

Now **You Can** Fight Cancer with Confidence.

Because your focus should be on recovery, not financial worries.

PRESENTING

LIC's *New* Cancer Cover

UIN: 512N370V01 I Plan No.: 908

A Non-Par, Non-Linked, Health, Individual, Pure Risk Plan

- Financial protection against specified Early Stage and Major Stage Cancer
- Fixed benefit payout irrespective of actual treatment cost
- 25% of the Applicable Sum Assured payable on diagnosis of specified Early Stage Cancer
- 100% of the Applicable Sum Assured payable on diagnosis of specified Major Stage Cancer
- Premium waiver benefit after eligible cancer diagnosis
- Option to choose between Level Sum Assured and Increasing Sum Assured
- Monthly income benefit of 1% of the Applicable Sum Assured for 10 years in case of Major Stage Cancer
- Fixed premiums for the entire policy term

LIC/R1/2026-27/19/Eng/SB

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LIFE INSURANCE CORPORATION OF INDIA

Har Pal Aapke Saath

For details, contact your Agent/Nearest LIC Branch/visit www.licindia.in

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LIC's New Cancer Cover (UIN: 512N370V01)

(A Non-Par, Non-Linked, Health, Individual, Pure Risk Plan)

LIC's New Cancer Cover is a Non-Par, Non-linked, Health, Individual, Pure Risk plan. It is a regular premium health insurance plan.

This is a non-par product under which benefits payable in case the Life Assured is diagnosed with any of the specified Early and/or Major Stage Cancer during the policy term are fixed irrespective of actual cost incurred. This plan is not entitled to any discretionary benefits like bonus etc. or share in Surplus.

The plan can be purchased offline through Licensed Agents, Corporate Agents, Brokers, Insurance Marketing Firms (IMFs) as well as Online directly through website www.licindia.in.

The prospective policyholders are hereby informed that while making a buying decision reference may be made to the features of the product including associated risks and benefits and select the product/options which best suits their needs.

1. KEY FEATURES:

- Premiums are guaranteed throughout the policy term.
- Fixed benefits are payable on first diagnosis of specified Early and/or Major Stage Cancer during the policy term.
  - 25% of Applicable Sum Assured shall be payable for Early Stage Cancer.
  - 100% of Applicable Sum Assured irrespective of any previously paid claim in respect of Early Stage Cancer shall be payable for Major Stage Cancer.
- Premium Waiver Benefit for three years or outstanding policy term, whichever is less, on diagnosis of specified Early Stage Cancer.
- Monthly Income Benefit for 10 years on diagnosis of Major Stage Cancer.
- Two benefit options with the flexibility to choose the level of Basic Sum Assured.

2. ELIGIBILITY CONDITIONS AND OTHER RESTRICTIONS:

(a) Minimum age at entry:	18 years (last birthday)
(b) Maximum age at entry:	65 years (last birthday)
(c) Minimum Policy Term:	10 years
(d) Maximum Policy Term:	15 years
(e) Premium Paying Term:	Equal to Policy Term
(f) Minimum age at maturity:	28 years (last birthday)

(g) Maximum age at maturity:	75 years (last birthday)
(h) Minimum Basic Sum Assured:	Rs. 35,00,000 for ages 18 years to 34 years Rs. 30,00,000 for ages 35 years to 40 years Rs. 20,00,000 for ages 41 years to 50 years Rs. 15,00,000 for ages 51 years to 65 years
(i) Maximum Basic Sum Assured:	Rs. 50,00,000 The maximum Basic Sum Assured shall not exceed an overall limit of Rs. 50 lakh taking into account all existing policies under this plan.

The Basic Sum Assured shall be in multiples of Rs. 1,00,000/- only.

3. BENEFIT OPTIONS

The plan offers following two benefit options and the proposer has to choose one of the following at the time of taking the policy.

Option I: Level Sum Assured: The Basic Sum Assured shall remain unchanged throughout the policy term.

Option II: Increasing Sum Assured: The Sum Assured shall increase on each of the first five policy anniversaries by an amount equal 10% of Basic Sum Assured. If any of the specified Cancer as mentioned in Para 4 is diagnosed, increase in Sum assured shall not be applicable from the subsequent policy anniversary.

The benefits payable under the plan shall be based on the Applicable Sum Assured, where the Applicable Sum Assured shall be equal to-

- Under Option I : Basic Sum Assured
- Under Option II: Basic Sum Assured during first policy year and Increased Sum Assured on or after first policy anniversary, determined in accordance with the provisions relating to Increasing Sum Assured mentioned above.

The options should be chosen carefully depending on the individual's specific needs as the premium & benefits under the plan shall vary as per the option chosen and the same shall not be altered later.

4. BENEFITS:

The following benefits are payable under an in-force policy subject to Benefit Limits and Conditions, as mentioned under Para 5 and Exclusions, as mentioned under Para 6:

I. Cancer Illness Benefit:

A. Early Stage Cancer Benefit: On first diagnosis, before the stipulated date of maturity, of any one of the specified Early Stage Cancers, provided the same is admissible, the following benefits are payable:

(a) Lump Sum Benefit: 25% of Applicable Sum Assured shall be payable

(b) Premium Waiver Benefit: Premiums for next three policy years or balance policy term whichever is lower, shall be waived from the policy anniversary following the date of diagnosis. After the completion of three policy years, premiums shall be payable for the remaining policy term, if any.

Premium(s) falling due, if any, from the date of diagnosis and before the next policy anniversary shall be deducted from the claim amount.

Definition of Early Stage Cancer:

The diagnosis of any of the listed below conditions must be established by histological evidence and be confirmed by a specialist in the relevant field.

- **Carcinoma-in-situ (CIS):**
  Carcinoma-in-situ means the presence of malignant cancer cells that remain within the cell group from which they arose. It must involve the full thickness of the epithelium but does not cross basement membranes and it does not invade the surrounding tissue or organ. The diagnosis of which must be positively established by microscopic examination of fixed tissues.
- **Prostate Cancer – early stage:**
  Early Prostate Cancer that is histologically described using the TNM classification as T1N0M0 with a Gleason Score 2 (two) to 6(six).
- **Thyroid Cancer – early stage:**
  All thyroid cancers that are less than 2.0 cm and histologically classified as T1N0M0 according to TNM classification.
- **Bladder Cancer – early stage:**
  All tumors of the urinary bladder histologically classified as Ta N0M0 according to TNM classification.
- **Chronic Lymphocytic Leukaemia – early stage:**
  Chronic Lymphocytic Leukaemia categorized as stage 0 (zero) to 2 (two) as per the Rai classification.
- **Cervical Intraepithelial Neoplasia:**
  Severe Cervical Dysplasia reported as Cervical Intraepithelial Neoplasia 3 (CIN3) on cone biopsy.

The following are specifically excluded from all early stage cancer benefits:

- All tumors which are histologically described as benign, borderline malignant, or low malignant potential
- Dysplasia, intra-epithelial neoplasia or squamous intra-epithelial lesions
- Carcinoma in-situ of skin and Melanoma in-situ.

B. Major Stage Cancer Benefit: On first diagnosis, before the stipulated date of maturity, of the specified Major Stage Cancer, provided the same is admissible, the following benefits are payable:

(a) Lump Sum Benefit: 100% of Applicable Sum Assured shall be payable. This benefit shall be paid irrespective of any claim of Early Stage Cancer previously paid under the policy.

(b) Income Benefit: In addition to above Lump Sum Benefit, Income Benefit of 1% of Applicable Sum Assured shall be payable on each policy month following the payment of Lump Sum Benefit, for a fixed period of next ten years irrespective of the survival of the Life Assured and even if this period of 10 years goes beyond the policy term. In case of death of the Life Assured while receiving this Income Benefit, the remaining payouts, if any, will be paid as and when due to his/her nominee. Further, all future premiums payments shall cease from the next policy anniversary following the date of diagnosis and the policy shall be free from all liabilities except to the extent of Income Benefit.

Premium(s) falling due, if any, from the date of diagnosis and before the next policy anniversary shall be deducted from the claim amount.

Definition of Major Stage Cancer:

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.

The following are excluded from major stage cancer benefits:

- 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
- Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond

- Malignant melanoma that has not caused invasion beyond the epidermis
- 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
- All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below
- Chronic lymphocytic leukaemia less than RAI stage 3
- Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification
- 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.

II. Death Benefit: No death benefit shall be payable under the plan.

III. Maturity Benefit: No maturity benefit shall be payable under the plan.

5. BENEFIT LIMITS AND CONDITIONS:

A. Waiting Period

A waiting period of 180 days will apply from the date of issuance of policy or date of revival, whichever is later, to the first diagnosis of any stage cancer. "Any stage" here means all stages of Cancer that occur during the waiting period. No benefit shall be payable if any stage of Cancer occur before expiry of 180 days from the date of issuance of policy or date of revival and the policy shall terminate.

B. Survival Period

No benefit shall be payable if the Life Assured dies within a period of 7 days from the date of diagnosis of any of the specified Early Stage Cancer or Major Stage Cancer. The 7 days survival period includes the date of diagnosis.

C. Other Conditions

i) Early Stage Cancer Benefit shall be payable only once for the first ever event and Life Assured shall not be entitled to make another claim for the Early Stage Cancer of same or any other cancer. However, the coverage for the Major Stage Cancer under the policy shall continue until the policy terminates.

ii) Early Stage Cancer needs to be diagnosed before Major Stage cancer for the claim under Early Stage Cancer to be admissible.

iii) Once a Major Stage Cancer Benefit is paid no payment for any future claims under Early Stage Cancer or Major Stage Cancer would be admissible.

iv) If the Early Stage Cancer was diagnosed before the Major Stage Cancer and the Life Assured claims for both Early Stage Cancer and Major Stage Cancer simultaneously, both claims shall be payable provided the Early Stage Cancer and Major Stage Cancer diagnoses satisfy all applicable policy definitions and conditions and both diagnoses are supported by separate histological and other relevant medical evidence.

v) If there is more than one Cancer diagnosed simultaneosly, the Corporation will only pay one benefit. That benefit will be the amount relating to the stage of Cancer which has the highest benefit amount.

vi) Total benefit (excluding Premium Waiver Benefit) under the Policy including Early Stage Cancer Benefit and Major Stage Cancer Benefit as specified above shall not exceed the maximum claim amount of 245% of Applicable Sum Assured.

vii) Benefit under this plan shall be payable subject to fulfilling all of the below criteria:

- Signs and symptoms relevant to the cancer should have been present and documented before death of Life Assured
- All investigations to confirm the diagnosis of cancer should have been done and documented before the death of the Life Assured
- Satisfaction of the cancer definition as per the policy conditions.

6. EXCLUSIONS:

The Corporation shall not be liable to pay any of the benefit under this product if the covered conditions resulting directly or indirectly from any of the following causes:

(a) Any Pre-Existing Condition i.e. a cancer condition (primary or metastatic), precancerous condition or related condition(s)

i. That is/are diagnosed by a physician not more than 36 months prior to the date of issuance of policy or date of revival of the policy; or

ii. For which medical advice or treatment was recommended by, or received from, a Physician within 36 months prior to the date of issuance of policy or date of revival of the policy.

Note: In case a policy lapses after availing Early Stage Cancer Benefit then such Early Stage Condition for which claim is admitted shall not be treated as Pre-Existing condition at the time of revival.

(b) For any medical conditions suffered by the Life Assured or any medical procedure undergone by the Life Assured, if that medical condition or that medical procedure was caused directly or indirectly by alcohol or drug (except under the direction of a registered medical practitioner)

(c) For any medical condition or any medical procedure arising from nuclear contamination, the radioactive, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature.

7. PAYMENT OF PREMIUMS:

Premiums can be paid regularly during the policy term at yearly or half-yearly intervals.

The Premium Conversion Factors for different modes of Premium Payment are as under:

Mode of Premium Payment	Premium Conversion factor
Yearly	1.0000
Half-yearly	0.5090

For Half-yearly mode of premium payment, the applicable instalment premium shall be arrived at by multiplying the applicable Premium Conversion factor with yearly premium derived.

8. REBATE UNDER ONLINE SALE:

Proposal to be completed under Online Sale shall be eligible for rebate on the tabular premium as mentioned below, provided the policy is not taken through any Agents, Corporate Agents, Brokers and Insurance Marketing Firms.

Policy Term 10 to 14 years: 7.5% on tabular premium

Policy Term 15 years: 10% on tabular premium

9. SAMPLE PREMIUMS:

The sample yearly premiums for Rs 50 Lakhs Basic Sum Assured for policies to be sold through Offline channel are as under:

Option I – Level Sum Assured				
Age	Policy Term = 10 Years		Policy Term = 15 Years	
	Male	Female	Male	Female
20	4700	5250	4950	6100
35	8050	15200	9100	17600
50	25400	37750	32800	41600
60	73050	60500	89150	66750
65	114150	75800	-	-

Option II – Increasing Sum Assured				
Age	Policy Term = 10 Years		Policy Term = 15 Years	
	Male	Female	Male	Female
20	5300	6100	5700	7400
35	9700	19500	11400	23400
50	33100	49050	44750	55950
60	97450	78800	123450	90150
65	152700	99550	-	-

The above premiums are exclusive of taxes, if any.

10. GRACE PERIOD:

A grace period of 30 days shall be allowed for payment of yearly or half-yearly premiums from the date of First Unpaid Premium. During this period, the policy will be considered as in-force with the risk cover without any interruption as per the terms of the policy. If the premium is not paid before the expiry of grace period, the Policy will lapse and all the benefits payable under the Policy will cease.

If any claim occurs within the grace period but before the payment of the premium then due, the benefits shall be paid after deductions of the said unpaid premium, as also the balance premium(s), if any, falling due from the date of diagnosis and before the next policy anniversary.

11. REVIVAL:

If the premium is not paid before the expiry of the grace period then the policy will lapse. A lapsed policy can be revived during the lifetime of the Life Assured, but within a period

of five consecutive complete years from the date of the first unpaid premium and before the date of maturity as the case may be. The revival shall be effected on payment of all the arrears of premium(s) together with interest (compounding half-yearly) at such rate as fixed by the Corporation from time to time and on satisfaction of Continued Insurability of the Life Assured on the basis of information, documents and reports that are already available and any additional information in this regard if and as may be required in accordance with the Underwriting Policy of the Corporation at the time of revival, being furnished by the Policyholder/Life Assured.

Waiting period and Exclusions as mentioned in this brochure will also apply on revival.

The Corporation however, reserves the right to accept at original terms, accept with modified terms or decline the revival of a discontinued policy. The revival of the discontinued policy shall take effect only after the same is approved, accepted and revival receipt is issued by the Corporation.

The rate of interest applicable for revival under this Product for every 12 months' period from 1st May to 30th April shall not exceed 10 year G-Sec yield compounding half yearly as at the last trading day of the previous financial year plus 3% or the yield earned on the Corporation Non Linked Non-Participating fund plus 1%, whichever is higher. For the 12 months' period commencing from 1st May, 2026 to 30th April, 2027, the applicable interest rate shall be 9.5% p.a. compounding half yearly. The basis for determination of interest rates for policy revivals is subject to change.

If the lapsed policy is not revived within the revival period but before the Date of Maturity, the policy will automatically terminate.

12. PAID-UP VALUE:

This policy shall not acquire any paid-up value.

13. SURRENDER:

No surrender value will be available under this plan.

14. POLICY LOAN:

No loan facility will be allowed under this plan.

15. FREE LOOK PERIOD:

If the policyholder is not satisfied with the "Terms and Conditions" of the policy, he/she may return the policy to the Corporation stating the reasons for objections within 30 days from the date of receipt of the electronic or physical mode of the Policy Document, whichever is earlier. On receipt of the same the Corporation shall cancel the policy and return

the amount of premium deposited after deducting the proportionate risk premium for the period of cover, (shall not be applicable during the waiting period) and charges for stamp duty.

16. TERMINATION OF POLICY:

The policy shall be terminated upon the happening of the first of the following events.

i. On the death of the Life Assured; or
ii. On the date of maturity; or
iii. On payment of the Major Stage Cancer, however, Income Benefit shall continue to be payable as and when due; or
iv. On the diagnosis of any stage cancer during the waiting period; or
v. On Free Look cancellation ; or
vi. In the event of forfeiture as specified in Para 17 ; or
vii. On expiry of revival period.

17. FORFEITURE IN CERTAIN EVENTS:

In case it is found that any untrue or incorrect statement is contained in the proposal, personal statement, declaration and connected documents or any material information is withheld, then and in every such case the policy shall be void and all claims to any benefit by virtue thereof shall be subject to the provisions of Section 45 of the Insurance Act, 1938 as amended from time to time.

18. TAXES:

Statutory Taxes, if any, imposed on such insurance plans by the Government of India or any other constitutional Tax Authority of India shall be as per the Tax laws and the rate of tax shall be as applicable from time to time.

The amount of applicable taxes as per the prevailing rates, shall be payable by the Policyholder on premiums including extra premiums, if any, and shall be collected separately over and above in addition to the premiums payable by the policyholder. The amount of tax paid shall not be considered for the calculation of benefits payable under the Plan.

Regarding Income tax benefits/implications on premium(s) paid and benefits payable under this Plan, please consult your tax advisor for details.

19. GRIEVANCE REDRESSAL MECHANISM:

Of the Corporation:

The Corporation has Grievance Redressal Officers (GROs) at Branch/ Divisional/ Zonal/ Central Office to redress grievances of customers. The customers can visit our website (https://licindia.in/web/guest/grievances) for names and contact

details of the GROs and other information related to grievances. For ensuring quick redressal of customer grievances the Corporation has introduced Customer friendly Integrated Complaint Management System through our Customer Portal (website) http://www.licindia.in, where a registered policy holder can directly register complaint/ grievance and track its status. Customers can also contact at e-mail id co_complaints@licindia.com for redressal of any grievances.

Claimants not satisfied with the decision of claim repudiation have the option of referring their cases for review to Zonal Office Claims Dispute Redressal Committee or Central Office Claims Dispute Redressal Committee. A retired High Court/ District Court Judge is member of each of the Claims Dispute Redressal Committees.

Of IRDAI:

In case the customer is not satisfied with the response or do not receive the response from us within 15 days, then the customer may approach the Policyholder's Protection and Grievance Redressal Department through any of the following modes:

i) Calling Toll Free Number 155255/18004254732(i.e. IRDAI Grievance Call Centre-(BIMA BHAROSA SHIKAYAT NIVARAN KENDRA))
ii) Sending an email to complaints@irdai.gov.in
iii) Register the complaint online at https://bimabharosa irdai.gov.in/
iv) Address for sending the complaint through courier letter: General Manager, Policyholders Protection and Grievance Redressal Department, Insurance Regulatory and Development Authority of India, Survey No. 115/1, Financial District, Nanakramguda, Gachibowli, Hyderabad-500032, Telangana.

Of Ombudsman:

For redressal of Claims related grievances, claimants can also approach Insurance Ombudsman who provides for low cost and speedy arbitration to customers.

SECTION 45 OF THE INSURANCE ACT, 1938:

The provision of Section 45 of the Insurance Act 1938 shall be as amended from time to time. The current provision is as under:

(1) No policy of life insurance shall be called in question on any ground whatsoever after the expiry of three years from the date of the policy, i.e. from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later.

(2) A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later on the ground of fraud:

Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision is based.

Explanation I- For the purposes of this sub-section, the expression "fraud" means any of the following acts committed by the 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 specially declares to be fraudulent.

Explanation II- Mere silence as to facts likely to affect the assessment of the risk by the insurer is not fraud, unless the circumstances of the case are such that regard being had to them, it is the duty of the insured or his agent, keeping silence to speak, or unless his silence is, in itself, equivalent to speak.

(3) Notwithstanding anything contained in subsection (2), no insurer shall repudiate a life insurance policy on the ground of fraud if the insured can prove that the misstatement of or suppression of a material fact was true to the best of his knowledge and belief or that there was no deliberate intention to suppress the fact or that such misstatement of or suppression of a material fact are within the knowledge of the insurer:

Provided that in case of fraud, the onus of disproving lies upon the beneficiaries, in case the policyholder is not alive.

Explanation – A person who solicits and negotiates a contract of insurance shall be deemed for the purpose of the formation of the contract, to be the agent of the insurer.

(4) A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground that any statement of or suppression of a fact material to the expectancy of the life of the insured was incorrectly made in the proposal or other document on the basis of which the policy was issued or revived or rider issued:

Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision to repudiate the policy of life insurance is based:

Provided further that in case of repudiation of the policy on the ground of misstatement or suppression of a material fact, and not on the ground of fraud the premiums collected on the policy till the date of repudiation shall be paid to the insured or the legal representatives or nominees or assignees of the insured within a period of ninety days from the date of such repudiation.

Explanation - For the purposes of this sub-section, the misstatement of or suppression of fact shall not be considered material unless it has a direct bearing on the risk undertaken by the insurer, the onus is on the insurer to show that had the insurer been aware of the said fact no life insurance policy would have been issued to the insured.

(5) 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 assured was incorrectly stated in the proposal.

PROHIBITION OF REBATES SECTION 41 OF THE INSURANCE ACT, 1938:

1) 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:
2) Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

Various Sections of the Insurance Act, 1938 applicable to LIC to apply as amended from time to time.

This product brochure gives only salient features of the plan. For further details please refer to the Policy document on our website www.licindia.in or contact our nearest Branch Office.

BEWARE OF SPURIOUS PHONE CALLS AND FICTITIOUS / FRAUDULENT OFFERS

IRDAI or its officials do not involve in activities of insurance business like selling insurance policies, announcing bonus or investment of premiums, refund of amounts. Policyholders or the prospects receiving such phone calls are requested to lodge a police complaint.

LIFE INSURANCE CORPORATION OF INDIA

"Life Insurance Corporation of India" was established on 1st September, 1956 under Life Insurance Corporation Act, 1956, with the objective of spreading life insurance more widely, in particular to the rural areas with a view to reaching all insurable persons in the country and providing them adequate financial cover against insured events. LIC continues to be the important life insurer even in the liberalized scenario of Indian insurance and is moving fast on a new growth trajectory surpassing its own past records. In its existence of over seven decades, LIC has grown from strength to strength in various areas of operation.



Registered Office:

Life Insurance Corporation of India,

Central Office,

Yogakshema, Jeevan Bima Marg, Mumbai – 400021.

Website: www.licindia.in

Registration Number: 512