

Aditya Birla Sun Life Insurance Pradhan Mantri Jeevan Jyoti Bima Yojana
Part B

GENERAL

In this contract, “we”, “us”, “our”, “insurer” “ABSLI” or “the company” will refer to Aditya Birla Sun Life Insurance Company Limited, or any of its successors

This is a One Year Renewal Group Term Insurance Plan and the terms and conditions of the plan are as mentioned under this contract

ABSLI may amend or place endorsement/s to this Policy from time to time for any changes agreed to by the Master Policyholder and ABSLI and any such amendments or endorsement/s will form part of this policy.

Please read this policy document carefully.

DEFINITIONS

1. **“Act”** refers to the Insurance Act 1938 as amended from time to time and shall include the Insurance Laws (Amendment) Act 2015.
2. **“Age”** means that age of a Member, as on the member coverage commencement date.
3. **“IRDAI”** means the Insurance Regulatory and Development Authority of India.
4. **“Policy/Master Policy”** means the ABSLI Pradhan Mantri Jeevan Jyoti Bima Yojana taken by the Master Policyholder for providing coverage to its Members.
5. **“Policyholder/ Master Policyholder”** means the group administrator/bank/post office who would administer the scheme on behalf of the insured members
6. **“Policy Issue Date”** means the date on which this Policy is issued by the company.
7. **“Policy Effective Date”** means the date as specified in the Policy schedule, on which the insurance coverage under this Policy commences.
8. **“Member Data List”** means list having names of Members Insured, Age, premium, Coverage term, Coverage Expiry Date and sum assured.
9. **“Member Insured”** means a member admitted to the benefits under the Policy, for whom complete data and premium is received and risk is accepted by ABSLI and whose Coverage is in effect
10. **“Nomination”** is the process of nominating a person who is named as “Nominee” in the proposal/application form or subsequently included/ changed by an endorsement. Nomination should be in accordance with provisions of Section 39 of the Insurance Act, 1938 as amended from time to time.
11. **“Nominee”** is the person who is nominated by You in accordance with Part F and whose name is mentioned in the Policy Schedule, to receive the Death Benefit under this Policy. Nomination can only be effected if You are also the Life Insured under the Policy.

Aditya Birla Sun Life Insurance Company Limited

One World Center, Tower 1, 16th Floor, Jupiter Mill Compound, 841, Senapati Bapat Marg,
Elphinstone Road, Mumbai – 400013. Reg. No. 109

Customer Care: 1-800-270-7000 – Website: <https://lifeinsurance.adityabirlacapital.com>

Corporate Identity Number: U99999MH2000PLC128110

12. **“Sum Assured”** means the amount specified in the Certificate of Insurance which is payable on the death of the Member.
13. **“Premium Due Dates”** means the date on which premium becomes payable.
14. **Coverage Term** means the period for which insurance cover is provided to the Member under the Master Policy and is the period between the Date of Commencement of Cover and Terminal Date or Date of Termination of Cover; whichever is earlier.
15. **Financial Year** is the period from 1st April of a calendar year to 31st of March of the next calendar year.
16. **Policy schedule** means the Policy information schedule and any endorsements attached to and forming part of this Policy.
17. **Terminal Age** means the age as stipulated by the Master Policyholder under Rules of Scheme, on which the Membership ceases.
18. **Terminal Date** means the Policy Renewal Date following the Member attaining the maximum risk cover ceasing age (Terminal Age) or the date on which he ceases to be a Member of the Scheme (Date of Termination of Cover) whichever is earlier.
19. **“Policy Renewal Date”** means the date mentioned in the Policy Schedule on which this Master Policy can be renewed by the Master Policyholder subject to realization of the premium.
20. **“Certificate of Insurance (COI)”** means statement evidencing the Coverage of the Member under the Policy, subject to the terms and conditions of the Policy.
21. **“Coverage”** means the death benefit payable in respect of member under the Policy.
22. **“Monthly Processing Date”** means the same day of each calendar month following the Policy Effective Date on which Members may be granted cover under this policy
23. **“Policy Term”** means the period between Policy Commencement Date and the Policy Renewal Date as specified in the Policy Schedule.
24. **“Scheme Rules”** mean the rules governing the grant of benefits to the Members, which are framed by the Master Policyholder and accepted by the Company. These will be governed by rules framed by Government of India with respect to PMJJBY.

Terms not defined hereinabove shall have the same meaning as specified under the Scheme

ABSLI PMJJBY

Ver 2/Dec/2024

POL/12/24-25/2484

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PREMIUM PROVISIONS

1. Policy Premium

The Policyholder shall pay the annual premium in advance as calculated by ABSLI for all the lives insured, on or before 30th June every year. ABSLI will not accept part/short premium on any occasion or for any reason. The Policyholder shall pay the premium for new Members in the same month when received.

2. Premium payment conditions

a) The Master Policyholder shall pay the premium annually. Premium under this Policy is payable in advance for each Member.

b) Premium amount, as specified in the Policy information schedule, shall be payable with respect to each Member covered under the Policy. The Master Policyholder shall be responsible for such premium payment. Renewal premium will be chargeable as per the rate decided from time to time on Policy Renewal dates.

c) In case the payment made towards the first premium or renewal premium is not realized by Us due to any reason whatsoever You shall be solely responsible for the verification of such realisation.

d) In case the payment made towards the first Premium is not realised by us due to any reason whatsoever, the Policy, if issued, shall stand automatically cancelled and the cover of the Members shall be terminated.

e) If You suspend payment of premium for any reason whatsoever, We will not be held liable. In such an event, benefits, if any, will be available only in accordance with the Policy terms and conditions.

3. Premium rate

	Full Annual Premium (enrolment in June, July, August)	Premium collected in the second quarter of risk Period (enrolment in September, October, November)	Premium collected in the third quarter of risk Period (enrolment in December, January, February)	Premium collected in the fourth quarter of risk Period (enrolment in March, April, May)
Insurance Premium to ABSLI	395.00	309.00	206.00	103.00
Commission payable to Business Correspondents, agents, etc (For new enrolments only) *	30.00	22.50	15.00	7.50
Administrative Expenses payable to participating Banks	11.00	10.50	7.00	3.50
Total Premium	436.00	342.00	228.00	114.00

*The amount of commission payable to Business Correspondents, agents, etc. saved in case of voluntary enrolment by an accountholder through electronic means shall be passed on as a benefit to the subscriber by correspondingly reducing the amount of the Insurance Premium payable specified above.

4. Premium discontinuance

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If the Master Policyholder does not pay the due Premium on the Policy Renewal Date, the Master Policy will be terminated and Cover to the Members will cease.

POLICY BENEFIT PROVISIONS

5. Death Benefit

The cover for the group of Members in respect of whom the premium has been so calculated would commence on receipt of the full premium so computed in respect of all such Members and acceptance of risk on underwriting, if any, in respect of any individual Member.

In an event of the death of the Member, ABSLI shall pay the Sum Assured as mentioned in this contract to the beneficiary /nominee of the member.

The death benefit payable will be subject to the following:-

- Death Benefits payable under Pradhan Mantri Jeevan Jyoti Bima Yojana across all bank / Post office accounts and insurance companies for any insured member shall not exceed Rs. 200,000.
- In case a member is covered with multiple insurers through a single or multiple bank / Post office accounts and premium is received in respect of all covers, the insurance cover will be restricted to Rs. 200,000 (Rupees two lakhs) by admitting the claim on the first application based on the date of enrolment. The premium on the subsequent enrolments shall be liable to be forfeited. In case, a death claim has already been settled by any other insurer in respect of any insured member, ABSLI shall not have any liability to admit any claim on the member and shall forfeit the premium(s) received in respect of the said deceased member.

On payment of the death benefit to the Claimant, the Member Policy shall terminate with all rights and benefits thereunder. In the event of death of the Member on the Date of Termination of Cover or Terminal Date whichever is earlier then death benefit shall not be payable. The Member Cover shall terminate with all rights and benefits thereunder.

6. Waiting Period/ Lien Period

For new Members joining or rejoining into the Scheme the risk will not be covered by the Company during the first 30 days from the Date of Commencement of Cover (lien period) and in case of death (other than due to accident) during lien period, no claim would be admissible.

7. Maturity Benefit

There is no maturity benefit payable under this plan.

8. Surrender Benefit

There is no benefit payable on survival or surrender under this policy.

9. ELIGIBILITY

a) Persons who are of at least the minimum age at entry (last birthday) and not more than the maximum age at entry (nearer birthday) as per the Scheme Rules or the Terminal Age, whichever is lower as on the Policy Effective Date will be eligible for Membership of the Scheme.

b) Persons who join the Group after the Policy Effective date shall be eligible for Membership of the Scheme by payment of pro rata premium for prospective cover, subject to them being within the age limits specified above.

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c) The eligibility of a Member to join the scheme as specified in (a) and (b) above is subject to the Company receiving an intimation of eligibility of the Member and premium amount within one month of the Member becoming eligible.

10. Cover of Members

a) The Master Policy provides life cover equal to the Sum Assured for Members of the group covered by the Master Policy.

b) The Sum Assured applicable for each Member would be as specified in the Certificate of Insurance and may alter as per Scheme rules. The Company would cover the Member subject to underwriting, if any.

c) The Master Policyholder shall hold this Master Policy of Group Term Insurance (referred to in this document as “the Policy” or “the Master Policy”).

d) All Benefits arising out of the Master Policy shall be solely for the benefit of the Members.

e) We shall issue a Certificate of Insurance (COI) with respect to each member confirming their insurance cover under the Master Policy. The Master policy holder shall be responsible for handing over the COI to respective Members.

f) The Company will pay the Benefit on occurrence of an event upon which the Benefit becomes payable, and only on receipt of documents authenticated by the Master Policyholder, and to the satisfaction of the Company.

g) The Members’ shall nominate a person to receive the benefits under the Master Policy. The Master Policyholder shall furnish the details of nominees to the Company. In case a Member has not nominated a person to receive the benefits under the Policy, we shall release the benefit into the Member’s savings bank / Post office account held with the Master Policyholder.

h) The Cover under the Master Policy shall be effective for a period of one year from the Policy Commencement Date or the Policy Renewal Date, as applicable. A Member shall be entitled to the Benefits of the Master Policy from the Date of Commencement of Cover up to his Terminal Date or Terminal Age or Date of Termination of Cover whichever is earlier, subject to him/her being a Member.

i) The Master Policyholder may renew the Master Policy on every Policy Renewal Date, for a period of one year each, by payment of the applicable premium and complying with the other terms as specified by the Company.

11. Method for effecting and renewing cover

For effecting the Cover to the Member or renewal of the Master Policy:

a) The Master Policyholder shall immediately make available to the Company with all such original documents and the premium payable for effecting Cover to the Member or renewal of the Master Policy.

b) In the event any other factor relating to the insurability of a life not being to the satisfaction of the Company, it may terminate the Cover for such a person / Member. The decision of the Company thereon shall be final and binding on the Master Policyholder and the Member.

c) This Master Policy has been effected in accordance with the Scheme rules.

d) The Master Policyholder and the Company reserve the right to discontinue the scheme at any time or to amend the Rules thereof on any Policy Renewal Date subject to giving 1 (one) months’ notice. Any amendment to the Scheme rules will be done based on mutual agreement between Master Policy

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holder and the Company. On discontinuance of Scheme by the Government, the Parties may decide to terminate the policy.

SAMPLE

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POLICY PROVISIONS

1. Free-look Period

By Master Policyholder:

1) In case the Master Policyholder is not satisfied with the terms and conditions as specified in the Policy Document, Master Policyholder shall have the option of returning the Policy Document to Us stating the reasons thereof, within 30 days from the date of receipt of the Policy Document, as per IRDAI (Protection of Policyholders' Interests, Operations and Allied Matters of Insurers) Regulations, 2024.

2) On receipt of the letter along with the Policy Document, We shall arrange to refund the premium paid by Master Policyholder, subject to deduction of the proportionate risk premium for period on Cover plus the expenses incurred by Us on stamp duty (if any)

By Member:

1) In case the Member is not satisfied with the terms and conditions as specified in the Certificate of Insurance, he/she has the option of returning the Certificate of Insurance to us stating the reasons thereof, within 30 days from the date of receipt of the Certificate of Insurance, as per IRDAI (Protection of Policyholders' Interests, Operations and Allied Matters of Insurers) Regulations, 2024.

2) On receipt of the letter along with the Certificate of Insurance, We shall arrange to refund the premium paid by the Member, subject to deduction of the proportionate risk premium for period on Cover plus the expenses incurred by Us on stamp duty (if any)

2. Policy Lapse

If we do not receive the premium at the Scheme Renewal Date, this policy will lapse immediately with effect from the last unpaid premium due date.

3. Termination of Cover

The cover of a Member shall terminate upon payment of any benefit by Us in respect of such Member or terminate on an Policy Renewal Date upon the happening of any of the following events and no benefit will become payable under this Policy:-

- i. On Date of Termination of Cover or attaining Terminal Age on Policy Renewal Date.
- ii. Closure of account with Master Policy holder or insufficiency of balance to keep the insurance in force.
- iii. If Master Policy is terminated/discontinued for any reason
- iv. Member ceases to satisfy any of the eligibility criteria;
- v. Cessation of membership under Scheme Rules for what so ever reason;
- vi. Member's relationship with the Master Policyholder ceases for any reason whatsoever;

In case a Member is covered with Us / any other insurer through more than one Bank / Post office account, under the Scheme, and premium is received by Us inadvertently, insurance cover will be restricted to Rs. 2 (two) Lakh and the premium shall be liable to be forfeited. For further details, please refer the Scheme rules.

4. Termination of policy by Policyholder

If the Policyholder gives written notice to ABSLI that this entire policy is to terminate, it will terminate on the earlier of the following dates for those Lives Insured who do not opt to continue cover to the next renewal date:

- Date specified in the notice

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- Next annual renewal date

The Member also has the option to continue their coverage in the event the master policyholder has surrendered the policy but only till the next renewal date.

5. Reinstatement or Revival

If the premium is not received at the Scheme Renewal Date and the cover expires, ABSLI will consider requests from the policy holder to reinstate the policy. Members who exit the Scheme at any point may rejoin the Scheme in future years by paying the annual premium subject to the policy eligibility criteria. A member may re-join the scheme at any point in the future years by paying Premiums (inclusive of taxes). The members are covered only for accidental death in the first 30 days of re-joining the Policy. If a member dies due to any reason other than accident in this period, the premium paid shall be refunded after deducting proportional expenses incurred for the issue of the cover.

6. Policy Loan

No loan is available under this policy.

7. Rider

Riders may be added subject to the prior approval of the IRDAI.

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Not Applicable (as this is not a unit linked plan)

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GENERAL PROVISIONS

1. Contract

Your contract includes this policy document, the application for the policy and any amendments agreed upon in writing after the policy is issued. The contract also includes declarations given by the policyholder and written statements and answers furnished as evidence of insurability. We are bound only by statements that are part of the contract. Only our authorized officers can agree to any change in the contract and then only in writing.

This contract does not provide for participation in the distribution of profits or surplus declared by us. All the communication/ documents including the Policy document will be sent and issued in electronic form unless a specific request is received from You to issue the Policy Document in physical form. It shall be Your responsibility to confirm Your address, email ID, and other contact information) or update any change in such contact information.

2. Misstatement of Age

We have issued this policy considering the date of birth of the Member as declared by You in the Application Form to be true and correct. However, if at any point of time it is found that the age of the Life Assured as declared in the Application Form is different from the actual Age of the Life Assured, then the Company reserves the right to cancel the policy.

3. Assignment of Benefit

The Benefits under the Policy are strictly personal and cannot be assigned, charged or alienated in any way by the Member or the Master Policyholder.

4. Recovery

We reserve the right to recover the amount from the Master Policyholder or the Member or any other person, if it is found that the Benefits are erroneously paid due to the fault of the Master Policyholder. In case we are not in a position to recover such amounts from the Member or any other person, the Master Policyholder will be liable to pay the said amount to the Company within 15 days from the date of its demand. However, the Master Policyholder will not be liable or responsible for any wrong payments made by the Company without any fault on the part of the Master Policyholder.

5. Legislative changes

The terms and conditions under this Policy including the premiums and benefits payable are subject to variation in accordance with the applicable laws and regulations.

6. Electronic Transactions

You will comply with all the terms and conditions with respect to all transactions effected by or through facilities for conducting remote transactions including the internet, world wide web, electronic data interchange, call centre, tele-service operations or by other means of telecommunication established by Us or on Our behalf, for and in respect of the Policy or services, which will constitute legally binding and valid transactions when executed in adherence to and in compliance with the terms and conditions for such facilities.

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7. Issue of duplicate policy

We shall issue a duplicate of Policy document, on receipt of a written request for the same from You along with the necessary documents as may be required by Us and at such charges as may be applicable from time to time. Free look option is not available on issue of duplicate Policy document.

8. Currency and Place of Payment

All payments to or by us will be in accordance with the prevailing Exchange Control regulations and other relevant laws and regulations of India.

Indian Rupee (Rs.) is the currency of this policy. We will make or accept payments relating to this policy at any of our offices in India or such other locations as determined by us from time to time.

9. Nomination

Allowed as per the provisions of Section 39 of the Insurance Act, 1938 as amended from time to time.

It is responsibility of the policyholder to maintain the nominee details under this policy and to pay the benefit amount to the nominee. We will not recognize a nomination unless we receive nominee details along with the claim forms.

For more details on the nomination, please refer to Annexure A.

10. Claim Procedures

The Policyholder/Nominee should notify the claim with proof of claim to the "Claims Department" at the nearest Aditya Birla Sun Life Insurance Company Limited or to the Claims Department at ABSLI @ BSLI.Notificationclaims@adityabirlacapital.com, and the claim documents to be simultaneously sent at the registered office or any branch of the ABSLI or at Aditya Birla Sun Life Insurance Company Limited, G- Corp Tech Park, 5th & 6th Floor, Kasar Vadavali, Near Hypercity Mall, Ghodbunder Road, Thane (West) – 400601.

We will be able to proceed with the claim intimation request only on receipt of the following mandatory claim documents.

Documents required to settle a Death Claim are:

- Claimant's statement
- Death Certificate (only in the case of the death of the life insured)
- Medical Attendant's Certificate
- Employer's Certificate, if applicable
- Discharge Summary duly attested by the policyholder
- Copies of Medical Reports of last and previous hospitalizations, if any
- For accident cases – First Information Report, Post Mortem Report and Police Inquest Form

You shall also provide us with any other relevant information/ document as may be required by us preferably within 90 days from the date of request.

In case you are unable to provide any or all of the above documents, in exceptional circumstances such as a natural calamity, we may at our own discretion conduct an investigation and subsequently settle the claim.

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More details on the Turn Around Time (TAT) for claims settlement and brief procedure can be found on <https://lifeinsurance.adityabirlacapital.com/customer-service/service-tats>. For any further queries, You can call us at our toll free no. 1800 270 7000 or email us at Aditya Birla Capital - Life Insurance BSLI.Notificationclaims@adityabirlacapital.com. The link for downloading claim form and list of documents required is <https://lifeinsurance.adityabirlacapital.com/customer-service/claim-procedure/online-claim/claim-forms-and-downloads>.

11. Policy Servicing

All servicing related requests should be in writing and delivered to Us through any of the following modes:

- You can email us at absli.grouphelpline@adityabirlacapital.com
- Visit Our nearest Branch Office

More details on the Turn Around Time (TAT) for processing any servicing related request can be found on <https://lifeinsurance.adityabirlacapital.com/customer-service/service-tats>. The link for downloading applicable forms and list of documents for servicing related request is <https://lifeinsurance.adityabirlacapital.com/group-insurance-policy>. For any further assistance that You may require, You can call us at our toll free no. 1800 270 7000.

12. Membership Register

The Policyholder is responsible to maintain a register of members covered in prescribed format. We reserve the right to inspect the register of members at any time.

13. Proof of Good Health

Not Applicable

14. Discharge Receipt

The encashment of the cheque or credit of the proceeds to the bank / Post office account of Master Policyholder or person directed by the Master Policyholder will be sufficient discharge for the company.

15. Governing Laws

This policy shall be interpreted in accordance with and governed by the laws of India. Any dispute under the policy shall be subject to the applicable laws in India.

only competent courts at the place of issue of this policy shall have jurisdiction to entertain legal action.

16. Taxation

The income tax benefits on your policy will be as per prevailing Income Tax laws in India and any amendment(s) made thereto from time to time. The policyholder shall ensure compliance with tax laws prevailing from time to time in connection with this policy, withholding tax on the benefits payable under this policy and any other compliance as per the applicable laws and any amendments made thereto from time to time, we reserve the right to:

- deduct or withhold tax as the case may be; and
- recover levies, taxes, cesses and duties including but not limited to service tax from you or adjust the same from the amounts paid by you or accrued or payable to you under the policy.

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17.Exclusions

No exclusions

18.Fraud and Misrepresentation

As per provisions of Section 45 of the Insurance Act, 1938 as amended from time to time.

For more details on Section 45 of the Insurance Act, 1938 please refer to Annexure B.

SAMPLE

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Grievance or Complaint

You may register your grievance or complaint with our Grievance Officer at Customer Care Unit Aditya Birla Sun Life Insurance Company Ltd at G- Corp Tech Park, 5th & 6th Floor, Kasar Vadavali, Near Hypercity Mall, Ghodbunder Road, Thane (West) – 400601 or at Company's registered address at One World Centre, Tower 1, 16th Floor, Jupiter Mill Compound, 841, Senapati Bapat Marg, Elphinstone Road, Mumbai – 400013. You may also call our toll free no. 1-800-270-7000 or email:

care.lifeinsurance@adityabirlacapital.com You can contact the Grievance Redressal Officer on the details provided on <https://lifeinsurance.adityabirlacapital.com/grievance-redressal>.

In case you are dissatisfied with the decision of the above office or have not received any response within 07 days, you may contact **Head Service Assurance** at Customer Care Unit / Aditya Birla Sun Life Insurance Company Ltd / Aditya Birla Sun Life Insurance Company Ltd. / at G- Corp Tech Park, 5th & 6th Floor, Kasar Vadavali, Near Hypercity Mall, Ghodbunder Road, Thane (West) – 400601 or at Company's registered address at One World Centre, Tower 1, 16th Floor, Jupiter Mill Compound, 841, Senapati Bapat Marg, Elphinstone Road, Mumbai – 400013. You may also call our toll free no. 1-800-270-7000 (Timings: Daily 10 a.m. to 7 p.m.) on WhatsApp no. 8828800040 or email: grievance.lifeinsurance@adityabirlacapital.com.

The complaint should be made in writing duly signed or through email by the complainant or by his/her legal heirs with full details of the complaint and the contact information of complainant.

If you are not satisfied with the response or do not receive a response from us within 14 days, you may approach the Grievance Cell of the Insurance Regulatory and Development Authority of India (IRDAI) on the following contact details:

IRDAI Grievance Call Centre (IGCC) TOLL FREE NO: 155255

Email ID: complaints@irda.gov.in

You can also register your complaint online at <https://bimabharosa.irdai.gov.in>

By Phone : 155255 or 1800 4254 732

Address for communication for complaints by fax/paper:

Policyholder's protection & Grievance Redressal Department – Grievance Redressal Cell

4th Floor, Sy No. 115/1, Financial District,

Nanakramguda, Gachibowli, Hyderabad – 500032

Ph: (040) 20204000 **Insurance Ombudsman**

In case you are dissatisfied with the decision/resolution of the Company, you may approach the Insurance Ombudsman located nearest to you. The details of the existing offices of the Insurance Ombudsman are provided in Appendix-I below. You are requested to visit <http://www.cioins.co.in/Ombudsman> for updated details. The Ombudsman, as per Insurance Ombudsman Rules, 2017, can receive and consider complaints or disputes relating to the matters such as:

- (a) Delay in settlement of claims, beyond the time specified in the regulations, framed under the Insurance Regulatory and Development Authority of India Act, 1999
- (b) Any partial or total repudiation of claims by the life insurer, General insurer or the health insurer;
- (c) Disputes over premium paid or payable in terms of insurance Policy;

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- (d) Misrepresentation of Policy terms and conditions at any time in the Policy document or Policy contract;
- (e) Legal construction of insurance policies insofar as the dispute relates to claim;
- (f) Policy servicing related grievances against insurers and their agents and intermediaries;
- (g) Issuance of life insurance Policy, general insurance Policy including health insurance Policy which is not in conformity with the proposal form submitted by the proposer;
- (h) Non-issuance of insurance Policy after receipt of premium in life insurance and general insurance including health insurance; and
- (i) Any other matter resulting from the violation of provisions of the Insurance Act, 1938, as amended from time to time, or the regulations, circulars, guidelines or instructions issued by IRDAI from time to time or the terms and conditions of the Policy contract, in so far as they relate to issues mentioned at clauses (a) to (f).

As per provision 14(3) of the Insurance Ombudsman Rules 2017, the complaint to the Ombudsman can be made only if:

- the complainant has made a representation in writing or through electronic mail or online through website of the insurer named in the complaint and
 - (i) either the insurer had rejected the complaint; or
 - (ii) the complainant had not received any reply within a period of one month after the insurer received his representation; or
 - (iii) the complainant is not satisfied with the reply given to him by the insurer;
- The complaint is made within one year
 - (i) after the order of the insurer rejecting the representation is received; or
 - (ii) after receipt of decision of the insurer which is not to the satisfaction of the complainant;
 - (iii) after expiry of a period of one month from the date of sending the written representation to the insurer if the insurer named fails to furnish reply to the complainant.

Risk Factors / Disclaimers

This policy is underwritten by Aditya Birla Sun Life Insurance Company Limited (ABSLI) and is a non-participating group term insurance plan. All terms & conditions are guaranteed throughout the policy term. ABSLI reserves the right to recover levies such as the service tax levied by the authorities on insurance transactions. If there be any additional levies, they too will be recovered from you. Insurance is the subject matter of the solicitation.

NOTWITHSTANDING ANYTHING CONTAINED IN THIS POLICY DOCUMENT, THE PROVISIONS HEREIN SHALL STAND ALTERED, AMENDED, MODIFIED OR SUPERCEDED TO SUCH EXTENT AND IN SUCH MANNER AS MAY BE REQUIRED BY ANY CHANGE IN THE APPLICABLE LAW (INCLUDING BUT NOT LIMITED TO ANY REGULATIONS MADE OR DIRECTIONS / INSTRUCTIONS OR GUIDELINES ISSUED BY THE IRDA OF INDIA) OR ANY OTHER COMPETENT AUTHORITY OR AS MAY BE NECESSARY UNDER A JUDGEMENT OR ORDER /DIRECTION/ INSTRUCTION OF A COURT OF LAW.

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Appendix – I : List of Ombudsman*

Office Details	Jurisdiction of Office (Union Territory, District)
<p>AHMEDABAD - Shri Collu Vikas Rao Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@cioins.co.in</p>	<p>Gujarat, Dadra & Nagar Haveli, Daman and Diu.</p>
<p>BENGALURU – Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in</p>	<p>Karnataka.</p>
<p>BHOPAL – Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@cioins.co.in</p>	<p>Madhya Pradesh Chattisgarh.</p>
<p>BHUBANESHWAR - Shri Manoj Kumar Parida Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@cioins.co.in</p>	<p>Orissa.</p>
<p>CHANDIGARH - Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468</p>	<p>Punjab, Haryana(excluding Gurugram, Faridabad, Sonapat and Bahadurgarh) Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh.</p>

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Office Details	Jurisdiction of Office (Union Territory, District)
Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@cioins.co.in	
CHENNAI - Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@cioins.co.in	Tamil Nadu, Tamil Nadu PuducherryTown and Karaikal (which are part of Puducherry).
DELHI - Ms. Sunita Sharma Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@cioins.co.in	Delhi & Following Districts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh.
GUWAHATI - Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@cioins.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
HYDERABAD- Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@cioins.co.in	Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.
JAIPUR – Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: bimalokpal.jaipur@cioins.co.in	Rajasthan.
KOCHI- 10th Floor, Jeevan Prakash, LIC Building, Opp to Maharaja's College, M.G.Road, Kochi - 682 011Tel.: 0484 - 2358759	Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.

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Office Details	Jurisdiction of Office (Union Territory, District)
<p>Email: bimalokpal.ernakulam@cioins.co.in</p>	
<p>KOLKATA - Ms Kiran Sahdev Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 Email: bimalokpal.kolkata@cioins.co.in</p>	<p>West Bengal, Sikkim, Andaman & Nicobar Islands.</p>
<p>LUCKNOW - Shri. Atul Sahai Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@cioins.co.in</p>	<p>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, Ghaziipur, Chandauli, Ballia, Sidharathnagar.</p>
<p>MUMBAI – Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 69038821/23/24/25/26/27/28/28/29/30 /31 Fax: 022 - 26106052 Email: bimalokpal.mumbai@cioins.co.in</p>	<p>Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.</p>
<p>NOIDA - Shri Bimbadhar Pradhan Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddha Nagar, U.P-201301. Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in</p>	<p>State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanoor, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.</p>
<p>PATNA - Ms Susmita Mukherjee Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in</p>	<p>Bihar, Jharkhand.</p>

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Office Details	Jurisdiction of Office (Union Territory, District)
PUNE - Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@cioins.co.in	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.

*For updated list of Ombudsman please refer to the website at <http://www.cioins.co.in/Ombudsman>

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ANNEXURE A

Section 39 - Nomination by Policyholder

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

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

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13. Where the policyholder whose life is insured nominates his
- a. parents or
 - b. spouse or
 - c. children or
 - d. spouse and children
 - e. or any of them

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

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

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

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

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

[Disclaimer: This is not a comprehensive list of amendments of the Insurance Laws (Amendment) Act, 2015 and only a simplified version prepared for general information. Policy Holders are advised to refer to Original Act Gazette Notification dated March 23, 2015 for complete and accurate details.]

ANNEXURE B

Section 45 – Policy shall not be called in question on the ground of mis-statement after three years

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

1. No Policy of Life Insurance shall be called in question on any ground whatsoever after expiry of 3 yrs from

- a. the date of issuance of policy or
- b. the date of commencement of risk or
- c. the date of revival of policy or
- d. the date of rider to the policy

whichever is later.

2. On the ground of fraud, a policy of Life Insurance may be called in question within 3 years from

- a. the date of issuance of policy or
- b. the date of commencement of risk or
- c. the date of revival of policy or
- d. the date of rider to the policy

whichever is later.

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

3. Fraud means any of the following acts committed by insured or by his agent, with the intent to deceive the insurer or to induce the insurer to issue a life insurance policy:

- a. The suggestion, as a fact of that which is not true and which the insured does not believe to be true;
- b. The active concealment of a fact by the insured having knowledge or belief of the fact;
- c. Any other act fitted to deceive; and

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- d. Any such act or omission as the law specifically declares to be fraudulent.
4. Mere silence is not fraud unless, depending on circumstances of the case, it is the duty of the insured or his agent keeping silence to speak or silence is in itself equivalent to speak.
5. No Insurer shall repudiate a life insurance Policy on the ground of Fraud, if the Insured / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of material fact are within the knowledge of the insurer. Onus of disproving is upon the policyholder, if alive, or beneficiaries.
6. Life insurance Policy can be called in question within 3 years on the ground that any statement of or suppression of a fact material to expectancy of life of the insured was incorrectly made in the proposal or other document basis which policy was issued or revived or rider issued. For this, the insurer should communicate in writing to the insured or legal representative or nominee or assignees of insured, as applicable, mentioning the ground and materials on which decision to repudiate the policy of life insurance is based.
7. In case repudiation is on ground of mis-statement and not on fraud, the premium collected on policy till the date of repudiation shall be paid to the insured or legal representative or nominee or assignees of insured, within a period of 90 days from the date of repudiation.
8. Fact shall not be considered material unless it has a direct bearing on the risk undertaken by the insurer. The onus is on insurer to show that if the insurer had been aware of the said fact, no life insurance policy would have been issued to the insured.
9. The insurer can call for proof of age at any time if he is entitled to do so and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof of age of life insured. So, this Section will not be applicable for questioning age or adjustment based on proof of age submitted subsequently.

[Disclaimer: This is not a comprehensive list of amendments of the Insurance Laws (Amendment) Act, 2015 and only a simplified version prepared for general information. Policy Holders are advised to refer to Original Act Gazette Notification dated March 23, 2015 for complete and accurate details.]

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