

**CUSTOMER INFORMATION SHEET / KNOW YOUR POLICY**

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

<b>SL. NO</b>	<b>Title</b>	<b>Description in Simple Words</b> (Please refer to applicable policy clause number in the next column)	<b>Policy Clause Number/COI</b>																
<b>1</b>	Name of the Insurance Product and Unique Identification Number (UIN)	Pramerica Life Group Term Elite (140N092V01)	Page 1of COI - Section A																
<b>2</b>	Policy Number	XXXXXXXX	Page 1 of COI – Section B																
<b>3</b>	Type of Insurance Policy	Pure Risk	Page 1 of COI- Section A																
<b>4</b>	Basic Policy details	<table border="1"> <tr> <td>Instalment Premium</td> <td>As Specified in COI</td> </tr> <tr> <td>Mode of premium payment</td> <td>As defined in COI</td> </tr> <tr> <td>Sum Assured on death</td> <td>As Specified in COI (Base Sum Assured)</td> </tr> <tr> <td>ADB Sum Assured</td> <td>As Specified in COI</td> </tr> <tr> <td>ATPD Sum Assured</td> <td>As Specified in COI</td> </tr> <tr> <td>Sum Assured on Maturity</td> <td>Not Applicable</td> </tr> <tr> <td>Premium payment Term</td> <td>One year</td> </tr> <tr> <td>Policy Term</td> <td>One-year renewable</td> </tr> </table>	Instalment Premium	As Specified in COI	Mode of premium payment	As defined in COI	Sum Assured on death	As Specified in COI (Base Sum Assured)	ADB Sum Assured	As Specified in COI	ATPD Sum Assured	As Specified in COI	Sum Assured on Maturity	Not Applicable	Premium payment Term	One year	Policy Term	One-year renewable	Page 1 of COI – Section D
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<b>5</b>	Policy Coverage/benefits payable	<ul style="list-style-type: none"> <li>• <b>Death Benefit:</b> An amount equal to Base Sum Assured as mentioned in Schedule will be paid as a lumpsum upon Death of an Insured Member.</li> <li>• <b>Accidental Death Benefit (ADB):</b> If Opted for, ADB Sum Assured as mentioned in Schedule will be paid as a lumpsum upon Accidental Death of an Insured Member.</li> <li>• <b>Accidental Total and Permanent Disability Cover (ATPD):</b> If Opted for, ATPD Sum Assured as mentioned in Schedule will be paid as a lumpsum</li> </ul>	Page 2 of COI Benefits payable on Death																



		<p>upon Accidental Total and Permanent Disability of an Insured Member.</p> <ul style="list-style-type: none"> <li>• <b>Surrender of Policy: Not applicable</b></li> <li>• <b>Cover options available:</b> <ol style="list-style-type: none"> <li>1. Death Cover (Base Sum Assured)</li> <li>2. Accidental Death Benefit Cover (ADB) <i>(if opted for)</i></li> <li>3. Accidental Total and Permanent Disability Cover (ATPD) <i>(if opted for)</i></li> </ol> </li> <li>• <b>Other benefits: Wellness Services-</b> Members can avail wellness services like teleconsultations and health check-ups, etc.</li> </ul>	
6	Options available (in case of Linked Insurance Products)	Not Applicable	-
7	Option available(in case of Annuity product)	Not Applicable	-
8	Riders opted, if any	Not Applicable	-
9	Exclusions (events where insurance coverage is not payable), if any.	<p><b>Suicide Exclusion</b></p> <p><b>Non-mandatory schemes:</b> If the member dies by suicide within 12 months of joining or revival, 80% of premiums paid will be payable to the nominee, provided the policy is in force.</p> <p><b>Mandatory/Renewal Schemes:</b> If death occurs due to suicide within 12 months of joining or revival, the Base Sum Assured will be paid subject to the policy being in force.</p>	Page 3 of COI Suicide Clause
10	Waiting /lien Period, if any	Not Applicable	-
11	Grace period	This refers to a period of 15 days for monthly premium payment mode or 30 days for non-monthly modes to pay your due premium. The policy status remains valid during the grace period. There is no grace period applicable in case of yearly mode.	Page 2 of COI General Terms
12	Free Look Period	If you disagree with the Terms & conditions of the contract may request for cancellation of the COI	Page 4 of COI - Free



		stating the reasons for objection within 30 days from the receipt of the COI with complete refund of paid premium (less applicable deduction)	Look Cancellation
13	Lapse, paid-up and revival of the Policy	Not Applicable	
14	Policy Loan, if applicable	Not Applicable	
15	Claims/Claims Procedure	<p><b>Turn Around Time (TAT) for claims settlement and brief procedure</b></p> <ul style="list-style-type: none"> <li>• Death Claim Settlement without Investigation from the date of intimation of claim -15 days</li> <li>• Death Claim Settlement with Investigation from the date of intimation of claim -45 days</li> </ul> <p><b>Helpline/Call Centre number and Contact details of the insurer</b></p> <ul style="list-style-type: none"> <li>• For claim related queries in respect of any Insured member please contact our branch or call us on 1860 500 7070 or 011 4818 7070 (Local charges apply) or write to us on Email: <a href="mailto:contactus@pramericalife.in">contactus@pramericalife.in</a></li> <li>• Link for downloading claim form and list of documents required including bank account details.</li> </ul> <p>Link for downloading claim form:  <a href="https://pramericalife.in/claims/claimforms">https://pramericalife.in/claims/claimforms</a></p> <p>List of Documents:</p> <p><b>Basic documentation if death is due to medical reasons or natural:</b></p> <ol style="list-style-type: none"> <li>1. The Company's Death Claim Form duly completed</li> <li>2. Certificate of Insurance</li> <li>3. Death Certificate</li> <li>4. Claimant's Identity proof, Address proof and banking details</li> <li>5. Discharge summary and all other past hospital records</li> <li>6. Completed Last Medical Attendant's Report</li> </ol> <p><b>Additional documents if death is due to Un-natural cause</b></p> <ol style="list-style-type: none"> <li>1. Copy of First Information Report and Final Police Investigation Report</li> </ol>	Page 3 of COI – Death Claim Processing



		2. Copy of Post-Mortem Report	
16	Policy Servicing	<p><b>Turn Around Time (TAT)</b></p> <ul style="list-style-type: none"> <li>Customer initiated payout request: within 15 days</li> <li>Request for Free look: 7 days</li> <li>Non payout service request: within 15 days</li> </ul> <p><b>Helpline/Call Centre number and Contact details of the insurer</b></p> <ul style="list-style-type: none"> <li>If you wish to discuss any aspect of your Policy or if you have any query or complaint please contact us at 1860 500 7070 or 011 48187070 (local charges apply) or write to us at <a href="mailto:Group.services@pramericalife.in">Group.services@pramericalife.in</a></li> <li><b>Link for downloading applicable forms and list of documents required including bank account details.</b></li> </ul> <p>Link for applicable forms</p> <p><a href="https://www.pramericalife.in/Downloads/ServiceForms">https://www.pramericalife.in/Downloads/ServiceForms</a></p> <p>List of Documents : As per the servicing form and the KYC proof.</p>	-
17	Grievances /Complaints	<p>Grievance Redressal Officer, Pramerica Life Insurance Ltd., 7th &amp; 8th Floor, Tower 2, Capital Business Park, Sector 48, Gurugram, Haryana- 122018 GRO Contact Number: 0124 – 4697069 Email – gro@pramericalife.in Office hours: 9.30 am to 6.30 pm from Monday to Friday Website: <a href="https://pramericalife.in/customer-services/grievance-redressal">https://pramericalife.in/customer-services/grievance-redressal</a></p> <p>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- <a href="mailto:complaints@irdai.gov.in">complaints@irdai.gov.in</a> Website: <a href="https://bimabharosa.irdai.gov.in">https://bimabharosa.irdai.gov.in</a></p>	Page 4 of COI Grievance Redressal Procedure



		<p>Complaints against Life Insurance Companies: Insurance Regulatory and Development Authority of India Policyholder's protection &amp; Grievance Redressal Department (PPGR) Sy. No. 115/1 Financial District Nanakramguda, Gachibowli Hyderabad – 500032</p> <p>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.</p> <p>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.</p> <p>You may approach the Insurance Ombudsman if your grievance pertains to any of the following:</p> <ul style="list-style-type: none"><li>a. Delay in settlement of claim beyond the time specified in the regulations, framed under the Insurance Regulatory and Development Authority of India Act, 1999</li><li>b. Any partial or total repudiation of claims</li><li>c. Disputes over premium paid or payable in terms of insurance policy</li><li>d. Misrepresentation of policy terms and</li></ul>	
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		<p>conditions</p> <p>e. Legal construction of insurance policies in so far as the dispute relates to claim</p> <p>f. Policy servicing related grievances against insurers and their agents and intermediaries</p> <p>g. Issuance of Life insurance policy, which is not in conformity with the proposal form submitted by the proposer</p> <p>h. Non-issuance of insurance policy after receipt of premium</p> <p>i. 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 conditions of the policy contract, in so far as they relate to issues mentioned at clauses (a) to (f)</p> <p>No complaint to the Insurance Ombudsman shall lie unless</p> <p>(a) The complainant makes a written representation to the insurer named in the complaint and—</p> <p>(i) Either the insurer had rejected the complaint, or</p> <p>(ii) The complainant had not received any reply within a period of one month after the insurer received his representation, or</p> <p>(iii) The complainant is not satisfied with the reply given to him by the insurer</p> <p>(b) The complaint is made within one year—</p> <p>(i) After the order of the insurer rejecting the representation is received, or</p> <p>(ii) After receipt of decision of the insurer which is not to the satisfaction of the complainant, or</p> <p>(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.</p> <p>The address of the Insurance Ombudsman are attached herewith and may also be obtained from the following link on the internet. Link <a href="https://www.ciains.co.in/ombudsman">https://www.ciains.co.in/ombudsman</a></p> <p>Council for Insurance Ombudsmen:</p>	
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		(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: <a href="mailto:inscoun@cioins.co.in">inscoun@cioins.co.in</a> Website: <a href="http://www.cioins.co.in">www.cioins.co.in</a>	
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In case of any conflict, the terms and conditions mentioned in the policy document shall prevail.

Declaration by the Policyholder/Member

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

Place: (Signature / Name of the Policyholder/ Member)

Date:

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