

**LIFE INSURANCE CORPORATION OF INDIA**  
**(Established by the Life Insurance Corporation Act, 1956)**  
**LIC's MARKET PLUS – I (UIN: 512L249V01)**

**“IN THIS POLICY, THE INVESTMENT RISK IN INVESTMENT PORTFOLIO IS BORNE BY THE POLICYHOLDER.”**

THE LIFE INSURANCE CORPORATION OF INDIA (hereinafter called “the Corporation”) having received a Proposal and 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 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 the Schedule, 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 Conditions and Privileges printed on the back hereof and that the following Schedule and every endorsement placed on the Policy by the Corporation shall be deemed part of the Policy.

**SCHEDULE**

**DIVISIONAL OFFICE:**

**BRANCH OFFICE:**

<b>Policy No.</b>	<b>Life cover Sum Assured Rs.</b>	<b>Total Instalment/ Single Premium Rs.</b>	<b>Due date of premium:</b>
<b>Date of Commencement of policy:</b>			<b>Mode of payment of premium:</b>
<b>Date of Commencement of Risk:</b>	<b>Accident Benefit Sum Assured Rs.</b>		<b>Due Date of Payment of last premium:</b>
<b>Plan and Term :</b>			<b>Date of Birth:</b>
<b>Premium Paying Term:</b>	<b>Critical Illness Rider Sum Assured Rs.</b>		<b>Age of the Life Assured:</b>
<b>Date on which annuity vests:</b>			<b>Whether age Admitted?</b>
<b>Nominee under Section 39 of the Insurance Act, 1938</b>		<b>Proposal No.</b>	
<b>If Nominee is a minor, name of the Appointee</b>		<b>Date of Proposal</b>	
<b>Name and Address of Proposer</b>		<b>Name and Address of Life Assured (Annuitant)</b>	

<b>Fund Opted</b>	<p><b>Following charges shall be made at the rate given in “Conditions and Privileges” of the policy</b></p> <p><b>i) Premium Allocation charge: as per condition 4(A)</b></p> <p><b>ii) Mortality charge: as per Condition 4(B) (i)</b></p> <p><b>iii) Critical Illness Benefit charge: as per Condition 4(B) (i)</b></p> <p><b>iv) Accident Benefit charge: as per Condition 4(B) (ii)</b></p> <p><b>v) Policy Administration charge: as per Condition 4(B) (iii)</b></p> <p><b>vi) Service Tax charge: As per Condition 4(B) (iv)</b></p> <p><b>vii) Miscellaneous charge: As per Condition 4(B)(v)</b></p> <p><b>viii) Switching charge: As per Condition 4(B)(vi)</b></p>
<p>Benefits payable and events on the happening of which they are payable:</p> <p>a) <u>Benefit payable on vesting</u>: An amount equal to the Policyholder’s Fund Value at the vesting date, after allowing for an option to commute a maximum of one-third of the Policyholder’s Fund Value, shall be compulsorily utilised to provide a pension based on the then prevailing immediate annuity rates and other terms and conditions either from the Corporation or from any other Life Insurance Company registered with IRDA.</p> <p>b) <u>Death Benefit</u>: In the event of death of the Life Assured before the date of vesting, the Policyholder’s Fund Value shall become payable. If Life cover is opted for and is in force, an amount equal to the Life cover Sum Assured shall also become payable.</p>	
<b>To whom Benefits payable</b>	The Proposer or his Nominees or proving 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.
<b>Period during which premium payable</b>	Till the stipulated Date of payment of last premium or Previous death of the Life Assured
<b>Dates when premium payable</b>	On the stipulated due date in .....
<p><b>Special Provisions:</b></p> <p>(1) <u>Life Cover</u>:  If Life cover is opted for and the same is in force: Condition No.18 of “Conditions and Privileges” will apply for an amount equal to the Life Cover Sum Assured.  If Life cover is not opted for: Condition No.18 of “Conditions and Privileges” shall not apply.</p> <p>(2) <u>Accident Benefit Rider Option</u>:  If Accident Benefit cover is opted for and the same is in force: Condition No.19 of “Conditions and Privileges” will apply for an amount equal to the Accident Benefit Sum Assured.  If Accident Benefit cover is not opted for: Condition No.19 of “Conditions and Privileges” shall not apply.</p> <p>(3) <u>Critical Illness Benefit Rider Option</u>:  If Critical Illness cover is opted for and the same is in force: An amount equal to the Critical Illness Rider Sum Assured, as shown in the Schedule, shall be payable on diagnosis of defined categories of Critical Illness during the term of the policy, subject to certain terms and conditions stated in Condition No.20 of “Conditions and Privileges” of the policy.  If Critical Illness cover is not opted for: Condition No. 20 of “Conditions and Privileges” shall not apply.</p>	

Signed on behalf of the Corporation at the above-mentioned Branch Office whose address is given below and to which all communications relating to the policy should be addressed:



**Date:**  
**Examined:**  
**Form No:**

**p.Sr./Branch Manager**

## CONDITIONS AND PRIVILEGES WITHIN REFERRED TO

### 1. **Proof of Age:**

The Mortality and Critical Illness Benefit charge having been calculated based 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, the mortality and Critical Illness charge shall be deductible in such case at the rate calculated on the respective Sum Assured for the correct age at entry, and the Corporation shall deduct by cancelling appropriate number of units out of Policyholder's Fund Value, the accumulated difference between these charges for the correct age and the charges as reckoned from the commencement of the Policy up to the date of such payment with interest at such rate as may be prevailing at the time of deduction.

In case the age of the Life Assured is found to be lower, the age declared in the proposal shall be treated as the correct age for calculation of all the charges through out the term of the policy.

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 Policyholder's Fund Value shall be refunded and the policy shall be terminated.

### 2. **Policyholder's Fund Value:**

The premiums paid by the Life Assured, after applying the allocation rate, as specified in this Policy document, shall be utilized to purchase units of the opted Investment fund at the Net Asset Value (NAV) on the date of purchase. The Units, so purchased, shall be credited to a personalized investment account, called the "**Policyholder's Fund Value**". The Policyholder's Fund value shall be subject to deduction of charges, as specified in this Policy document. At any time during the Policy Term, the value of the Policyholder's Fund shall be the number of units in the account multiplied by the NAV of the Units of that date. The NAV of units may increase or decrease depending upon the investment performance of the underlying fund, Fund Management Charge (FMC) and whether the Fund is expanding or contracting.

### 3. **Fund Unit Allocation and Investment of fund:**

The allocated premiums shall be utilized to buy units as per the fund type opted by the Life Assured (as shown in the Schedule) out of the following four Funds:

a. **Bond Fund:** There will be no exposure to equity market in this fund. The indicative Portfolio allocation under this Fund will be as under:

- (1) Investment in Government / Government Guaranteed securities / Corporate Debt: Not less than 60%
- (2) Investment in Short-term such as Money Market instruments : Not more than 40%
- (3) Investment in Listed Equity Shares: Nil

b. **Secured Fund:** The Fund will maintain a suitable balance between return, safety and liquidity. The indicative Portfolio allocation under this Fund will be as under:

- (1) Investment in Government / Government Guaranteed securities / Corporate Debt: Not less than 45%
- (2) Investment in Short-term such as Money Market instruments : Not more than 40%
- (3) Investment in Listed Equity Shares: Not less than 15% and not more than 55%

c. **Balanced Fund:** The indicative Portfolio allocation under this Fund will be as under:

- (1) Investment in Government / Government Guaranteed securities / Corporate Debt: Not less than 30%
- (2) Investment in Short-term such as Money Market instruments : Not more than 40%
- (3) Investment in Listed Equity Shares: Not less than 30% and not more than 70%

d. **Growth Fund:** The indicative Portfolio allocation under this Fund will be as under:

- (1) Investment in Government / Government Guaranteed securities / Corporate Debt: Not less than 20%
- (2) Investment in Short-term such as Money Market instruments: Not more than 40%
- (3) Investment in Listed Equity Shares: Not less than 40% and not more than 80%

The Life Assured shall have to opt any ONE of the above 4 Funds.

Details and objective of the fund for risk / return are as under:

Bond Fund	-	Low risk
Secured Fund	-	Steady Income – Lower to Medium risk
Balanced Fund	-	Balanced Income and growth – Medium risk
Growth Fund	-	Long term Capital growth – High risk

#### 4. Charges:

- A) **Premium Allocation Charge:** This is the percentage of the premium appropriated towards charges from the premium received. The balance known as allocation rate constitutes that part of the premium which is utilized to purchase units of the opted fund type under the policy.

The allocation charges are as below:

**For Single premium policies: 3.3%**

**For Regular premium policies:**

Premium Band (per annum)	Allocation charge	
	First Year	Thereafter
5,000 to 75,000	16.50%	2.50%
75,001 to 1,50,000	15.75%	2.50%
1,50,001 to 3,00,000	15.00%	2.50%
3,00,001 to 5,00,000	14.25%	2.50%
5,00,001 and above	13.50%	2.50%

**Allocation charge for Top-up: 1.25%**

- B) **Other Charges:** The Following charges shall be deducted by cancellation of appropriate number of units out of the Policyholder's Fund Value:

- i) Mortality charge & Critical Illness Benefit charge:

Mortality charge is the cost of life insurance cover (if opted for) and Critical Illness Benefit charge is the cost of Critical Illness Benefit Rider (if opted for). Charges for Mortality and Critical Illness Benefit rider will be taken every month by canceling appropriate number of units out of the Policyholder's Fund Value as per the rates prevalent.

If opted for Life cover and Critical Illness Benefit Rider, Mortality and Critical Illness Benefit charges, during a policy year, shall be based on the age nearer birthday of the Life Assured as at the Policy anniversary coinciding with or immediately preceding the due date of cancellation of units and hence shall increase every year on each policy anniversary. Further, the charges will also depend on the health, occupation and life style of the Life Assured.

The rate of Mortality charge per Rs.1,000/- Sum Assured per annum and Critical Illness cover charge rates per Rs.1,000/- Sum Assured for standard lives, at present, are given in the Annexure to this document.

- ii) Accident Benefit charge: This is the charge to cover the cost of Accident Benefit rider (if opted for) levied every month by canceling appropriate number of units out of the Policyholder's Fund Value as per the rate prevalent at the time of policy issue.

A level charge, at present, is at the rate of Rs.0.50 per thousand Accident Benefit Sum Assured per policy year.

- iii) Policy Administration charge: The Policy Administration charge of Rs. 60/- per month during the first policy year and Rs. 20/- per month thereafter, throughout the term of the policy, will be deducted by canceling appropriate number of units out of Policyholder's Fund value.

- iv) Service Tax Charge: A service tax charge, if any, shall be levied on the following charges

- Policy Administration, Mortality, Accident Benefit and Critical Illness Benefit rider, if any, - by canceling appropriate number of units out of the Policyholder's Fund Value on a monthly basis as and when the corresponding Policy Administration, Mortality, Accident Benefit and Critical Illness Benefit rider charges are deducted.
- Premium allocation - at the time of allocation.
- Fund Management - at the time of deduction of Fund Management Charge.
- Switching - at the time of effecting switch and
- Alteration (as provided under Miscellaneous charge) - on the date of alteration in the policy.

The level of this charge will be as per the rate of Service Tax if any, as applicable from time to time.

- v) Miscellaneous Charge – This is a charge levied for an alteration within the contract, such as reduction in policy term, reduction in Sum Assured, change in premium mode to higher frequency, Grant of Accident Benefit after the issue of the policy, etc. An alteration may be allowed subject to a charge of Rs. 50/- which will be levied by canceling appropriate number of units out of the Policyholder’s Fund Value on the date of alteration in the policy.

The Corporation reserves the right to accept or decline the alteration in the policy. The alteration shall take effect from the policy anniversary coincident or following the alteration only after the same is approved by the Corporation and is specifically communicated in writing to the Life Assured.

- vi) Switching Charge: This is a charge levied on switching of monies from one fund to another and will be levied at the time of effecting switch. Within a given policy year, 4 switches shall be allowed free of charge. Subsequent switches, if any, shall be subject to a switching charge of Rs.100 per switch.

- C) **Fund Management Charge**: This is a charge levied as a percentage of the value of assets and shall be appropriated by adjusting NAV at the following rates:

0.5% p.a. of Unit Fund for “Bond” Fund

0.6% p.a. of Unit Fund for “Secured” Fund

0.7% p.a. of Unit Fund for “Balanced” Fund

0.8% p.a. of Unit Fund for “Growth” Fund.

This is a charge levied at the time of computation of NAV, which will be done on daily basis.

- D) **Right to revise charges**: The Corporation reserves the right to revise all or any of the above charges except Premium Allocation charge and Mortality charge, as and when such a need will arise. The modification in charges shall be done with prospective effect with the prior approval of Insurance Regulatory & Development Authority after giving the Life Assured a notice of 3 months.

Although the charges are reviewable, they will be subject to the following maximum limit:

- Policy Administration charge: This charge shall not exceed Rs. 150/- per month during the first policy year and Rs. 50/- per month thereafter, throughout the term of the policy.
- Fund Management Charge: The Maximum for each Fund will be as follows
  - i. Bond Fund: 1.00% p.a. of Unit Fund
  - ii. Secured Fund: 1.20% p.a. of Unit Fund
  - iii. Balanced Fund: 1.40% p.a. of Unit Fund
  - iv. Growth Fund: 1.60% p.a. of Unit Fund
- Critical Illness Benefit Charge: Critical Illness Benefit charges shall not exceed by more than 200% of the current rate.
- Switching Charge: The Switching Charge shall not exceed Rs. 200/- per switch.
- Miscellaneous Charge: The Miscellaneous Charge shall not exceed Rs. 100/- each time when an alteration is requested.

In case the policyholder does not agree with the revision of charges the policyholder shall be allowed to withdraw the units in the funds at the then prevailing Fund Value.

## 5. Method of Calculation of Unit Values:

The NAV will be computed on daily basis and will be based on investment performance, Fund Management Charge and whether fund is expanding or contracting under each fund type and shall be calculated as under:

### **Appropriation price (when fund is expanding):**

Market value of investments held by the fund plus the expenses incurred in the purchase of the assets plus the value of any current assets plus any accrued income net of fund management charges less the value of any current liabilities less provisions, if any divided by the number of units existing at the valuation date (before any new units are allocated).

### **Expropriation price (when fund is contracting):**

Market value of investments held by the fund less the expenses incurred in the sale of assets plus the value of any current assets plus any accrued income net of fund management charges less the value of any current

liabilities less provisions, if any divided by the number of units existing at the valuation date (before any units redeemed).

**6. Applicability of Net Asset Value (NAV):**

The premiums received up to a particular time (presently 3 p.m. as per IRDA guidelines) by the servicing branch of the corporation through ECS or by way of a local cheque or a demand draft payable at par at the place where the premium is received, the closing NAV of the day on which premium is received shall be applicable. The premiums received after such time by the servicing branch of the corporation through ECS or by way of a local cheque or a demand draft payable at par at the place where the premium is received, the closing NAV of the next business day shall be applicable.

Similarly, in respect of the valid applications received for surrender, death claim, switches etc up to such time by the servicing branch of the Corporation closing NAV of that day shall be applicable. For the valid applications received in respect of surrender, death claim, switches etc after such time by the servicing branch of the Corporation the closing NAV of the next business day shall be applicable

In respect of amount available on vesting, NAV of the date of vesting of annuity shall be applicable.

**7. Offer and Bid Price:**

The Offer price is the price at which the Corporation is prepared to create/ allot Fund Unit/s in the opted Fund in respect of this policy. The Bid price is the price at which the Corporation is prepared to cancel (repurchase) Fund Unit/s in the Fund in respect of this policy. As there is no Bid-Offer spread, the Bid price and the Offer price under this plan are equal to the NAV.

**8. Top-up (Additional Premium):**

The Life Assured can pay additional premium in multiples of Rs.1,000 without any limit at anytime during the term of the policy. Any such Top-up, net of the charges specified in the schedule of the policy, shall be used to provide additional units and will not provide any additional risk cover under the policy. In case of Regular Premium policies (where premiums are payable yearly or more frequently), such Top-up can be paid only if all premiums due till that time have been paid under the policy.

**9. Discontinuance of Premiums:**

In case of Regular premium policies, if premium/s have not been duly paid within the days of grace, the Policy will lapse. The life assured will have an option to revive the policy within the specified period (described in Condition 13 below).

- i. Where atleast 3 full years' premiums have been paid, the Life cover, Accident Benefit Cover and Critical Illness Benefit cover, if any, shall continue during the revival period (described in Condition 13 below). During this period, the charges for Life Cover, Accident Benefit cover and Critical Illness Benefit cover, if any, shall be taken, as usual, by cancelling an appropriate number of units out of the Policyholder's Fund value every month. This will continue to provide relevant risk covers:
  - i) For two years from the due date of first unpaid premium, or
  - ii) till the date of vesting, or
  - iii) till such period that the Policyholder's Fund Value reduces to one annualized premium, whichever is earlier.

The benefits payable under the policy in different contingencies during this period shall be as under:

- A. **In case of Death**: Life cover Sum Assured plus the Policyholder's Fund Value, if life cover is opted for. If life cover is not opted for, then only the Policyholder's Fund Value is payable.
- B. **In case of Death due to accident**: Accident Benefit Sum Assured in addition to the amount under A above, if Accident Benefit is opted for.
- C. **In case of Critical Illness**: Critical Illness Rider Sum Assured, if Critical Illness Rider is opted for.
- D. **In case of Surrender**: The Policyholder's Fund Value. Surrender value, however, shall be paid only after completion of 3 policy years.
- E. **On vesting**: The Policyholder's Fund Value.
- F. **Compulsory surrender**: The policy shall be terminated compulsorily in following cases:
  - i) The balance in the Policyholder's Fund Value, at all times, shall be subject to a minimum balance of one annualized premium. In case the Policyholder's Fund Value falls below this limit, the policy shall compulsorily be terminated with a notice to the Life Assured and the balance amount in the Policyholder's Fund Value, if any, shall be refunded to the policyholder.
  - ii) In case the policy is not revived during the period of revival, then the policy shall be terminated on

expiry of revival period or on the date of vesting, whichever is earlier and the balance amount in the Policyholder's Fund value shall be refunded to the policyholder.

- ii. Where the policy lapses without payment of at least 3 years' premiums, the Life Cover, Accident Benefit and Critical Illness Benefit rider cover, if any, shall cease and no charges for these benefits shall be deducted. However deduction of all the other charges shall continue. The benefits under such a lapsed policy shall be payable as under:

G. **In case of Death**: The Policyholder's Fund Value.

H. **In case of death due to accident**: The amount under G above.

I. **In case of Critical Illness**: Nil.

J. **In case of Surrender**: Policyholder's Fund Value / money value of units (described in Condition 10 below) , as the case may be, held in the Policyholder's Fund Value, shall be payable after the completion of the third policy anniversary.

K. **Compulsory Surrender**: The policy shall be terminated compulsorily in following cases:

- i) In case the policy is not revived during the period of revival, then the policy shall be terminated after completion of three years from the date of commencement of the policy or on expiry of revival period, whichever is later. In case the period of revival expires before the end of third policy year, then the Policyholder's fund value shall be converted into monetary terms (described in Condition 10 below) and no charges shall be deducted thereafter. This monetary value shall be paid to the policyholder after the end of third policy year.
- ii) In case premiums are paid for less than three years, if the balance in the Policyholder's Fund Value, at any time is not sufficient to recover the relevant charges, the policy shall compulsorily be terminated and the balance amount in the Policyholder's Fund Value, if any, will be refunded to the policyholder.

#### **10. Surrender of Policies:**

The surrender value, if any, is payable only after the completion of the third policy anniversary both under Single and Regular premium contract. The surrender value will be the Policyholder's Fund Value at the date of surrender. There will be no surrender charge.

If a Life Assured applies for surrender of the policy within 3 years from the date of commencement of policy, then the Policyholder's Fund Value shall be converted into monetary terms at the NAV of that day. No charges shall be made thereafter and this monetary amount shall be paid on completion of 3 years from the date of commencement of policy. In case of death of the life assured after the date of surrender but before the completion of 3 years from the date of commencement of policy the monetary value payable on the completion of 3 years shall be payable to the nominee/ legal heir immediately on death.

#### **The conversion in monetary amount shall be as under:**

The NAV on the date of application for surrender or on the date when revival period is over (in case of compulsory surrender), as the case may be, multiplied by the number of units in the Policyholder's Fund as on that date will be the monetary amount .

In case of Single premium policy or Regular premium policy where premiums are paid for less than three years, if the balance in the Policyholder's Fund Value, at any time is not sufficient to recover the relevant charges, the policy shall compulsorily be terminated and the balance amount in the Policyholder's Fund Value, if any, will be refunded to the policyholder. In case of Regular premium policy where premiums are paid for atleast three years, the balance in the Policyholder's Fund Value, at all times, shall be subject to a minimum balance of one annualized premium. In case the Policyholder's Fund Value falls below this limit, the policy shall compulsorily be terminated with a notice to the policyholder and the balance amount in the Policyholder's Fund Value, if any, shall be refunded to the Policyholder.

#### **11. Partial Withdrawal:**

Partial withdrawals will not be allowed.

#### **12. Days of Grace:**

A grace period of one calendar month but not less than 30 days will be allowed for payment of yearly or half-yearly or quarterly premiums and 15 days shall be allowed if premiums are payable monthly (through ECS). If the death of Life Assured occurs within the grace period but before the payment of premium then due, the policy will still be valid and the death benefits shall be paid after deduction of all relevant charges, if not recovered.

If the premium is not paid before the expiry of the days of grace, the policy lapses and benefits shall be paid as

mentioned under Condition 9 above.

**13. Revival of Discontinued policies:**

If due premium is not paid within the days of grace, the policy lapses. A lapsed policy can be revived during the period of two years from the due date of first unpaid premium or before date of vesting, whichever is earlier. The period during which the policy can be revived will be called "Period of revival" or "revival period".

If premiums have not been paid for at least 3 years, the policy may be revived within two years from the due date of first unpaid premium. If the life cover is opted for, the revival shall be made on submission of proof of continued insurability to the satisfaction of the Corporation and the payment of all the arrears of premium without interest.

If life cover is not opted for, the revival shall be made on the payment of all the arrears of premium without interest.

If at least 3 years' premiums have been paid and subsequent premiums are not paid, the policy may be revived within two years from the due date of first unpaid premium but before the date of vesting, if earlier. No proof of continued insurability is required and all arrears of premium without interest shall be required to be paid, irrespective of whether life cover is opted for or not.

The Corporation reserves the right to accept the revival at its own terms or decline the revival of a lapsed policy. The revival of a lapsed policy shall take effect only after the same is approved by the Corporation and is specifically communicated in writing to the Life Assured.

Irrespective of what is stated above, if less than 3 years' premiums have been paid and the Policyholder's Fund Value is not sufficient to recover the charges, the policy shall terminate and thereafter revival shall not be allowed. If 3 years or more than 3 years premiums have been paid and the Policyholder's Fund Value reduces to one annualized premium, the policy shall terminate and Policyholder's Fund Value as on such date shall be refunded to the Life assured and thereafter revival will not be allowed.

Reinstatement of surrendered policy shall not be allowed.

**14. Forfeiture in certain events:**

In case the premiums shall not be duly paid or in case any condition herein contained or endorsed hereon shall 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 in case any material information is withheld, then and in every such case but subject to the provisions of Section 45 of the Insurance Act, 1938, wherever applicable, this policy shall be void and all claims to any benefit in virtue hereof shall cease and determine and all moneys that have been paid in consequence hereof shall belong to the Corporation, excepting always in so far as relief is provided in terms of the Privileges herein contained or as may be lawfully granted by the Corporation.

**15. Suicide:**

No claim for life cover shall be paid except to the extent of Policyholder's Fund Value in case the Life Assured commits suicide (whether sane or insane at the time) at any time within one year from the date of commencement of risk and the Corporation will not entertain any other claim by virtue of this policy except to the extent of a third party's bonafide beneficial interest acquired in the policy for valuable consideration of which notice has been given in writing to the branch where the Policy is being serviced (where the policy records are kept), at least one calendar month prior to death.

**16. Loans:**

No loan will be available under this policy.

**17. Assignments and Nominations:**

Notice of Assignment (before the annuity vests) or Nomination should be submitted for registration to the Office of the Corporation, where this policy is serviced. In registering an assignment or nomination the Corporation does not accept any responsibility or express any opinion as to its validity or legal effect.

**18. Life Cover:**

If Life cover is opted for, at any time when this cover is in force, the Corporation agrees to pay an additional sum equal to the Life Cover Sum Assured under this policy.

This benefit will be available only till the date on which the annuity vests (as given in the Schedule). No



charges for this benefit shall be deducted from the Policy anniversary at which the benefit ceases.

**19. Accident Benefit Rider:**

If Accident benefit is opted for, at any time when this cover is in force, the Corporation agrees to pay an additional sum equal to the Accident Benefit Sum Assured under this policy if

- the Life Assured is involved in an accident resulting in death or
- the Life Assured shall sustain any bodily injury resulting solely and directly from the accident caused by outward, violent and visible means and such injury shall within 180 days of its occurrence solely, directly and independently of all other causes result in the death of the Life Assured

and the same is proved to the satisfaction of the Corporation. However, such additional sum payable in respect of this policy shall not in any event exceed Rs.50,00,000 taking all existing policies of the Life Assured under individual as well as group policies including policies taken with Life Insurance Corporation of India and other insurance companies.

The Corporation shall not be liable to pay the additional sum referred above, if death of the Life Assured:

- i) be caused by intentional self-injury, attempted suicide, insanity or immorality or whilst the Life Assured is under the influence of intoxicating liquor, drug or narcotic; or
- ii) takes place as a result of an accident while the Life Assured is engaged in aviation or aeronautics in any capacity other than that of a fare-paying, part-paying or non-paying passenger in any aircraft which is authorized by the relevant regulations to carry such passengers and flying between established aerodromes, the Life Assured having at that time no duties on board the aircraft or requiring descent there from; or
- iii) be caused by injuries resulting from riots, civil commotion, rebellion, war (whether war be declared or not), invasion, hunting, mountaineering, steeple-chasing or racing of any kind; or
- iv) results from the Life Assured committing any breach of law; or
- v) arises from employment of the Life Assured in the armed forces or military service of any country at war (whether war be declared or not) or from being engaged in police duty in any military, naval or police organization.
- vi) occurs after 180 days from the date of accident of the Life Assured.

This benefit will be available only till the date on which the annuity vests (as given in the Schedule) or till the policy anniversary on which the age nearer birthday of the Life Assured is 70 years, whichever is earlier. No charges for this benefit shall be deducted from the Policy anniversary at which the benefit ceases.

**20. Critical Illness Benefit Rider:**

If Critical Illness Benefit rider is opted for, at any time when this cover is in force, an amount equal to the Critical Illness Rider Sum Assured shall be payable on the Life Assured surviving for a period of 28 days after being diagnosed as inflicted by the defined categories of Critical Illness and subject to terms and conditions given in the Annexure. The maximum cover for this rider will be Rs.10 lakh under all policies of the Life Assured with the Corporation taken together.

This benefit shall be available only once till the date on which the annuity vests (as given in the Schedule) or till the policy anniversary on which the age nearer birthday of the Life Assured is 60 years or for a maximum policy term of 35 years whichever is earlier. No charges for this benefit shall be deducted from the Policy anniversary at which the benefit ceases.

Further, this benefit shall be available so long as no claim for Critical Illness Benefit arises. Once a claim under Critical Illness Benefit has been admitted, no subsequent charge towards this benefit shall be deducted. Charges towards Life cover and Accident benefit, if any, shall however, continue to be deducted on a monthly basis.

**21. Increase / Decrease of risk covers:**

No increase of covers will be allowed under the plan. The Policyholder can, however, decrease any or all of the risk covers once in a year during the Policy term, provided all due premiums under the Policy have been paid. The reduced levels of cover will be available within the limits specified. When the life cover is decreased then Accident Benefit and Critical Illness rider sum assured, if any, shall also be reduced to the extent of reduced cover under the main plan. Further, once reduction in risk cover is allowed, the same cannot be subsequently increased/ restored.

**22. Conversion to annuity at Vesting Date:**

On the Life assured surviving to the date of vesting, the Policyholder's Fund Value will compulsorily be utilised to provide an annuity based on the then prevailing immediate annuity rates under the relevant annuity option.

An option will also be there to commute up to one-third of the Policyholder's Fund Value at the time of vesting of the annuity, which shall be paid as a lump sum. In case commutation is opted for, the amount of annuity/pension available will be reduced proportionately. There will also be an option to purchase pension from any other life insurance company "registered with IRDA" subject to Regulatory provisions. If the Life assured opts to purchase pension from any other life insurance Company, he/she will have to inform it to the Corporation six months prior to the vesting date. In such case, LIC will transfer the Policyholder's Fund Value directly to the chosen Company.

Notwithstanding the above mentioned, in case the amount at the vesting date is insufficient to purchase the minimum amount of annuity allowed by LIC, then the balance in the Policyholder's Fund Value at the vesting date shall be refunded to the Life assured.

**23. Option to switch between funds:**

The policyholder can switch from one Fund to another out of the four funds mentioned in Condition 3 above, during the policy term, provided the application for a switch is received at the Office of the Corporation where the policy is serviced. On switching the entire amount is switched to the Fund opted for. In a given policy year, the Life Assured can make 4 switches free of charge. Subsequent switches in the policy year shall be subject to a switching charge of Rs.100 per switch.

On receipt of the Life Assured's application for a switch, subject to the above conditions, the Policyholder's Fund Value after deduction of Switching charges, if any, shall be transferred to the New Fund type opted by the Life Assured and shall be utilized to allocate Fund Units to the policy at the NAV under the New Fund type of the said date of the switch. If a valid application is received up to a particular time, presently 3 p.m. as per IRDA guidelines, by the servicing branch the closing NAV of the same day shall be applicable and in respect of the applications received after such time by the servicing branch the closing NAV of the next business day shall be applicable.

Switching will not be allowed under a lapsed policy.

**24. Risks borne by the Life Assured:**

The Value of the units as well as the Benefits relating to the Policyholder's Fund Value are subject to market and other risks and there can be no assurance that the objectives of any of the above funds will be achieved. Further, the value of units within each Fund type can go up or down depending on the different factors affecting the capital markets and may also be affected by changes in the general level of interest rates and other economic factors. All benefits under the policy are also subject to the Tax Laws and other Financial enactments as they become applicable from time to time.

**25. Normal requirements for a claim**

The normal documents which the claimant shall submit while lodging the claim in case of death of the Life Assured shall be the claim forms, as prescribed by the Corporation, accompanied with original policy document, proof of title, proof of death, proof of accident, if any, medical treatment prior to death, 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.

At the vesting date of the policy or in case of surrender, the Life Assured shall submit the discharge form along with the original policy document besides proof of age, if the age is not admitted earlier.

**26. 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.

**27. Unit Statement:**

Unit statement shall be issued on every policy anniversary and also as and when a transaction takes place.

**28. Cooling-off Period:**

If the policyholder is not satisfied with the "Terms and Conditions" of the policy, he/she may return the policy to the Corporation within 15 days from the date of receipt of the policy. The amount to be refunded in case the policy is returned within the cooling-off period shall be determined as under:

Value of units in the Policyholder's Fund  
Plus unallocated premium.  
Plus Policy Administration charge deducted

*Less* charges @ Rs.0.20%o Life Cover Sum Assured if life cover is opted for or @ Rs. 0.20%o of Total Premiums payable during entire term of policy, if life cover is not opted for.

*Less* Actual cost of medical examination and special reports, if any.

**Section 45 of Insurance Act, 1938**

“No policy of life insurance effected before the commencement of this act shall after the expiry of two years from the date of commencement of this Act and no policy of life insurance effected after the coming into force of this Act shall after the expiry of two years from the date on which it was effected, be called in question by an insurer on the ground that a statement made in the proposal for insurance or in any report of a medical officer, or referee, or friend of the insured, or in any other document leading to the issue of the policy, was inaccurate or false, unless the insurer shows that such statement was on a material matter or suppressed facts which it was material to disclose and it was fraudulently made by the Policyholder and that the Policyholder knew at the time of making it that the statement was false or that it suppressed facts which it was material to disclose:

Provided that nothing in this section shall prevent the insurer from calling for proof of age at any time if he is entitled to do so, and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof that the age of the life assured was incorrectly stated in the proposal.”

**NOTE:**

In case you have any complaint/grievance, you may approach Grievance Redressal Officer/Ombudsman whose address is as under:

Address of Grievance Redressal Officer

Address of Ombudsman

Note: In case of dispute in respect of interpretation of these terms and conditions and special provisions/conditions 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.**

**ANNEXURE (TO BE ATTACHED WHERE LIFE COVER HAS BEEN OPTED FOR)**

**Life Cover Charge per Rs. 1000/- Life Cover Sum Assured per annum**

<u>Age n.b.d</u>	<u>Charge</u>	<u>Age n.b.d</u>	<u>Charge</u>
18	1.15		
19	1.20	51	7.27
20	1.25	52	8.05
21	1.29	53	8.90
22	1.33	54	9.80
23	1.36	55	10.76
24	1.39	56	11.79
25	1.42	57	12.87
26	1.43	58	13.78
27	1.45	59	14.94
28	1.46	60	16.34
29	1.46	61	17.99
30	1.46	62	19.88
31	1.46	63	22.01
32	1.50	64	24.39
33	1.56	65	27.02
34	1.64	66	28.40
35	1.73	67	32.02
36	1.85	68	36.03
37	1.99	69	40.47
38	2.15	70	45.37
39	2.33	71	50.78
40	2.57	72	56.74
41	2.81	73	63.30
42	3.02	74	70.51
43	3.25		
44	3.54		
45	3.89		
46	4.30		
47	4.77		
48	5.30		
49	5.90		
50	6.56		

**ANNEXURE (TO BE ATTACHED WHERE CRITICAL ILLNESS BENEFIT HAS BEEN OPTED FOR)**

**Critical Illness Charge per Rs. 1000/- Critical Illness Rider Sum Assured per annum**

<b>Age n.b.d</b>	<b>Charge</b>
18	0.72
19	0.72
20	0.72
21	0.75
22	0.80
23	0.84
24	0.89
25	0.91
26	0.94
27	0.97
28	1.05
29	1.09
30	1.16
31	1.27
32	1.36
33	1.48
34	1.64
35	1.80
36	1.99
37	2.23
38	2.54
39	2.88
40	3.26
41	3.59
42	4.06
43	4.40
44	4.78
45	5.31
46	5.82
47	6.33
48	7.20
49	8.12
50	9.05
51	9.90
52	10.83
53	12.07
54	13.24
55	14.44
56	15.82
57	17.18
58	18.83
59	20.51

**ANNEXURE (TO BE ATTACHED WHERE CRITICAL ILLNESS BENEFIT  
RIDER IS OPTED FOR)**

**CRITICAL ILLNESS BENEFIT – DEFINITIONS AND TERMS AND CONDITIONS**

- (A) **WAITING PERIOD:** A waiting period of 6 months shall apply from the date of commencement of risk or revival of the policy, as the case may be, to the first diagnosis of the Critical Illness under consideration. This would mean that the benefit of the Policy schedule is not applicable if any of the contingencies mentioned in Condition (C) below, occurs (i) at any time on or after the date on which the risk under the Policy has commenced but before the expiry of six months reckoned from that date or (ii) before the expiry of six months from the date of Revival.

However, this condition shall not apply to conditions arising directly out of accident.

- (B) **ELIGIBILITY CONDITIONS:**

If death occurs within 28 days of the first diagnosis of the Critical Illness, Critical Illness Benefit shall not be payable.

Critical Illness Sum Assured shall 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, a specific deferment period applies to establish permanence of the illness covered (see definitions of conditions, below).

The date of occurrence of Critical Illness shall be reckoned for the above purpose as the date of first diagnosis of the illness/conditions. It will be the date of medical reports on the basis of which the medical examiner examines the Life Assured and certifies the diagnosis of any of the illnesses/ conditions covered herein.

The Critical Illness Rider benefit shall be payable only once during the term of the policy. In other words, the Rider ceases to apply once the Critical Illness Sum Assured becomes payable. The benefit shall also automatically cease to be available on Surrender of the policy.

- (C) **DEFINITIONS OF CONDITIONS:** The Critical Illness Rider Benefit of the Policy schedule shall be available on the occurrence of any of the following contingencies:

(1) **Heart Attack (Myocardial Infarction)**

The first occurrence of Heart Attack or Myocardial Infarction which means the death of portion of the heart muscle, as a result of an acute interruption of blood supply to myocardium. The diagnosis must be confirmed by the consultant cardiologist which must be based on:

- History of typical chest pain
- New electro cardiographic changes proving infarction
- Significant elevation of cardiac enzyme

Angina is specifically excluded.

(2) **Stroke (Cerebro-vascular Accident)**

Any cerebro-vascular incident which results in permanent neurological deficit. Evidence of permanent neurological deficit must be supported by new changes on a C.T. or M.R.I. Scan. Transient ischaemic attacks are specifically excluded. Infarction of brain tissue or intracranial bleeding as result of external injury is specifically excluded.

(3) **Cancer**

The diagnosis of malignant tumour characterised by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissue.

The cancer must be confirmed by the histological evidence of malignancy by a qualified Oncologist and Pathologist.

Cancer includes: Leukaemia, Malignant Lymphoma, Hodgkin's Disease, Malignant bone marrow disorder and Metastatic skin cancer.

The following are excluded:

- "Carcinoma in Situ", cervical dysplasia, Cervix cancer CIN-1, CIN-2 & CIN-3, and all pre-malignant conditions or non-invasive cancers.

- Early prostate cancer TNM Classification T1 (including T1a and T1b) or equivalent classification.
- Melanomas of the skin of Stage 1A ( $\leq 1\text{mm}$ , level II or III, no ulceration) – according to the new AJCC classification of 2002.
- Hyperkeratoses, basal cell and squamous skin cancers.
- All tumours in the presence of HIV infection.

**(4) Kidney Failure**

Evidence of end stage kidney disease presenting as chronic irreversible failure of both kidneys to function. A consultant physician must confirm a requirement for regular renal dialysis and renal transplantation.

**(5) Major Organ transplant**

The actual undergoing of a transplant of any of the below organ as a recipient or the inclusion on an official organ transplant waiting list for any of the below organ:

- One of the following whole human organs: heart, lung, liver, kidney, pancreas, or
- Human bone marrow using haematopoietic stem cells preceded by total bone marrow ablation

The transplant must be medically necessary and based on objective confirmation of organ failure.

Other than the above stem cell transplants are excluded.

**(6) Paralysis**

The total loss of muscle function or sensation to the whole of any two or more limbs as a result of injury or disease of spinal cord or brain, where such functional loss is considered to be permanent by a neurologist. The disability must be persisted for at least 6 months to establish permanence and must be supported by appropriate neurological evidence.

Loss of function of limbs classified as Diplegia, Hemiplegia, Tetraplegia and Quadriplegia are included.

**(7) 3<sup>rd</sup> Degree Burns**

A tissue injury caused by thermal, electrical or chemical agents. The injury must result in 3<sup>rd</sup> Degree burns covering at least 50% of the body surface.

**(8) Blindness**

Total, permanent and irreversible loss of sight in both eyes as a result of illness or accident. Blindness must be persisted for at least 6 months to establish permanence. The blindness must be certified by an ophthalmologist's report. The blindness must not be able to be corrected by medical procedure.

**(9) Coronary Artery By-pass Surgery**

The actual undergoing of open-heart surgery on the advice of a Consultant Cardiologist to correct narrowing or blockage of one or more coronary arteries with by-pass grafts. Angiographic evidence of significant coronary artery obstruction must be provided and the procedure must be considered necessary by a consultant cardiologist. Non-surgical techniques such as balloon angioplasty and all other intra arterial, catheter based techniques or laser procedure treatments are excluded.

**(10) Heart Valve Replacement or Repair**

The first occurrence of open or endoscopic heart valve surgery, performed to replace or repair one or more heart valves, as a consequence of defects that cannot be repaired by intra arterial catheter procedures alone. The surgery must be performed after a recommendation by a consultant cardiologist.

**(11) Aorta Graft Surgery**

Major surgery of the thoracic or abdominal aorta for life threatening vascular disease. This includes coarctation repair, surgical grafts for aortic aneurisms or aortic dissections but minimally invasive stent grafting is excluded. Surgery on the branches of the aorta is not covered.

**(D)** Within 120 days from the date on which any of the contingencies mentioned in condition (C) 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. Any Medical Examiner named by the Corporation shall be allowed to examine the person of the Life Assured in respect of any benefit claimed under the Benefit(s) mentioned under the Policy schedule, in such manner and at such times, as may be required by the Corporation.

**(E) EXCLUSIONS**

No benefit shall become payable in respect of any condition arising directly or indirectly from, through or in consequence of the following exclusions:

- (1) Intentional self-injury, attempted suicide, war/invasion, injury during criminal activity or under influence of drug, alcohol, narcotics etc.
- (2) Where the illness has arisen out of failure of the Life Assured to follow medical advice. Also, where the Life Assured has delayed medical treatment in order to circumvent the waiting period or other conditions and restrictions applying under the policy.
- (3) If the Life Assured is found to be infected with Human Immunodeficiency Virus (HIV) or conditions due to any Acquired Immune Deficiency Syndrome (AIDS).
- (4) As a result of accident while the Life Assured is engaged in aviation or aeronautics in any capacity other than that of a fare-paying, part-paying or non-paying passenger, in any aircraft which is authorized by the relevant regulations to carry such passengers and flying between established aerodromes.
- (5) Injuries caused by such activities as hunting, mountaineering, steeple-chasing or racing of any kind etc.
- (6) Angina is specifically excluded.
- (7) Transient ischaemic attacks are excluded.
- (8) In case of cancer following are excluded :
  - “Carcinoma in Situ”, cervical dysplasia, Cervix cancer CIN-1, CIN-2 & CIN-3, and all pre-malignant conditions or non-invasive cancers.
  - Early prostate cancer TNM Classification T1 (including T1a and T1b) or equivalent classification.
  - Melanomas of the skin of Stage 1A ( $\leq 1$ mm, level II or III, no ulceration) – according to the new AJCC classification of 2002.
  - Hyperkeratoses, basal cell and squamous skin cancers
  - All tumours in the presence of HIV infection.
- (9) Under Aorta Graft Surgery, Stent Grafting is excluded and surgery on the branches of the Aorta is not covered.
- (10) Under Coronary Artery Bypass Surgery, the Non-surgical techniques such as balloon angioplasty and all other intra arterial, catheter based techniques or laser procedure treatments are excluded.
- (11) Under Major Organ Transplant, Stemcell Transplants are excluded.

**(F) NORMAL REQUIREMENTS FOR A CLAIM:** In the event of a claim for critical illness rider benefit appropriate medical practitioner’s report, diagnostic reports including Histopathological report, report from the attending physician and report from Oncologist (in case of cancer) and / or any other tests which the Corporation may prescribe from time to time are required to be submitted.. This would be in addition to the Claim requirements under the main policy.