

CUSTOMER INFORMATION SHEET / KNOW YOUR POLICY

This document provides key information about your policy. You are also advised to go through your Terms and Conditions and the Policy Schedule in the Policy Document.

SL. NO.	Title	Description in Simple Words (Please refer to applicable policy clause number in the next column)	Policy Clause Number
1	Name of the Insurance Product and Unique Identification Number (UIN)	Pramerica Life Smart Wealth+ (140L041V04)	Part- A Policy Schedule
2	Policy Number	As mentioned in the policy schedule	Part- A Policy Schedule
3	Type of Insurance Policy	Linked	-
4	Basic Policy details	• Instalment Premium- This is the amount of Premium paid per frequency i.e. every year/half-year/quarter/month as opted by you. • Mode of premium payment- This refers to the frequency of your premium payment (e.g. Monthly, Quarterly, half yearly or Yearly) • Sum Assured on Death- This is same as Sum Assured under your policy which is 5/7/10 times of your Annualized Premium and is considered for the determination of Death Benefit. • Sum Assured on Maturity- Not Applicable • Premium payment Term- This is the period for which you are required to pay the premium to enjoy the full benefits of the policy. • Policy Term- This is the period during which you will enjoy the benefits promised under the policy	Part- A Policy Schedule
5	Policy Coverage/benefits payable	• Benefits payable on maturity- This is the amount payable to you at the end of the Policy Term which is the Fund Value of your policy at the time of maturity.	Part C – Section One(b)



		• Benefits payable on death– This is the amount payable on death which is higher of Sum Assured or Fund Value or 105% of total Premiums paid till date of death. • Survival Benefits excluding that payable on maturity– Not Applicable	Part C – Section One(a)
		• Surrender benefits– This is the amount you will receive in case if you want to terminate your policy(contract) before its maturity date.	Part D – Section Six
		• Options to policyholders for availing benefits- Settlement option– This allows you to receive your maturity value spread over a period of five years.	Part D – Section Four
		• Other benefits/options payable- Persistency Units: At the end of 10th, 15th and 20th Policy Year the Persistency Units equal to 1% of the average of Fund Value depending on your premium amount will be added to your unit account.	Part C – Section One (c)
		• Lock-in period for Linked Insurance products– This refer to a period of first 5 policy years where you cannot make any withdrawal out of the policy.	Part C– Section Two
6	Options available (in case of Linked Insurance Products)	• Partial Withdrawal– This allows you to take out a limited amount of money from your policy for your needs. Partial Withdrawals can be made only after completion of lock-in-period (i.e. 5 years). • Top –up Provision- Not Applicable	Part D – Section Two
		• Switches– This refers to moving your investments between available funds in your policy.	Part D – Section Three
		• Settlement option– This allows you to receive your maturity value spread over a period of five years.	Part D – Section Four
		• Fund Conservation Option- You have an option to systematically switch the units in your account to debt fund towards the end of your policy.	Part D – Section Five
		• Premium Re-direction: You have an option to redirect your premium into different funds and proportions as you like under Premium Redirection option.	Part E – Section One
7	Option available(in case of	• Type of immediate annuity- Not Applicable • Proportion of annuity amount guaranteed for variable pay-out option. – Not Applicable	Not Applicable

	Annuity product)	• Any other option. - Not Applicable	
8	Riders opted, if any	Not Applicable	Not Applicable
9	Exclusions (events where insurance coverage is not payable), if any.	At inception of the Policy - Suicide within 12 months from the date of commencement of risk Revival of the Policy - Suicide within 12 months from the date of revival	Part C – Section One (a)
10	Waiting /lien Period, if any	Not Applicable	Not Applicable
11	Grace period	This refers to an additional period of 15 days for monthly premium payment mode or 30 days for premium payment mode other than monthly to make the payment of your due premium if in case you fail to make the payment timely.	Part C – Section Two
12	Free Look Period	If you disagree with the Terms & conditions of the Policy, you can return your policy within 30 days of date of receipt of the Policy Document with complete refund of non-allocated premium plus fund value as on the date of cancellation (less applicable deductions, if any)	Part D – Section Nine
13	Lapse, paid-up and revival of the Policy	Lapse - Not Applicable Paid Up – After 5 years, if in case all due premiums are not received, then the Sum Assured under the policy shall be reduced proportionately. This might result in reduced death benefit.	Part C – Section Two
		Revival – This refers to payment of all due premiums within a period of 3 years from the last unpaid premium to enjoy the full benefits under your policy.	Part D – Section One
14	Policy Loan, if applicable	Not Applicable	Not Applicable
15	Claims/Claims Procedure	Turn Around Time (TAT) for claims settlement and brief procedure A. Death Claim Settlement without Investigation from the date of intimation of claim -15 days B. Death Claim Settlement with Investigation from the date of intimation of claim -45 days Helpline/Call Centre number and Contact details of the insurer	Part F, Section - Two



		- For claim related queries in respect of any Insured member please contact our branch or call us on 1860 500 7070 (Local charges apply) or 011 4818 7070 or write to us on Email: contactus@pramericalife.in - Link for downloading claim form and list of documents required including bank account details. Link for downloading claim form https://pramericalife.in/claims/claimforms List of Documents: Basic documentation if death is due to medical reasons or natural: - The Company's Death Claim Form duly completed - Policy Document (not necessary in case of dematerialized policy document) - Death Certificate - Claimant's Identity proof, Address proof and banking details - Discharge summary and all other past hospital records - Completed Last Medical Attendant's Report Additional documents if death is due to Un-natural cause - Copy of First Information Report and Final Police Investigation Report - Copy of Post-Mortem Report	
16	Policy Servicing	Turn Around Time (TAT) Free Look Cancellation & Refund from the date of receipt of request: 7 days Policy Servicing (from the date of receipt of request for the service specified): 7 days - Change of Address (KYC Norms to be complied) - Registration /Change of Nomination, Assignment. - Alteration in ORIGINAL POLICY CONDITIONS (where applicable) - Policy Loan - Unit / Index Linked Insurance Policy Switch, Top-up, and other related Services - Decision on Policy Revival after receipt of all requirements	Part D



		• Surrender or partial withdrawal of Policy Helpline/Call Centre number and Contact details of the insurer • If you wish to discuss any aspect of your Policy or if you have any query or complaint please contact us at our toll free number 1860 500 7070 (local charges apply) or 011 48187070 or write to us at contactus@pramericalife.in • Link for downloading applicable forms and list of documents required including bank account details. Link for applicable forms https://www.pramericalife.in/Downloads/ServiceForms • List of Documents : As per the servicing form and the KYC proof.	
17	Grievances /Complaints	Grievance Redressal Officer, Pramerica Life Insurance Ltd., 7th and 8th Floor, Tower 2, Capital Business Park Sohna Road, Sector 48, Gurugram-122018 GRO Contact Number: 0124 – 4697069 Email – gro@pramericalife.in Office hours 9.30 am to 6.30 pm from Monday to Friday IRDAI- Grievance Redressal Cell: If after contacting the Company, the Policyholders query or concern is not resolved satisfactorily or within timelines the Grievance Redressal Cell of the IRDAI may be contacted. Bima Bharosa Toll Free number – 155255 or 1800-425-4732 Email Id- complaints@irdai.gov.in Website: https://bimabharosa.irdai.gov.in Complaints against Life Insurance Companies: Insurance Regulatory and Development Authority of India Policyholder's protection & Grievance Redressal Department (PPGR) Sy. No. 115/1 Financial District Nanakramguda, Gachibowli Hyderabad – 500032	Part G



		Insurance Ombudsman: The office of the Insurance Ombudsman has been established by the Government of India for the redressal of any grievance in respect of life insurance policies. Any person who has a grievance against an insurer, may himself or through his legal heirs, nominee or assignee, make a complaint in writing to the Insurance Ombudsman within whose territorial jurisdiction the branch or office of the insurer complained against or the residential address or place of residence of the complainant is located. The complaint shall be in writing, duly signed by the complainant or through his legal heirs, nominee or assignee and shall state clearly the name and address of the complainant, the name of the branch or office of the insurer against whom the complaint is made, the facts giving rise to the complaint, supported by documents, the nature and extent of the loss caused to the complainant and the relief sought from the Insurance Ombudsman. You may approach the Insurance Ombudsman if your grievance pertains to any of the following: - Delay in settlement of claim beyond the time specified in the regulations, framed under the Insurance Regulatory and Development Authority of India Act, 1999 - Any partial or total repudiation of claims - Disputes over premium paid or payable in terms of insurance policy - Misrepresentation of policy terms and conditions - Legal construction of insurance policies in so far as the dispute relates to claim - Policy servicing related grievances against insurers and their agents and intermediaries - Issuance of Life insurance policy, which is not in conformity with the proposal form submitted by the proposer - Non-issuance of insurance policy after receipt of premium - Any other matter resulting from the violation of provisions of the Insurance Act, 1938 or the regulations, circulars, guidelines or instructions issued by the IRDAI from time to time or the terms and	
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		conditions of the policy contract, in so far as they relate to issues mentioned at clauses (a) to (f) No complaint to the Insurance Ombudsman shall lie unless The complainant has made a representation in writing or through electronic mail or online through website of the insurer or insurance broker concerned named in the complaint and— (i) Either the insurer or insurance broker, as the case may be, had rejected the complaint, or (ii) The complainant had not received any reply within a period of one month after the insurer or the insurance broker, as the case may be, received his representation, or (iii) The complainant is not satisfied with the reply given to him by the insurer, or the insurance broker, as the case may be. (b) The complaint is made within one year— (i) After the order of the insurer or insurance broker, as the case may be rejecting the representation is received, or (ii) After receipt of decision of the insurer or insurance broker, as the case may be, which is not to the satisfaction of the complainant, or (iii) After expiry of a period of one month from the date of sending the written representation to the insurer or the insurance broker as the case may be, if the insurer or insurance broker, as the case may be, named fails to furnish reply to the complainant. The address of the Insurance Ombudsman are attached herewith and may also be obtained from the following link on the internet. Link https://www.cioins.co.in/ombudsman Council for Insurance Ombudsmen: (Monitoring Body for Offices of Insurance Ombudsman) 3rd Floor, Jeevan Seva Annexe, S.V Road , Santacruz (West), Mumbai – 400054. Tel no: 022-69038800/69038812. Email id: inscoun@cioins.co.in Website: www.cioins.co.in	
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You can also access the Customer Information sheet through this link:

<https://www.pramericalife.in/Downloads/Download>

Declaration by the Policyholder

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

Place:

(Signature of the Policyholder)

Date:

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