

Bandhan Life Group Credit Protection Insurance Plan (UIN: 138N079V01)
A Non-linked Non-Participating Group Pure Risk Premium Credit Life Insurance Plan

Certificate of Insurance

Certificate of Insurance Number:

Master Policy Number:

Master Policyholder:

This is to hereby confirm and certify that the life insured as mentioned below is a Member/s of the Bandhan Life Group Credit Protection Insurance Plan owned and managed by the Master Policyholder_____. As a Member, you will be entitled to the Benefits mentioned herein, in this Certificate. The Benefit under the product will be paid subject to the Terms and Conditions of the Policies, as defined in the Master Policy document and as agreed on in the Scheme Rules.

Benefit Details:

<< Free Look Option:
 In case you are not satisfied with any of the terms and conditions of the Policy or otherwise and have not made any claim, You may request the company for the cancellation of the Policy or Certificate of Insurance within 30 days from date of receipt of Policy or Certificate of Insurance, whether received electronically or otherwise. This is not applicable for policies with tenure less than a year.
 On such request and subsequent cancellation of the insurance cover during the free-look period, Company will return the Premium paid subject to the deduction of proportionate Risk Premium for the period of cover, Stamp duty paid and medical costs incurred (if any). The insurance cover will terminate on payment of this amount and all rights, benefits and interests under this plan will stand extinguished.

Member Enrolment	<< Single Life / Joint Life >>	
Name of Insured Member/s	Member 1	<< Joint Life Member/s >>
Date of Birth	Member 1	<< Joint Life Member/s >>
Age	Member 1	<< Joint Life Member/s >>
Address	Member 1	<< Joint Life Member/s >>
Gender	Member 1	<< Joint Life Member/s >>
Risk Commencement Date		
Coverage expiry date		
Coverage Term (months)		
Premium Paying Term		
Premium Payment Frequency		
Premium Due Date		
Benefit Option Chosen	<< Life Cover / Life Cover plus Terminal Illness / Life Cover plus Terminal Illness plus Accidental Death/ Life Cover plus Terminal Illness plus Accidental Total & Permanent Disability/ Life Cover plus Terminal Illness plus Accidental Death plus Accidental Total & Permanent Disability/ Life Cover plus Terminal Illness plus Critical Illness/ Life Cover plus Terminal Illness plus Critical Illness plus Accidental Death >>	
Sum Assured type	<< Level/Decreasing >>	
Sum Assured (Rs)	<< >>	
Type of Loan	<< business/ personal/ etc >>	
Applicable Loan interest rate	<< >>	

Moratorium Period	<< NA >>/ << xx months >>
<< Moratorium option >>	<<1. Level SA during moratorium >> << 2. Increasing SA during moratorium >>
Premium (Excl. Goods and Services Tax & other cess as applicable) (Rs)	
Goods and Services Tax (& applicable cess, if any)	
Total Premium (Incl. Goods and Services Tax & other cess as applicable)(Rs)	
Nominee Name	<< Nominee 1 >>/ << Nominee/s >>
Age (years)/ Date of Birth of Nominee	<< Nominee 1 >>: << Age/ DOB >> << Nominee/s >>: << Age/ DOB >>
Nominee Relationship with the Member	<< Nominee 1 >>: << Relationship >> << Nominee/s : << Relationship >>
% share for each Nominee	<< Nominee 1 >>: << x% >> << Nominee/s >>: << y% >>
Appointee Name (if Nominee is a minor)	<< Appointee >>

Authorized Signatory

Standard Policy Provisions

1. Important Definitions

The words and phrases defined below shall have the meanings assigned to them in this Policy unless the context otherwise requires. Words implying masculine include the feminine, and vice versa. Words in singular include the plural and vice versa.

Accident means a sudden, unforeseen and involuntary event caused by external, visible and violent means.

Age means age of the Insured Member as on the last birthday unless specifically otherwise provided.

<< **Appointee** means the person who has been nominated by the Insured Member to receive payment, under this Policy if the Nominee is a minor. >>

Certificate of Insurance means the certificate issued to each Insured Member to confirm their coverage under the Policy.

Claimant shall mean the Insured Member, or the Nominee where a valid nomination has been effected or the Legal Heirs of the Insured Member/Nominee as the case may be.

Company, Insurer, We, Us, Our means Bandhan Life Insurance Limited or its successors.

Coverage Expiry Date means the date on which coverage for the Insured Member ends, as mentioned in the Schedule.

Coverage Term means the period for which coverage under this Policy shall continue unless terminated

Free Look Period is the period during which the Insured Member/ Master Policyholder has the option to return the Certificate of Insurance/ Policy Document and cancel the contract.

. **Grace period** for other than single premium policies means the time granted by the insurer from the due date of payment of Premium, without any penalty or late fee, during which time the Policy is considered to be in-force with the risk cover without any interruption, as per the terms & conditions of the Policy. The grace period for payment of the Premium for all types of life insurance policies shall be fifteen days, where the policyholder pays the premium on a monthly basis and 30 days in all other cases.

Hospital means any institution established for *in-patient care* and *day care treatment* of illness and/or injuries and which has been registered as a hospital with the local authorities under Clinical Establishments (Registration and Regulation) Act 2010 or under enactments specified under the Schedule of Section 56(1) and the said act **Or** complies with all minimum criteria as under:

- i) has qualified nursing staff under its employment round the clock;
- ii) has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
- iii) has qualified medical practitioner(s) in charge round the clock;
- iv) has a fully equipped operation theatre of its own where surgical procedures are carried out;
- v) maintains daily records of patients and makes these accessible to the insurance company's authorized personnel

Injury means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a Medical Practitioner.

Insured Member/s means the person to whom cover is granted by Us under the Policy. << In case of two borrowers of the same loan, both the lives i.e. applicant and co-applicant (Joint Life) under the loan would be considered as Insured Member/s.>> << In case of minor lives, the policy will vest on the life of the Insured Member once they attain majority (complete 18 years age). >>

IRDAI means the Insurance Regulatory and Development Authority of India.

Master Policyholder means the person named in the Schedule who has concluded this Policy with the Company with respect to Insured Members.

<< **Medical Practitioner** means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within its scope and jurisdiction of license.

This would mean a practitioner treating the Insured Member must be holding a degree equivalent to MD/MS or higher in the relevant field to certify the medical condition.

The Medical practitioner should not be:

- the Policyholder/Insured Member himself/herself; or
- An authorized insurance intermediary (or related persons) involved with selling or servicing the insurance contract in question; or
- Employed by or under contractual engagement with the insurance company; or
- Related to the policyholder/Insured Member by blood or marriage. >>

Moratorium Period means the period during which loan interest or the principal amount of the loan or both are not repayable as per the Terms and Conditions of the loan during the term of the loan.

Nomination means the process by which the insured member appoints a person or persons to receive policy benefits in case of a death claim. Nomination should be in accordance with provisions of Section 39 of the Insurance Act, 1938, as amended from time to time.

Nominee means the person/persons who is/are named as the Nominee/s, as per Section 39 of the Insurance Act, 1938, who has/ have 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 Policy.

<< **Other Entities(other than Regulated entities / Financial Institutions)** mean any other entity not covered in the list of Regulated Entities / Financial Institutions.>>

Outstanding Loan Balance is the amount payable as on the date of Insured Event, including outstanding interest and other charges, if any by the Insured Member to the Policyholder

Policy Year means the 12 months period starting from the Policy Commencement Date.

Premium means the amount payable by the Master Policyholder/ Insured Member for the insurance coverage as determined by the Company from time to time. The Schedule details the due dates for payment of Premium (**Premium Due Dates**) and how frequently the Premium is to be paid (**Premium Frequency**). It is inclusive of modal factor, extra underwriting Premium, (if any) and exclusive of Goods and Services Tax (with any levy, cess thereon).

<< **Regulated Entities / Financial Institutions** mean any of the following:

1. Reserve Bank of India (RBI) Regulated Scheduled Commercial Banks (including Cooperative Banks).
2. NBFCs having Certificate of Registration from RBI.
3. National Housing Bank (NHB) Regulated Housing Finance Companies.

4. National Minority Development Finance Corporation (NMFDC) and its State Channelizing Agencies.
5. Small Finance Banks regulated by RBI.
6. Mutually Aided Cooperative Societies formed and registered under the applicable State Act concerning such Societies.
7. Microfinance companies registered under section 8 of the Companies Act, 2013.
8. Payments Bank and Payment Aggregators as approved by Reserve Bank of India (RBI).
9. Any other category as approved by the appropriate Authority from time to time>>

<< **Revival** of a Policy means restoration of the Policy, which was discontinued due to the non-payment of Premium, by the insurer with all the benefits mentioned in the Policy Document, with or without rider benefits if any, upon the receipt of all the premiums due and other charges or late fee if any, during the revival period, as per the terms and conditions of the Policy, upon being satisfied as to the continued insurability of the insured or policyholder on the basis of the information, documents and reports furnished by the policyholder, in accordance with Board Approved Underwriting Policy.>>

<<**Revival Period** means the period of five complete years from the date of first unpaid premium.>>

Risk Commencement Date means the date on which insurance coverage in respect of an Insured Member commences.

Schedule means the document attached to this Certificate of Insurance which provides a snapshot of the Insured Member's coverage and benefit details and any annexure attached to it from time to time and any endorsements the Company has made and, if more than one, then the latest in time.

Scheme Rules means the rules of the scheme, for the time being in force and as amended from time to time, governing the details of benefit structure, timing of benefit payments, eligibility conditions, and other terms and conditions specific to the Scheme.

Sum Assured means the amount of insurance as specified in the certificate of insurance, which is payable by the Company on happening of an Insured event, according to the terms and conditions of this Policy. The Sum Assured will be << a level amount.>> << a reducing amount as per the Sum Assured Schedule.>>

<< **Sum Assured Schedule** is a document which illustrates the schedule of outstanding liability to the insurer, which is governed as per the interest rate as defined in the scheme rules. It shows the amount payable on occurrence of the insured event of a Member at each duration during the Coverage Term.>>

<<**Total Premiums Paid** means total of all the premiums paid under the base product, excluding any extra premium, and taxes, if collected explicitly.>>

You, Your & Master Policyholder means or refers to the person specified in the Schedule.

2. Benefit Option

<< Life Cover >>

<< Life Cover plus Terminal Illness >>

<< Life Cover plus Terminal Illness plus Accidental Death >>

<< Life Cover plus Terminal Illness plus Accidental Total & Permanent Disability >>

<< Life Cover plus Terminal Illness plus Accidental Death plus Accidental Total & Permanent Disability >>

<< Life Cover plus Terminal Illness plus Critical Illness >>

<< Life Cover plus Terminal Illness plus Critical Illness plus Accidental Death >>

Basis the benefit option, a lump sum benefit will be payable in the event of claim, as follows:

Insured Event	Benefit Payable
Death	<< In the event of death of the insured member, the sum assured will be payable, and the Policy will terminate for the Insured Member on payment of this benefit. >>
<< Terminal Illness >>	
<< Accidental Total & Permanent Disability >>	
<< Critical Illness >>	<< On the earliest incidence or diagnosis (as applicable) of any of these insured events, as opted for at the inception of the Policy, the Sum Assured will be payable, and the Policy will terminate for the Insured Member on payment of this benefit. >>
<< Accidental Death >>	On the occurrence of this event, in addition to the benefit detailed above, an additional amount equal to the sum assured will be payable, and the Policy will terminate for the Insured Member on payment of this benefit. The death must occur within 180 days of the accident in question. The claim due to Accidental death, where death happens within 180 days of occurrence of the accident but beyond the coverage term, will be honoured.

3.<< Benefit payout under Joint Life coverage:

In case of the insured event occurs on either of the members, benefit payable will be as described above. The benefit is payable only on first occurrence of insured event on either of the lives and the policy will terminate on such payout. In case of occurrence of the insured event on both lives simultaneously or at the same time, the benefit shall be payable only for one life.>>

4.<< Definitions of covered conditions: >>

<< **Terminal Illness:** Terminal Illness is an advanced or rapidly progressing incurable and uncorrectable medical condition which, in the opinion of two independent Medical Practitioners appointed by us, is highly likely to lead to death within 6 months. Further, the Life Insured must not be receiving any form of treatment other than palliative medication for symptomatic relief. >>

<< **Accidental Total & Permanent Disability:** Accidental Total & Permanent Disability includes the following:

A. Loss of use of limbs or visual loss and B. Loss of independent living. >>

<< **Critical Illness:** The following 36 critical illnesses are covered under this plan: >>

S. No.	Critical Illness (CI)	S. No.	Critical Illness (CI)
1	Cancer of specified severity	17	Apallic Syndrome
2	Aplastic Anaemia	18	Bacterial Meningitis
3	Aorta Graft Surgery	19	Benign Brain Tumour
4	Cardiomyopathy	20	Coma of Specified Severity
5	Myocardial Infarction (First Heart Attack of Specific Severity)	21	Encephalitis

6	Open Chest CABG	22	Major Head Trauma
7	Open Heart Replacement or Repair of Heart Valves	23	Motor Neuron Disease with Permanent Symptoms
8	Primary (Idiopathic) Pulmonary Hypertension	24	Multiple Sclerosis with Persisting Symptoms
9	Kidney Failure Requiring Regular Dialysis	25	Muscular Dystrophy
10	Major Organ / Bone Marrow transplant	26	Parkinson's Disease
	i. Bone Marrow	27	Poliomyelitis
	ii. Heart	28	Progressive supranuclear palsy
	iii. Kidney	29	Stroke Resulting in Permanent Symptoms
	iv. Lung/Liver/Pancreas	30	End Stage Liver Failure
11	Deafness	31	End Stage Lung Failure
12	Loss of Limbs	32	Fulminant Viral Hepatitis
13	Blindness	33	Third Degree Burns
14	Loss of Speech	34	Medullary Cystic Disease
15	Permanent Paralysis of Limbs	35	Progressive scleroderma
16	Alzheimer's Disease	36	Systemic Lupus Erythematous

<< For definitions and other details of covered conditions, including exclusions, please refer to the detailed terms and conditions of the Policy [here.>>](#)

5. Benefits Payment

<< In case of claim payment to the members of Regulated Entities/ Financial Institutions

- The payment of Benefit amount will be made only upon receipt of duly verified Credit Account Statement.
- Upon the occurrence of Insured Event during the Policy Term and Insured Member's authorization received from Policyholder, the Company will pay Outstanding Loan Balance to the Master Policyholder and Balance Claim Amount, if any, directly to the Nominee or Beneficiary as the case may be.
- Benefits will be payable only if the Policy is in-force on date of occurrence of Insured Event and in accordance with the terms and conditions hereof, subject to receipt of the appropriate Premiums and documents specified by the Company from time to time.
- We will send complete details of the claim amount settled to the Insured Member/ Nominee/ Beneficiary as the case may be. >>

<< In case of claim payment to the members of Other Entities

- Upon the occurrence of insured event during the Policy term, the claim amount will be payable to the nominee/beneficiary. >>

6. Maturity Benefit

There is no maturity benefit payable under this Plan.

7. << Payment of Premiums

- a. To enjoy uninterrupted benefits under the Policy, Master Policyholder/ Insured Member/s is required to make payment of the Premium on or before the due date or within Grace Period.
- b. << In case the premium is collected by the Master Policyholder and for some reason it does not reach Us within the Grace Period, then after the Grace Period the risk cover is available to the insured members, if they can prove that they had paid the premium and secured a proper receipt leading the insurer to believe that they are duly insured. >>
- c. << If amount received towards payment of Premium is less than the installment Premium due and payable, the same will not be accepted. In such cases the Premium due and payable on the due date will be treated as unpaid. >>
- d. << Advance installment premium will be accepted for all premium due dates within the same financial year and for a maximum period of three months in advance in case of due dates falling in the next financial year. Company will always comply with IRDAI regulations with regards to advance premium. >>

8. << Grace Period

If for any insured member, premium is not paid by the Master Policyholder or the insured member itself, a grace period of 30 days (15 days for monthly mode) will be applicable for that member within which the Master Policyholder or member will have to pay the premium.

If the due premium is not received before the expiry of the grace period from the premium due date, then the insurance cover to respective members will cease and no benefits shall be payable.

- a. The Policy will be in force during the Grace Period.
- b. Outstanding premiums will be recovered from the claim amount. Outstanding Premiums in this context means “the due but unpaid premiums”. >>
<< The Critical Illness benefit will be paid if diagnosis happens within the grace period but the survival period of 30 days falls beyond the grace period and the premium remains unpaid. >>

9. << Lapse and Revival

If the Premiums are not received before the expiry of the grace period from the Premium due date, the insurance cover for the respective Insured Member/s will cease and no benefit is payable.

Revival period of 5 consecutive years is available from the due date of first unpaid premium for the respective member. On revival all due unpaid premiums for the respective member / members will be payable. Such revival will be subject to the Board approved underwriting policy of the company. The cover cannot be revived after expiry of the Revival period. << On expiry of the Revival period, for a limited pay policy, benefit acquired on surrender/ termination shall be paid and the insurance cover for the respective member will cease. >> >>

10. << Surrender Benefit

<< Single and Limited Pay:

Policies can be surrendered any time after payment of single premium in case of single pay, and after payment of first two year’s premium in full in case of limited pay.

<<

The Unexpired Risk Premium Value will be paid as surrender benefit, in such cases.

Unexpired Risk Premium Value as lumpsum payout is payable only in case of Single Premium and Limited Premium Policy as detailed above, and is as follows:

Unexpired Risk Premium Value (URPV) = 70% X Premiums Paid till surrender[#] X outstanding coverage term / Total coverage term X

Sum assured applicable as at surrender^{##} / Sum assured at inception

[#] Premiums paid till surrender will be excluding underwriting extra premiums and modal premiums.

^{##} Sum assured applicable as at surrender: If moratorium has been opted for then sum assured benefit at the time of surrender will be equal to minimum of sum assured at inception or the sum assured at the time of surrender.

For the purpose of outstanding coverage term, part of the month shall be ignored.

For Limited Pay where first two year's premiums are not paid in full:

Unexpired Risk Premium Value (URPV) = Nil>>

<<For Regular Pay:

Unexpired Risk Premium Value (URPV) = Nil

Surrender benefit is not payable for Regular Premium Policy. >>>>

11. Foreclosure of loan or policy

In case of early repayment of loan / default by an Insured Member, the member will have two options:

1. Continue the insurance cover till the end of original coverage term in which case benefits as per certificate of insurance will become payable on claim or
2. Surrender the insurance cover. In this case, the benefit payable to respective Member will be as per the surrender benefit mentioned above.

12. Loans

Loan is not available under this Policy

13. Membership Termination

Termination of Membership shall lead to cessation of insurance cover and benefits, if any payable under the Policy. Insured Member will be terminated from the Group on earlier occurrence of any of the following:

- a. Foreclosure or prepayment of loan.
- b. On expiry of the Revival Period
- c. Insured Member attaining the maximum age permissible under the Policy.
- d. Expiration of coverage term
- e. Payment of <<Death>> /<<Terminal Illness>> /<<Critical Illness>> /<< Accidental Total & Permanent Disability>> benefit, as applicable.
- f. Upon payment of Free Look cancellation amount.
- g. <<Upon payment of Surrender Value>>

Any termination of coverage in accordance with this Article shall be without prejudice to any claim originating prior to the effective date of such termination. In case the Insured Member exits the Group Policy by way ceasing to be an Eligible Member of the Creditor or voluntarily withdraws from the membership, the applicable Surrender Value in respect of such Insured Member shall be payable.>>

<<Upon termination of the policy by the Master Policyholder:

- The member will be eligible for coverage continuation option.
- In case the coverage continuance option is not opted for by a member, unexpired risk premium value as applicable will be payable.

A member can choose to terminate the cover due to foreclosure or prepayment of loan or for any other reason.

The benefit payable on Termination will be equal to the Unexpired Risk Premium Value (URPV).>>

14. Coverage Continuation Option

Upon termination of the Policy by the Policyholder or upon foreclosure of loan, Insured Members of the group will be given an option to continue their respective coverage till end of coverage term as individual Policyholder.

15. << Moratorium Period

Moratorium Period is allowed only for Loans which are on decreasing Sum Assured basis post the Moratorium Period. Moratorium Period is available with two options:

1. Sum Assured during the moratorium period is level.
2. Sum Assured during the moratorium period is increasing due to interest accumulation.

Moratorium Period under the Policy will be same as the Loan Moratorium Period. Post the moratorium period, the coverage amount will reduce as per the SA schedule. The Policy term will be the outstanding loan term (which includes the moratorium period), in complete months.>>

16. Exclusions:

Suicide Exclusion:

In case of death due to suicide within 12 months from the date of commencement of risk under the policy or joining the scheme from the date of revival of the policy, as applicable, the claimant¹ shall be entitled to at least 80% of the Total Premiums Paid (excluding taxes and underwriting extra premium) till the date of death or the benefit acquired on surrender/ termination as on the date of death whichever is higher, provided the policy is in force.

¹Claimant means the Nominee/ Appointee (if Nominee is a minor)/ Assignee; and where there is no assignment or nomination in existence, the legal heir/s of the Policyholder.

<< In case of Joint Life cover, the benefit as mentioned above will be paid and the insurance cover will terminate for the surviving life.>>

<< Exclusions for the benefit options are available [here](#). >>

17. Fraud or Misstatement

Fraud and **Misstatement** would be dealt with in accordance with provisions of Sec 45 of the Insurance Act 1938 as amended from time to time.

Extract of the provisions of Section 45 is available [here](#).

18. Misstatement of Age or gender

If the Age or gender of the Insured Member has been misstated or incorrectly mentioned, then We may take any of the following action subject to the underwriting norms prevailing at the time of taking such action:

If at the correct Age, the Insured Member was not insurable under this Plan according to our requirements, We reserve the right to << refund the Premiums paid and >> terminate the Policy.

If the correct Age of the Life Assured makes the Life Assured eligible for this Policy, revised Premium depending upon the Correct Age will be payable. Difference of premium from inception will be collected with interest, if age declared is higher and excess premium collected will be refunded without interest, if age is found to be lower.

19. << Waiting period (applicable only if Critical Illness coverage has been opted for)

- A waiting period of 90 days shall apply to all insured members of a new group or to new members of an existing group.
- The waiting period shall not apply to those existing members of a renewing group who have already completed their waiting period fully.
- For Insured Members who partially completed their waiting period (as applicable to this product) in the previous year, remaining waiting period will be applicable.
- The benefits shall not apply or be payable in respect of any covered condition where the Insured Member had or is aware of objective evidence, had consultations/Investigations for it and/or diagnosed which first became apparent or commenced within the Waiting Period.>>

20. << Survival Period (applicable only if Critical Illness coverage has been opted for)

The Insured Member should have survived for a period of 30 days from the date of diagnosis of any of the covered Critical Illness except illnesses number 1, 2 and 10.i) as listed to claim the benefit. Survival Period will not be applicable for illness number 1,2 and 10.i). If the diagnosis of Critical Illness is made within the Term of the applicable Benefit Option and the survival period crosses the maturity date of the policy, a valid claim arising as a result of such diagnosis shall not be denied. >>

21. Claim intimation:

We will require the following primary documents in support of a claim to enable processing of the claim intimation under the Policy:

Benefit Claimed	Requirements
Death	<ol style="list-style-type: none">1. Claimant statement form2. Copy of death certificate issued by municipal corporation under section 12/173. KYC documents of claimant (Mandatory)<ol style="list-style-type: none">i. PAN or Form No. 60ii. Copy of any one of the following (Identity & address proof of claimant).<ol style="list-style-type: none">a. Proof of possession of Aadhaar number in such form as are issued by the Unique Identification Authority of India (means 'Aadhaar Card')#b. Passport (unexpired),c. Driving License (unexpired)d. Voter's Identity Carde. Job card issued by NREGA duly signed by an officer of the State Governmentiii. One recent photograph of the claimant4. Copy of self attested cancelled cheque bearing name of claimant/ Passbook copy of the claimant5. Relationship proof (wherever applicable)<<6. Credit Account Statement of the Insured Member>>
<< In addition to the above-mentioned documents, we may ask for the following documents: >>	
<<Sudden Death/ Death due to Illness >>	<ol style="list-style-type: none">1. Cause of death certificate issued by treating doctor2. Medical records (Admission notes, discharge/ death summary, test reports, etc.)3. Bandhan Life Insurance Limited's Attending physician statement for death claim4. Bandhan Life Insurance Limited's Hospital treatment statement for death claim
<<Accidental Death/Suicide>>	For death due to accident/suicide other than the above-mentioned documents for Death Claim, <ol style="list-style-type: none">1. Copy of First Information Report (FIR) (Mandatory)2. Copy of Postmortem Report (Mandatory)3. Inquest report4. Panchnama5. Newspaper clipping
Accidental Total & Permanent Disability	<ol style="list-style-type: none">1. Disability / Dismemberment Claim Intimation Form2. Attending Physician Statement3. Hospital Treatment Certificate4. Certificate of employer (in case insured member is salaried)5. All the medical documents of hospital along with all the investigation reports and indoor case papers (Admission notes, discharge/ death summary, test reports, etc.)6. First Information Report (FIR) (Mandatory)7. Inquest Report8. Panchanama9. Copy of self-attested cancelled cheque bearing name of Insured Member/ Passbook copy of the Insured Member

	<<10. Credit Account Statement of the Insured Member>>
Terminal Illness	<ol style="list-style-type: none"> 1. Application form 2. Attending Physician Statement/ Specialist certificate 3. Certificate of employer- Terminal Illness claim 4. All the medical documents of hospital along with all the investigation reports and indoor case papers (Admission notes, discharge/ death summary, test reports, etc.) 5. Copy of self-attested cancelled cheque bearing name of Insured Member/ Passbook copy of the Insured Member <<6. Credit Account Statement of the Insured Member >>
Critical Illness	<ol style="list-style-type: none"> 1. Critical Illness Claim Intimation Form 2. Critical Illness Attending Physician Statement 3. Critical Illness Hospital Treatment Certificate 4. Certificate of Employer- Critical Illness 5. All Medical reports from the first date of diagnosis to the last treatment received date. (Admission notes, discharge/ death summary, test reports, investigation report, Indoor case papers etc.) 6. Copy of self-attested cancelled cheque bearing name of Insured Member/ Passbook copy of the Insured Member <<7. Credit Account Statement of the Insured Member>>

#Wherever Aadhaar number is provided, first eight digits of such number are to be redacted/masked/blacked out.

<<Apart from the above documents, in case of claim payment to the members of Regulated Entities/ Financial Institutions, we would need the below:

- 1) NOC by Insured Member (can be ignored if part of enrolment form)
- 2) Credit account statement by MPH>>

<<In case of claim payment to the members of Other Entities: Upon the occurrence of insured event, the entire claim amount will be payable to the Member or the Nominee/Beneficiary .>>

We are entitled to ask for additional documents (including Certificate of Insurance) or information for the processing of the claim, in particular under circumstances where there is a delay in intimation of claim beyond 90 days from the Date of Diagnosis or occurrence of covered condition. We may also seek professional/independent assistance to confirm that the insured suffered from the claimed condition, either in India or abroad when the diagnosis and treatment has taken place outside India. In that later case, cost of travel we may ask the insured to borne the incidental costs. This is to ensure speedy disposal of the claim. You and/or the Nominee/legal heir/s shall have no objection for Us to obtain any details/information to form an opinion about the claim. Notwithstanding the above, any claims filed even beyond the period of 90 days of the Date of Diagnosis of covered health condition, would be considered if valid reason for the delay has been provided.

In case of delay in payments by Us, penal interest will be paid as per extant regulations applicable from time to time.

22. Tax

The tax benefits and Benefits payable under the Policy would be as per the prevailing provisions of the tax laws in India. We reserve the right to recover statutory levies including Goods and Services Tax (plus any applicable cess) by way of adjustment to the Policy Premiums payable or make necessary recoveries from the benefits payable under the Policy.

23. Applicable Law

This Policy is subject to the provisions of the laws of India.

24. Currency and Payment

All payments to or by the Company will be in Indian rupees and shall be in accordance with the prevailing regulations and other relevant laws of India. All payments under this policy including the claims payout will be made through NEFT or other electronic methods only.

25. Notices

Any notice, direction or instruction given to Us under the Policy shall be through any one of the following modes:

Writing to our Customer Service Department:

Bandhan Life Insurance Limited, A - 201, 2nd Floor, Leela Business Park, Andheri-Kurla Road, Andheri East, Mumbai - 400059.

Call on Toll free number: 1800 209 9090 (except in case of freelook cancellation)

E-mail: group.operations@bandhanlife.com or such other address as may be informed by Us.

Any notice, direction or instruction to be given by Us under the Policy shall be in writing and delivered via message to your registered contact number, or to the registered electronic mail id updated in the records of the Company or by making general announcement in a national newspaper in English.

You are requested to communicate any change in address and contact details immediately to enable us to serve you promptly.

26. Grievance Redressal Mechanism

You can register complaint with any of the following touch points:

- Website: You can register the complaint via the complaints form available on our website - www.bandhanlife.com
- Customer Portal: Customer can register a complaint via our customer portal <https://iassist.bandhanlife.com/login/>
- Emails – You can write to us on group.operations@bandhanlife.com from Your registered e-mail ID.
- Contact Centre: You can call us on 1800 209 9090 from 9.00 am to 7.00 pm, Monday to Saturday excluding public holidays.
- Letters: You can write to us via letter at the nearest CAMS Office or the Head Office. The addresses are available on our company website.

In case of non-receipt of reply from complainant within 8 weeks, we will consider the complaint as closed.

More details on the grievance redressal process are available [here](#).

27. Insurance Ombudsman

In case You are not satisfied with the decision/resolution or have not received any reply to Your complaints/ grievances within a period of 30 days, You may approach to the Insurance Ombudsman. Details on the next steps are available [here](#).

28. Nomination

Nomination shall be allowed as per section 39 of the Insurance Act 1938 as amended from time to time. More details are available [here](#).

For any assistance or queries related to your insurance cover, you may call us on our Toll Free Number 1800 209 9090 (between 9 a.m. to 7 p.m. Monday to Saturday) or send an e-mail to group.care@bandhanlife.com