



SBI Life Insurance Company Limited

Registration Number: 111

Regulated by IRDAI

**POLICY
DOCUMENT**

SBI Life – Group Micro Shield (UIN: 111N138V01)

A group, non-Linked, non-participating, pure risk premium, One year renewable micro life insurance product

Registered & Corporate Office: SBI Life Insurance Co. Ltd, Natraj, M.V. Road & Western Express Highway Junction, Andheri (East), Mumbai - 400 069

Website: www.sbilife.co.in | Email: info@sbilife.co.in | CIN: L99999MH2000PLC129113
Toll Free: 1800 267 9090 (Between 9 AM & 9 PM)

Part A**Welcome Letter**

Ref No:<<Reference No. >>

Date: <<DD/MM/YYYY>>

To
 <<Recipient Name & Designation>>
 <<Master Policy Holder Name>>
 <<Address1>>
 <<Address2>>
 <<Address 3>>
 <<City>>
 <<State>> - << Pincode >>

Dear Sir / Madam,

Subject: SBI Life Group Micro Shield - Master Policy No: xxxxxxxx

We welcome you to the SBI Life family and thank you for your trust in our products.

Joining SBI Life family will give you access to best customer service and large range of products which cater to most of you and your members life insurance needs.

It gives us great pleasure to inform you that we have issued the SBI Life – Group Micro Shield Master Policy commencing on <<DD/MM/YYYY>> and covering initial number of <<Count of Initial covered members>> members. We are pleased to send herewith the Policy Document, Premium receipt, List of Initial Members covered, List of Ombudsman and Copy of Master Proposal Form.

Please check all details and make sure that it is kept safely. Copy of the Master proposal form is also enclosed. The Certificate of Insurance for each member will be dispatched to member's address shortly. Kindly acknowledge the receipt of the documents in the enclosed format.

Your Contact Point: For any information/ clarification, please contact:

1. Your local service branch:<<SBI Life branch address>> or,
2. Call us on or, your intermediary << Intermediary Name>>, code << Intermediary Code>> on << Intermediary Contact Detail (Mobile / Landline number)>> as also mentioned in the policy schedule
3. In case you have any complaint/grievance, you may contact the following official for resolution:
.....
4. Email us at info@sbilife.co.in

Free Look Option

“The Free look period applicable under this policy is <<15/30>> days. Your request for cancellation of this policy under the free look option must reach your nearest SBI Life Office within a period of <<15/30>> days.”

- 1) In case the Master Policyholder is paying the premium:

A free look period of 15 days from the date of receipt of the policy document shall be provided for policies, other than electronic policies or policies sourced through Distance Marketing, and period of 30 days from the date of receipt of the policy document for electronic policies and policies obtained through distance mode, to

Part A

review the terms and conditions of the policy. Where the Master policyholder disagrees to any of those terms or conditions, the Master Policyholder has the option to return the policy to the insurer for cancellation, stating the reasons for his objection, and then the company shall refund the premium paid subject only to a deduction of a proportionate risk premium for the period of cover and the expenses incurred by the insurer on medical examination of the proposer and stamp duty charges.

2) In case the Insured Member is paying the premium:

A free look period of 15 days from the date of receipt of the Certificate of Insurance shall be provided for policies, other than electronic policies or policies sourced through Distance Marketing, and period of 30 days from the date of receipt of the Certificate of Insurance for electronic policies and policies obtained through distance mode, to review the terms and conditions of the Certificate of Insurance. Where the Insured Member disagrees to any of those terms or conditions, the Insured member has the option to return the Certificate of Insurance to the insurer for cancellation, stating the reasons for his objection and then the company shall refund the premium paid subject only to a deduction of a proportionate risk premium for the period of cover and the expenses incurred by the insurer on medical examination of the proposer and stamp duty charges.

We look forward to be your preferred Life Insurance Company for all your Life Insurance needs.

Please note the **ROLES AND RESPONSIBILITIES** that you as a Master Policyholder are expected to fulfill:

- Ensure that the members enrolled are eligible to join the scheme as per the eligibility condition mentioned in the sales literature and also as per scheme rules mentioned in the Master Policy Document and the Master Proposal Form.
- The Membership forms in the stipulated format have been collected from the eligible members who had enrolled for the scheme.
- The Membership form is duly filled, signed by the member and witnessed.
- The primary details of the member as mentioned in the membership form matches with the records of the bank/organization.
- Deduction/ Collection of renewal premium as advised by SBI Life as per renewal due dates
- Master Policy Holder has to communicate all the members about the basic scheme rules, the risk commencement date, exclusion, if any, grace period for payment of premium and the lapsation rules.
- The Certificate of Insurance will be sent to the communication address of the members directly. Please ensure that the address of the Members is provided correctly.
- The membership forms are stored and archived by you for a minimum period of 10 years
- In situation where the membership form is requested by SBI Life, the forms/data are to be submitted to SBI Life within 7 working days

We assure you of our best services at all times and look forward to an enduring relationship.

Warm Regards,

Groups Operation
SBI Life Insurance Co. Ltd.

Part A**Part A****Policy Preamble**

Welcome to **SBI Life –Group Micro Shield** policy, a group, non-linked, non-participating, pure risk premium, one year renewable micro life insurance product and thank you for choosing **SBI Life Insurance Company Limited**. The UIN allotted by IRDAI for this product is **111N138V01**.

The information you have given in Master proposal form, details of the members provided in membership forms, other documents and declarations submitted for granting of insurance cover and other benefits to the members, form part of this contract of insurance with us. Your policy document, comprising this policy schedule along with the policy booklet and any endorsements, is evidence of the contract. You should read these carefully to make sure that you are satisfied with the terms and conditions of the policy and that there are no discrepancies in the policy document. Please keep these in a safe place.

The benefits will be paid to the person(s) entitled as set out in the policy document, on proof to our satisfaction, of such benefits having become payable and of the title of the persons claiming the payments.

If you require further information, please contact us at 1800 267 9090 (between 9 AM and 9 PM) or email us at info@sbilife.co.in

Policy Schedule**Intermediary Details**

1.	Type of Intermediary	<< Direct/ Micro Insurance Agent/ Broker/ Insurance Advisor/ Corporate Agent >>
2.	Name of the intermediary	<< from the proposal form >>
3.	Code / Branch code	<< xxxx / xxxx >>
4.	Contact Phone no.	<< STD Code – Contact No. / Mobile No.>>

Identification

5.	Master Policy Number	<< as allotted by system >>
6.	Master Proposal Number	<< as given in the Master Proposal Form >>
7.	Master Proposal Date	<< dd/mm/yyyy >>
8.	Client ID	<< as allotted by system >>

The Master Policy Holder (MPH)

9.	Name of the Proposer/ Master Policy Holder	<< Name as mentioned in the Master Proposal Form >>
10.	Mailing Address	<< Address as mentioned in the Master Proposal Form >>
11.	Telephone Number with STD Code	<< As mentioned in the Master Proposal Form >>
12.	E-Mail ID	<< E-Mail ID of the proposer >>
13.	Nature of the Group	<< as mentioned in the Master Proposal Form. >>
14.	Type of Organisation	<< as mentioned in the Master Proposal Form. >>

Part A

Policy Details	
15. Type of Loan(s)/ Scheme(s) covered under this master policy	<< Lender - Borrower/ others as mentioned in the master proposal form>>
16. Type of Scheme	<<Voluntary/ Compulsory>>
17. Date of Commencement of Master Policy	<< as mentioned in the Master Proposal Form>>
18. Spouse Cover	<< Available/ Not available>>
19. Type of Group	<< Employer-Employee/ Lender-Borrower / Other Non Employer-Employee >>
20. Claim proceeds	<<Payable to the Master Policyholder to the extent of Outstanding Loan Amount, as on the date of occurrence of the insured event and the balance claim amount, if any, is payable to the nominee/ beneficiary of the insured member OR Entire claim amount is payable to the nominee or beneficiary.>>

Policy Information	
21. No. of members as on Date of Commencement of Master Policy	<< Total initial number of members >>
22. Date of Commencement of Master Policy	<< DD/MM/YYYY>>
23. Minimum Entry Age	<< XX >> years as on last birthday
24. Maximum Entry Age	<< XX >> years as on last birthday
25. Maximum Maturity Age	<< XX >> years as on last birthday
26. Next Annual Renewal Date	<< >>
27. Minimum Sum Assured	<< Rs. 1,000 >>
28. Maximum Sum Assured	<< Rs. 2,00,000>>
29. Total Sum Assured as on Date of Commencement of Master policy	<< Rs. >>
30. Premium (excluding applicable taxes) (Rs.)	
31. Applicable Taxes* (Rs.)	
32. Premium Paid (including taxes) (Rs.)	
33. Premium Payment Mode	<< Yearly / Half-Yearly/ Quarterly/Monthly >>
34. Premium Rates**	As mentioned in Annexure
35. Underwriting Requirement	<<As per Board Approved Underwriting policy – details to be mentioned>>

* Includes applicable taxes and/or any other statutory levy/duty/surcharge on premium, at the rate notified by the State Government or Central Government of India from time to time, is payable as per the applicable tax laws.

Part A

**The premium rates are exclusive of applicable taxes.

Exclusions & Clauses Applicable	
Suicide Clause	<< As Applicable>>

Signed for and on behalf of **SBI Life Insurance Company Limited,**

Authorised Signatory			
Name			
Designation			
Date		Place	

Stamp Duty of Rs. << amount >> is paid as provided under Article 47(D) of Indian Stamp Act, 1899 and included in Consolidated Stamp Duty Paid to the Government of Maharashtra Treasury vide Order of Addl. Controller Of Stamps, Mumbai at General Stamp Office, Fort, Mumbai - 400001., vide this Order No.(<<Receipt No>> Validity Period Dt. <<dd/mm/yyyy>> To Dt.<<dd/mm/yyyy>> (O/w. No.<<Order No>>)/Date : <<dd/mm/yyyy>>).

<< Digital Signature >>

(Signature)
Proper Officer

We request you to read this policy schedule along with the policy booklet. If you find any errors, please return your policy document for effecting corrections.

***** End of Policy Schedule*****

Policy Booklet

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Part B

Your Policy Booklet

This is your policy booklet containing the various terms and conditions governing your policy. This policy booklet should be read in conjunction with the policy schedule and other related documents of your policy.

If you find any errors, please return the policy for effecting corrections.

1 Definitions

These definitions apply throughout your policy document.

Expressions	Meanings
1. Age	is the age in completed years as on last birthday of the insured member.
2. Certificate of Insurance (COI)	is the document issued to an insured member which contains the details of the insured member and policy benefits and provides a summary of key features with terms and conditions.
3. Claimant	means the nominee/beneficiary or the legal heir of the Insured member.
4. Company	means SBI Life Insurance Company Limited.
5. Cover Start Date (CSD)	is the Insurance Cover Start Date as mentioned in the Certificate of Insurance of a particular member.
6. Cover End Date (CED)	is the Insurance Cover End Date as mentioned in the Certificate of Insurance of a particular member, subject to survival of the cover till that date under the terms and conditions of this policy.
7. Date of commencement of Master policy	is the start date of the Master Policy.
8. Date of commencement of Risk	is the date from which the insurance cover for the respective member commences at the inception of member policy
9. Death benefit	is the amount payable on death of the insured member.
10. Endorsement	means a document issued by the Company in writing indicating the change(s) to the terms and conditions of the master policy schedule/ booklet effected after the issue of the Master Policy by the company.
11. Eligible Entities	includes the following entities : (i) Reserve Bank of India (RBI) regulated scheduled commercial banks (including Cooperative Banks), (ii) non-banking financial companies (NBFCs) having certificate of registration from Reserve Bank of India, (iii) national housing board (NHB) regulated housing finance companies, (iv) national minority development finance corporation (NMDFC) and its state channelizing agencies, (v) small finance banks regulated by Reserve Bank of India, (iv) mutually aided cooperative societies formed and registered under the applicable State Act concerning such societies, (vii) microfinance companies registered under Section 8 of the Companies Act, 2013 or any other category as approved by the Authority from time to time.

Part B

12. Free-look period	is the period during which the master policyholder / the insured member has an option to return the master policy or Certificate of Insurance as the case may be and cancel the contract if master policyholder / insured member is not satisfied with the terms and conditions of the policy.
13. Good Health Declaration	is the form submitted by the member declaring that he/she is in good health.
14. In-force	is the status of the insurance cover on the life of an insured member when all the due premiums have been paid up to date.
15. Insured Member	is the person (including his/her Spouse, if applicable) in relation to whom the life insurance cover is granted. Insured member has to fulfil the eligibility criteria and complies with all the requisite formalities for grant of insurance cover and the Company grants him/her an insurance cover and issues a certificate of insurance.
16. Master Policyholder (MPH)	is an entity like NGO, SHG, Bank, NBFC, MFI, any other organization or association which renders services to low-income segment, as mentioned in the master proposal form Who has entered into a contract with us for providing insurance cover to eligible members. MPH is also the group administrator to whom the Master Policy is issued.
17. Primary Member	means a person of the constituent group which is undertaking similar activity or has been formed for commonality of purpose and is eligible for grant of benefits under the policy.
18. Member Policy	is the Certificate of Insurance.
19. Membership Form	is the proposal form with the details of member.
20. Nominee / beneficiary	the person who is named as the nominee in the membership form or subsequently changed by an endorsement, as per section 39 of the Insurance Act, 1938 as amended from time to time, who has the right to give a valid discharge to the policy monies in case of the death of the insured member during the term of the member policy.
21. Non-participating	the master / member policy does not have a share in the profits and hence is not entitled to any bonus or any other additional amount of whatsoever nature.
22. Policy document	includes policy schedule, policy booklet and endorsements, if any.
23. Policy Schedule	is the document that sets out the details of the policy.
24. Policy Term	shall mean a period starting from the Date of Commencement of the Master Policy of the then applicable policy schedule and ending with a day prior to Annual Renewal Date of the Master Policy.
25. Premium	is the amount of money payable by the insured member / MPH on each premium due date in order to keep the insurance cover in force
26. Premium Payment Mode	is the frequency of premium payment.(i.e. Yearly, Half Yearly, Quarterly and Monthly)
27. Sum assured	is the amount of insurance cover on the life of the Insured Member as mentioned in the Certificate of Insurance.
28. Underwriting	is the process of classification of lives into appropriate homogeneous groups based on the underlying risks. Based on underwriting, a decision on acceptance or rejection of cover as well as applicability of suitable premium is taken.
29. We, Us, Our	SBI Life Insurance Company Limited or its successors. We are regulated by the Insurance Regulatory and Development Authority of India (IRDAI). The registration number allotted by the IRDAI is 111.
30. You, Your	means the master policyholder.

2 Abbreviations	
COI	Certificate of Insurance
IRDAI	Insurance Regulatory and Development Authority of India
Rs.	Indian Rupees
UIN	Unique Identification Number (allotted by IRDAI for the product)
MPH	Master Policy Holder

These abbreviations bear the meanings assigned to them elsewhere in the policy booklet.

Part C

3 Policy Benefits

3.1 Death Benefit

In the unfortunate event of death of the of the insured member during the term of the cover , the death benefit (Sum Assured) with respect to that member, will get paid out in lump sum (provided all due premiums have been paid) and the cover of that member will cease.

3.1.3 In case of Lender - Borrower schemes, in the event of the insured Member being under eligible entities, the outstanding loan amount (out of the total Death Benefit) shall be payable to the Master Policyholder subject to prior authorization from the group Member and balance, if any, shall be payable to the nominee / beneficiary. In absence of authorization, the death benefit amount shall be payable to the Nominee or Beneficiary.

3.1.4. The maximum benefit payable by the Company under all group micro insurance schemes, through a single application or multiple applications of same insured member shall not exceed Rs. 2,00,000 under any circumstance. In the event of there being more than one claim in respect of the same insured member, claims will be processed in the chronological order of receipt by the Company and claims only up to the aforementioned limit of Rs. 2,00,000 [Rupees Two Lakhs only] will be payable. All other claims will be declined and the company shall refund the premium paid subject only to a deduction of the expenses incurred by the insurer on medical examination of the insured member (if any) and stamp duty charges. , without any interest to the nominee/ beneficiary or legal heir.

3.1.5. In case the insured member dies after submission of request for free-look cancellation of his insurance cover, but before refund of premium, the nominee/ beneficiary or legal heirs would be eligible for death benefit. The Insurance cover shall automatically stand cancelled on the date of death of the insured member.

3.2 Maturity Benefit

3.2.1 At maturity, we will not pay any benefit.

3.3 Lapsation

3.3.1 Yearly Premium frequency: Not Applicable.

3.3.2 Other than yearly premium frequency: If premium have not been paid within the Grace period, the member coverage shall lapse.

3.3.3 No benefit is payable under a lapsed cover.

3.4 Eligibility Criteria

3.4.1 The member, who fulfills the age criteria as mentioned in the Policy Schedule, will have to submit a membership form and satisfy other underwriting requirements as per the Board Approved Underwriting Policy. The policy benefits shall commence on the date of acceptance of risk under the proposal or the date of receipt of premium in respect of the insured member, whichever is later.

4 Premiums**4.1 Premium Payment Mode**

- 4.1.1 Premium has to be paid as per the mode chosen.
- 4.1.2 The subsequent premium (if any) has to be remitted on or before the premium due dates or within the grace period.
- 4.2 Taxes will be charged separately and would have to be paid along with the premium. Applicable taxes and/ or any other statutory levy/ duty/ surcharge shall be charged at the rate notified by State Government or Central Government of India from time to time as per the provisions of the prevalent tax laws.
- 4.3 If premium amount received is in excess of the requisite premium, the excess money will be refunded without any interest.
- 4.4 The premium should be paid in full always. In case, the premium amount received by us is less than the requisite amount, it will not be adjusted until the deficit premium is received and the cover will not be provided/renewed. We are not liable to pay any interest on the partial premium paid by you and/ or the insured member. We may charge interest for delayed payment of premium even though you and/ or the insured member may have remitted partial amount of premium.
- 4.5 In a scenario where the due premium has been paid by the insured member to the master policyholder and an acknowledgement or receipt for the premium has been received by the insured member, but the premium has not been remitted by the Master Policyholder to the insurer within the grace period, if a claim occurs subsequently, the same shall be honored, provided the claim is otherwise admissible and payable. However, this will be subject to submission of relevant documents by the master policyholder, proving that the due premiums have been paid by the insured member to the master policyholder. The claim amount would be paid only after remittance of due premium to the insurer.

5 Grace period

- 5.1 A grace period of 30 days from the due date for payment of premium will be provided for Half Yearly /Quarterly modes and grace period of 15 days from the due date for payment of premium will be provided for monthly mode to the insured member. The member coverage will remain inforce during the grace period
- 5.2 Grace period will not be applicable for policies with Yearly mode.

Part D

6 Non Forfeiture Conditions

6.1 Surrender

Not Applicable

7 Revival

7.1 Not Applicable for Yearly premium frequency

7.2 Other than Yearly Premium frequency: The policy can be revived within 3 months from the due date of the first unpaid premium and before the end of the term of Member Policy. The revival will be considered on receipt of written application from the insured member along with the proof of continued insurability of life assured and on payment of all overdue premiums with interest. The revival will be effected subject to underwriting based on Company's Board approved underwriting policy. Revival will take effect only after the Company communicates its decision to the insured member. The interest will be charged at a rate declared by the company from time to time. The company policy currently is based on the nominal interest rate per annum and is 250 basis points greater than the benchmark yield of RBI Repo Rate as on 1st April of each of the Financial Year and it will be compounding on a half-yearly basis. The repo rate as on 1st April 2022 is 4.00%.

Any change in the basis for determining interest rate for revival would follow Use & File for life insurance products & riders, Cir No. IRDAI/ACTL/CIR/PRO/207/10/2022 dated 04th October 2022 or any subsequent instruction from IRDAI.

8 Claims

8.1 Death claim

8.1.1 The nominee/ beneficiary or the legal heir should intimate the death of the insured member in writing, stating at least the Customer ID or SHG account number, cause of death and date of death.

8.1.2 We will require the following documents to process the claim:

- Proof of insurance cover on the life of the deceased member / COI
- Claimant's statement and claim forms in prescribed formats.
- Original death certificate from municipal / local authorities.
- Any other document which SBI Life calls at its discretion.

8.1.3 The claim documents should be sent to the following address:

SBI Life Insurance Company Limited – Claims Department
 7th Level (D Wing) & 8th Level, Seawoods Grand Central,
 Tower 2, Plot No. R-1, Sector 40, Seawoods,
 Nerul Node, Navi Mumbai - 400 706
 Dist. Thane, Maharashtra
 Email: info@sbilife.co.in

8.1.4 Claim under the policy may be filed with us within 90 days of date of death.

8.1.5 However, without prejudice, in case of delay in intimation or submission of claim documents beyond the stipulated period in the policy document or in the Statutes, We, may condone such delay

and examine the admissibility or otherwise of the claim, if such delay is proved to be for reasons beyond the control of the nominee/ claimant.

- 8.1.6 The Claim form shall be duly authenticated by you to the satisfaction of the Company.
- 8.1.7 We will pay the claim to the nominee/ beneficiary, if the nomination is valid.
- 8.1.8 If the nomination is not valid, we will pay the legal heir.

8.2 Spouse Cover Benefit

- 8.2.1 The schemes with minimum group size of 50 members can choose this option
- 8.2.2 This option would enable the group policyholder to provide death benefit cover to spouse of members. This cover can be compulsory or voluntary. The minimum participation level required is 10% of the group at the time of inception of policy.
- 8.2.3 This option would be available at the master policyholder level at the inception of the Master Policy or at the time of Annual Renewal Date.
- 8.2.4 The Spouse Cover will commence only when it is specifically accepted by the Insurer by mentioning it in the Policy Schedule or by way of an endorsement.
- 8.2.5 The Coverage would be less than or equal to the Sum assured of the Primary member.
- 8.2.6 On death of the primary member the cover for the spouse would continue till the end of the policy duration for which the premium has been collected. Further renewal would not be allowed in absence of the primary member.

8.3 Authorisation by insured member to pay claim proceeds to the Master Policyholder [applicable only for eligible lender-borrower entities specified in the applicable regulations from time to time]:

- 8.3.1 We will pay the claim proceeds as per the specific authorization obtained from the insured member at the time of member joining the scheme/ policy or at a later date.
- 8.3.2 Such amounts, as applicable, would be payable to you only on submission of data/ information for every claim in a format prescribed by us.
- 8.3.3 In case the insured member has authorized SBI Life to pay the claim proceeds to you, we will:
 - 8.3.3.1 Pay the claim proceeds to you to the extent of the outstanding loan amount as on the date of occurrence of the insured event provided you submit the Certificate of Outstanding loan amount as on the date of death.
 - 8.3.3.2 Pay any amount in excess of the outstanding loan amount to nominee/ beneficiary or legal heir as the case may be and we may send the claim cheque to you for administrative convenience for onward transmission to the legal representative of the insured member or through any other electronic mode of payment to the specific bank account of the insured or his/ her nominee/ beneficiary or legal heir.
- 8.3.4 In case the insured member has not authorized SBI Life to pay the claim proceeds to you, we will pay all the monies in the name of the nominee/ beneficiary or legal heir as the case may be and we may send the claim cheque to you for administrative convenience for onward transmission to the legal representative of the insured member or through any other electronic mode of payment to the specific bank account of the insured or his/ her nominee/ beneficiary or legal heir.

9 Termination

9.1 Termination of the member policy in respect of insured member:

The insurance cover and other benefits, in respect of any insured member, will terminate at the earliest of the following:

- 9.1.1 Expiry of the policy term
- 9.1.2 On termination of the Master policy
- 9.1.3 on date of death of the insured member
- 9.1.4 on expiry of cover in respect of the insured member, for any reason whatsoever
- 9.1.5 on the expiry of the revival period, if the due premium is not paid
- 9.1.6 the date of payment of free-look cancellation amount.

9.2 Termination of the Master policy: The Master Policy shall terminate upon happening of the earliest of the following events:

- 9.2.1 **on the date of payment of free-look cancellation amount to the Master Policyholder**, the insurance cover and other benefits in respect of all the insured members shall automatically terminate.
- 9.2.2 on the date the last insured member of the Master Policy exits the scheme of insurance in any manner whatsoever.
- 9.2.3 On expiry of a period of one year from the date of Commencement of Master Policy.

10 General Terms

10.1 Policy Alteration*For Employer Employee Scheme:*

- **Primary** Members are eligible for increase in the amount of insurance arising out of a change in grade or salary during any policy year, if graded insurance cover is offered under the Master Policy and the same is clearly stated in the schedule or an endorsement. The master policy holder will have to, routinely or at the earliest possible time, intimate the Company about any such change during the policy year at the earliest possible.

Eligible members whose Amount of Insurance consequent to the increase, would be subjected to an Board Approved Underwriting policy and would be covered subject to payment of an premium, if any, would be charged pro-rata for the period of cover.

Any increase in the Sum Assured shall be effective only on the acceptance of the same by the Company. There shall not be any automatic enhancement in the Amount of Insurance cover.

- Decrease in the sum assured for the insured member is not allowed during the policy term.

For others: Increase or decrease in the sum assured for the insured member is not allowed during the policy term.

10.2 Free-look period

10.2.1 In case the Master Policyholder is paying the premium:

A free look period of 15 days from the date of receipt of the policy document shall be provided for policies, other than electronic policies or policies sourced through Distance Marketing, and period of 30 days from the date of receipt of the policy document for electronic policies and policies obtained through distance mode, to review the terms and conditions of the policy. Where the Master policyholder disagrees to any of those terms or conditions, the Master Policyholder has the option to return the policy to the insurer for cancellation, stating the reasons for his objection, and then the company shall refund the premium paid subject only to a deduction of a proportionate risk premium for the period of cover and the expenses incurred by the insurer on medical examination of the proposer and stamp duty charges.

10.2.2 In case the Insured Member is paying the premium:

A free look period of 15 days from the date of receipt of the Certificate of Insurance shall be provided for policies, other than electronic policies or policies sourced through Distance Marketing, and period of 30 days from the date of receipt of the Certificate of Insurance for electronic policies and policies obtained through distance mode, to review the terms and conditions of the Certificate of Insurance. Where the Insured Member disagrees to any of those terms or conditions, the Insured member has the option to return the Certificate of Insurance to the insurer for cancellation, stating the reasons for his objection and then the company shall refund the premium paid subject only to a deduction of a proportionate risk premium for the period of cover and the expenses incurred by the insurer on medical examination of the proposer and stamp duty charges.

10.3 Suicide Claim Provision

10.3.1 For Employer-employee schemes, the suicide clause is not applicable

10.3.2 For compulsory groups, where all members are covered, the suicide clause is not applicable.

10.3.3 For others : In case of death of the insured Member due to suicide, within 12 months from the Date of Commencement of risk of the member, the nominee or beneficiary of the policyholder shall be entitled to 80% of the total premiums paid till the date of death, provided the member policy is in-force. After paying the benefit as applicable, the member policy will be terminated.

10.3.4 Total Premiums Paid is total of all the premiums paid for that Member, excluding any extra premium and taxes.

10.4 Policy loan

Loan facility is not available in your policy.

Part E

11 Charges

12.1 Being a non-linked insurance product, there are no explicit charges under this policy.

SAMPLE

Part F**Part F****12 General Terms – Miscellaneous****12.1 Nomination**

12.1.1 Nomination shall be as per Section 39 of the Insurance Act, 1938; as amended from time to time.

[A leaflet containing the simplified version of the provisions of Section 39 is enclosed as Annexure – I for reference.]

12.2 Assignment

12.2.1 Assignment shall be as per Section 38 of the Insurance Act, 1938; as amended from time to time.

12.3 Non-disclosure

12.3.1 We have issued insurance cover based on the statements/ responses in the membership form, personal statement, good health declaration, if any and any other documents that are submitted to us.

12.3.2 If we find that any of this information is inaccurate or false or withheld or suppressed any material information, or in case of fraud, we will have a right to repudiate all the claims under member policy and / or cancel member policy as applicable subject to the provisions of section 45 of the Insurance, 1938 as amended from time to time and no benefit under the member policy is payable.

12.3.3 If we repudiate the claim under member policy and / or cancel member policy on the grounds of fraud, we would forfeit the premiums received under member policy and we shall not entertain any claim under member policy.

12.3.4 If we repudiate death claim and / or cancel member policy on any grounds other than fraud, we may pay such amounts as are payable under the policy subject to the provisions of Section 45 of the Insurance Act 1938, as amended from time to time.

[A leaflet containing the simplified version of the provisions of Section 45 is enclosed as Annexure II for reference.]

12.4 Misstatement of age

12.4.1 If we find that the correct age of the insured member is different from that mentioned in the membership form, we will check their eligibility for the life cover as on the date of commencement of the policy.

12.4.1.1 If eligible,

12.4.1.1.1

If the correct age is found to be higher, you have to pay the difference in premiums along with interest.

12.4.1.1.2

If you do not pay the difference in premiums and applicable interest, we will refund the premiums paid subject only to deduction of expenses incurred by the insurer on medical examination of the insured member and Stamp duty charges.

12.4.1.1.3

If the correct age is found to be lower, we will refund the difference in premiums.

12.4.1.2 If not eligible,

12.4.1.2.1

We will terminate the affected member Policy as per the provisions of Section 45 of the Insurance Act 1938, as amended from time to time.

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- 12.4.1.2.2** We will refund the premiums paid subject only to deduction of expenses incurred by the insurer on medical examination of the Insured member and Stamp duty charges

[A leaflet containing the simplified version of the provisions of Section 45 is enclosed as Annexure II for reference.]

12.5 Participation in profits

Your policy does not participate in our profits.

12.6 Taxation

- 12.6.1 You and/ or the members are liable to pay all the applicable taxes, and/ or any other statutory levy/ duty/ surcharge on the premiums, at a rate as notified by the State Government or Central Government of India from time to time, as per the provisions of the prevalent tax laws.
- 12.6.2 You/ the members may be eligible for Income Tax benefits/exemptions as per the applicable income tax laws in India, which are subject to change from time to time. Please consult your tax advisor for details

12.7 AML / CFT

As per Master Guidelines Ref: IRDAI/ID/GDL/MISC/160/8/2022 dated 1st August, 2022 issued by IRDAI, the KYC of Master Policyholder/Juridical Person/Legal Entity and the respective Beneficial Owners shall be collected. Also the Master Policyholder under the Group Master Policy shall maintain the details of all the insured members, which shall also be made available to the us as and when required.

12.8 Date formats

Unless otherwise stated, all dates described and used in the policy schedule are in dd/mm/yyyy formats.

12.9 Electronic transactions

We shall accept premiums and pay benefits through any approved mode including electronic transfers.

12.10 Communications

- 12.10.1 We will communicate with you in writing and deliver the correspondence by hand, post, facsimile, e-mail or any other approved mode.
- 12.10.2 We will send correspondence to the mailing address you have provided in the proposal form or to the changed address communicated to us subsequently.
- 12.10.3 You should also communicate with us in writing and deliver the correspondence by hand, post, facsimile, e-mail or any other approved mode.
- 12.10.4 All your correspondence should be addressed to:
SBI Life Insurance Company Limited,
Central Processing Centre – Group Operations Department,
7th Level (D Wing) & 8th Level, Seawoods Grand Central,
Tower 2, Plot No. R-1, Sector 40, Seawoods,
Nerul Node, Navi Mumbai - 400 706
Dist. Thane, Maharashtra
Phone : 022 - 6645 6000
Fax No.: + 91 - 22- 6645 6654 / 6653

Part F

E-mail: groupops@sbilife.co.in

- 12.10.5 It is important that you keep us informed of your changed address and other communication details.
- 12.10.6 The Company may change the address stated above and intimate the Master Policyholder of such change by suitable means.
- 12.10.7 Where the Certificate of Insurance is being issued by the Master Policy holder, on our behalf, we shall have the authority to conduct surprise checks and inspect your books and records, to ensure that the books are correctly maintained and appropriate premiums are being collected.
- 12.10.8 Any such notice, information and instruction shall be deemed to have been received by the master policyholder after 7 days of our posting / sending the same, or immediately upon receipt by the master policyholder in the case of recorded hand delivery or courier, facsimile or e-mail.
- 12.10.9 Non-adherence to any regulation may lead to termination of the contract. .
- 12.10.10 We are not liable to send any premium notices either to you or to any insured member.
- 12.10.11 Where the claim proceeds are being paid by SBI Life directly to you, to the extent of the outstanding loan amount, we or auditors appointed by us shall have the authority to verify the information provided in respect of each claim settled during a given financial year. SBI Life may delegate the responsibility of audit and require you to audit or cause an audit into the accuracy of information provided by you in respect of which claims were settled during a given financial year. In case it has been found during the audit that the Claim amount paid exceeds the Outstanding loan amount as on the date of death of the insured member, SBI Life has the right to:
- 12.10.11.1 Recover the excess of Claim amount paid over the Outstanding loan amount from you for all claims relevant to the observation.
- 12.10.11.2 Pay such recovered amount to his/ her nominee/ beneficiary or legal heir.
- 12.11 Issuance of Duplicate Policy**
- 12.11.1 The Master Policyholder can make an application for duplicate Policy on payment of Policy Printing Charges of ₹100 Plus Stamp duty Plus GST, upon loss of policy document along with other requirements as may be prescribed by the Company. There are no charges for issuance of duplicate Certificate of Insurance for the member.

Part G

13 Complaints

13.1 Grievance redressal procedure

- 13.1.1 If you/member have any query, complaint or grievance, you may approach the Company's Servicing Branch, as stated in the Premium Receipt issued to the Master Policyholder or the nearest SBI Life Office.
- 13.1.2 You can also call us on our toll-free number: 1800 267 9090 (9 a.m. to 9 p.m.).
- 13.1.3 If you are not satisfied with our decision of the above office, or has not received any response within 15 days, you may contact the following official for resolution:
 Head – Client Relationship,
 SBI Life Insurance Company Limited
 Central Processing Centre,
 7th Level (D Wing) & 8th Level, Seawoods Grand Central,
 Tower 2, Plot No. R-1, Sector 40, Seawoods,
 Nerul Node, Navi Mumbai - 400 706
 Dist. Thane, Maharashtra
 Telephone No: 022 – 6645 6785
 Email Id: hcr@sbilife.co.in
- 13.1.4 In case you are not satisfied with our decision/ resolution of the Company, you may approach the Insurance Ombudsman if such grievance pertains to: Rule 13 of the Insurance Ombudsman Rules, 2017. You can lodge the complaint with the Ombudsman as per provision 13 of the said rules. The relevant provisions have been mentioned in the section 'Relevant Statutes'.
- 13.1.5 The Central Government has established an office of the Insurance Ombudsman for redressal of grievance or complaint with respect to Life Insurance Policies. The address of the Insurance Ombudsman and the Insurance Ombudsman Rules, 2017, are, available on the website of IRDAI, <http://www.irdai.gov.in> and in our website <http://www.sbilife.co.in>. The address of the ombudsman at Mumbai is:
 Office of the Insurance Ombudsman ,
 3rd Floor, Jeevan Seva Annexe,
 S.V. Road, Santa Cruz (W),
 Mumbai – 400 054.
 Telephone No.: +91 – 22 – 2610 6552/ 2610 6960
 Fax No. : +91 – 22 – 2610 6052
 E-mail: bimalokpal.mumbai@cioins.co.in
- 13.1.6 We have also enclosed a list of addresses of insurance ombudsmen.
 If policyholder / member is not satisfied with the response or do not receive a response from us within 15 days of lodging the complaint through our Grievance Redressal Mechanism, he/she may escalate the complaint to IRDAI through Bima Bharosa Portal (IRDAI): <https://bimabharosa.irdai.gov.in/> or contact IRDAI Grievance Call Centre on toll-free number: 155255 / 1800 4254 732 or alternatively you may send an email on complaints@irdai.gov.in
- 13.1.7 The postal address of IRDAI for communication for complaints by paper is as follows:
 Policyholders' Protection Grievance Redressal Department
 Insurance Regulatory and Development Authority of India,
 SY No 115/1, Financial district, Nanakramguda, Gachibowli,
 Hyderabad – 500 032.

14 Relevant Statutes

14.1 Governing laws and jurisdiction

This is subject to prevailing Indian Laws. Any dispute that may arise in connection with this shall be subject to the jurisdiction of the competent Courts of India.

14.2 Section 41 of the Insurance Act 1938, as amended from time to time:

(1) No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take 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:

Provided that acceptance by an insurance agent of commission in connection with a policy of life insurance taken out by himself on his own life shall not be deemed to be acceptance of a rebate of premium within the meaning of this sub-section if at the time of such acceptance the insurance agent satisfies the prescribed conditions establishing that he is a bona fide insurance agent employed by the insurer.

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

14.3 Section 45 of the Insurance Act 1938, as amended from time to time:

[A leaflet containing the simplified version of the provisions of Section 45 is enclosed as Annexure II for reference.]

14.4 Rule 13 of Ombudsman Rules, 2017

(1) The Ombudsman may receive and consider complaints or disputes relating to:

- 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).

(2) The Ombudsman shall act as counsellor and mediator relating to matters specified in sub-rule (1) provided there is written consent of the parties to the dispute.

(3) The Ombudsman shall be precluded from handling any matter if he is an interested party or having conflict of interest.

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(4) The Central Government or as the case may be, the IRDAI may, at any time refer any complaint or dispute relating to insurance matters specified in sub-rule (1), to the Insurance Ombudsman and such complaint or dispute shall be entertained by the Insurance Ombudsman and be dealt with as if it is a complaint made under Rule 14.

15.5. Rule 14 of Ombudsman Rules, 2017

- (1) Any person who has a grievance against an insurer, may himself or through his legal heirs, nominee or assignee, make a complaint in writing to the Insurance Ombudsman within whose territorial jurisdiction the branch or office of the insurer complained against or the residential address or place of residence of the complainant is located.
- (2) The complaint shall be in writing, duly signed by the complainant or through his legal heirs, nominee or assignee and shall state clearly the name and address of the complainant, the name of the branch or office of the insurer against whom the complaint is made, the facts giving rise to the complaint, supported by documents, the nature and extent of the loss caused to the complainant and the relief sought from the Insurance Ombudsman.
- (3) No complaint to the Insurance Ombudsman shall lie unless—
 - (a) The complainant makes a written representation to the insurer named in the complaint and
 - (i) Either the insurer had rejected the complaint; or
 - (ii) The complainant had not received any reply within a period of one month after the insurer received his representation; or
 - (iii) The complainant is not satisfied with the reply given to him by the insurer;
 - (b) The complaint is made within one year—
 - (i) after the order of the insurer rejecting the representation is received; or
 - (ii) after receipt of decision of the insurer which is not to the satisfaction of the complainant;
 - (iii) after expiry of a period of one month from the date of sending the written representation to the insurer if the insurer named fails to furnish reply to the complainant .
- (4) The Ombudsman shall be empowered to condone the delay in such cases as he may consider necessary, after calling for objections of the insurer against the proposed condonation and after recording reasons for condoning the delay and in case the delay is condoned, the date of condonation of delay shall be deemed to be the date of filing of the complaint, for further proceedings under these rules.
- (5) No complaint before the Insurance Ombudsman shall be maintainable on the same subject matter on which proceedings are pending before or disposed of by any court or consumer forum or arbitrator.

15.6 Protection of Policyholders' Interest

The IRDAI (Protection of Policyholders' Interest) Regulations, 2017, inter alia, provide for protection of the interest of the policyholders. The provisions of this regulation will be applicable and subject to the prevailing law, as amended from time to time.

***** End of Policy Booklet *****

Section 39 of the Insurance Act, 1938 as amended from time to time - Nomination by policyholder

Nomination of a life insurance Policy is as below in accordance with Section 39 of the Insurance Act, 1938 as amended from time to time and as amended by Insurance Laws (Amendment) Act, 2015 dated 23.03.2015. The extant provisions in this regard are as follows:

01. The policyholder of a life insurance on his own life may nominate a person or persons to whom money secured by the policy shall be paid in the event of his death.
02. Where the nominee is a minor, the policyholder may appoint any person to receive the money secured by the policy in the event of policyholder's death during the minority of the nominee. The manner of appointment to be laid down by the insurer.
03. Nomination can be made at any time before the maturity of the policy.
04. Nomination may be incorporated in the text of the policy itself or may be endorsed on the policy communicated to the insurer and can be registered by the insurer in the records relating to the policy.
05. Nomination can be cancelled or changed at any time before policy matures, by an endorsement or a further endorsement or a will as the case may be.
06. A notice in writing of Change or Cancellation of nomination must be delivered to the insurer for the insurer to be liable to such nominee. Otherwise, insurer will not be liable if a bonafide payment is made to the person named in the text of the policy or in the registered records of the insurer.
07. Fee to be paid to the insurer for registering change or cancellation of a nomination can be specified by the Authority through Regulations.
08. On receipt of notice with fee, the insurer should grant a written acknowledgement to the policyholder of having registered a nomination or cancellation or change thereof.
09. A transfer or assignment made in accordance with Section 38 shall automatically cancel the nomination except in case of assignment to the insurer or other transferee or assignee for purpose of loan or against security or its reassignment after repayment. In such case, the nomination will not get cancelled to the extent of insurer's or transferee's or assignee's interest in the policy. The nomination will get revived on repayment of the loan.
10. The right of any creditor to be paid out of the proceeds of any policy of life insurance shall not be affected by the nomination.
11. In case of nomination by policyholder whose life is insured, if the nominees die before the policyholder, the proceeds are payable to policyholder or his heirs or legal representatives or holder of succession certificate.
12. In case nominee(s) survive the person whose life is insured, the amount secured by the policy shall be paid to such survivor(s).
13. Where the policyholder whose life is insured nominates his
 - a. parents or
 - b. spouse or
 - c. children or
 - d. spouse and children
 - e. or any of them

the nominees are beneficially entitled to the amount payable by the insurer to the policyholder unless it is proved that policyholder could not have conferred such beneficial title on the nominee having regard to the nature of his title.

14. If nominee(s) die after the policyholder but before his share of the amount secured under the policy is paid, the share of the expired nominee(s) shall be payable to the heirs or legal representative of the nominee or holder of succession certificate of such nominee(s).

15. The provisions of sub-section 7 and 8 (13 and 14 above) shall apply to all life insurance policies maturing for payment after the commencement of Insurance Laws (Amendment) Act, 2015.

16. If policyholder dies after maturity but the proceeds and benefit of the policy has not been paid to him because of his death, his nominee(s) shall be entitled to the proceeds and benefit of the policy.

17. The provisions of Section 39 are not applicable to any life insurance policy to which Section 6 of Married Women's Property Act, 1874 applies or has at any time applied except where before or after Insurance Laws (Amendment) Act, 2015, a nomination is made in favor of spouse or children or spouse and children whether or not on the face of the policy it is mentioned that it is made under Section 39. Where nomination is intended to be made to spouse or children or spouse and children under Section 6 of MWP Act, it should be specifically mentioned on the policy. In such a case only, the provisions of Section 39 will not apply.

[Disclaimer: This is not a comprehensive list of amendments of Insurance Laws (Amendment) Act, 2015 and only a simplified version prepared for general information. Policy Holders are advised to refer to Original Gazette Notification for complete and accurate details.]

Section 45 of the Insurance Act, 1938 as amended from time to time – Policy shall not be called in question on the ground of mis-statement after three years

Provisions regarding policy not being called into question in terms of Section 45 of the Insurance Act, 1938, as amended from time to time and as amended by Insurance Laws (Amendment) Act, 2015 dated 23.03.2015 are as follows:

01. No Policy of Life Insurance shall be called in question on any ground whatsoever after expiry of 3 yrs from
- a. the date of issuance of policy or
 - b. the date of commencement of risk or
 - c. the date of revival of policy or
 - d. the date of rider to the policy

whichever is later.

02. On the ground of fraud, a policy of Life Insurance may be called in question within 3 years from
- a. the date of issuance of policy or
 - b. the date of commencement of risk or
 - c. the date of revival of policy or
 - d. the date of rider to the policy

whichever is later.

For this, the insurer should communicate in writing to the insured or legal representative or nominee or assignees of insured, as applicable, mentioning the ground and materials on which such decision is based.

03. Fraud means any of the following acts committed by insured or by his agent, with the intent to deceive the insurer or to induce the insurer to issue a life insurance policy:
- a. The suggestion, as a fact of that which is not true and which the insured does not believe to be true;
 - b. The active concealment of a fact by the insured having knowledge or belief of the fact;
 - c. Any other act fitted to deceive; and
 - d. Any such act or omission as the law specifically declares to be fraudulent.

04. Mere silence is not fraud unless, depending on circumstances of the case, it is the duty of the insured or his agent keeping silence to speak or silence is in itself equivalent to speak.

05. No Insurer shall repudiate a life insurance Policy on the ground of Fraud, if the Insured / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of material fact are within the knowledge of the insurer. Onus of disproving is upon the policyholder, if alive, or beneficiaries.

06. Life insurance Policy can be called in question within 3 years on the ground that any statement of or suppression of a fact material to expectancy of life of the insured was incorrectly made in the proposal or other document basis which policy was issued or revived or rider issued. For this, the insurer should communicate in writing to the insured or legal representative or nominee or assignees of insured, as applicable, mentioning the ground and materials on which decision to repudiate the policy of life insurance is based.

07. In case repudiation is on ground of mis-statement and not on fraud, the premium collected on policy till the date of repudiation shall be paid to the insured or legal representative or nominee or assignees of insured, within a period of 90 days from the date of repudiation.

08. Fact shall not be considered material unless it has a direct bearing on the risk undertaken by the insurer. The onus is on insurer to show that if the insurer had been aware of the said fact, no life insurance policy would have been issued to the insured.

09. The insurer can call for proof of age at any time if he is entitled to do so and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof of age of life insured. So, this Section will not be applicable for questioning or adjustment based on proof of age submitted subsequently.

[Disclaimer: This is not a comprehensive list of amendments of Insurance Laws (Amendment) Act, 2015 and only a simplified version prepared for general information. Policy Holders are advised to refer to Original Gazette Notification for complete and accurate details.]

SAMPLE

ADDRESSES OF OMBUDSMAN CENTRES

Office of the Ombudsman	Contact Details	Jurisdiction of Office Union Territory, District)
AHMEDABAD	Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@cioins.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
BENGALURU	Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in	Karnataka.
BHOPAL	Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@cioins.co.in	Madhya Pradesh Chattisgarh.
BHUBANESHWAR	Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 / 2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@cioins.co.in	Orissa.
CHANDIGARH	Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@cioins.co.in	Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh.
CHENNAI	Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@cioins.co.in	Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry).
DELHI	Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@cioins.co.in	Delhi.

GUWAHATI	Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@cioins.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
HYDERABAD	Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 67504123 / 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@cioins.co.in	Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry.
JAIPUR	Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: imalokpal.jaipur@cioins.co.in	Rajasthan.
ERNAKULAM	Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@cioins.co.in	Kerala, Lakshadweep, Mahe-a part of Pondicherry.
KOLKATA	Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 Email: bimalokpal.kolkata@cioins.co.in	West Bengal, Sikkim, Andaman & Nicobar Islands.
LUCKNOW	Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@cioins.co.in	Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
MUMBAI	Office of the Insurance Ombudsman,	Goa,

	3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 Email: bimalokpal.mumbai@cioins.co.in	Mumbai Metropolitan Region excluding Navi Mumbai & Thane.
NOIDA	Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddha Nagar, U.P-201301. Tel.: 0120-2514250 / 2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanoj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
PATNA	Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in	Bihar, Jharkhand.
PUNE	Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@cioins.co.in	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.