

CUSTOMER INFORMATION SHEET /KNOW YOUR POLICY

This document provides key information about your policy. You are also advised to go through your Policy Document.

| SI. no. | Title | Description in Simple Words (Please refer to applicable Policy Clause Number in next column) | Policy Clause Number |
|------------|--|---|---|
| 1. | Name of the Insurance Product And Unique Identification Number (UIN) | LIC's Group Post-Retirement Medical Benefit (UIN: 512N352V01) | |
| 2. | Policy Number | | |
| 3. | Type of Insurance Policy | Non-participating, Non-linked, Life, Group Savings Plan | |
| 4. | Basic Policy details | Name of the Member : Shri/Smt/Ms LIC ID/ Member ID Life Cover Sum Assured on Death (Rs): | |
| | | 10,000/- where "Sum Assured" means an absolute amount of benefit which is guaranteed to become payable on death of that Member in accordance with Scheme Rules Risk Premium for Life Cover Benefit(Rs): where Risk Premium along with | Part C (Condition 2(i)) |
| | | applicable Taxes is payable to secure the Life Cover Benefit of the Member on or before Annual Renewable Date in advance. | Schedule |
| | | Contributions for Post Retirement Medical Benefits: The Contribution requirement shall be the total amount required to provide Post-Retirement Medical Benefit as per the scheme rules and shall be in accordance with extant accounting standard governing the measurement of long term employee benefits. | Part C (Condition 2(i)) |
| | | Mode: Contribution can be paid any time during the policy year | |
| | | Policy Term: Annually Renewable | Schedule Part C (Condition 1(a)) |

| 5. | Policy Coverage / benefits payable | Part C (Condition 1(a)) Part C (Condition 1(b)) | |
|----|--|---|-------------------------|
| | | Minimum Life Cover Sum Assured payable on Death (Rs): 10,000. | Schedule |
| | | Maximum Life Cover Sum Assured payable on Death (Rs): 10,000 | Schedule |
| | | • Interest Rate: Interest rates for each financial year will be declared based on the actual investment performance after appropriate deduction of Expenses as per Board Approved Policy. | Part C (Condition 4) |
| | | Minimum Interest Rate: 0.5% p.a. on contributions is guaranteed during the entire term of the contract. | Part C (Condition 4) |
| | | Surrender benefits: Surrender Value equal to Group Policy Account Value as on the day of surrender less applicable charges and Market Value Adjustment | Part D (Condition 3) |
| 6. | Options available (in case of Linked Insurance Products) | Not Applicable | |
| 7. | Option available (in case of Annuity product) | Not Applicable | |
| 8. | Riders opted, if any | Not Applicable | |
| 9. | Exclusions (events where insurance coverage is not payable), if any. | Termination of Life Cover of a Member: Life Cover of a Member shall terminate on the earliest of the following: a) If the member ceases to be a | Part D (Condition 7) |
| | | member of the group as per Scheme Rules; or b) On death of the Member; or c) On Annual Renewal Date on which the age of the member is 81 years nearer birthday; or d) On surrender / Termination of the Master Policy; or | |

| | | e) On payment of free look cancellation amount for the Master Policy; or f) In case the balance in the Group Policy Account of the Scheme is insufficient to deduct the risk premium. Compulsory Termination of Policy: The policy may be terminated, after giving the MPH 3 months' notice, on the happening of any of the following events: a. The balance in the Group Policyholder's Account falls below Rs. 1,00,000/ b. The number of Members covered under the policy are less than 50. | Part D (Condition 8) |
|-----|--|---|-------------------------|
| 10. | Waiting/ lien Period, if any | Not Applicable | |
| 11. | Grace period | Not Applicable | |
| 12. | Free Look Period | 30 Days | Part D (Condition 5) |
| 13. | Lapse, paid-up and revival of the Policy | In case of non completion of renewal process within the period of 30 days from Annual Renewal Date (ARD), life cover sum benefit shall continue to be Rs 10,000/- per member with effect from ARD and the corresponding risk premium and applicable taxes shall be deducted from the Policy Account Value | Part C (Condition 3) |
| 14. | Policy Loan, if applicable | Not Applicable | |
| 15. | Claims/ Claims Procedure | Normal Requirement of a claim: The following documents shall be required to process the claims: 1. Original Death Certificate, in case of death claim 2. Certificate of proof of any other exits defined in the Scheme Rules 3. Claims forms as prescribed by the Corporation 4. NEFT mandate from the claimant for direct credit of the claim amount to the bank account, whichever is applicable, to the satisfaction of the Corporation. 5. Proof of Existence, identity an Evidence of age of the insured member whenever required to the satisfaction of the | Part F (Condition 6) |

Corporation.

• Turn Around Time (TAT) for claims settlement and brief procedure:

| S No | Description of Service | Bench Marks |
|---------|---|--|
| 1 | Death Claim Payment/ Rejection/ Repudiation without investigation requirement under a Life Policy | Within 15 days from the date of receipt of all claim requirem ents |
| 2 | Death Claim Payment/ Rejection/ Repudiation with investigation requirement under a Life Policy | Within 45 days from the date of receipt of all claim requirem ents |

- Please visit the following link for updated details of the benchmarks https://licindia.in/web/guest/download-forms
- Helpline/Call Centre number: 91-022-68276827

SMS LICHELP<POLICY NUMBER>TO 9222492224

Whatsapp No.: 8976862090

• Contact details of the insurer:

You may contact us at our Division Office the details of which are mentioned in the Part A (First page) of the Policy Document.

 Link for downloading claim form and list of documents required including bank account details:

https://licindia.in/web/guest/download-forms

For updated details, we request you to regularly check our website www.licindia.in

| 16. Policy Servicing | Turn Around Time (TAT): | | |
|----------------------|-------------------------|---|-----------------------------------|
| | S No | Description of Service | Bench Marks |
| | 1 | Free look cancellation/ surrender/ Withdrawal/ Request for refund of proposal deposit/Refund of outstanding proposal | 7days wherever applicable |
| | 2 | deposit subject to receipt of all documents Raising claim requirements | 15 days |
| | 3 | after lodging the claim Registration of Nomination / Assignment / Re- Assignment and return of policy document | 7 days wherever applicable. |
| | 4 | Effecting issue of duplicate policy on receipt of all requirements from the Master Policyholder | 7days |
| | 5 | Effecting change of address/ transfer In-Out and other enquiries under the policies | 7 days wherever applicable. |
| | 6 | Acknowledge a grievance | Immediate ly |
| | 7 | Resolve a grievance | 14 days |
| | • I | Please visit the following link for details of the benchmarks https://licindia.in/web/guest/dov forms Helpline/Call Centre number 91-022-68276827 SMS LICHELP <policy num<br="">9222492224</policy> | <u>wnload-</u> |
| | | Whatsapp No.: 8976862090 | |
| | t | Contact details of the insure You may contact us at our B he details of which are ment Part A (First page) of the Police | ranch Office ioned in the |
| | i <u>i</u> | Link for downloading applicand list of documents ncluding bank account detanttps://licindia.in/web/guest/doctorms | required |

| | | For updated details, we request you to regularly check our website www.licindia.in |
|-----|---------------------------|---|
| 17. | Grievances /Complaints | Contact details of Grievance Redressal Officer of the insurer: You may contact the Grievance Redressal Officer on the address as mentioned in the Part A (First page) of the Policy Document. Alternatively the details of Grievance Redressal Officers can be found on the below link: https://licindia.in/web/guest/grievances |
| | | Link for registering the grievance with the insurer's portal: If you are a registered policy holder you can directly register complaint/ grievance and track its status through our Customer Portal (website) http://www.licindia.in. You can also contact at e-mail id co_complaints@licindia.com for redressal of any grievances. |
| | | Link for registering: https://ebiz.licindia.in/D2CPM/?ga=2.727 03123.1272923387.1677050657-120722208.1677050657#Login |
| | | Contact details of Ombudsman: You can also approach Insurance Ombudsman whose Address and contact details is given in Part A (First page) of the Policy Document. |
| | | Alternatively the details of Ombudsman can be found on the below link: https://cioins.co.in 022-69038800/69038812 |

Declaration by the Member of Group Policy

| I have read the above and confirm having noted the details. | |
|---|--|
|---|--|

| Place: | (Signature of the Member of the Group Policy) |
|--------|---|
| Date: | |

Note:

- i. The policy document is available with the Master Policyholder.
- ii. Product related documents including the Customer Information sheet are available on Corporation's website www.licindia.in
- iii. In case of any conflict, the terms and conditions mentioned in the policy document shall prevail.