy as fully as if recited at length over the signatures hereto affixed.

IN WITNESS WHEREOF, TATA AIG LIFE INSURANCE COMPANY LIMITED has caused this Policy to be executed at the Issuing Office as of its Date of Issue to take effect on the Policy Effective Date.

FOR AND ON BEHALF OF TATA AIG LIFE INSURANCE COMPANY LIMITED

____

Tata AIG Life Group Health Plus Policy No.: DGHPXXXXXX
UIN: 110N056V01

- PROVISIONS -

PART I - DEFINITIONS . . . 3

PART II – ELIGIBILITY, PARTICIPATION AND TERMINATION . . . 4
- Section A – Eligibility . . . 4
- Section B - Participation . . . 4
- Section C - Termination of the Cover . . . 5

PART III - BENEFIT PROVISIONS . . . 5
- Section A – Critical Illness Benefit . . . 5
- Section B – General Exclusions . . . 5
- Section C - Notice of Claim . . . 6
- Section D - Filing Proof of Claim . . . 6
- Section E - Examination . . . 6
- Section F - Payment of Benefits . . . 6

PART IV - GENERAL PROVISIONS . . . 6
- Section A - Premium Payments . . . 6
- Section B - Premium Rate . . . 6
- Section C - The Contract . . . 7
- Section D - Termination & Reinstatement . . . 7
- Section E - Data Required . . . 7
- Section F - Misstatement . . . 8
- Section G - Enrolment Forms . . . 8
- Section H - Applicable Law . . . 8
- Section I - Policy Non-Participating . . . 8
- Section J - Currency and Place of Payment . . . 8
- Section K – Free-look Period . . . 8
- Section L – Incontestability . . . 8

SCHEDULE OF CRITICAL ILLNESSES . . . 9

CONSUMER INFORMATION . . . 11

GRIEVANCE MECHANISM . . . 11

GOVERNING BODY OF INSURANCE COUNCIL . . . 12

POLICY SCHEDULE . . . 14

Annexure I – PREMIUM RATE (MALE LIFE) . . . 15
Annexure I – PREMIUM RATE (FEMALE LIFE) . . . 16

Annexure II - CLAIM PROCEDURE . . . 17

PART I - DEFINITIONS

In this Policy, where consistent with the contents, the singular shall include the plural and the plural the singular; words importing the masculine gender shall include the feminine gender; and each of the following words and expressions shall have the following meanings:

1. **"Company"** shall mean the Tata AIG Life Insurance Company Limited.

2. **"Policy"** shall mean this agreement, any supplementary contracts or endorsements therein, whenever executed, any amendments thereto signed by the Company, , the application attached hereto of the Policyholder, the Policy Schedule, the member enrolment forms of the Insured Members and the Certificate of Insurances issued hereunder together constitute the entire contract between the parties

3. "**Certificate of Insurance"** means the certificate the Company issues to an Insured Member to confirm his coverage under the Policy. Coverage in respect of an Insured Member shall commence from the Effective Date of Coverage mentioned therein.

4. **"Policy Effective Date"** shall mean the date from which the coverage under this Policy becomes effective, as specified in the Policy Schedule attached hereto.

5. **"Members"** shall mean the persons so defined in the Policy Schedule attached hereto.

6. **"Eligible Members"** shall mean those members who satisfy and continue to satisfy the eligibility criteria specified in Part II, Section A of this Policy, and are eligible to participate in the insurance plan under this Policy.

7. **"Insured Members"** shall mean those members who are and continue to be Eligible Members and who in accordance with the provisions of Part II Section B of this Policy, are participating in the insurance plan under this Policy.

8. **"Effective Date of Coverage"** shall mean the commencement date of the insurance coverage in respect of each Insured Member under this Policy, as specified in his Certificate of Insurance.

9. "**Sum Insured"** shall mean the amount of benefit payable on the occurrence of an insured event in accordance with Part III Section A of this Policy and as specified in Certificate of Insurance of the Insured Member.

10. **"Critical Illness"** shall mean an illness suffered by an Insured Member, the signs or symptoms of which first commence more than one eighty (180) days following the Issue date or Commencement date of the coverage, whichever is latest and shall include the First Diagnosis of any of the illnesses or the first performance of any of the covered surgeries described in the schedule of critical illnesses given in the Policy.

11. **"First Diagnosis"** shall mean the medical diagnosis of a Critical Illness as per the defined criteria in an Insured Member for the first time after the Inception of the cover by a "Physician" or "Registered Medical Practitioner".

12. **"Physician"** or **"Registered Medical Practitioner"** means only a person holding a degree of bachelor of medicine and bachelor of surgery (MBBS) or equivalent degrees and is registered and legally authorized by the Medical Council of India or the relevant authority in the geographical area of his practice to render medical or surgical services; but excluding a Physician or Registered Medical Practitioner who is the Insured himself or an agent of the Insured, an insurance agent, business partner(s) or employer/employee of the Insured or a member of the Insured 's immediate family.

13. **“Activities of Daily Living”** for the purpose of this Policy, shall mean each of the following:
    a. Transfer: Getting in and out of a chair without requiring physical assistance.
    b. Mobility: The ability to move from room to room without requiring any physical assistance.
    c. Continence: The ability to voluntarily control bladder and bowel functions so as to be able to maintain personal hygiene.
    d. Dressing: Putting on and taking off all necessary items of clothing without requiring the assistance of another person.
    e. Bathing / Washing: Ability to wash in the bath or shower (including getting in or out of the bath or shower), or wash by any other means.
    f. Eating: All tasks of getting food into the body once it has been prepared.

14. **“Medically Necessary”** means health services, procedures or materials that are determined by the Company to be:
    a. Necessary to investigate or treat current symptoms, signs, injuries or medical conditions;
    b. Not of a preventive or cosmetic or screening nature;
    c. Consistent with current standards of professional medical care and of proven medical benefits;
    d. Approved by all relevant regulatory authorities in India for that purpose;
    e. Unable to be reasonably rendered out of hospital (if admitted as an In- patient).

PART II – ELIGIBILITY, PARTICIPATION AND TERMINATION

Section A – Eligibility

Each Member of the Policyholder shall be eligible to apply for insurance coverage under this Policy subject to fulfilment of the following conditions:

1. The Member is a natural person
2. He has attained age 18 years but is not over age 55 years at his last birthday.
3. The proposed term of insurance coverage at his Effective Date of Coverage shall not be less than 3 years or more than 5 years
4. The initial Sum Insured at the Effective Date of Coverage shall not be less than Rs 25,000 or more than Rs. 500,000 (in multiples of Rs 25,000)

Section B - Participation

1. Each Eligible Member may apply through the Policyholder to participate in this Policy by completing the member enrollment form including the Health Questionnaire available with the Policyholder and submitting satisfactory evidence of insurability to the Company. The Policyholder shall forward the member enrollment forms to the Company for underwriting the risk.
2. The Company shall issue to the Policyholder, for delivery to each Insured Member accepted for coverage under this policy, a Certificate of Insurance certifying that the person so named therein has become an Insured Member under the Policy and coverage shall commence in respect of such Insured Member from the Effective Date of Coverage. The Certificate of Insurance shall only be issued if the member satisfies the underwriting criteria laid down by the Company.
3. Insured Members whose participation has been terminated and who re-apply for participation shall be considered as new Eligible Members. The Company reserves the right to request and review evidence of insurability for any Eligible Member electing to re-apply for the cover. The extent and terms of the cover will be determined by the Company, based on the evidences provided.
4. A minimum of 50 insured members are required to avail this group insurance policy. The membership can be compulsory or voluntary in nature. In case of voluntary membership minimum 10% of participation or 100 insured members, whichever is lower will be ensured within two years following the

inception of the scheme. In case of compulsory schemes the membership is compulsory for all new members

Section C - Termination of the Cover

The insurance coverage hereunder of any Insured Member shall automatically cease on the earliest of the following dates:

1. The date of the expiration of the coverage term for which the premium payment is made on account of the Insured Member's insurance, as specified in his Certificate of Insurance.

2. The date on which the Insured Member attains age of 60 years.

3. The date on which the Critical Illness Benefit has been paid by the Company.

4. Death of the Insured Member, before the expiration of the coverage term for which the premium payment is made on account of the Insured Member's insurance as specified in his Certificate of Insurance.

5. The date communicated to the Policyholder by the Company as the date the Policy ceases to operate in a geographical area on account of war or an act of war, such date being determined at the discretion of the Company. The Policy may at the discretion of the Company, continue to be valid in those geographical areas which are as determined by the Company, unaffected by war or act of war."

6. Coverage of the Insured Member shall continue even after he ceases to be a member of the group for the duration for which premium has been received on account of his coverage.

PART III - BENEFIT PROVISIONS

Section A – Critical Illness Benefit

1. If the Insured Member survives for a period of at least thirty (30) days following the First Diagnosis of a Critical Illness or the first performance of any of the surgeries described in the schedule of Critical Illnesses, the Company shall pay the Sum Insured to the Insured Member.

2. If the Company becomes liable to make a payment for a Critical Illness, the coverage of the Insured Member under this Policy will cease and no further benefits would be payable, and for avoidance of doubt, the Company will not be liable in any event to make more than one payment of the Sum Insured under this Section in respect of an Insured Member.

Section B – General Exclusions

No benefit shall be payable under this Policy for any event caused directly or indirectly, wholly or partly, by or in any way resulting from or attributable to any one of the following :-

1. Where, in the Company's opinion the Insured Member was diagnosed of Acquired Immunodeficiency Syndrome (AIDS) or infection by any Human Immunodeficiency Virus (HIV). For the purpose of this Policy;
    a. The definition of AIDS shall be that used by the World Health Organization in 1987, or any subsequent revision by the World Health Organization of that definition.
    b. Infection shall be deemed to have occurred where blood or other relevant tests indicate in the opinion of the Company either the presence of any Human Immunodeficiency Virus or Anti bodies to such a Virus.

2. Any illness other than the occurrence of Critical Illness as defined herein.

3. Any Critical Illness the signs or symptoms of which first occurred prior to one eighty (180) days following the later of the Issue Date or Commencement Date of the coverage

4. Any congenital defect or abnormalities that has manifested or was diagnosed before the Insured Member attained 17 years of age;

5. Self-destruction or attempted self-destruction or self-inflicted injuries while sane or insane.

6. Performance of any procedure or surgery specified in the Schedule of Critical Illnesses which is not Medically Necessary, or which is not performed by a Registered Medical Practitioner.

Section C - Notice of Claim

As a condition precedent to the Company's liability to make any payment under Part III Section A, all claims must be notified in writing to the Company not later than fifteen (15) days after the First Diagnosis of the Critical Illness.

Section D - Filing Proof of Claim

Affirmative proof of loss and any appropriate forms as required by the Company as specified in the Policy Schedule must be completed and furnished, at the claimant's expenses, within ninety (90) days of the First Diagnosis of a Critical Illness, unless specified otherwise. The Company reserves the right to require any additional proof and documents in support of the claim.

Section E - Examination

The Company shall have the right and opportunity to examine the Insured Member when and so often as it may reasonably require whilst any claim is pending hereunder, and also the right and opportunity to call for an autopsy in case of death.

Section F - Payment of Benefits

1. Payment of all benefits under this Policy shall be made to the Insured Memberin accordance with the terms of the Policy.

2. Payment of any sum made by the Company to any Insured Member as provided by this Section shall be a good discharge to the Company in respect to the respective claim and shall release the Company from and in respect to that claim and demands whatsoever in respect thereto.

PART IV - GENERAL PROVISIONS

Section A - Premium Payments

A single premium is payable in respect of each Insured Member before the Effective Date of Coverage, to the Company at either the issuing office or at its head office, based on the premium rates as determined by the Company and specified in the Policy Schedule, as the same may be amended by the Company from time to time.

Section B - Premium Rate

1. The Company shall have the right to change the premium rates during the term of the policy to reflect the changes in the characteristics of the group such as nature of group, group size,

occupation, participation level etc. such that the risks being insured under the Policy have undergone change, by sending thirty-one (31) days' written notice to the Policyholder.

2. Such Premium rate changes, if any, shall be made effective only in respect of new Insured Members who participate after the effective date of such change.

Section C - The Contract

1. All statements relating to material facts made by the Policyholder, or by the Insured Members, shall, in the absence of fraud, be deemed representations and not warranties.

2. The rights of the Policyholder or of any Insured Member under the Policy shall not be affected by any provision other than those contained in this Policy.

3. No person except the person designated by the Company is authorized to waive, alter or amend this Policy or to extend the due date of any Premium, to amend these terms, conditions and exclusions or to waive any notice or proof of claim required by this Policy, or to extend the date before which any such notice or proof must be submitted. No change in this Policy shall be valid unless approved by the Company and evidenced by the endorsement hereon, or by amendment hereto signed by the Company.

Section D - Termination & Reinstatement

1. This Policy may be terminated by either the Policyholder or by the Company by providing ninety (90) days' prior written notice of termination to the other party before the date of which such termination shall become effective.
2. In the event of such termination coverage of the insured member shall continue for the duration for which premium payment is made on account of his coverage. Such Termination shall not affect any claims originating prior to or after the effective date of such termination.

Section E - Data Required

1. The Policyholder shall maintain a record with respect to each Insured Member under this Policy, showing the Insured Member's name, sex, age or date of birth, Sum Insured, the Effective Date of Coverage, the date insurance terminates or terminated, changes, with dates noted, of classification, and other pertinent information as may be necessary to carry out the terms of this Policy.

2. Clerical error in keeping the records shall not invalidate the Policy or the insurance coverage of an Insured Member otherwise validly in force nor continue a Policy or the insurance coverage of an Insured Member otherwise validly terminated, but upon the discovery of such error, it shall be rectified at the earliest.

3. The Policyholder shall furnish the Company with all information and proof which the Company may reasonably require with regard to any matters pertaining to the Policy. All documents furnished to the Policyholder by any Insured Member in connection with the Policy, and other records as may have a bearing on the insurance under this Policy, shall be open for inspection by the Company at all reasonable times.

4. Any personal information collected or held by the Company with respect to each Insured Member under this Policy may be held, used and disclosed by the Company to individuals or organizations associated with the Company with regard to matters pertaining to the Insured Member's coverage.

5. It shall be the responsibility of the Policyholder to ensure that the personal information provided to the Company is accurate. The Policyholder shall indemnify and keep indemnified the Company against any and all losses, costs, expenses, actions, proceedings suffered by the Company as a result of the Policyholder's failure to carry out the aforesaid.

Section F - Misstatement

1. The Certificate of Insurance is issued at the age and sex shown on the Certificate of Insurance which is the Insured Member's declared age at last birthday and declared sex in the member enrollment form. If the age and/or sex is misstated and higher premium should have been charged, the benefit payable under this Policy will be what the premiums paid would have purchased at the correct age/sex of the Insured Member. If the Member's age/sex is misstated and lower premium should have been charged, the Company will refund any excess premiums paid without interest. If at the correct age/sex the Insured Member is not insurable under this Policy pursuant to the Company's underwriting rules, the Policy shall be void and the Company will refund the premiums paid without interest after deducting all expenses, payments made under the Policy provided that subject to Section 45 where there is fraud on the part of the Policyholder or any of the Insured Members, any premiums paid are not refundable..

Section G - Enrolment Forms

Unless otherwise specified in the Policy Schedule, the Policyholder shall furnish member enrolment forms for each Insured Member. The format of the enrolment form will be provided by the Company. The Policyholder shall retain a copy of the enrolment forms for records.

Section H - Applicable Law

This Policy, and all rights, obligations and liabilities arising hereunder, shall be construed and determined and shall be enforced in accordance with the laws of India.

Section I - Policy Non-Participating

This Policy shall not participate in any surplus distribution by the Company.

Section J - Currency and Place of Payment

All amounts payable either to or by the Company will be paid in the currency shown on the Policy Schedule. Such amounts will be paid by a negotiable bank draft or cheques drawn on a bank in the country in which the currency of the Policy is denominated. All amounts from the Company will be payable at the issuing office shown on the Policy Schedule.

Section K – Free-look Period

Insured member may cancel the insurance cover by making a written request to the company within 15 (fifteen) days from the receipt of the certificate of insurance. In such case premium paid in respect of his coverage less government duty/levy and expenses which may have been incurred for assessing the risk of the Insured Member shall be refunded.

Section L – Incontestability

Provisions of Section 45 of the Insurance Act, 1938 shall be applicable.

SCHEDULE OF CRITICAL ILLNESSES

1. Cancer:

The first occurrence of a histologically confirmed invasive malignant tumour exhibiting invasion of adjacent tissues including leukemia, but excluding the following:

a. Tumors treated by endoscopic procedures alone;
b. Chronic lymphocytic leukaemia of less than RAI stage 3;
c. Tumors classified as carcinoma in situ, prostate tumors classified as T1 (TNM classification system);
d. $T_1N_0M_0$ (TNM Classification System) papillary carcinoma of the thyroid less than 1 cm in diameter;
e. Malignant melanomas other than those greater than 1.5 mm in depth;
f. Other skin cancers;
g. Tumours that are a recurrence or metastasis of a tumour that first occurred prior to one eighty (180) days following the later of the Issue Date or the Commencement Date of the coverage
h. Kaposi's Sarcoma, other tumors associated with HIV infection; and
i. Tumors that pose no threat to life and for which no treatment is required.

2. Stroke

The first occurrence of an acute neurological event caused by a cerebral or intracranial haemorrhage, cerebral embolism or cerebral thrombosis where the following conditions are met:

a. There is an acute onset of objective and ongoing neurological signs that results in the permanent inability to perform independently at least two of the "Activities of Daily Living"; and
b. Findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques, demonstrate a lesion consistent with the acute haemorrhage, embolism or thrombosis.

Brain damage due to an accident, infection, vasculitis or an inflammatory disease are excluded.

3. Heart Attack

The first occurrence of an acute myocardial infarction where the following conditions are met:

a. A history of typical chest pain,
b. The occurrence of typical new acute infarction changes on the electrocardiograph progressing to the development of new pathological Q waves; and
c. Elevation of Cardiac Troponin (T or I) to at least 3 times the upper limit of the normal reference range or an elevation in CK MB to at least 200% of the upper limit of the normal reference range.

4. Coronary Bypass Surgery

The actual undergoing for the first time of open chest coronary artery bypass grafting surgery to one or more coronary arteries due to disease of those arteries. Angioplasty, stent insertion, laser or other intra-arterial procedures are excluded.

5. Chronic Renal Failure

Chronic irreversible failure of both kidneys requiring either permanent renal dialysis or kidney transplantation;

6. Major Organ Transplant

The receipt, of a transplant of:

a. Human bone marrow using haematopoietic stem cells preceded by total bone marrow ablation, or
b. One of the following whole human organs: heart, lung, liver, kidney or pancreas, as a result of irreversible end stage failure of the relevant organ.

Other stem cell transplants and transplants of part of an organ are excluded.

7. Aorta Surgery

The actual undergoing of Medically Necessary surgery for a disease of the aorta needing excision and surgical replacement of the diseased aorta with a graft. For the purpose of this definition aorta shall mean the thoracic and abdominal aorta but not its branches.

8. Benign Brain Tumor

A benign intracranial tumour where the following conditions are met:

a. The tumour is life threatening;
b. It has caused damage to the brain; and
c. It has undergone surgical removal or, if inoperable, has caused a permanent neurological deficit.

The following are excluded: cysts, granulomas, vascular malformations, haematomas, tumors of the pituitary gland or spine, tumors of the acoustic nerve.

9. Heart Valve Surgery

The undergoing of Medically Necessary open-heart surgery to replace or repair a heart valve as a consequence of a heart valve defect. Balloon or catheter techniques are excluded.

10. Paralysis

The total and permanent loss of the use of both arms, or both legs, or one arm and one leg, due to spinal cord injury or disease, except where such injury is self-inflicted.

11. Parkinson's Disease

The occurrence of Parkinson's Disease where there is an associated neurological deficit that results in the permanent inability to perform independently at least two of the "Activities of Daily Living".

12. Total Blindness

The total and permanent loss of sight in both eyes. Blindness that can be corrected by medical or surgical procedure is excluded.

CONSUMER INFORMATION

INSURANCE ACT 1938, Section 45:
No policy of life insurance effected before the commencement of this Act shall after expiry of two years from the date of commencement of this Act and no policy of life insurance effected after the coming into force of this Act, shall after the expiry of two years from the date on which it was effected, be called in question by an insurer on the ground that a statement made in the proposal for insurance or in any report of a medical officer, or referee, or friend of the insured, or in any other document leading to the issue of the policy, was inaccurate or false, unless the insurer shows that such statement was on a material matter or suppressed facts which it was material to disclose and that it was fraudulently made by the policyholder and that the policyholder knew at the time of making it that the statement was false or that it suppressed facts, which it was material to disclose. Provided that nothing in this section shall prevent the insurer from calling 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 that the age of the life insured was incorrectly stated in the proposal.

INSURANCE ACT 1938 Section 41 - Prohibition of Rebates:
No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer.
ANY PERSON MAKING DEFAULT IN COMPLYING WITH THE PROVISIONS OF THIS SECTION SHALL BE PUNISHABLE WITH FINE WHICH MAY EXTEND TO FIVE HUNDRED RUPEES

POLICYHOLDER'S SERVICING
With regard to any query or issue related to the Policy, the Policyholder can contact the Company through the Company toll free number which is 1-800-11-9966. In case of a change in the toll free number the same will be communicated to the Policyholder. The Policyholder shall from time to time whenever he deems it fit and necessary for availing of better facilities from the Company may provide written authorization of the name of the persons to be contacted for enquiries if any or any change of address under the Policy.

GRIEVANCE MECHANISM

In case you have any complaint / grievance, you may approach our office at any of the following address or e-mail us at customercare@tata-aig.com:

Head of Customer Services – West Zone
4th Floor, Simran Centre, 30-H, Parsi Panchayat Road, Andheri (E), Mumbai – 400069, Ph: 022 – 67060300

Head of Customer Services – North Zone
8th floor, Lotus Towers, New Friends Colony, New Delhi – 110092, Ph: 011 – 66565000

Head of Customer Services – East Zone Tata AIG Life Insurance Co. Ltd., Chowringhee Court, 55 Chowringhee Road, 5th Floor, Kolkata – 700071, Ph: 033 – 22825155

Head of Customer Services – South Zone
Tata AIG Life Insurance Company Ltd, Rathnam Complex, 3rd Floor, 10/5, Kasturba Road, Bangalore – 560001, Ph: 080-66938999

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

Head – Customer Services,
Unit No. 302, Building No. 4, Infinity IT Park, Film City Road, Dindoshi, Malad (East), Mumbai – 400 097
E-mail: life.complaints@tata-aig.com
Tel: +91-22 6760 8000
Toll free number: 1-800-119966
Fax number: +91-22 6760 8180

Ombudsman:
In case you are not satisfied with the decision/resolution of the Company's, you may represent the case to the Ombudsman for redressal of the grievance, if the grievance pertains to:

- Insurance claim that has been rejected or dispute of a claim on legal construction of the policy
- Delay in settlement of claim
- Dispute with regard to premium
- Non-receipt of your insurance document

The list of Ombudsman addresses is given below;
The complaint should be made in writing duly signed by the complainant or by his legal heirs with full details of the complaint and the contact information of complainant.

As per provision 13(3) of the Redressal of Public Grievances Rules 1998, the complaint to the Ombudsman can be made

- Only if the grievance has been rejected by the Grievance Redressal Machinery of the Insurer
- Within a period of one year from the date of rejection by the insurer
- If it is not simultaneously under any litigation.

GOVERNING BODY OF INSURANCE COUNCIL

Office of the Governing Body of Insurance Council: 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.:- 022-26106245/6980/6889 Fax:- 022-26106949 Email:- inscoun@vsnl.net

INSURANCE OMBUDSMAN CENTRES

CONTACT DETAILS	JURISDICTION
AHMEDABAD Office of the Insurance Ombudsman, 2nd floor, Ambica House, Near C.U. Shah College, 5, Navyug Colony, Ashram Road, Ahmedabad – 380 014 Tel.:- 079-27546150/139 Fax:- 079-27546142 Email:-insombahd@rediffmail.com	State of Gujarat and Union Territories of Dadra & Nagar Haveli and Daman and Diu.
BHOPAL Office of the Insurance Ombudsman, 1st Floor, 117, Zone – II (Above D. M. Motors Pvt. Ltd.), Maharana Pratap Nagar, Bhopal – 462 011. Tel.:- 0755-2769200/201/202 Fax:- 0755-2769203 Email:-bimalokpalbhopal@airtelbroadband.in	States of Madhya Pradesh and Chattisgarh.
BHUBANESHWAR Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.:- 0674-2535220/3798/1607 Fax:- 0674-2531607 Email:-ioobbsr@dataone.in	State of Orissa.
CHANDIGARH Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.:- 0172-2706196/5861/6468 Fax:- 0172-2708274 Email:-ombchd@yahoo.co.in	States of Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir and Union territory of Chandigarh.
CHENNAI Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, CHENNAI – 600 018. Tel.:- 044-24333678/664/668 Fax:- 044-24333664 Email:-insombud@md4.vsnl.net.in	State of Tamil Nadu and Union Territories - Pondicherry Town and Karaikal (which are part of Union Territory of Pondicherry).

DELHI Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.:- 011-23239611/7539/7532 Fax:- 011-23230858 Email:- iobdelraj@rediffmail.com	States of Delhi and Rajasthan.
GUWAHATI Office of the Insurance Ombudsman, 'Jeevan Nivesh', 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.:- 0361-2132204/2131307 Fax:- 0361-2132205 Email:- omb_ghy@sify.com	States of Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
HYDERABAD Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court" Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.:- 040-23325325/23312122 Fax:- 040-23376599 Email:-hyd2_insombud@sancharnet.in	States of Andhra Pradesh, Karnataka and Union Territory of Yanam - a part of the Union Territory of Pondicherry.
KOCHI Office of the Insurance Ombudsman, 2nd Floor, CC 27 / 2603, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.:- 0484-2358734/759/9338 Fax:- 0484-2359336 Email:-ombudsmankochi@yahoo.co.in	State of Kerala and Union Territory of (a) Lakshadweep (b) Mahe-a part of Union Territory of Pondicherry.
KOLKATA Office of the Insurance Ombudsman, North British Bldg., 3rd Floor, 29, N. S. Road, Kolkata - 700 001. Tel.:- 033-22134869/67/66 Fax:- 033-22134868 Email:-iombkol@vsnl.net	States of West Bengal, Bihar, Sikkim, Jharkhand and Union Territories of Andaman and Nicobar Islands.
LUCKNOW Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow-226 001. Tel.:- 0522-2201188/31330/1 Fax:- 0522-2231310 Email:- ioblko@sancharnet.in	States of Uttar Pradesh and Uttaranchal.
MUMBAI Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.:- 022-26106928/360/889 Fax:- 022-26106052 Email:- ombudsman@vsnl.net	States of Maharashtra and Goa.

POLICY SCHEDULE

<<POLICYHOLDER'S NAME>>

Attaching to and forming part of Tata AIG Life Group Health Plus Policy No. **DGHPXXXXXX**

Name of the Policyholder	:	<Name>
Policy Effective Date	:	<<MM/DD/YYYY>>
Member	:	<<Definition of Member>>
Sum Insured	:	Plan 1 : Rs. XXXXX per insured member Plan 2 : Rs. XXXXX per insured member <<This section would specify the sum insured for the benefit plans applicable to the policy>>
Service Tax	:	<<Service tax is applicable as per governing laws and the same shall be borne by the policyholder. Tata AIG Life Insurance Company Limited reserves the right to recover from the Policyholder, any levies and duties (including service tax), as imposed by the government from time to time.>>
Premium Rate	:	Annexure I
Claims Procedure	:	Annexure II

FOR AND ON BEHALF OF TATA AIG LIFE INSURANCE COMPANY LIMITED

____

Currency Basis: Indian Rupee
Place of Issue: India
Issuing Office: Mumbai
Date of Issue: MM/DD/YYYY

Annexure I – PREMIUM RATE (MALE LIFE)

Policyholder: <Name of the Policyholder>, Policy No: DGHP00000X

Registered Office: Peninsula Towers, 6th Floor, Peninsula Corporate Park, Ganpatrao Kadam Marg, Lower Parel, Mumbai - 400 013

Annexure I – PREMIUM RATE (FEMALE LIFE)

Policyholder: <Name of the Policyholder>, Policy No: DGHP00000X

Annexure II - CLAIM PROCEDURE

Policyholder: <Name of the Policyholder> , Policy No: DGHP00000X

Claim Process:

1. The insured member will intimate the Policyholder on the occurrence of an insured event Within 45 Days from date of diagnosis
2. The Policyholder will forward the intimation to Tata AIG Life for registration of the Claim
3. The Policyholder will advise the insured member to submit the required claim documents / proof of loss and will provide the relevant claim forms / formats.
4. Insured member will send the required claim documents / forms duly completed to the Policyholder.
5. The Policyholder will forward the complete claim documents to Tata AIG Life.
6. Tata AIG Life will process and make payment for all the eligible claims to the insured member subject to the terms and conditions of the policy with in 7 working days.
7. Tata AIG Life will intimate the Policyholder of any discrepancy / additional documents to be submitted with in 7 working days

8. Tata AIG Life will intimate the Policyholder as well as the insured member any repudiation of claim with reasons for the repudiation with in 7 working days.

List of Claim Documents:

1. Fully completed claim forms (1&2)
2. Attested true copy of photo ID and DOB proof of insured member
3. Confidential Medical Report
4. Attested True Copy of Indoor Case Papers of the hospital(s)
5. Discharge Summary of Present and Past Hospitalizations
6. Certificate of Diagnosis
7. All related Medical Examination Reports, e.g. -
    - Laboratory test reports
    - X-Ray/ CT Scan/ MRI Reports & Plates
    - Ultrasonography Report
    - Histopathology Report
    - Clinical / Hospital Reports
    - Angiography Reports & Plates
    - Others (please specify)

<u>In addition to the above the following documents needs to be submitted based on the type of group;</u>

Employer-Employee Group

1. Attendance record of last 2 months (if actively at work clause applicable)

Important Note:

- All documents except the originals must be certified true copies by the authorized signatory of the policyholder.
- Tata AIG Life reserves the right to modify the list of claim documents based on Claims Experience reviewed from time to time.
- Tata AIG Life reserves the right to ask for additional documents as may be required for processing of claim on a case to case basis.

For any further assistance please write to;

Credit Life Claims, Tata AIG Life Insurance Company Limited, Unit - 302, Building No. 4, Infinity IT Park, Film City Road, Dindoshi, Malad – (East, Mumbai -400 097 Tel : 022 – 6760 8000 (B)