

**CUSTOMER INFORMATION SHEET / KNOW YOUR CERTIFICATE OF INSURANCE**

Customer Information Sheet reference no. \_\_\_\_\_

This document provides key information about your Certificate of Insurance. You are also advised to go through your Certificate of Insurance.

Sl. no.	Title	Description in Simple Words <i>(Please refer to applicable COI Clause Number in next column)</i>	Certificate of Insurance (COI) Clause Number
1.	Name of the Insurance Product and Unique Identification Number (UIN)	<b>Max Life Smart Group Term Life UIN 104N126V01</b>	Cover letter
2.	COI Number	<COI Number>	COI Schedule
3.	Type of Insurance Policy	A Non-Linked Non-Participating Group Pure Risk Life Insurance Plan	Cover letter
4.	Basic COI details	<ul style="list-style-type: none"> <li>• <b>Instalment Premium:</b> &lt; add modal Premium &gt;</li> <li>• <b>Mode of Premium payment:</b> &lt; add modes&gt;</li> <li>• <b>Sum Assured on Death:</b> &lt;add SA&gt;</li> <li>• <b>Sum Assured on Maturity:</b> &lt;Not Applicable&gt;</li> <li>• <b>Policy Term:</b> &lt;add Policy term&gt;</li> <li>• <b>Premium Payment Term:</b> &lt;add PPT&gt;</li> </ul>	COI Schedule
5.	Policy Coverage/benefits payable	<ul style="list-style-type: none"> <li>• <b>Benefits payable on Maturity:</b> <ul style="list-style-type: none"> <li>➤ This is not applicable.</li> </ul> </li> <li>• <b>Benefits payable on Death:</b> <ul style="list-style-type: none"> <li>➤ If the Policy/Certificate of Insurance (as the case may be) is in force, then, upon death of the Member during the Period of Coverage, We will pay the Sum Assured on Death to the Claimant.</li> </ul> </li> <li>• <b>Survival Benefits excluding that payable on maturity:</b> <ul style="list-style-type: none"> <li>➤ This is not applicable.</li> </ul> </li> <li>• <b>Surrender Benefits:</b> <ul style="list-style-type: none"> <li>➤ On Surrender of the Policy, the Members will be provided an option, to continue the insurance coverage until the expiry of the Period of Coverage or to exit from the Policy.</li> <li>➤ In case the Members continues, where:                             <ul style="list-style-type: none"> <li>○ the Premium is borne and paid by master Policyholder, We will refund an amount equal to the Premium without interest for the unexpired Period of Coverage to master Policyholder and We will continue the coverage for the</li> </ul> </li> </ul> </li> </ul>	<p>Clause 2.2</p> <p>Clause 2.1</p> <p>Clause 2.2</p> <p>Clause 6</p>

unexpired Period of Coverage with respect to those Members provided We have received Premium from them for the unexpired Period of Coverage subject to Our Underwriting Policy;

- If the Premium is and continued to be borne by the Members, We will continue the coverage for those Members till the expiry Period of Coverage.
- In case the Members opt to exit, where:
  - the Premium is borne and paid by master Policyholder, an amount equal to the Premium without interest for the unexpired Period of Coverage will be refunded to master Policyholder;
  - the Premium is borne by the Members, an amount equal to the Premium without interest for the unexpired Period of Coverage will be refunded to those Members.

- **Options to policyholders for availing benefits, if any, covered under the Policy.**

➤ This is Not Applicable.

- **Other benefits/options payable, specific to the policy, if any:**

- **SETTLEMENT OPTION**

The settlement option provides flexibility to take the death benefit in lumpsum or in installments over a chosen period. Under this option, income payment frequency which may be chosen is annual, semi-annual, quarterly and monthly. The following two settlement options for the death benefit can be selected by master Policyholder or Member under the Certificate of Insurance:

- i. Lumpsum benefit: to take the entire Sum Assured on Death as lumpsum.
- ii. Lumpsum and level income: Under this option, a percentage of Sum Assured on Death (in multiples of 10), chosen by master Policyholder or the Member (as the case may be) will be paid as lump sum immediately on death of the Member. The balance amount, shall be paid as level income, spread over the chosen income period (in years), subject to a maximum income period of 25 years. The income will be payable immediately following the date of death basis the chosen income pay-out frequency.

Level income shall be calculated basis the below formula:

Level annual income =  $[(1-X\%) * \text{Sum Assured on Death} / \text{income period (in years)}] * \text{Income Factor}$

*Note: where 'X' is the percentage of the Sum Assured on Death as may be chosen by master Policyholder or the Member (as the case may be).*

Clause 3

		During the income period, Nominee shall have the right to commute the remaining incomes or can change income benefit payment frequency by submitting a written request to Us at least 30 days before the death anniversary. On receipt of such a request, We shall pay the present value of all future incomes discounted at the rate of 5% p.a. to the Nominee. Please note that the rate of 5% p.a. used here is based on Our long term expectation of interest rates.	
6.	Options available (in case of <i>Linked Insurance Products</i> )	Not Applicable.	
7.	Option available (in case of Annuity product)	Not Applicable	
8.	Riders opted, if any	<ul style="list-style-type: none"> <li>➤ <b>Summary of coverage</b></li> <li>➤ <b>Max Life Group Accidental Death Benefit Premier Rider</b> (UIN: 104B024V03) Insured Event: Death of member due to accident</li> <li>➤ <b>Max Life Group Accelerated Terminal Illness Rider</b> (UIN: 104B028V03) Insured Event: Member diagnosed by Terminal Illness</li> <li>➤ <b>Max Life Group Critical Illness (Additional Benefit) Rider</b> (UIN: 104B031V03) Insured Event: Member is diagnosed with any of the 12 specified Critical Illness</li> <li>➤ <b>Max Life Group Total and Permanent Disability (Accident) Premier Rider</b> (UIN: 104B030V03) Insured Event: Member suffered Total and Permanent Disability due to accident</li> </ul>	Schedule
9.	Exclusions (events where insurance coverage is not payable), if any.	<p><b>Brief list of the applicable exclusions, if any:</b></p> <ul style="list-style-type: none"> <li>• <b>Suicide Exclusion</b></li> </ul> <p>In case of a Non Employer-Employee Group or an Employer-Employee Group under which Members are covered on a voluntary basis and where the Suicide Exclusion clause is applicable, if the Member commits suicide, within 12 (Twelve) months of continuous coverage from the Entry Date, all risks and benefits under the Policy/Certificate of Insurance in respect of such Member will automatically cease and no benefits will be payable. In such an event, the Claimant will be entitled to refund of the Premiums paid in respect of the member, without interest till the date of death or the surrender value applicable as on the date of death, whichever is higher, provided the policy is in force.</p>	Clause 12
10.	Waiting /lien Period, if any	<b>Number of Days</b> Not Applicable	

11.	Grace period	<b>Number of Days:</b> 15 days where the premium is paid on monthly mode and 30 days in all other cases.	Clause 5								
12.	Free Look Period	<b>Number of days:</b> 30 days beginning from the date of receipt of the Certificate of insurance.	Clause 13								
13.	Lapse, paid-up and revival of the Policy	<p>If the Premium is not received by the end of the Grace Period, the Policy will lapse and no benefit under the Policy will be payable in respect of any Member.</p> <p>A Lapsed Policy or Member cover (where the Premium is borne by the Members) may be revived during the Policy Term in accordance with our Board Approved Underwriting Policy, provided that:</p> <ul style="list-style-type: none"> <li>• We receive a written request to revive the Policy or Member cover;</li> <li>• Master Policyholder provides Us, at Master Policyholder's cost, satisfactory evidence of insurability in respect of the Members, which is acceptable to Us; and</li> <li>• Payment of all due Premiums (along with the applicable taxes, cesses and levies, if any) is made to Us with late fee as on the Date of Revival as may be determined by Us from time to time.</li> </ul> <p>Currently the applicable late fees are as below:</p> <table border="1" data-bbox="488 947 1224 1331"> <thead> <tr> <th data-bbox="488 947 829 1058">No. of days between Date of Revival and date of lapse of Policy</th> <th data-bbox="829 947 1224 1058">Interest Payment Fee (in Rs.)</th> </tr> </thead> <tbody> <tr> <td data-bbox="488 1058 829 1100">0-60</td> <td data-bbox="829 1058 1224 1100">Nil</td> </tr> <tr> <td data-bbox="488 1100 829 1213">61-180</td> <td data-bbox="829 1100 1224 1213">RBI Bank Rate + 1% p.a. compounded annually on due Premiums</td> </tr> <tr> <td data-bbox="488 1213 829 1331">&gt;180</td> <td data-bbox="829 1213 1224 1331">RBI Bank Rate + 3% p.a. compounded annually on due Premiums</td> </tr> </tbody> </table> <p>The 'RBI Bank Rate' for the financial year ending 31st March (every year) will be considered for determining the Revival interest rate. The RBI Bank Rate shall be revised only if the same changes by 1% or more from the RBI Bank Rate used to determine the prevailing interest rate and the change shall be effective from 1st July (every year).</p> <ul style="list-style-type: none"> <li>• The Revival of the lapsed Policy or Member cover will take effect only after We have approved the same in accordance with Underwriting Policy and communicated Our decision to Master Policyholder in writing. We will not be liable to pay any benefit occurring during the period for which the Policy was lapsed.</li> <li>• If a lapsed Policy or Member cover (where the Premium is borne by the Members) is not revived within the Policy Term, the Policy will terminate without value, on the expiry of the Policy Term.</li> </ul>	No. of days between Date of Revival and date of lapse of Policy	Interest Payment Fee (in Rs.)	0-60	Nil	61-180	RBI Bank Rate + 1% p.a. compounded annually on due Premiums	>180	RBI Bank Rate + 3% p.a. compounded annually on due Premiums	<p>Clause 4</p> <p>Clause 7</p>
No. of days between Date of Revival and date of lapse of Policy	Interest Payment Fee (in Rs.)										
0-60	Nil										
61-180	RBI Bank Rate + 1% p.a. compounded annually on due Premiums										
>180	RBI Bank Rate + 3% p.a. compounded annually on due Premiums										

		<ul style="list-style-type: none"> <li>• <b>Policy Renewal</b> This is Not Applicable.</li> </ul>	
14.	Policy Loan, if applicable	Not Applicable	
15.	Claims/Claims Procedure	<ul style="list-style-type: none"> <li>• <b>Turn Around Time (TAT) for claims settlement: Please refer to Annexure –B for details</b></li> <li>• <b>Brief procedure</b>  Notice of Claim – All cases of death must be notified immediately to us in writing. However, We may condone delay on merit for delayed claims where the reason for delay is proved to be for reasons beyond the control of the Claimant.  Please note that all death claims will be payable to the nominee/legal heir of the Policyholder.  Claim forms as required by us must be completed and furnished to us, at the Claimant's expense, within 90 days after the date the insured event happens, unless specified otherwise. A list of primary claim documents listing the normally required documents is attached to the Policy. Submission of the listed documents, forms or other proof, however, shall not be construed as an admission of liabilities by the Company. We reserve the right to require any additional proof and documents in support of the claim.</li> <li>• <b>Helpline number</b>  ➤ 1860-120-5577 (Call charges apply) or 0124- 4219090</li> <li>• <b>Contact Details of the Insurer:</b>  ➤ Max Life Insurance Company Limited, Plot No. 90C, Udyog Vihar, Sector 18, Gurugram-122015, Haryana, India. Website - <a href="http://www.maxlifeinsurance.com">www.maxlifeinsurance.com</a></li> <li>• <b>Link for downloading claim form and list of documents required including bank account details:</b>  ➤ <a href="https://www.maxlifeinsurance.com/downloads">https://www.maxlifeinsurance.com/downloads</a>  ➤ We will require the following documents in case of claim under this Policy regarding the death of the Life Insured:  <b>Required Documents: -</b> a) Claimant's statement in the prescribed form; b) original Certificate of Insurance; c) attending physician's statement and hospital treatment certificate, if any; d) discharge summary / indoor case papers in case death happened due to medical reasons in a hospital;</li> </ul>	Clause 10

		<ul style="list-style-type: none"> <li>e) original/ attested copy copy of death certificate issued by the local/municipal authority;</li> <li>f) identity proof of the Member and the Nominee(s) bearing their photographs and signatures;</li> <li>g) body transfer certificate / embassy documents / post-mortem report whichever applicable;</li> <li>h) Copy of passport;</li> <li>i) a copy of police complaint/ first information report (only in the case of death by accident of the Member);</li> <li>j) a copy of duly certified post mortem report (only in the case of death by accident of the Member);</li> <li>k) identity proof of the Claimant including photograph and signature (only in the case of a Non Employer-Employee Group); and</li> <li>l) any other documents or information required by Us for assessing and approving the claim request.</li> </ul>	
16.	Policy Servicing	<ul style="list-style-type: none"> <li>• <b>Turn Around Time (TAT): Please refer to Annexure –B for details</b></li> <li>• <b>Helpline number</b></li> <li>➤ 1860-120-5577 (Call charges apply) or 0124- 4219090</li> <li>• <b>Contact Details of the Insurer:</b></li> <li>➤ Max Life Insurance Company Limited, Plot No. 90C, Udyog Vihar, Sector 18, Gurugram-122015, Haryana, India. Website - <a href="http://www.maxlifeinsurance.com">www.maxlifeinsurance.com</a></li> <li>• <b>Link for downloading applicable forms and list of documents required including bank account details:</b></li> <li>➤ <a href="https://www.maxlifeinsurance.com/downloads">https://www.maxlifeinsurance.com/downloads</a></li> <li>➤ We will require the following documents in case of policy servicing under this Policy regarding the death of the Life Insured: <ul style="list-style-type: none"> <li>• Application in the prescribed form;</li> <li>• original Policy document (if any);</li> <li>• identity proofs (such as copy of Passport, PAN card, Voter identity card, Aadhar (UID) card, etc.) of the Policyholder or Life Insured (bearing their photographs and signatures);</li> <li>• NEFT mandate form attested by bank authorities, along with a cancelled cheque or bank account passbook;</li> <li>• any other documents or information required by Us for assessing and approving the claim request.</li> </ul> </li> </ul>	
17.	Grievances /Complaints	<ul style="list-style-type: none"> <li>• <b>Contact Details of Grievance Redressal Officer of the insurer:</b></li> <li>➤ Grievance Redressal Officer, Max Life Insurance Company Limited, Plot No. 90C, Udyog Vihar, Sector 18, Gurugram-122015, Haryana, India</li> </ul>	Clause 26

		<ul style="list-style-type: none"> <li>• <b>Link for registering the grievance with the insurer's portal</b></li> </ul> <p>➤ <a href="https://www.maxlifeinsurance.com/customer-service/grievance-redressal">https://www.maxlifeinsurance.com/customer-service/grievance-redressal</a></p> <ul style="list-style-type: none"> <li>• <b>Contact details of Ombudsman</b></li> </ul> <p>➤ Refer Annexure A for the Ombudsman details</p>	
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Declaration by the Member

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

Place:

(Signature of the Member)

Date:

**Note:**

- i. For the product related documents including the Customer Information sheet please refer to the <https://www.maxlifeinsurance.com/group-insurance-plans/group-term-life>
- ii. In case of any conflict, the terms and conditions mentioned in the Policy document shall prevail.
- iii. In the event of any conflict or discrepancy between any translated version and the English language version of this CIS, the English language version of this CIS shall prevail.

**Annexure A: List of Insurance Ombudsman**

**AHMEDABAD** - Office of the Insurance Ombudsman, 6<sup>th</sup> Floor, Jeevan Prakash Bldg, Tilak Marg, Relief Road, Ahmedabad-380 001. Tel.:- 079-25501201/02/05/06 Email: [bimalokpal.ahmedabad@cioins.co.in](mailto:bimalokpal.ahmedabad@cioins.co.in). (State of Gujarat and Union Territories of Dadra & Nagar Haveli and Daman and Diu.)

**BENGALURU** - Office of the Insurance Ombudsman, Jeevan Soudha Bldg., PID No. 57-27-N-19, Ground Floor, 19/19, 24<sup>th</sup> Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080-26652049/26652048 Email: [bimalokpal.bengaluru@cioins.co.in](mailto:bimalokpal.bengaluru@cioins.co.in). (State of Karnataka)

**BHOPAL**- Office of the Insurance Ombudsman, 1<sup>st</sup> Floor, Jeevan Shikha, 60-B, Hoshangabad Road, Opp. Gayatri Mandir, Bhopal-462 011. Tel.:- 0755-2769201/2769202 Email: [bimalokpal.bhopal@cioins.co.in](mailto:bimalokpal.bhopal@cioins.co.in) (States of Madhya Pradesh and Chhattisgarh.)

**BHUBANESHWAR** - Office of the Insurance Ombudsman, 62, Forest Park, Bhubaneswar - 751 009. Tel.:- 0674-2596461/2596455 Email: [bimalokpal.bhubaneswar@cioins.co.in](mailto:bimalokpal.bhubaneswar@cioins.co.in) (State of Odisha.)

**CHANDIGARH** - Office of the Insurance Ombudsman, S.C.O. No. 20-27, Ground Floor, Jeevan Deep Building, Sector 17-A, Chandigarh-160017. Tel.:- 0172 - 4646394/2706468 Email: [bimalokpal.chandigarh@cioins.co.in](mailto:bimalokpal.chandigarh@cioins.co.in) [States of Punjab, Haryana (excluding 4 districts viz, Gurugram, Faridabad, Sonapat and Bahadurgarh) Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh and Chandigarh]

**CHENNAI**- Office of the Insurance Ombudsman, Fatima Akhtar Court, 4<sup>th</sup> Floor, 453, Anna Salai, Teynampet, Chennai-600 018. Tel.:- 044-24333668 / 24333678 Email: [bimalokpal.chennai@cioins.co.in](mailto:bimalokpal.chennai@cioins.co.in) [State of Tamil Nadu and Union Territories - Puducherry Town and Karaikal (which are part of Union Territory of Puducherry).]



**DELHI**- Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi-110 002. Tel.:- Tel.:- 011 – 23237539 Email: [bimalokpal.delhi@cioins.co.in](mailto:bimalokpal.delhi@cioins.co.in) (State of Delhi, 4 districts of Haryana viz, Gurugram, Faridabad, Sonapat and Bahadurgarh)

**KOCHI**- Office of the Insurance Ombudsman, 10<sup>th</sup> Floor, Jeevan Prakash, LIC Building, Opp to Maharaja's College Ground, M.G. Road, Kochi 682011. Tel : 0484-2358759 Email: [bimalokpal.ernakulam@cioins.co.in](mailto:bimalokpal.ernakulam@cioins.co.in) (State of Kerala and Union Territory of (a) Lakshadweep (b) Mahe-a part of Union Territory of Puducherry.)

**GUWAHATI** - Office of the Insurance Ombudsman, "Jeevan Nivesh", 5<sup>th</sup> Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati-781 001(ASSAM) Tel.:- 0361-2632204/2602205 Email: [bimalokpal.guwahati@cioins.co.in](mailto:bimalokpal.guwahati@cioins.co.in) (States of Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.)

**HYDERABAD** - Office of the Insurance Ombudsman, 6-2-46, 1<sup>st</sup> Floor, "Moin Court", Lane Opp. Saleem Function Palace, A.C. Guards, Lakdi-Ka-Pool, Hyderabad-500 004. Tel : 040-23312122 Email: [bimalokpal.hyderabad@cioins.co.in](mailto:bimalokpal.hyderabad@cioins.co.in) (State of Andhra Pradesh, Telangana and Yanam and part of the Union Territory of Puducherry.)

**JAIPUR**- Office of the Insurance Ombudsman, Ground Floor, Jeevan Nidhi II Bldg, Bhawani Singh Marg, Jaipur – 302005 Tel : 0141-2740363/ 2740798 Email: [bimalokpal.jaipur@cioins.co.in](mailto:bimalokpal.jaipur@cioins.co.in) (State of Rajasthan)

**KOLKATA** - Office of the Insurance Ombudsman, Hindustan Building. Annexe, 7<sup>th</sup> Floor, 4, C.R. Avenue, Kolkata-700 072. Tel : 033-22124339/22124341 Email: [bimalokpal.kolkata@cioins.co.in](mailto:bimalokpal.kolkata@cioins.co.in) (States of West Bengal, Sikkim, and Union Territories of Andaman and Nicobar Islands.)

**LUCKNOW**- Office of the Insurance Ombudsman, 6<sup>th</sup> Floor, Jeevan Bhawan, Phase-2, Nawal Kishore Road, Hazratganj, Lucknow-226 001. Tel.: 0522 - 4002082 / 3500613 Email: [bimalokpal.lucknow@cioins.co.in](mailto:bimalokpal.lucknow@cioins.co.in) (Following Districts of Uttar Pradesh: Lalitpur, 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, 3rd Floor, Jeevan Seva Annexe, S.V. Road, Santacruz(W), Mumbai 400054. Tel : 022- 69038800/27/29/31/32/33 Email: [bimalokpal.mumbai@cioins.co.in](mailto:bimalokpal.mumbai@cioins.co.in) (State of Goa and Mumbai Metropolitan Region excluding areas of Navi Mumbai and Thane)

**NOIDA** - Office of the Insurance Ombudsman, 4<sup>th</sup> Floor, Bhagwan Sahai Palace, Main Road, Naya Bans, Sector-15, Distt: Gautam Buddh Nagar, U.P. - 201301. Tel: 0120-2514252/2514253 Email: [bimalokpal.noida@cioins.co.in](mailto:bimalokpal.noida@cioins.co.in) (State of Uttarakhand and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kannauj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam Buddh nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.)

**PATNA** - Office of the Insurance Ombudsman, 2<sup>nd</sup> floor, Lalit Bhawan, Bailey Road, Patna - 800001 Tel No: 0612-2547068, Email id : [bimalokpal.patna@cioins.co.in](mailto:bimalokpal.patna@cioins.co.in) (State of Bihar, Jharkhand.)

**PUNE** - Office of the Insurance Ombudsman, 3<sup>rd</sup> Floor, Jeevan Darshan Bldg, C.T.S. Nos. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411030. Tel.: 020-24471175 Email: [bimalokpal.pune@cioins.co.in](mailto:bimalokpal.pune@cioins.co.in) (State of Maharashtra including Navi Mumbai and Thane and excluding Mumbai Metropolitan Region.)



## Annexure –B

**Services parameters and turnaround times:** Member's servicing parameters and turnaround times shall be as follows: -

<b>S. No</b>	<b>SERVICE</b>	<b>DESCRIPTION OF ITEM OF SERVICE</b>	<b>Regulatory Turnaround Time</b>
1	Post issuance Service Request	Service Requests concerning mistakes / corrections in the Certificate of Insurance post issuance.	7 days from receipt of all necessary documents
2	Free-Look Cancellation	Free Look Cancellation & Refund	
3	Policy Servicing (from the date of receipt of request for the service specified)	Change of Address (KYC Norms to be complied)	7 days from receipt of all necessary documents
		Registration /Change of Nomination, Assignment.	
		Inclusion of new member in case of group policy	
		Alteration in ORIGINAL POLICY CONDITIONS (where applicable)	
		Policy loan (If applicable)	
		Unit / Index Linked Insurance Policy Switch, Top-up, and other related Services (If applicable)	
		Decision on Certificate of Insurance Revival after receipt of all requirements.	
		Issue of Premium Payment Certificates (PPC)	
		Issue of Duplicate Certificate of Insurance	7 days
4	Death claims	Death claims settlements (not requiring investigations)	15 days from receipt of all necessary documents
		Early death claims requiring investigations - decision & payment	45 days from receipt of all necessary documents
5	Survival, Maturity, annuity payments	Settlement of Maturity Claims	On due date
		Settlement of Survival Benefits	
		Annuity payments / Pension Payment (If applicable)	
		Surrender or partial withdrawal of Certificate of Insurance	7 days from receipt of all necessary documents
6	Auto Action by the Insurer	Premium Due Intimation	One month before due date
		Payments information (Survival Benefits, Maturity Benefits, etc.)	
7	Complaints	Acknowledgement to complainant	Immediately
		Action on Complaint & Intimation of Decision to the complainant	14 days
		If complaint is NOT resolved by the Insurer, communicate the details to the member of options including referring the complainant to	14 days from original date of receipt of complaint. *

	Insurance Ombudsman/ Consumer Court.	
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\*The member may approach the Insurance Ombudsman if his / her complaint is not resolved within 30 days or if the decision of the company is not acceptable to the policyholder.

Note: Applicable interest, if any, shall be paid, in terms of the master circulars issued under the Regulations from time to time, by the Company in case of delays beyond the stipulated TATs specified above.