



LIFE INSURANCE CORPORATION OF INDIA
(Established by the Life Insurance Corporation Act, 1956)
Registration Number: 512

LIC's Jeevan Shiromani (UIN:512N315V02)
(A Non-Linked, Participating, Individual, Life Assurance Savings Plan)

PART – A

Ref: NB

(Address and e-mail id of Branch Office):

Space for Name and Address of Policyholder

Space for Address and e-mail id of Branch Office

Dear Policyholder,

Date:

Re: Your Policy No. _____

We have pleasure in forwarding herewith the above Policy Document comprising of Part A to Part G which please find in order.

We would also like to draw your kind attention to the information mentioned in the Schedule of the Policy and the benefits available under the Policy.

Some of our plans have certain options (including rider(s)) available under them. It is important that the options, if any, available under this plan and mentioned in the Policy Document are noted carefully as it will be helpful to you, in case you decide to exercise any of the available options. It is also essential to note that such option, if available and mentioned in the document of this plan has to be exercised in the right manner and during the stipulated time limit as prescribed herein.

Free Look Period

We would request you to go through the terms and conditions of the Policy and in case you disagree with any of the terms and conditions, you may return the Policy within a period of 15 days from the date of receipt of Policy Document stating the reasons of your objections and disagreement. On receipt of the policy we shall cancel the same and the amount of Premium deposited by you shall be refunded to you after deducting the **proportionate risk premium (for Base Policy and Rider(s), if opted for) for the period of cover and charges for medical examination, special reports, if any, and stamp duty.**

In case you have any Complaints/Grievance, you may approach the Branch office on the address mentioned above or Grievance Redressal Officer/Ombudsman, whose address is as under:

Address of Grievance Redressal Officer:

Address and contact details of Insurance Ombudsman:

If you find any errors in this policy document, you may return this Policy for corrections.

Thanking you.

Yours faithfully,

p. Chief/Sr. Branch Manager

Agent's/ Intermediary's Code	Agent's/ Intermediary's Name	Agent's/Intermediary's Mobile Number/ Landline Number

We would also like to draw your attention to the following aspects:

- 1) Change of Address: In case you change your residence, kindly ensure that you inform the change in address to the servicing Branch Office.
- 2) Assignment: Assignment should be in accordance with the provisions of Section 38 of the Insurance Act 1938, as amended from time to time. The current provisions of Section 38 are enclosed as Annexure-1 for reference.
- 3) Nomination: Nomination should be in accordance with the provisions of Section 39 of the Insurance Act 1938, as amended from time to time. The current provisions of Section 39 are enclosed as Annexure-2 for reference.
- 4) Within 90 days from the date of death, intimation of death along with death certificate must be notified in writing to the office of the Corporation where the policy is serviced for any claims to be admissible. However, delay in intimation of the genuine claim by the claimant may be condoned by the Corporation on merit and where delay is proved to be for the reasons beyond his/her control.
- 5) Section 45 of the Insurance Act 1938: The current provisions of the same are enclosed as Annexure -3.
- 6) The approved version of Policy Document in respect of this plan is available on our website : www.licindia.in
- 7) Please avail LIC's e-services. Visit our website: www.licindia.in to enable us to serve you better.

These measures will enable us to serve you better.

PREAMBLE

THE LIFE INSURANCE CORPORATION OF INDIA(hereinafter called “the Corporation”) having received a Proposal along with Declaration and the first premium from the Proposer and the Life Assured named in the Schedule referred to herein below and the said Proposal and Declaration with the statements contained and referred to therein having been agreed to by the said Proposer and the Corporation as basis of this assurance do by this Policy agree, in consideration of and subject to the due receipt of the subsequent premiums as set out in the Schedule, to pay the benefits, but without interest, at the Branch Office of the Corporation where this Policy is serviced to the person or persons to whom the same is payable in terms of the said Schedule, on proof to the satisfaction of the Corporation of the benefits having become payable as set out in this Policy Document, of the title of the said person or persons claiming payment and of the correctness of the age of the Life Assured stated in the Proposal if not previously admitted.

And it is hereby declared that this Policy of Assurance shall be subject to the Definitions, Benefits, Conditions Related to Servicing Aspects, Other Terms and Conditions and Statutory Provisions printed in this policy and that the Schedule and every endorsement placed on the Policy by the Corporation shall be deemed part of the Policy.

SCHEDULE

DIVISIONAL OFFICE:

BRANCH OFFICE:

Policy No.:	Basic Sum Assured (Rs.):	Due date of premium:
UIN:	Instalment Premium for Base Policy (Rs.):	Mode of payment of premium:
Date of Commencement of Policy:	Total Instalment Premium (Rs.):	Due Date of Payment of Last premium for Base Policy:
Date of Commencement of Risk:	(Taxes, if any, as applicable from time to time are charged extra)	Date of birth of the Life Assured:
Plan & Policy Term:		Age of the Life Assured:
Premium Paying Term:		Whether age admitted?
Date of Maturity:		Whether Option to take Death benefit in instalments taken:
Proposal No.:		
Date of Proposal:		
Date of issuance of policy:		
Benefit Illustration Reference No.:		

Details of Rider Opted:							
Sr. No.	Rider Opted	UIN	Date of Commencement of Risk for Rider	Rider Sum Assured	Instalment Premium for Rider	Due date of payment of last premium for Rider	Date of expiry of rider
1							
2							
3							
4							
Note: Conditions of the rider(s) opted and mentioned above are enclosed as endorsement to the policy.							

Name and address of Proposer	Name and address of Life Assured

Details of Nominee(s) under Section 39 of the Insurance Act,1938				
Nominee(s) Name	Nominee's Age	Percentage Share	Relationship to the Life Assured	Appointee Name (in case the Nominee is a minor)

Period during which premiums payable	Till the stipulated due date of payment of last premium or earlier death of the Life Assured.
Dates when premium payable	On the stipulated due date in.....

Signed on behalf of the Corporation at the above mentioned Branch Office, whose address and e-mail ID are given on the first page and to which all communications relating to the policy should be addressed

Date:

Examined by:

Form No.:

p. Chief/ Sr. Branch Manager

PART- B: DEFINITIONS

The definitions of terms/words used in the Policy Document are as under:

1. **Age** is the age nearer birthday of the Life Assured at the time of commencement of the policy except for age 18 years for which the age is in completed years.
2. **Appointee** is the person to whom the proceeds/benefits secured under the Policy are payable if the benefit becomes payable to the nominee and nominee is minor as on the date of claim payment.
3. **Annualized Premium** shall be the premium amount payable in a year chosen by the policyholder excluding the taxes, rider premiums, underwriting extra premiums and loading for modal premium, if any.
4. **Assignee** is the person to whom the rights and benefits are transferred by virtue of an Assignment.
5. **Assignment** is the process of transferring the rights and benefits to an "Assignee". Assignment should be in accordance with the provisions of Section 38 of Insurance Act, 1938, as amended from time to time.
6. **Base Policy** is that part of the Policy referring to basic benefit (benefits referred to in this Policy Document excluding benefits covered under Rider(s), if opted for).
7. **Basic Sum Assured** means the amount specified in the Schedule as opted by the Policyholder at the time of taking the policy.
8. **Beneficiary/claimant** means the person(s)/entity who is/are entitled to receive benefits under this Policy. The Beneficiary to whom benefits are payable is the Proposer or Life Assured or his Assignee under Section 38 of the Insurance Act, 1938, as amended from time to time or Nominee(s) under Section 39 of the Insurance Act, 1938, as amended from time to time or proved Executors or Administrators or other Legal Representatives who should take out representation to his/ her Estate or limited to the moneys payable under this Policy from any Court of any State or Territory of the Union of India, as applicable.
9. **Continued Insurability** is the determination of insurability of Life Assured on revival of policy with rider(s) if opted for, to the satisfaction of the Corporation based on the 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.
10. **Corporation** means the Life Insurance Corporation of India established under Section 3 of the LIC Act, 1956.
11. **Date of commencement of policy** is the start date of this Policy.
12. **Date of commencement of risk** is the date on which the Corporation accepts the risk for insurance (cover) as evidenced in the schedule of the policy.
13. **Date of Diagnosis/ Date of occurrence of Critical Illness** is the date on which a medical practitioner first examines the Life Assured and certifies the diagnosis of any of the illnesses/ conditions covered under this rider.
14. **Date of issuance of policy** is a date when a proposal after underwriting is accepted as a policy and this contract gets effected.
15. **Date of maturity** means the date specified in the Schedule on which Policy Term is completed.
16. **Death Benefit** means the benefit, which is payable on death, as specified in Condition 1.A of Part C of this Policy Document.
17. **Discharge form** is the form to be filled by policyholder/claimant to claim the survival / maturity /surrender / death benefit under the policy.
18. **Due Date** means a fixed date on which the policy premium is due and payable by the policyholder.
19. **Endorsement** means conditions attached/ affixed to this Policy incorporating any amendments or modifications agreed to or issued by the Corporation.
20. **Extra premium** means a charge, due to underwriting decision, for any additional risk not provided for, in minimum contract premium.
21. **Foreclosure** is an action of closing the policy due to default in payment of outstanding loan and/or loan interest on due date when the outstanding loan amount along with interest is to exceed the surrender value.
22. **Free Look Period** is the period of 15 days from the date of receipt of the Policy Document by the Policyholder to review the terms and conditions of this policy and where the Policyholder disagrees to any of those terms and conditions, he/ she has the option to return this policy.
23. **Grace period** is the time granted by the insurer from the due date for the payment of premium, without any penalty/ late fee, during which time the policy is considered to be in force with the risk cover without any interruption.
24. **Guaranteed Surrender Value** is the minimum guaranteed amount of Surrender Value payable to the policyholder on surrender of the policy.
25. **Inbuilt Critical Illness Benefit** means the benefit payable on first diagnosis of any one of the 15 Critical Illnesses and subject to the Conditions and Restrictions, mentioned in Condition 3.II of Part C of this policy document.
26. **In-force policy** means a policy in which all the due premiums have been paid and the premiums are not outstanding beyond grace period.
27. **IRDAI** means Insurance Regulatory and Development Authority of India earlier called as Insurance Regulatory and Development Authority (IRDA).
28. **Lapse** is the status of the Policy when due premium is not paid within the grace period.
29. **Life Assured** is the person on whose life the insurance cover has been accepted.
30. **Loan** is the interest bearing repayable amount granted by the Corporation against the surrender value payable to the policyholder.
31. **Maturity Benefit** means the benefit, which is payable on maturity, as specified in Condition 1.C of Part C of this Policy Document.
32. **Material information** is the information already known to the Policyholder/Life Assured/Proposer at the time of obtaining a policy which has a bearing on underwriting of the proposal /Policy submitted.
33. **Medical practitioner** is 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 the scope and jurisdiction of license but excluding the Practitioner who is:
 - Insured/Policyholder himself or an agent of the Insured.
 - Insurance Agent, business partner(s) or employer/employee of the Insured; or
 - A member of Insured's immediate family.
34. **Medical Second Opinion** is a facility which enables Life Assured to get an opinion on their diagnosis and their treatment plans evaluated by another doctor, on first diagnosis of any one of the 15 Critical Illnesses as mentioned in Condition 3.II of Part C of this policy document.
35. **Nomination** is the process of nominating a person(s) who is (are) named as "Nominee(s)" in the proposal form or

subsequently included/ changed by an endorsement. Nomination should be in accordance with provisions of Section 39 of the Insurance Act, 1938 as amended from time to time.

36. **Nominee(s)** is the person(s) nominated by the Policyholder (who is also Life Assured) under this Policy who is (are) authorized to receive the claim benefit payable under this Policy and to give a valid discharge to the Corporation on settlement of the claim.
37. **Option to take Death Benefit in instalments:** Option to take Death Benefit in instalments, as specified in Condition 8 of Part D of this Policy Document, is an option available under this policy, to receive Death Benefit in instalments instead of lumpsum amount over a period chosen by the Life Assured.
38. **Participating policy** means a policy is eligible for share of profit depending upon the Corporation's experience in accordance with the terms and conditions of the policy.
39. **Paid - Up** is the status of the Policy, if at least one full year's premium has been paid and on completion of one policy year subsequent premium/s be not paid.
40. **Policy Anniversary** means one year from the date of commencement of the Policy and the same date falling each year thereafter, till the date of maturity.
41. **Policy/ Policy Document** means this document along with endorsements, if any, issued by the Corporation which is a legal contract between the Policyholder and the Corporation.
42. **Policyholder** is the legal owner of this policy.
43. **Policy term** is the period, in years, as chosen by the policyholder and mentioned in the Schedule, commencing from the Date of commencement of policy to the Date of Maturity.
44. **Policy year** is the period between two consecutive policy anniversaries. This period includes the first day and excludes the next policy anniversary day.
45. **Premium** is the contractual amount payable by the Policyholder at specified times periodically as mentioned in the Schedule of this Policy Document to secure the benefits under the policy. The premium payable will be "Total Instalment Premium" which includes
 - Instalment Premium for Base Policy and
 - Instalment Premium for Rider(s), if rider(s) has been opted for.The term 'Premium' used anywhere in this Policy Document does not include any taxes which is payable separately.
46. **Pre existing condition** is defined as any condition, ailment or injury or related condition (s) for which the policyholder had signs or symptoms, and / or were diagnosed, and / or received medical advice / treatment within 48 months prior to the date of commencement / revival of the policy.
47. **Premium paying term** means the period, in years, during which premium is payable.
48. **Proposer** is a person who proposes the life insurance proposal.
49. **Revival** of a policy means restoration of the policy, which was discontinued due to the non-payment of premium, by the insurer with all the benefits mentioned in the policy document, with or without rider benefits if any, upon the receipt of all the premiums due and other charges or 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 and/or Proposer (if LIC's Premium Waiver Benefit Rider is opted for).
50. **Revival Period** is the period of five consecutive years from the date of discontinuance of the policy, during which period the policyholder is entitled to revive the policy which was discontinued due to the non-payment of premium.
51. **Rider** is an additional cover which can be opted for along with Base Policy.
52. **Rider Benefits** means an amount of benefit payable on a specified event offered under the rider, and is allowed as add-on benefit to benefit under Base Policy.
53. **Rider Premium** is the premium payable by the policyholder along with the premium under Base Policy towards the additional cover/benefit opted under the rider, if opted.
54. **Rider Sum Assured** is the assured amount payable on happening of a specified event covered under the rider, if opted.
55. **Schedule** is the part of policy document that gives the specific details of your policy.
56. **Settlement Option:** Settlement Option, as specified in Condition 9 of Part D of this Policy Document, is an option available under this policy, to receive Maturity Benefit in instalments instead of lumpsum amount over a period chosen by the Life Assured.
57. **Sum Assured on Death** means an absolute amount of benefit which is guaranteed to become payable on death of life assured in accordance with the terms and conditions of the policy.
58. **Sum Assured on Maturity** means the amount which is guaranteed to become payable on maturity of the policy, in accordance with the terms and conditions of the policy.
59. **Surrender** means complete withdrawal or termination of the entire policy before expiry of the policy term.
60. **Surrender Value** means an amount, if any, that becomes payable in case of surrender in accordance with the terms and conditions of the policy.
61. **Survival Benefit** is the specified benefit payable on survival of the Life Assured at the end of specified durations during the policy term as specified in Condition 1.B of Part C of this Policy Document.
62. **Tabular premium** is the premium for the chosen Basic Sum Assured on the age of the Life Assured without application of any rebate or extra loading.
63. **Total Premiums paid** means the total of all premiums received, excluding any extra premium, any rider premium and taxes.
64. **Underwriting** is the term used to describe the process of assessing risk and ensuring that the cost of the cover is proportionate to the risks faced by the individual concerned. Based on underwriting, a decision on acceptance or rejection of cover as well as applicability of suitable premium or modified terms, if any, is taken.
65. **UIN** means the Unique Identification Number allotted to this plan by the IRDAI.

PART- C: BENEFITS

1.The following benefits are payable under an in-force policy:

A. Death Benefit:

Death Benefit payable in case of death of the life assured before the stipulated Date of Maturity provided the policy is in-force shall be as under:

i) On death during first five policy years

“Sum Assured on Death” along with accrued Guaranteed Additions.

ii) On death after completion of five policy years but before the stipulated Date of Maturity

“Sum Assured on Death” along with accrued Guaranteed Additions and Loyalty Addition, if any.

Where “Sum Assured on Death” is defined as the higher of 125% of Basic Sum Assured or 7 times of annualised premium.

This death benefit shall not be less than 105% of the total premiums paid (excluding any extra premium, any rider(s) premium and taxes) upto the date of death.

The Death Benefit shall be paid in lumpsum as specified above and/or in instalments, as specified in Condition 8 of Part D of this Policy Document, as per the option exercised by the Life Assured.

B. Survival Benefit: Provided the policy is in-force, on the Life Assured surviving to each of the specified durations during the policy term, a fixed percentage of Basic Sum Assured shall be payable. The fixed percentage for various policy terms is as below:

For policy term 14 years: 30% of Basic Sum Assured on each of 10th and 12th policy anniversary

For policy term 16 years: 35% of Basic Sum Assured on each of 12th and 14th policy anniversary

For policy term 18 years: 40% of Basic Sum Assured on each of 14th and 16th policy anniversary

For policy term 20 years: 45% of Basic Sum Assured on each of 16th and 18th policy anniversary

C. Maturity Benefit: On Life Assured surviving the stipulated Date of Maturity provided the policy is in-force, “Sum Assured on Maturity” along with accrued Guaranteed Additions and Loyalty Addition, if any, shall be payable.

Where “Sum Assured on Maturity” as a fixed percentage of Basic Sum Assured is as below:

For policy term 14 years: 40% of Basic Sum Assured

For policy term 16 years: 30% of Basic Sum Assured

For policy term 18 years: 20% of Basic Sum Assured

For policy term 20 years: 10% of Basic Sum Assured

The Life Assured shall have an option to receive the Maturity Benefit in lumpsum as specified above and/or in instalments (Settlement Option), as specified in Condition 9 of Part D of this Policy Document.

2.Guaranteed Additions: Provided the policy is in-force, Guaranteed Additions, at the rate of Rs. 50 per thousand Basic Sum Assured for the first five years and Rs. 55/- per thousand Basic Sum Assured from 6th policy year till the end of premium paying term, will be added to the policy at the end of each policy year for which full year’s premiums have been paid. In case the premiums are not duly paid, the Guaranteed Additions shall cease to accrue under a policy.

In case of a paid-up policy or on surrender of a policy the Guaranteed Addition for the policy year in which the last premium is received will be added on proportionate basis in proportion to the premium received for that year.

3.Inbuilt Critical Illness Benefit:

I. Benefit:

On first diagnosis of any one of the 15 Critical Illnesses as specified in Condition 3.II of Part C of this policy document, provided the policy is in-force on the date of diagnosis, the following benefits/ facilities shall be available:

(A) Lumpsum Benefit: Inbuilt Critical Illness Benefit equal to 10% of Basic Sum Assured shall be payable subject to the following:

- Conditions and Restrictions as mentioned in Condition 3.II of Part C of this policy document
- Claim is incurred before the termination of Inbuilt Critical Illness benefit as specified in Condition 3.II.G below
- The claim is proved as admissible to the satisfaction of the Corporation

(B) Option to defer the payment of premiums if a claim under Inbuilt Critical Illness Benefit is paid: When a claim under Inbuilt Critical Illness Benefit is admitted, life assured will have an option to defer the payment of premiums falling due within 2 years from the date of admission of Critical Illness claim under the policy (including rider premiums). The deferment of premiums shall be allowed for a period of 2 years from the date of admission of Critical Illness claim and subsequent premiums, if any, shall be payable on their due dates. No interest shall be charged from the life assured for deferred premiums within the period of such deferment. During this period, if any outstanding premium(s) are not paid, and any of the benefits payable under the base policy and/or rider(s) become due, the applicable benefit(s) shall be payable as under an inforce policy after the deduction of all the premiums due under the policy.

(C) Medical Second Opinion: The policyholder will have facility of taking Medical Second Opinion through the available healthcare providers internationally or through reputed hospitals in India or through specialist doctors available in different places depending on the arrangement in this regard by the Corporation. The Medical Second Opinion shall not include the cost of any diagnostic tests. This facility shall be available only once during the policy term with no extra cost.

The Corporation will not be responsible for the opinion provided by Medical Second Opinion. This provision for all or either of the options of Medical Second Opinion is subject to availability of the facility and arrangements made by the Corporation and as intimated in this regard.

II. Conditions and restrictions under Inbuilt Critical Illness Benefit:

(A) Inbuilt Critical Illness benefit will be payable only after the Corporation is satisfied on the basis of available medical evidence that the specified illness has occurred. However, in some illnesses covered under this benefit, a specific deferment period applies to establish permanence of the illness covered.

(B) The inbuilt Critical Illness Benefit shall be payable only once during the currency of the policy. Under a paid-up policy proportionate benefit amount shall be payable as mentioned in Condition 2 of Part D of this policy document.

(C) The list and definitions of the 15 Critical Illness conditions covered under this benefit:

1. CANCER OF SPECIFIED SEVERITY:

I. 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 leukaemia, lymphoma and sarcoma.

II. 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;
- ix. All tumors in the presence of HIV infection.

2. OPEN CHEST CABG

I. 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 breast bone) 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.

II. The following are excluded:

Angioplasty and/or any other intra-arterial procedures

3. MYOCARDIAL INFARCTION

(First Heart Attack of specific severity)

I. 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.

II. 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.

4. 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.

5. MAJOR ORGAN /BONE MARROW TRANSPLANT (as recipient)

I. 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.

II. The following are excluded:

- i. Other stem-cell transplants
- ii. Where only islets of langerhans are transplanted

6. STROKE RESULTING IN PERMANENT SYMPTOMS

- I. Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation 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.
- II. 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.

7. 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.

8. MULTIPLE SCLEROSIS WITH PERSISTING SYMPTOMS

- I. 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.
- II. Other causes of neurological damage such as SLE and HIV are excluded.

9. AORTIC SURGERY

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.

Surgery performed using only minimally invasive or intra-arterial techniques are excluded.

10. PRIMARY (IDIOPATHIC) PULMONARY HYPERTENSION

- I. 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.
- II. 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.
- III. 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.

11. ALZHEIMER'S DISEASE/ DEMENTIA

Deterioration or loss of intellectual capacity as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's Disease or irreversible organic disorders, resulting in significant reduction in mental and social functioning requiring the continuous supervision of the Life Assured for a minimum period of 6 months from date of diagnosis. This diagnosis must be supported by the clinical confirmation of an appropriate Registered Medical practitioner who is also a Neurologist and supported by the Corporation's appointed doctor.

The following are excluded:

- i. Non-organic disease such as neurosis and psychiatric illnesses; and
- ii. Alcohol-related brain damage.

12. BLINDNESS

- I. Total, permanent and irreversible loss of all vision in both eyes as a result of illness or accident.
- II. The Blindness is evidenced by:
 - i. corrected visual acuity being 3/60 or less in both eyes or ;
 - ii. the field of vision being less than 10 degrees in both eyes.
- III. The diagnosis of blindness must be confirmed and must not be correctable by aids or surgical procedure.

13. THIRD DEGREE BURNS

There must be third-degree burns with scarring that cover at least 20% of the body's surface area. The diagnosis must confirm the total area involved using standardized, clinically accepted, body surface area charts covering 20% of the body surface area.

14. OPEN HEART REPLACEMENT OR REPAIR OF HEART VALVES

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.

15. BENIGN BRAIN TUMOR

1. 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.
 2. 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.
- III. The following conditions are excluded:
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.

(D) **Waiting period:** A waiting period of 90 days will apply from the date of commencement of risk or date of revival of risk cover, whichever is later, to the first diagnosis of the Critical Illness under consideration. This would mean that this benefit shall terminate if any of the contingencies mentioned in Condition 3.II. of Part C of this policy document occurs:

- (i) at any time on or after the date on which the risk under the Policy has commenced but before the expiry of 90 days reckoned from that date or
- (ii) before the expiry of 90 days from the date of Revival.

However, waiting period will not apply to conditions arising directly out of accident.

(E) **Survival period:** A survival period of 30 days is applicable from the date of diagnosis of Critical Illness listed above. If death occurs within the survival period, no inbuilt critical illness benefit shall be payable.

(F) Exclusions:

The Corporation shall not be liable to pay any of the benefits under Inbuilt Critical Illnesses Benefit if the critical illness has occurred directly or indirectly as a result of any of the following:

- i. Any of the listed critical illness conditions where death occurs within 30 days from the date of diagnosis
- ii. Any sickness condition related to the critical illnesses listed above manifesting itself within 90 days of the commencement of risk or revival of risk cover, whichever is later.
- iii. Intentionally self-inflicted injury or attempted suicide, irrespective of mental condition.
- iv. Alcohol or solvent abuse, or the taking of drugs except under the direction of a registered medical practitioner.
- v. War, invasion, hostilities (whether war is declared or not), civil war, rebellion, revolution or taking part in a riot or civil commotion.
- vi. Taking part in any act of a criminal nature.
- vii. Any Pre-existing medical condition.
- viii. HIV or AIDS
- ix. Failure to seek medical or follow medical advice (i.e. failure to undergo tests or treatments that a prudent person would normally undergo as recommended by a Medical Practitioner.
- x. Radioactive contamination due to nuclear accident.

(G) Termination of Inbuilt Critical Illness Benefit:

The Inbuilt Critical Illness Benefit will terminate on the earliest occurrence of any of the following events:

- a) The date on which the claim is paid in respect of this benefit; or
- b) The date of expiry of policy term; or
- c) The date on which surrender benefit are settled under the policy; or
- d) On cancellation/termination of the policy for any reason; or
- e) On cancellation/termination of the policy by the Corporation on grounds of misrepresentation, fraud or non-disclosure established in terms of Section 45 of the Insurance Act, 1938, as amended from time to time; or
- f) On diagnosis of a Critical Illness within the waiting period

Any critical illness manifesting itself during the waiting period is not admissible. The first admissible critical illness which is manifested, diagnosed and lodged after waiting period and during the currency of policy, once admitted for, shall preclude any further critical illness and therefore the benefit will terminate.

- (H) (i) If the insured event requires the surgical procedure to be performed, the procedure must be the usual treatment for the condition and be medically necessary;
- (ii) The Critical Illness benefit shall be payable only on confirmation of the diagnosis by a registered Medical Practitioner appointed/approved by the Corporation;

4. Rider Benefits:

The following 4 rider(s) are available under this policy:

1. LIC's Accidental Death and Disability Benefit Rider (UIN: 512B209V02)
2. LIC's New Term Assurance Rider (UIN 512B210V01)
3. LIC's Accident Benefit Rider (UIN 512B203V03)
4. LIC's New Critical Illness Benefit Rider (UIN 512A212V01)

However, the eligible Life Assured can opt between either of the LIC's Accidental Death and Disability Rider or LIC's Accident Benefit Rider. Therefore, a maximum of three riders can be availed under this policy.

LIC's Accidental Death and Disability Benefit Rider / LIC's Accident Benefit Rider: Under an in-force policy either of these riders can be opted for at any time within the premium paying term of the Base Policy provided, the outstanding premium paying term of the Base Policy is atleast five years.

LIC's New Term Assurance Rider/LIC's New Critical Illness Benefit Rider: These riders are available only at the inception of the policy on payment of additional premium.

Conditions of rider(s), if opted, are enclosed as endorsement(s) to this policy.

5.Option to defer the Survival Benefit(s): The policyholder shall have an option to defer the Survival Benefit(s) and take the increased Survival Benefits (i.e. deferred original Survival Benefit(s) along with interest) at any time on or after its due date but during the currency of the policy. If the increased survival benefit(s) are not taken by the policyholder during the currency of the policy the same shall be payable along with benefit payable at the time of termination of the policy in form of death or maturity or surrender. This option can be availed under an in-force as well as paid-up policy.

The annual compound interest rate payable on each deferred survival benefit shall be equal to the Yield corresponding to 5 year G-Sec Rate minus 150 basis points. Where, 5 year G-Sec Rate shall be as at 31st March preceding the date of exercise of deferment option. This rate shall be fixed for the entire duration of deferment of that survival benefit.

This option can be exercised for either or both of the Survival Benefits separately and is to be intimated in writing to the servicing Branch Office of the Corporation at least six months before the due date of the Survival Benefit. Else the survival benefits would be paid on their due dates as per the terms of the policy.

6.Participation in profits: Provided the policy has completed five policy years and atleast 5 full years' premium have been paid, then depending upon the Corporation's experience the policies under this plan shall be eligible for Loyalty Addition at the time of exit in the form of Death during the policy term or Maturity, at such rate and on such terms as may be declared by the Corporation.

In addition, Loyalty Addition, if any, shall also be considered in Special Surrender Value calculation on surrender of policy during the policy term, provided the policy has completed five policy years and atleast 5 full years' premium have been paid. In case of surrender of policy, Loyalty Addition shall be corresponding to the completed policy years for which the policy was in-force.

Under a paid-up policy, Loyalty Addition shall be payable for the completed policy years for which the policy was in-force.

In case the premiums are not duly paid, Guaranteed Additions shall not accrue and the policy shall also cease to participate in future profits irrespective of whether or not the policy has acquired paid-up value.

7.Payment of Premiums

(a) The policyholder has to pay the Premium on the due dates as specified in the Schedule of this Policy Document along with taxes, if any, as applicable from time to time.

(b) In case of death of Life Assured under an in-force policy wherein all the premiums due till the date of death have been paid and where the mode of payment of premium is other than yearly, balance premium(s), if any, falling due from the date of death and before the next policy anniversary shall be deducted from the claim amount.

(c) In case of claim under Inbuilt Critical Illness Benefit is paid and option to defer the payment of premiums is availed, during this deferment period of two years from the date of admission of Inbuilt Critical Illness Benefit claim if any of the benefits payable under the Base Policy and/or rider(s) become due, the applicable benefit(s) shall be payable as under an inforce policy after the deduction of all the premiums due under the policy. If the due premiums are not paid before the expiry of the deferment period of two years from the date of admission of Inbuilt Critical Illness Benefit claim, the Policy lapses.

The Corporation does not have any obligation to issue a notice that premium is due or for the amount that is due.

8.Grace period:

A grace period of 30 days shall be allowed for payment of yearly or half-yearly or quarterly premiums and 15 days for monthly premiums from date of First unpaid premium. If the premium is not paid before the expiry of the days of grace, the Policy lapses.

If the death of the Life Assured occurs within the grace period but before the payment of the premium then due, the policy will still be valid and 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 death and before the next policy anniversary.

The above grace period will also apply to rider premiums which are payable along with premium for Base Policy.

If an Inbuilt Critical Benefit claim is intimated within the grace period but before the payment of the premium then due, the policy will still be valid and the benefits shall be paid after deductions of the said unpaid premium.

PART – D: CONDITIONS RELATED TO SERVICING ASPECTS

- 1. Proof of Age:** The premiums having been calculated on the age of the Life Assured as declared in the Proposal, in case the age is found higher than such age, without prejudice to the Corporation's other rights and remedies, including those under the Insurance Act, 1938, as amended from time to time, the premiums shall be payable in such case at the rate calculated on the Basic Sum Assured and Rider(s) Sum Assured, if opted for, the correct age at entry, and the accumulated difference between the premiums for the correct age and the original premiums, from the commencement of the Policy upto the date of such payment shall be paid to the Corporation with interest at such rate as fixed by the Corporation from time to time. However, in case the Life Assured/Proposer continues to pay the premiums at the rates shown herein, and also does not pay the above mentioned accumulated debt, the accumulated difference between the premiums for the correct age and the original premiums from the commencement of this Policy up to the date on which the Policy becomes a claim, with interest on each instalment of such difference at such rate as may be fixed by the Corporation from time to time, shall accrue and be treated as a debt due by the Life Assured / Proposer against the said Policy and shall be deducted from the Policy benefits payable and/or on the Policy becoming a claim.

Provided further that if the Life Assured's correct age at entry is such as would have made him/her uninsurable under the class or terms of assurance specified in the said Schedule hereto, the class or terms shall stand altered to such Plan of Assurance as are granted by the Corporation according to the practice in-force at the commencement of this policy subject to the consent of the Policyholder, otherwise the policy will be cancelled.

2. Forfeiture and Non-forfeiture Regulations:

Forfeiture Regulations:

- If less than one year's premium have been paid in respect of this policy and any subsequent premium be not duly paid, all the benefits under this policy shall cease after the expiry of grace period from the date of first unpaid premium and nothing shall be payable, and the premiums paid hitherto are also not refundable.
- Forfeiture in Certain Other Events:** In case any condition herein contained or endorsed hereon be contravened or 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 this policy shall be void and all claims to any benefit in virtue of this policy shall be subject to the provisions of Section 45 of the Insurance Act, 1938, as amended from time to time.

Non -forfeiture Regulations:

If, after at least one full year's premium has been paid and on completion of one policy year and any subsequent premiums be not duly paid, this policy shall not be wholly void, but shall subsist as a paid-up policy till the end of the policy term.

The **Sum Assured on Death** under a paid-up policy shall be reduced to such a sum, called '**Death Paid-up Sum Assured**' and shall be equal to **Sum Assured on Death** multiplied by the ratio of the total period for which premiums have already been paid bears to the maximum period for which premiums were originally payable. In addition to the Death Paid-up Sum Assured the Guaranteed Additions accrued upto the date of first unpaid premium along with Loyalty Addition, if any, shall also be payable on death.

The **Sum Assured on Maturity** under a paid-up policy shall be reduced to such a sum called '**Maturity Paid-up Sum Assured**' and shall be equal to **Sum Assured on Maturity** multiplied by the ratio of the total period for which premiums have already been paid bears to the maximum period for which premiums were originally payable. In addition to the Maturity Paid-up Sum Assured, the Guaranteed Additions accrued upto the date of first unpaid premium along with Loyalty Addition, if any, shall also be payable on maturity.

The survival benefits payable under a paid-up policy shall be equal to (survival benefit payable under in-force policy) * (Total period for which premiums have already been paid / the maximum period for which premiums were originally payable) and shall be payable on Life Assured surviving to each of the specified duration during the policy term.

The inbuilt critical illness benefit under a paid-up policy, provided the same has not been admitted earlier under the policy, shall be equal to (10% of Basic Sum Assured) *(Total period for which premiums have already been paid / the maximum period for which premiums were originally payable) and shall be payable on first diagnosis of any of the critical illnesses specified in conditions 3.II of Part C of this policy document.

However, if the option to defer the Survival Benefit(s) has been exercised and payment of such Survival Benefit(s) which were due but have not yet been made, these increased Survival Benefit(s) as specified in Condition 5 of Part C of this policy document shall be payable along with benefit payable on termination of the policy in form of death or maturity or surrender.

Under a Paid-up policy, Loyalty Addition, if any, shall be payable for the completed policy years for which the policy was inforce, provided the premiums have been paid for atleast 5 full years and after completion of 5 policy years. This Loyalty Addition shall correspond to the completed policy years as on the date of first unpaid premiums.

The accrued Guaranteed Additions under a paid-up policy shall include the Guaranteed Addition for the policy year during which the policy becomes paid-up on proportionate basis in proportion to the premium received for that year.

Notwithstanding what is stated above, if atleast three full years' premiums have been paid in respect of this policy, and any subsequent premium be not duly paid, in the event of the death of the Life Assured within six months from the due date of first unpaid premium, "Sum Assured on Death" along with accrued Guaranteed Additions will be paid after deduction of (a) the unpaid premium(s) for the Base Policy with interest thereon upto the date of death on the same terms as for revival of the Policy during such period, and (b) the balance premium(s) for the Base Policy falling due from the date of death and before

the next Policy anniversary. This provision does not apply to Inbuilt Critical Illness Benefit and also in case of death due to suicide.

Notwithstanding what is stated above, if at least five full years' premiums have been paid in respect of this policy, and any subsequent premium be not duly paid, in the event of death of the Life Assured within 12 months from the first unpaid premium, "Sum Assured on Death" along with accrued Guaranteed Additions and Loyalty Addition, if any, will be paid after deduction of (a) the unpaid premium(s) for the Base Policy with interest thereon upto the date of death on the same terms as for revival of the Policy during such period, and (b) the balance premium(s) for the Base Policy falling due from the date of death and before the next Policy anniversary. This provision does not apply to Inbuilt Critical Illness Benefit and also in case of death due to suicide.

All of the above mentioned Non-forfeiture Regulations do not apply to Riders as the riders do not acquire any paid-up value. The riders cease to apply, if policy is in lapsed condition.

- 3. Revival of lapsed Policies:** An Insurance Policy would lapse on non-payment of due premium within the days of grace. A policy in lapsed condition may be revived during the life time of the Life Assured, but within the Revival Period and before the Date of Maturity, as the case may be. The revival shall be effected on payment of all the arrears of premium 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/Proposer.

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.

If the revival period falls beyond the premium paying term and the policy is revived after the due date of survival benefit, then the difference between full Survival Benefit payable under in-force policy and Survival Benefit already paid considering paid-up policy shall be paid to the policyholder.

Revival of Rider(s), if opted for, will only be considered along with the revival of the Base Policy and not in isolation.

- 4. Surrender:** The policy can be surrendered by the policyholder at any time during the policy term provided one full year's premium has been paid and on completion of one policy year. On surrender of the policy, the Corporation shall pay the Surrender Value equal to higher of Guaranteed Surrender Value and Special Surrender Value.

The Special Surrender Value is reviewable and shall be determined by the Corporation from time to time subject to prior approval of IRDAI.

The Guaranteed Surrender Value payable during the policy term shall be equal to the total premiums paid (excluding any extra premium, any premiums for rider(s), if opted for and taxes) multiplied by the Guaranteed Surrender Value factor applicable to total premiums paid, less any survival benefits already due and payable, if any, under the policy. These Guaranteed Surrender Value factors expressed as percentages will depend on the policy term and policy year in which the policy is surrendered and are contained in Annexure - 4 of this policy document.

In addition, the surrender value of accrued Guaranteed Additions shall also be payable, which is equal to the accrued Guaranteed Additions multiplied by Guaranteed Surrender Value factor applicable to accrued Guaranteed Additions. These Guaranteed Surrender Value factors expressed as percentages will depend on the policy term and policy year in which the policy is surrendered and are contained in Annexure - 5 of this policy document. The accrued Guaranteed Additions shall include Guaranteed Addition for the policy year in which the last premium is received on proportionate basis in proportion to the premium received for that year.

In addition to the payable Surrender Value, if the option to defer the Survival Benefit(s) has been exercised and payment of such Survival Benefit(s) which were due but have not yet been made, these increased Survival Benefit(s) as specified in Condition 5 of Part C of this policy document, shall also be paid.

No surrender value will be available on Rider(s), if any.

- 5. Policy Loan:** Loan can be availed under this policy provided atleast one full year's premium has been paid and on completion of one policy year subject to the following terms and conditions, within the surrender value of the policy for such amounts and on such further terms and conditions as the Corporation may fix from time to time:
- i. The Policy shall be assigned absolutely to and held by the Corporation as security for the repayment of Loan and of the interest thereon.
 - ii. The maximum loan as a percentage of surrender value shall be as under:
 - For inforce policies – upto 90%
 - For paid-up policies – upto 80%
 - iii. Interest on Loan shall be paid on compounding half-yearly basis to the Corporation at the rate to be specified by the Corporation at the time of taking loan under this policy. The applicable interest rate shall be based on the method approved by IRDAI. The first payment of interest is to be made on the next Policy anniversary or on the date six months before the next Policy anniversary whichever immediately follows the date on which the Loan is sanctioned and every half year thereafter.
 - iv. In the event of default in payment of loan interest on the due dates as herein mentioned above and when the outstanding loan amount along with interest is to exceed the surrender value, the Corporation would be entitled to foreclose such

policies. Such policies when being foreclosed shall be entitled to payment of the difference of surrender value and the outstanding loan amount along with interest, if any.

- v. Corporation is entitled to recover or recall the amount of the Loan with all due interest by giving 3 months' notice;
- vi. In case the policy shall mature or become due for survival benefits or surrendered or becomes a claim by death, the Corporation shall become entitled to deduct the amount of outstanding Loan, together with all interest from the policy moneys.

6. Termination of Policy:

The policy shall immediately and automatically terminate on the earliest occurrence of any of the following events:

- a) The date on which lump sum / final instalment of death benefit is paid; or
- b) The date on which surrender benefits are settled under the policy; or
- c) The date of maturity if settlement option is not exercised; or
- d) On payment of final instalments under Settlement Option; or
- e) In the event of default in payment of loan interest as specified in Condition 5 of Part D of this policy document; or
- f) On expiry of Revival Period if the policy, which has not acquired paid up status, has not been revived within the revival period; or
- g) On payment of free look cancellation amount; or
- h) In the event of forfeiture as specified in Condition 2 of Part D of this Policy Document.

7. Free look period:

During the Free Look period of 15 days from the date of receipt of the Policy Document by the Policyholder, 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 reason of objections. 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 Base Policy and Rider(s), if opted for) for the period of cover and charges for medical examinations, special reports, if any, and stamp duty.

8. Option to take Death Benefit in instalments:

This is an option to receive Death Benefit in instalments over the chosen period of 5 or 10 or 15 years instead of lump sum amount under an inforce as well as Paid-up policy. This option can be exercised by Life Assured during his/her lifetime, for full or part of the Death proceeds payable under the policy. The amount opted by the Life Assured (i.e. net claim amount including the payment for deferred Survival Benefit(s), if any) can be either in absolute value or as a percentage of the total claim proceeds payable.

The instalments shall be paid in advance at yearly or half-yearly or quarterly or monthly intervals, as opted for, subject to minimum instalment amount for different modes of payments being as under:

Mode of Instalment payment	Minimum instalment amount
Monthly	Rs. 5,000/-
Quarterly	Rs. 15,000/-
Half-Yearly	Rs. 25,000/-
Yearly	Rs. 50,000/-

If the Net Claim Amount is less than the required amount to provide the minimum instalment amount as per the option exercised by the Life Assured, the claim proceed shall be paid in lump sum only.

The interest rates applicable for arriving at the instalment payments under this option shall be as fixed by the Corporation from time to time.

For exercising option to take Death Benefit in instalments, the Life Assured can exercise this option during his/her lifetime while in currency of the policy, specifying the period of Instalment payment and net claim amount for which the option is to be exercised. The death claim amount shall then be paid to the nominee as per the option exercised by the Life Assured and no alteration, whatsoever, shall be allowed to be made by the nominee.

9. Settlement Option (for Maturity Benefit): Settlement Option is an option to receive Maturity Benefit in instalments over the chosen period of 5 or 10 or 15 years instead of lump sum amount under an inforce as well as Paid-up policy. This option can be exercised only by the Life Assured, for full or part of the Maturity proceeds payable under the policy. The amount opted by the Life Assured (i.e. net claim amount including the payment for deferred Survival Benefit(s), if any) can be either in absolute value or as a percentage of the total claim proceeds payable ().

The instalments shall be paid in advance at yearly or half-yearly or quarterly or monthly intervals, as opted for, subject to minimum instalment amount for different modes of payments being as under:

Mode of Instalment payment	Minimum instalment amount
Monthly	Rs. 5,000/-
Quarterly	Rs. 15,000/-
Half-Yearly	Rs. 25,000/-
Yearly	Rs. 50,000/-

If the net claim amount is less than the required amount to provide the minimum instalment amount as per the option exercised by the Life Assured, the claim proceed shall be paid in lump sum only.

The interest rates applicable for arriving at the instalment payments under Settlement Option shall be as fixed by the Corporation from time to time.

For exercising the settlement option against Maturity Benefit, the Life Assured shall be required to exercise option for payment of net claim amount in instalments at least 3 months before the due date of maturity claim.

After the commencement of Instalment payments under Settlement Option against Maturity Benefit:

- i. If a Life Assured, who has exercised Settlement Option against Maturity Benefit, desires to withdraw this option and commute the outstanding instalments the same shall be allowed on receipt of written request from the Life Assured. In such case, the lumpsum amount, which is higher of the following shall be paid and the policy shall terminate.
 - discounted value of all the future instalments due; or
 - (the original amount for which settlement option was exercised) **less** (sum of total instalments already paid);
- ii. The interest rates applicable for discounting the future instalment payments shall be as fixed by the Corporation from time to time.
- iii. After the Date of Maturity, in case of death of the Life Assured, who has exercised Settlement Option, the outstanding instalments will continue to be paid to the nominee as per the option exercised by the Life Assured and no alteration whatsoever shall be allowed to be made by the nominee.

PART E

Not Applicable.

PART – F: OTHER TERMS AND CONDITIONS

1. **a) Assignments:** Assignment is allowed under this plan as per section 38 of the Insurance Act, 1938, as amended from time to time. The current provisions of Section 38 are contained in Annexure-1 of this Policy Document. The notice of assignment should be submitted for registration to the office of the Corporation, where the policy is serviced.

b) Nominations: Nomination by the holder of a policy of life assurance is required as per Section 39 of the Insurance Act, 1938, as amended from time to time. The current provisions of Section 39 are contained in Annexure-2 of this Policy Document. The notice of nomination or change of nomination should be submitted for registration to the office of the Corporation, where the policy is serviced. In registering nomination the Corporation does not accept any responsibility or express any opinion as to its validity or legal effect.

2. **Suicide:** Notwithstanding the provision of benefits payable on death mentioned anywhere in this Policy Document, the provisions related to claim payment in case of death due to suicide shall be subject to the conditions as specified herein under:
 - i. If the Life Assured (whether sane or insane) commits suicide at any time within 12 months from the date of commencement of risk, the Corporation will not entertain any claim under this policy except for 80% of the total premiums paid excluding any taxes, extra premium and rider premiums other than term assurance rider, if any, provided the policy is in-force.
 - ii. If the Life Assured (whether sane or insane) commits suicide within 12 months from date of revival, an amount which is higher of 80% of the total premiums paid till the date of death (excluding any taxes, extra premium and rider premiums other than term assurance rider, if any,) or the surrender value as available on the date of death, shall be payable. The Corporation will not entertain any other claim under this policy.

This clause shall not be applicable for a policy lapsed without acquiring paid-up value and nothing shall be payable under such policies.

The relaxation mentioned above under Non-forfeiture Regulation mentioned in condition 2 of Part D shall not be applicable in case of death due to suicide.

3. **Tax:** 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 as applicable from time to time.

The amount of applicable taxes as per the prevailing rates, shall be payable by the policyholder on premiums (for Base Policy and rider(s), if any) including extra premiums, if any, which 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.

4. Normal requirements for a claim:

- (a) **Death Claim:** The normal documents which the claimant shall submit while lodging the claim in case of death of the Life Assured shall be claim forms, as prescribed by the Corporation, accompanied with original policy document, NEFT mandate from the claimant for direct credit of the claim amount to the bank account, proof of title, proof of death, medical treatment prior to the death (if any), school/ college/ employer's certificate, whichever is applicable, to the satisfaction of the Corporation. If the age is not admitted under the policy, the proof of age of the Life assured shall also be submitted.

Within 90 days from the date of death, intimation of death along with death certificate must be notified in writing to the office of the Corporation where the policy is serviced for any claims to be admissible. However, delay in intimation of the genuine claim by the claimant, if any, may be condoned by the Corporation, on merit, where delay is proved to be for reasons beyond his/her control.

- (b) **Survival Benefit / Maturity / Surrender Claim:** Where the policy results into a maturity claim or results into a survival benefits claim or in case of surrender of the policy, the Life Assured shall submit the discharge form along with the original policy document, NEFT mandate from the claimant for direct credit of the claim amount to the bank account besides proof of age, if the age is not admitted earlier.
- (c) **Normal requirements for a claim under Inbuilt Critical Illness Benefit:** Within 120 days from the date on which any of the contingencies mentioned under definitions of Critical Illnesses herein above has occurred, full particulars hereof must be notified in writing to the office of the Corporation where this Policy is serviced together with the then address and whereabouts of the Life Assured. Proof satisfactory to the Corporation of the contingency that has occurred, shall be furnished in the manner required as below:
1. Claim Form duly signed by the insured along with NEFT mandate from the Claimant for direct credit of the claim amount to the bank account;
 2. Original Policy document;
 3. Treating doctor certificate filled by the doctor treating the Life Assured for the diagnosed ailment. The treating doctor should be a Medical Practitioner registered in India/other country as approved by the Corporation, not being the policyholder, Life Assured or the respective partner or spouse or relatives.
 4. Hospital certificate/Discharge Summary duly filled by the hospital where Life Assured was admitted.
 5. Confirmatory investigations including, but not limited to, clinical, radiological, histological & laboratory evidence;
 6. In case of Critical Illness directly arising out of an Accident, claimant is required to submit the following documents:
 - a) Certified copies of First Information Report (FIR) and the Final Police Closure Report
 - b) Any associated newspaper cutting
 7. Any other document or information as asked for by the Corporation depending on the facts & circumstances of each case.

In addition to above, any requirement mandated under any statutory provision or as may be required as per law shall also be required to be submitted.

5. **Force Majeure:** In the event where the Corporation's performance or any other obligations are prevented or hindered as a consequence of any act of God or state, strike, lock out, legislation or restriction by any government or any other statutory authority or any other circumstances that lie beyond the Corporation's anticipation or control, the performance of this policy shall be wholly or partially suspended during the continuance of such force majeure. The Corporation shall resume its obligations towards the Policy as soon as the Force Majeure event ceases. The Corporation undertakes to keep the IRDAI informed and seek prior approval before effecting any of these changes.
6. **Legislative Changes:** The Terms and Conditions including the premiums and benefits payable under this policy are subject to variation in accordance with the relevant Legislation & Regulations.
7. **Benefit Illustration:** Your customized Benefit Illustration is enclosed to this Policy Document.

PART – G: STATUTORY PROVISIONS

Section 45 of the Insurance Act 1938:

The provisions of Section 45 of the Insurance Act, 1938, as amended from time to time, shall be applicable. The current provisions are contained in Annexure-3 of this policy document.

Grievance Redressal Mechanism:

Of the Corporation:

The Corporation has Grievance Redressal Officers at Branch/ Divisional/ Zonal/ Central Office to redress grievances of customers. For ensuring quick redressal of customer grievances the Corporation has introduced Customer friendly Integrated Complaint Management System through our Customer Portal (website) which is <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_crmgrv@licindia.com for redressal of any grievances.

Claimants not satisfied with the decision of death 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 a response from us within 15 days, then the customer may approach the Grievance Cell of the IRDAI through any of the following modes:

- Calling Toll Free Number 155255 / 18004254732 (i.e. IRDAI Grievance Call Centre)
- Sending an email to complaints@irdai.gov.in
- Register the complaint online at <http://www.igms.irdai.gov.in>
- Address for sending the complaint through courier / letter:
Consumer Affairs 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.

The Ombudsman, as per Insurance Ombudsman Rules, 2017, can receive and consider complaints or disputes relating to the

matters such as:

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

Note: In case of dispute in respect of interpretation of terms and conditions mentioned in this document the English version shall stand valid.

YOU ARE REQUESTED TO EXAMINE THIS POLICY, AND IF ANY MISTAKE BE FOUND THEREIN, RETURN IT IMMEDIATELY FOR CORRECTION.

Assignment - As per Section 38 of the Insurance Act 1938

(1) A transfer or assignment of a policy of insurance, wholly or in part, whether with or without consideration, may be made only by an endorsement upon the policy itself or by a separate instrument, signed in either case by the transferor or by the assignor or his duly authorised agent and attested by at least one witness, specifically setting forth the fact of transfer or assignment and the reasons thereof, the antecedents of the assignee and the terms on which the assignment is made.

(2) An insurer may, accept the transfer or assignment, or decline to act upon any endorsement made under sub-section(1), where it has sufficient reason to believe that such transfer or assignment is not bonafide or is not in the interest of the policyholder or in public interest or is for the purpose of trading of insurance policy.

(3) The insurer shall, before refusing to act upon the endorsement, record in writing the reasons for such refusal and communicate the same to the policyholder not later than thirty days from the date of the policy-holder giving notice of such transfer or assignment.

(4) Any person aggrieved by the decision of an insurer to decline to act upon such transfer or assignment may within a period of thirty days from the date of receipt of the communication from the insurer containing reasons for such refusal, prefer a claim to the Authority.

(5) Subject to the provisions in sub-section (2), the transfer or assignment shall be complete and effectual upon the execution of such endorsement or instrument duly attested but except, where the transfer or assignment is in favour of the insurer, shall not be operative as against an insurer, and shall not confer upon the transferee or assignee, or his legal representative, any right to sue for the amount of such policy or the moneys secured thereby until a notice in writing of the transfer or assignment and either the said endorsement or instrument itself or a copy thereof certified to be correct by both transferor and transferee or their duly authorised agents have been delivered to the insurer:

Provided that where the insurer maintains one or more places of business in India, such notice shall be delivered only at the place where the policy is being serviced.

(6) The date on which the notice referred to in sub-section (5) is delivered to the insurer shall regulate the priority of all claims under a transfer or assignment as between persons interested in the policy; and where there is more than one instrument of transfer or assignment the priority of the claims under such instruments shall be governed by the order in which the notices referred to in sub-section (5) are delivered:

Provided that if any dispute as to priority of payment arises as between assignees, the dispute shall be referred to the Authority.

(7) Upon the receipt of the notice referred to in sub-section (5), the insurer shall record the fact of such transfer or assignment together with the date thereof and the name of the transferee or the assignee and shall, on the request of the person by whom the notice was given, or of the transferee or assignee, on payment of such fee as may be specified by the regulations, grant a written acknowledgement of the receipt of such notice; and any such acknowledgement shall be conclusive evidence against the insurer that he has duly received the notice to which such acknowledgment relates.

(8) Subject to the terms and conditions of the transfer or assignment, the insurer shall, from the date of the receipt of the notice referred to in sub-section (5), recognize the transferee or assignee named in the notice as the absolute transferee or assignee entitled to benefit under the policy, and such person shall be subject to all liabilities and equities to which the transferor or assignor was subject at the date of the transfer or assignment and may institute any proceedings in relation to the policy, obtain a loan under the policy or surrender the policy without obtaining the consent of the transferor or assignor or making him a party to such proceedings.

Explanation – Except where the endorsement referred to in sub-section (1) expressly indicates that the assignment or transfer is conditional in terms of subsection (10) hereunder, every assignment or transfer shall be deemed to be an absolute assignment or transfer and the assignee or transferee, as the case may be, shall be deemed to be the absolute assignee or transferee respectively.

(9) Any rights and remedies of an assignee or transferee of a policy of life insurance under an assignment or transfer effected prior to the commencement of the Insurance Laws (Amendment) Act, 2015 shall not be affected by the provisions of this section.

(10) Notwithstanding any law or custom having the force of law to the contrary, an assignment in favour of a person made upon the condition that-

- a. The proceeds under the policy shall become payable to the policyholder or the nominee or nominees in the event of either the assignee or transferee predeceasing the insured; or
- b. The insured surviving the term of the policy, shall be valid:

Provided that a conditional assignee shall not be entitled to obtain a loan on the policy or surrender a policy.

(11) In the case of the partial assignment or transfer of a policy of insurance under sub-section (1), the liability of the insurer shall be limited to the amount secured by partial assignment or transfer and such policyholder shall not be entitled to further assign or transfer the residual amount payable under the same policy.

Nomination - As per Section 39 of the Insurance Act 1938

(1) The holder of a policy of life insurance on his own life may, when effecting the policy or at any time before the policy matures for payment, nominate the person or persons to whom the money secured by the policy shall be paid in the event of his death:

Provided that, where any nominee is a minor, it shall be lawful for the policy holder to appoint any person in the manner laid down by the insurer, to receive the money secured by policy in the event of his death during the minority of the nominee.

(2) Any such nomination in order to be effectual shall, unless it is incorporated in the text of the policy itself, be made by an endorsement on the policy communicated to the insurer and registered by him in the records relating to the policy and any such nomination may at any time before the policy matures for payment be cancelled or changed by an endorsement or a further endorsement or a will, as the case may be, but unless notice in writing of any such cancellation or change has been delivered to the insurer, the insurer shall not be liable for any payment under the policy made bona fide by him to a nominee mentioned in the text of the policy or registered in records of the insurer.

(3) The insurer shall furnish to the policy holder a written acknowledgement of having registered a nomination or a cancellation or change thereof, and may charge such fee as may be specified by regulations for registering such cancellation or change.

(4) A transfer or assignment of a policy made in accordance with section 38 shall automatically cancel a nomination:

Provided that the assignment of a policy to the insurer who bears the risk on the policy at the time of the assignment, in consideration of a loan granted by that insurer on the security of the policy within its surrender value, or its reassignment on repayment of the loan shall not cancel a nomination, but shall affect the rights of the nominee only to the extent of the insurer's interest in the policy:

Provided further that the transfer or assignment of a policy, whether wholly or in part, in consideration of a loan advanced by the transferee or assignee to the policyholder, shall not cancel the nomination but shall affect the rights of the nominee only to the extent of the interest of the transferee or assignee, as the case may be, in the policy:

Provided also that the nomination, which has been automatically cancelled consequent upon the transfer or assignment, the same nomination shall stand automatically revived when the policy is reassigned by the assignee or retransferred by the transferee in favour of the policyholder on repayment of loan other than on a security of policy to the insurer.

(5) Where the policy matures for payment during the lifetime of the person whose life is insured or where the nominee or, if there are more nominees than one, all the nominees die before the policy matures for payment, the amount secured by the policy shall be payable to the policyholder or his heirs or legal representatives or the holder of a succession certificate, as the case may be.

(6) Where the nominee or if there are more nominees than one, a nominee or nominees survive the person whose life is insured, the amount secured by the policy shall be payable to such survivor or survivors.

(7) Subject to the other provisions of this section, where the holder of a policy of insurance on his own life nominates his parents, or his spouse, or his children, or his spouse and children, or any of them, the nominee or nominees shall be beneficially entitled to the amount payable by the insurer to him or them under sub-section (6) unless it is proved that the holder of the policy, having regard to the nature of his title to the policy, could not have conferred any such beneficial title on the nominee.

(8) Subject as aforesaid, where the nominee, or if there are more nominees than one, a nominee or nominees, to whom sub-section (7) applies, die after the person whose life is insured but before the amount secured by the policy is paid, the amount secured by the policy, or so much of the amount secured by the policy as represents the share of the nominee or nominees so dying (as the case may be), shall be payable to the heirs or legal representatives of the nominee or nominees or the holder of a succession certificate, as the case may be, and they shall be beneficially entitled to such amount.

(9) Nothing in sub-sections (7) and (8) shall operate to destroy or impede the right of any creditor to be paid out of the proceeds of any policy of life insurance.

(10) The provisions of sub-sections (7) and (8) shall apply to all policies of life insurance maturing for payment after the commencement of the Insurance Laws (Amendment) Act, 2015.

(11) Where a policyholder dies after the maturity of the policy but the proceeds and benefit of his policy has not been made to him because of his death, in such a case, his nominee shall be entitled to the proceeds and benefit of his policy.

(12) The provisions of this section shall not apply to any policy of life insurance to which section 6 of the Married Women's Property Act, 1874, applies or has at any time applied;

Provided that where a nomination made whether before or after the commencement of the Insurance Laws (Amendment) Act, 2015, in favour of the wife of the person who has insured his life or of his wife and children or any of them is expressed, whether or not on the face of the policy, as being made under this section, the said section 6 shall be deemed not to apply or not to have applied to the policy.

Section 45 as per the Insurance Act 1938

(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 insured was incorrectly stated in the proposal.

LIC's Jeevan Shiromani				
GSV factors applicable to total premiums paid				
Policy Year	Policy Term ---->			
	14	16	18	20
1 *	20.00%	20.00%	20.00%	20.00%
2	30.00%	30.00%	30.00%	30.00%
3	35.00%	35.00%	35.00%	35.00%
4	50.00%	50.00%	50.00%	50.00%
5	50.00%	50.00%	50.00%	50.00%
6	50.00%	50.00%	50.00%	50.00%
7	50.00%	50.00%	50.00%	50.00%
8	55.00%	53.75%	53.00%	52.50%
9	60.00%	57.50%	56.00%	55.00%
10	65.00%	61.25%	59.00%	57.50%
11	70.00%	65.00%	62.00%	60.00%
12	75.00%	68.75%	65.00%	62.50%
13	90.00%	72.50%	68.00%	65.00%
14	90.00%	76.25%	71.00%	67.50%
15		90.00%	74.00%	70.00%
16		90.00%	77.00%	72.50%
17			90.00%	75.00%
18			90.00%	77.50%
19				90.00%
20				90.00%

* The policy shall acquire Surrender Value on payment of one full year's premium and after completion of one policy year.

LIC's Jeevan Shiromani				
GSV factors applicable to accrued Guaranteed Addition				
Policy Year	Policy Term ----->			
	14	16	18	20
1 *	4.25%	4.10%	3.85%	3.45%
2	8.85%	8.58%	8.03%	7.22%
3	17.85%	17.58%	17.03%	16.22%
4	18.16%	17.66%	17.58%	16.58%
5	18.60%	17.85%	17.58%	17.03%
6	19.18%	18.16%	17.66%	17.58%
7	19.93%	18.60%	17.85%	17.58%
8	20.85%	19.18%	18.16%	17.66%
9	21.99%	19.93%	18.60%	17.85%
10	23.38%	20.85%	19.18%	18.16%
11	25.05%	21.99%	19.93%	18.60%
12	27.06%	23.38%	20.85%	19.18%
13	30.00%	25.05%	21.99%	19.93%
14	35.00%	27.06%	23.38%	20.85%
15		30.00%	25.05%	21.99%
16		35.00%	27.06%	23.38%
17			30.00%	25.05%
18			35.00%	27.06%
19				30.00%
20				35.00%

* The policy shall acquire Surrender Value on payment of one full year's premium and after completion of one policy year.