

**PRAMERICA LIFE ROZ SANCHAY**  
**A Non-Linked Non-Participating Endowment Life Insurance plan**

**PART B**  
**Definitions**

Words or phrases appearing in the Policy Document in initial capitals will have the meanings given to them below:

Where appropriate, any reference to the singular includes references to the plural, references to the male include references to the female and references to any statute include references to any subsequent changes to that statute.

In case of any conflict between the interpretations of any of the terms of this Policy Document, the Part C - Specific Terms and Conditions shall override Part B - Definitions of this Policy Document.

**General Terms**

**Application Form** means the application form and any other information / document provided by the Policyholder to the Company before the inception of this Policy.

**Appointee** means the person named by the Policyholder to receive payment, under this Policy if the Nominee is a minor at the time payment becomes due.

**Base Death Benefit** is 150% of Sum Assured in the first Policy Year increasing by an amount equal to 5% of the Base Sum Assured for every completed Policy Year till the end of the Policy Term and is payable on the death of Life Insured, according to the terms and conditions of this Policy.

**Base Sum Assured** means the amount specified in the Schedule payable according to the terms and conditions of this Policy.

**Claimant** shall mean the Life Insured (or) the Policyholder (or) the assignee (or) the Nominee where a valid nomination has been effected or the Legal Heirs of the Policyholder/Nominee as the case may be.

**Coverage Commencement Date** means the date as specified in the Schedule from which the risk cover starts under this policy.

**Grace Period** means a period of 30 days from the date the Policy installment Premium become due during which time the Policy is considered to be in force without any interruption as per the terms of the Policy. This Grace Period applies to all premium payment modes (Premium Frequency)

**IRDAI** means the Insurance Regulatory and Development Authority of India.

**Life Insured** means the person on whose life this Policy is effected and is named in the Schedule.

**Maturity Date** means the Policy Expiry Date specified in the Schedule and when the coverage under the Policy ends.

**Nominee** means the person named in the Policy Schedule who has been nominated in accordance with Section 39 of the Insurance Act, 1938, as amended from time to time, to receive

the Death Benefit. Nomination can be effected only if Policyholder is same as Life Insured.

**Policy** means this contract of insurance as evidenced by the Policy Document.

**Policy Anniversary** means the anniversary of the Coverage Commencement Date.

**Policy Commencement Date** means the date when this Policy is issued and is specified in the Schedule.

**Policy Document** means the Terms & Conditions, the Application Form and the Schedule as amended from time to time.

**Policy Term** means the period between the Coverage Commence Date and Policy Expiry Date.

**Policy Year** means the 12 months period starting from the Coverage Commencement Date and accordingly thereafter every subsequent Policy Anniversary.

**Policyholder** means the person named in the Schedule who has concluded this Policy with the Company.

**Premium** means the amount of premium payable by the Policyholder. The Schedule details the amount payable (**Policy Installment Premium**), when it is to be paid (**Premium Frequency**) and the term over which it is to be paid (**Premium Paying Period**).

**Schedule** means the document attached to this Policy which provides a snapshot of the Policy and benefits 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.

**Total Premiums Paid** means total of all the premiums received, excluding any extra premium, any rider premium and taxes.

**Specific Terms pertaining to this plan**

**Annual Guaranteed Additions (AGA)** means the amount that will accrue to the Policy in accordance with the terms and conditions of this Policy.

**Guaranteed Maturity Benefit** means the amount specified in the Schedule and payable according to the terms and conditions of this Policy.

**Surrender Value** means the benefit payable on surrender of the Policy in accordance with the terms and conditions of the Policy.

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**Part C**  
**Specific Terms and Conditions**

**Section One: Policy Benefits**

**(a) Benefit Payable on Death**

If the Life Insured dies at any time before the Maturity Date, while the Policy is in force for full Policy benefits, the Company will pay the prevailing Base Death Benefit plus accrued AGAs.

The prevailing Base Death Benefit will at least be equal to:

- i. Age at entry of the life insured is less than 45 years  
Highest of 10 times the annualized premium\*, 150% of the base sum assured or 105% of the Total Premiums paid till the date of death,
- ii. Age at entry of the life insured is greater than 45 years  
Highest of 7 times the annualized premium\*, 150% of the base sum assured or 105% of the Total Premiums paid till the date of death.

The Accrued AGAs, if any will be payable in addition to Base Death Benefit.

The Annualized Premium shall mean the Premium amount payable in a Policy Year, excluding the taxes, rider premiums, underwriting extra Premiums and loadings for modal Premium, if any

**(b) Benefit Payable on Maturity**

On survival of Life Insured to the Maturity Date, while the Policy is in force for full Policy benefits, the Company will pay an amount equal to Guaranteed Maturity Benefit.

**(c) Annual Guaranteed Additions (AGA)**

AGA will accrue to the Policy every year commencing from the end of Fourth Policy Year till the end of the Policy Term, as per the rates specified in *Annexure I*, provided the Policy is in force for full benefits. No Pro-rata AGAs will be given for incomplete Policy Year.

**Section Two: Payment of Premium**

If the Premium Frequency is annual, then Premium must be paid on each Policy Anniversary. If the Premium Frequency is semi-annual or monthly, the Premium must be paid on the date corresponding with the Policy Commencement Date in every half-year or month respectively till the end of the Premium Paying Period. If the corresponding date does not exist in a particular month, then the last day of that calendar month shall be deemed to be the due date for payment. Policy Installment Premium shall be deemed to have been paid only when received and realized by the Company.

**Section Three: Grace Period**

Grace period means a period of 30 days from the date policy installment premium become due, during which time the policy is considered to be in force without any interruption as per the terms of the policy. If the Life Insured dies during the grace period, the company shall pay the benefit payable on death after deduction of the premium due under the policy

**Section Four: Discontinuation of Premium Payments**

- a) During the first two Policy Years, if any due premium is not received before expiry of the Grace Period, the Policy shall automatically lapse without any value at the end of the Grace Period. If the Life Insured dies during the Grace Period, the Company shall deduct the Premium due from the amount payable.

- b) If the premium for first two Policy Years has been received in full and thereafter if any due Premium is not received before expiry of the Grace Period, the Policy shall automatically become paid-up with reduced benefits.

- c) If the Premium have been paid for at least five Policy Years, then the paid-up Policy shall be entitled to Annual Guaranteed Addition at the reduced rate on the Paid-up Sum Assured after the policy has been converted in to the paid-up which are calculated in the following manner: "Reduced Annual Guaranteed Addition Rate multiplied by Paid-up Sum Assured"

Where:

Paid-up Sum Assured is calculated as (T/N) multiplied by Base Sum Assured.

Reduced Annual Guaranteed Addition Rate is calculated as (T/N) multiplied by AGA Rate as per Annexure I.

T is Total number of Premium paid under the Policy and N is Total number of Premium payable under the Policy over the entire Policy Term

- d) If the Life Insured dies at any time before the Maturity Date, while the Policy is paid-up, then the Company will pay an amount equal to:

(T/N) multiplied by Base Death Benefit prevailing on the date the Policy has become paid-up plus accrued Annual Guaranteed Addition.

The accrued Annual Guaranteed Addition shall also include the Annual Guaranteed Addition, if any, at the reduced rate, which will accrue after the Policy acquires the paid up status.

- e) On survival of the Life Insured to the Maturity Date of a paid-up Policy, the Company will pay an amount equal to 150% of the Paid-up Sum Assured plus accrued Annual Guaranteed Addition.

The accrued Annual Guaranteed Addition shall also include the Annual Guaranteed Addition, if any, at the reduced rate, which will accrue after the Policy acquires the paid up status.

The Paid-up Sum Assured for all the above-mentioned purpose(s) shall be calculated as (T/N) multiplied by Base Sum Assured.

Where,

T is Total number of Premium paid under the Policy and

N is Total number of Premium payable under the Policy over the entire Policy Term

- f) A paid-up Policy can be surrendered before the Maturity Date. In such event, the Surrender Value of the paid-up Policy would be paid and Policy will immediately terminate.

- g) The Surrender Value of paid-up Policy is reviewable and shall be determined by the Company from time to time.

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**Part D**  
**Policy Servicing**

**Section One: Revival**

A lapsed or paid-up policy can be revived within five years from the date of first unpaid Premium. The Company will revive the Policy only if:

- a) The Policyholder gives the Company written notice for revival at any time within five years from the date of first unpaid Premium and before the Maturity Date.
- b) The Policyholder complies with any requests for information and documentation made by the Company for this purpose.
- c) The Policyholder pays all outstanding Premiums from the last date of receipt of Premium to the proposed date of revival, along with interest specified by the Company.
- d) The rate of interest shall be reset on an annual basis at the beginning of every financial year (April) and would be determined based on the average 10-year G-Sec YTM plus 75 bps rounded down to 25 bps. The average of the benchmark would be taken from the previous financial year for the period 1st July xxxx to 31st Dec xxxx. The source of information for 10 year GSec rate would be "CCIL". E.g., the rate of interest applicable for FY 2018-19 would be based on average of 10 year GSec rates for the period - 1st July 2017 to 31st Dec 2017.
- e) The current applicable rate of interest on policy revival is 7.75% per annum which would be applicable for the FY 2019-20

The revival of the Policy shall be effective from the date on which the Company has issued a written endorsement confirming the revival of the Policy. The Policyholder understands and agrees that there is no obligation on the Company to revive the Policy or to revive it on the same terms, and the revival is subject to the underwriting requirements of the Company as applicable from time to time. The medical cost, if any, shall be borne by the Policyholder.

If the Policy is revived by the Company, the Policyholder will also become entitled for the full Policy benefits from the date of revival including full Annual Guaranteed Addition for the Policy Year(s) during which the Policy was in lapsed / paid-up status.

**Section Two: Surrender of Policy**

The Policy will acquire a surrender value after first two consecutive Policy Years' Premium has been paid in full. On Surrender of the Policy, the Company will pay a Surrender Value equal to higher of Guaranteed Surrender Value (GSV) and Special Surrender Value (SSV).

GSV is equal to X% of the total Premium paid till the date of surrender *plus* guaranteed Surrender Value of accrued Annual Guaranteed Addition.

The Premium considered for this purpose is exclusive of any extra Premium, while, 'X' will vary in different Policy Years and the rates are specified in *Annexure II*.

The SSV is reviewable and shall be determined by the Company from time to time subject to prior approval of Authority.

After a Policy has been surrendered, the Policy shall terminate and all benefits under the Policy shall cease.

**Section Three: Loan**

At any time after the Policy acquires a Surrender Value, the Policyholder may avail of a loan under the Policy subject to the following:

- a) At any time, the total loan amount that will be granted by the Company shall not exceed 80% of the Surrender Value;
- b) The Policyholder agrees to pay interest on the outstanding loan. The rate of interest shall be reset on an annual basis at the beginning of every financial year (April) and would be determined based on the average 10-year G-Sec YTM plus 150 bps rounded down to 25 bps. The average of the benchmark would be taken from the previous financial year for the period 1st July xxxx to 31st Dec xxxx. The source of information for 10 year GSec rate would be "CCIL".  
The current applicable rate of interest on policy loan is 8.50% per annum which would be applicable for the FY2019-20;
- c) Any outstanding loan amount together with any unpaid interest thereon shall be adjusted against any Policy Benefit which become payable during the policy term;
- d) The Policyholder agrees that the loan is subject to the terms and conditions of the Company as applicable from time to time.
- e) Any in-force or fully paid up policy will not be foreclosed on the account of outstanding loan amount (including outstanding interest on loan, if any) exceeding the surrender value

For reduced paid up policies, if during the Policy Term the outstanding loan amount and unpaid interest exceeds the Surrender Value, the Company will send a notice to the Policyholder to pay an amount as required by the Company towards loan repayment and/or interest within 30 days from the date of the notice, failing which the Policy shall automatically terminate without any value on the expiry of the notice period.

**Section Four: Free look**

The Policyholder shall have a period of 15 days (30 days in case the Policy is purchased through distance marketing\* i.e. any means of communication other than in person) from the receipt of this Policy Document to review the terms and conditions of this Policy and if the Policyholder disagrees with any of the terms and conditions, Policyholder has the option to return this Policy stating the reasons for the objections upon which the Company shall refund to the Policyholder the Premium paid subject to deduction of a proportionate risk Premium for the period of risk cover, any expenses incurred by the Company towards medical examination of the Life Insured and stamp duty charges.

\*Distance Marketing includes every activity of solicitation (including lead generation) and sale of insurance products through the following modes: (i) Voice mode, which includes telephone-calling (ii) Short Messaging Services (SMS) (iii) Electronic mode which includes e-mail, internet and interactive television (DTH) (iv) Physical mode, which includes direct postal mail and newspaper & magazine inserts and (v) Solicitation through any means of communication other than in person

**Part E: Not Applicable**

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**PART F**

**General Terms & Conditions**

**Section One: Suicide Clause**

If death occurs due to suicide or attempted suicide, whether sane or insane, within twelve months from the date of commencement of risk under the policy or within twelve months from the date of revival of the Policy as applicable, then the Company's obligation under this Policy shall be limited to pay an amount equal to higher of 80% of the Total Premiums paid (excluding underwriting extra if any) till the date of death, or Surrender Value, if any available as on the date of death, provided the policy is in force.

**Section Two: Death during Grace Period**

If the Life Insured dies during the Grace Period, the Company will pay the benefit payable on death after deduction of the Premium due under the Policy.

**Section Three: Termination of the Policy**

This Policy shall immediately and automatically terminate on the occurrence of the first of the following events and the applicable amount, if any have been paid in accordance with the terms and conditions of this Policy:

- a. The Maturity Date
- b. The date of the death of the Life Insured
- c. On completion of revival period of a lapsed policy
- d. The day the Policy is surrendered
- e. The Policyholder fails to repay the loan in a Paid-up policy as per Part D (Section Three)

**Section Four: Death Claim Processing**

In order for the Company to make any payment under the Policy that it is necessary that the Company:

- a) is immediately notified of the Life Insured's death in writing, and preferably within 90 days of death. Company may condone the delay in filing a claim beyond 90 days where the claimant can establish that the delay was due to unforeseen circumstances and beyond the control of the claimant.
- b) is provided with the opportunity of establishing to its satisfaction that a claim is payable.
- c) receives all reasonable cooperation and is entitled to seek any documentation and information, including but not limited to:

Basic documentation if death is due to natural Cause

- i. The Company's claim form duly completed.
- ii. The Policy Document in original.
- iii. Evidence of the date of birth of the Life Insured if the Company has not admitted the age of the Life Insured.
- iv. The original or a legalised copy of the death certificate showing the circumstances, cause and the date of death of the Life Insured.

Basic documentation if death is due to Un-natural cause

- i. The Company's claim form duly completed.
- ii. The Policy Document in original.
- iii. Evidence of the date of birth of the Life Insured if the Company has not admitted the age of the Life Insured.

- iv. The original or a legalised copy of the death certificate showing the circumstances, cause and the date of death of the Life Insured.
- v. Copies of the First Information Report and the Final Investigation Report thereof, duly attested by the concerned police officials
- vi. Copy of the post-mortem report duly attested by the concerned officials, as applicable

The Company may on a case to case basis and subject to exceptional circumstances may condone the submission of any of the above mentioned documents/ information while processing the claim.

**Section Five: Maturity Claim Processing**

The Maturity Benefit will be paid if and only if:

- a. The Policy has matured and the Life Insured is alive on the Maturity date
- b. No Death claim has been made on the Policy
- c. The Policy has not surrendered or cancelled or terminated
- d. All relevant document in support of Maturity claim have been provided to the Company

Basic documentation for Maturity Claim:

- a. NEFT Mandate
- b. Cancelled cheque
- c. KYC Documents

**Section Six: Nomination**

- a) The provisions of nomination are governed by Section 39 of the Insurance Act, 1938 as amended from time to time.
- b) A Leaflet containing the simplified version of the provisions of Section 39 of the Insurance Act 1938 as amended from time to time is enclosed as Annexure B for reference.

**Section Seven: Assignment**

- a) The provisions of Assignment are governed by Section 38 of Insurance Act, 1938 as amended from time to time.
- b) A Leaflet containing the simplified version of the provisions of Section 38 of the Insurance Act 1938 as amended from time to time is enclosed as Annexure A for reference.

**Section Eight: Miscellaneous**

**a) Loss of the Policy Document**

- i) If the Policy Document is lost or destroyed then the Company reserves the right to make such investigations into and call for such evidence of the loss of the Policy Document, at the Policyholder's expense, as the Company considers necessary before issuing a duplicate Policy Document.
- ii) If the Company agrees to issue a duplicate Policy Document then:
  1. The Policyholder agrees to first pay the Company's fee for the issue of a duplicate, and
  2. The original Policy Document will cease to be of any legal effect and the Policyholder shall indemnify

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and keep the Company indemnified and hold the Company harmless from and against any costs, expenses, claims, awards or judgments arising out of or howsoever connected to the original Policy Document.

**b) Notices**

- i) All notices meant for the Company whether under this Policy or otherwise must be in writing and delivered to the Company at the address as mentioned in Part B (Section Seven (h)) below.
- ii) All notices meant for the Policyholder will be in writing and will be sent by the Company to the Policyholder's address shown in the Schedule.
- iii) The Company shall not be responsible for any consequences related to or arising out of non intimation of changes to the Policyholder's address.

**c) Misstatement of Age**

If the correct age of the Life Insured is different from that mentioned in the Application Form, the Company will assess the eligibility of the Life Insured for the Policy in accordance with the correct age of the Life Insured.

If on the basis of correct age, the Life Insured is not eligible for the Policy, the Policy shall be cancelled immediately after refunding the Premium received by the Company under the Policy as per the provisions of section 45 of Insurance Act as amended from time to time.

If the age of the Life Insured is higher than the age specified in the Application Form, the Company will decrease the Coverage Sum Assured and other benefits based on the correct age of Life Insured.

If the age of the Life Insured is lower than the age specified mentioned in the Application Form, the Company will refund the excess Premium received (without interest ) under the Policy based on the correct age of Life Insured.

**d) Currency & Territorial Limits**

All Premiums and any amounts payable under the Policy are payable within India and in the currency of the Policy specified in the Schedule.

**e) Governing Law & Jurisdiction**

Any and all disputes or differences arising out of or in respect of this Policy shall be governed by and determined in accordance with Indian law and shall be subject to the jurisdiction of Indian Courts.

**f) Entire Contract & Agent's Authority**

The Policy Document comprises the entire contract between the Policyholder and the Company, and it cannot be changed or altered unless the Company approves it in writing by endorsement on the Schedule and, where required, the approval of the IRDA has been obtained.

The insurance agent is authorised to arrange the completion and submission of the Policyholder's Application Form. The insurance agent is not authorised to amend the Policy Document, or to accept any notice on the Company's behalf or to accept payments on the Company's behalf. If any money meant for the Company in any form is paid to an insurance agent then such payment is made at the Policyholder's risk and the agent will be acting only as the Policyholder's representative.

**g) Taxes**

In respect of any payment made or to be made under this Policy, the Company shall deduct or charge taxes (including Goods and Service Tax and applicable cess) and other levies as applicable from time to time, at such rates as notified by the Government of India or a body authorised by the Government of India from time to time.

**h) Fraud and misrepresentation**

Fraud, misrepresentation and forfeiture shall be dealt with in accordance with Section 45 of the Insurance Act, 1938, as amended from time to time.

A Leaflet containing the simplified version of the provisions of Section 45 of the Insurance Act 1938 as amended from time to time is enclosed as Annexure C for reference.

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**PART G**  
**Other Details**

**Grievance Redressal**

- I) In case of any clarification or query please contact your Company Salesperson.
- II) The Company may be contacted at:
- Customer Service Help Line: 1800-102-7070 (Toll Free)  
(9.30 am to 6.30 pm from Monday to Saturday)  
Email : [contactus@pramericalife.in](mailto:contactus@pramericalife.in)  
Email for Senior Citizen:  
[seniorcitizen@pramericalife.in](mailto:seniorcitizen@pramericalife.in)  
Website: [www.pramericalife.in](http://www.pramericalife.in)
- Communication Address : Customer Service,  
Pramerica Life Insurance Ltd. (Erstwhile DHFL  
Pramerica Life Insurance Company Limited),  
4th Floor, Building No. 9 B, Cyber City,  
DLF City Phase III, Gurgaon- 122002  
Office hours: 9.30 am to 6.30 pm from Monday to Friday
- III) Head-Grievance Redressal Officer :  
If the response received from the Company is not satisfactory or no response is received within two weeks (Business Days) of contacting the Company, the matter may be escalated to:
- Email- [customerfirst@pramericalife.in.com](mailto:customerfirst@pramericalife.in.com)
- Grievance Redressal Officer  
Pramerica Life Insurance Ltd. (Erstwhile DHFL  
Pramerica Life Insurance Company Limited),  
4th Floor, Building No. 9 B, Cyber City,  
DLF City Phase III, Gurgaon- 122002
- GRO Contact Number: 0124 - 4697069  
Office hours: 9.30 am to 6.30 pm from Monday to Friday
- IV) IRDA- 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.
- Call Center Toll Free number – 155255  
Email Id- [complaints@irda.gov.in](mailto:complaints@irda.gov.in)
- Complaints against Life Insurance Companies:  
Insurance Regulatory and Development Authority of India  
Consumer Affairs Department  
Sy. No. 115/1, Financial District, Nanakramguda,  
Gachibowli, Hyderabad – 500032
- V) 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:

- 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
- b. Any partial or total repudiation of claims
- c. Disputes over premium paid or payable in terms of insurance policy
- d. Misrepresentation of policy terms and conditions
- e. Legal construction of insurance policies in so far as the dispute relates to claim
- f. Policy servicing related grievances against insurers and their agents and intermediaries
- g. Issuance of Life 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
- 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)

No complaint to the Insurance Ombudsman shall lie unless

- (a) The complainant makes a written representation to 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
- (b) 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, or

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(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.

attached herewith and may also be obtained from the following link on the internet Link:  
<http://www.cioins.co.in/ombudsman.html>

The address of the Insurance Ombudsman are

**Annexure I**

**Table of Annual Guaranteed Addition:**

(Rate per 1,000 of Base Sum Assured)

Completion of Policy Year	Policy Term	
	16 Years	21 Years
4 <sup>th</sup>	28	30
5 <sup>th</sup>	33	35
6 <sup>th</sup>	38	40
7 <sup>th</sup>	43	45
8 <sup>th</sup>	48	50
9 <sup>th</sup>	53	55
10 <sup>th</sup>	58	60
11 <sup>th</sup>	63	65
12 <sup>th</sup>	68	70
13 <sup>th</sup>	73	75
14 <sup>th</sup>	78	80
15 <sup>th</sup>	83	85
16 <sup>th</sup>	88	90
17 <sup>th</sup>	-	95
18 <sup>th</sup>	-	100
19 <sup>th</sup>	-	105
20 <sup>th</sup>	-	110
21 <sup>st</sup>	-	115

**Annexure II**

**Table of Guaranteed Surrender Value:**

(% of Premium Paid)

Year In which Policyholder is Surrendering	Policy Term	
	16 Years	21 Years
2 <sup>nd</sup>	30%	30%
3 <sup>rd</sup>	50%	50%
4 <sup>th</sup>	50%	50%
5 <sup>th</sup>	50%	50%
6 <sup>th</sup>	50%	50%
7 <sup>th</sup>	55%	50%
8 <sup>th</sup>	55%	55%
9 <sup>th</sup>	60%	55%
10 <sup>th</sup>	60%	55%
11 <sup>th</sup>	65%	60%
12 <sup>th</sup>	65%	60%
13 <sup>th</sup>	70%	60%
14 <sup>th</sup>	75%	65%
15 <sup>th</sup>	90%	65%
16 <sup>th</sup>	90%	65%
17 <sup>th</sup>	-	70%
18 <sup>th</sup>	-	70%
19 <sup>th</sup>	-	75%
20 <sup>th</sup>	-	90%
21 <sup>st</sup>	-	90%

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**Annexure III - Address & Contact Details of Ombudsmen Centers**

**COUNCIL FOR INSURANCE OMBUDSMEN,**  
**(Monitoring Body for Offices of Insurance Ombudsman)**  
**3<sup>rd</sup> Floor, Jeevan Seva Annexe, Santacruz(West), Mumbai – 400054. Tel no: 022-69038801/03/04/05/06/07/08/09.**  
**Email id: [inscoun@cioins.co.in](mailto:inscoun@cioins.co.in) website: [www.cioins.co.in](http://www.cioins.co.in)**  
=====

**If you have a grievance, approach the grievance cell of Insurance Company first.**  
**If complaint is not resolved/ not satisfied/not responded for 30 days then**  
**You can approach The Office of the Insurance Ombudsman (Bimalokpal)**  
**Please visit our website for details to lodge complaint with Ombudsman.**

Office Details	Jurisdiction of Office Union Territory, District	Office Details	Jurisdiction of Office Union Territory, District
Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, <b>Ahmedabad – 380 001.</b> Tel.: 079 - 25501201/02/05/06 Email:bimalokpal.ahmedabad@cioins.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu	Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, <b>Bhopal – 462 003.</b> Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email:bimalokpal.bhopal@cioins.co.in	Madhya Pradesh Chattisgarh
Office of the Insurance Ombudsman, 62, Forest park, <b>Bhubneshwar – 751 009.</b> Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email:bimalokpal.bhubaneswar@cioins.co.in	Orissa	Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, <b>Chandigarh – 160 017.</b> Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email:bimalokpal.chandigarh@cioins.co.in	Punjab, Haryana (excluding Gurugram, Faridabad, Sonapat and Bahadurgarh), Himachal Pradesh, Jammu & Kashmir, Chandigarh.
Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, <b>CHENNAI – 600 018.</b> Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email:bimalokpal.chennai@cioins.co.in	Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry).	Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, <b>New Delhi – 110 002.</b> Tel.: 011 - 23239633 / 23237532 Fax: 011 - 23230858 Email: bimalokpal.delhi@cioins.co.in	Delhi & Following Districts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh
Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, <b>Lucknow - 226 001.</b> Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@cioins.co.in	Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareilly, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.	Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, <b>Hyderabad - 500 004.</b> Tel.: 040 - 23312122 Fax: 040 - 23376599 Email:bimalokpal.hyderabad@cioins.co.in	Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry



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Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, <b>Guwahati – 781001(ASSAM).</b> Tel.: 0361 - 2632204 / 2632205 Fax: 0361 - 2732937 Email:bimalokpal.guwahati@cioins.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura	Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), <b>Mumbai - 400 054.</b> Tel.: 022 - 69038821/23/24/25/26/27/28/28/29/30/31 Fax: 022 - 26106052 Email:bimalokpal.mumbai@cioins.co.in	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.
Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, <b>Jaipur - 302 005.</b> Tel.: 0141 - 2740363 Email:bimalokpal.jaipur@cioins.co.in	Rajasthan	Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, <b>Pune – 411 030.</b> Tel.: 020-41312555 Email:bimalokpal.pune@cioins.co.in	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region
Office of the Insurance Ombudsman, Jeevan Soudha Building,PID No. 57-27- N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, <b>Bengaluru – 560 078.</b> Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in	Karnataka	Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, <b>U.P-201301.</b> Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
Office of the Insurance Ombudsman, 1st Floor,Kalpana Arcade Building,, Bazar Samiti Road, Bahadurpur, <b>Patna 800 006.</b> Tel.: 0612-2680952 Email: bimalokpal.patna@cioins.co.in	Bihar, Jharkhand	Office of the Insurance Ombudsman, 2nd Floor, Pulinat Building Opp. Cochin Shipyard, M.G Road, Ernakulam – 682015 Tel: 0484-2358759/2359338 Fax: 0484-2359336 Email: bimalokpal.ernakulam@cioins.co.in	Kerala, Lakshadweep, Mahe- a part of Union Territory of Pondicherry
Office of Insurance Ombudsman, 4th Floor, Hindusthan Building Annexe, 4, C.R. Avenue, Kolkatta – 700072 Tel:033-22124339/22124340 Fax: 033-22124341 Email: bimalokpal.kolkata@cioins.co.in	West Bengal, Sikkim and Andaman & Nicobar Islands		

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**Annexure – ‘A’**

**Section 38 - Assignment and Transfer of Insurance Policies**

Assignment or transfer of a policy should be in accordance with Section 38 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015. The extant provisions in this regard are as follows:

1. This policy may be transferred/assigned, wholly or in part, with or without consideration.
2. An Assignment may be effected in a policy by an endorsement upon the policy itself or by a separate instrument under notice to the Insurer.
3. The instrument of assignment should indicate the fact of transfer or assignment and the reasons for the assignment or transfer, antecedents of the assignee and terms on which assignment is made.
4. The assignment must be signed by the transferor or assignor or duly authorized agent and attested by at least one witness.
5. The transfer of assignment shall not be operative as against an insurer until a notice in writing of the transfer or assignment and either the said endorsement or instrument itself or copy thereof certified to be correct by both transferor and transferee or their duly authorized agents have been delivered to the insurer.
6. Fee to be paid for assignment or transfer can be specified by the Authority through Regulations.
7. On receipt of notice with fee, the insurer should Grant a written acknowledgement of receipt of notice. Such notice shall be conclusive evidence against the insurer of duly receiving the notice.
8. If the insurer maintains one or more places of business, such notices shall be delivered only at the place where the policy is being serviced.
9. The insurer may accept or decline to act upon any transfer or assignment or endorsement, if it has sufficient reasons to believe that it is-
  - a. not bonafide or
  - b. not in the interest of the policyholder or
  - c. not in public interest or
  - d. is for the purpose of trading of the insurance policy.
10. Before refusing to act upon endorsement, the Insurer should record the reasons in writing and communicate the same in writing to Policyholder within 30 days from the date of policyholder giving a notice of transfer or assignment.
11. In case of refusal to act upon the endorsement by the Insurer, any person aggrieved by the refusal may prefer a claim to IRDAI within 30 days of receipt of the refusal letter from the Insurer.
12. The priority of claims of persons interested in an insurance policy would depend on the date on which the notices of assignment or transfer is delivered to the insurer; where there are more than one instruments of transfer or assignment, the priority will depend on dates of delivery of such notices. Any dispute in this regard as to priority should be referred to Authority.
13. Every assignment or transfer shall be deemed to be absolute assignment or transfer and the assignee or transferee shall be deemed to be absolute assignee or transferee, except
  - a. where assignment or transfer is subject to terms and conditions of transfer or assignment OR
  - b. where the transfer or assignment is made upon condition that
    - i) the proceeds under the policy shall become payable to policyholder or nominee(s) in the event of assignee or transferee dying before the insured OR
    - ii) the insured surviving the term of the policySuch conditional assignee will not be entitled to obtain a loan on policy or surrender the policy. This provision will prevail notwithstanding any law or custom having force of law which is contrary to the above position.
14. In other cases, the insurer shall, subject to terms and conditions of assignment, recognize the transferee or assignee named in the notice as the absolute transferee or assignee and such person
  - a. shall be subject to all liabilities and equities to which the transferor or assignor was subject to at the date of transfer or assignment and
  - b. may institute any proceedings in relation to the policy
  - c. obtain loan under the policy or surrender the policy without obtaining the consent of the transferor or assignor or making him a party to the proceedings
15. Any rights and remedies of an assignee or transferee of a life insurance policy under an Assignment or transfer effected before commencement of the Insurance Laws (Amendment) Act, 2015 shall not be affected by this section.

*[Disclaimer: This is not a comprehensive list of amendments of Insurance Laws (Amendment) Act, 2015 and only a simplified version prepared for general information. Policy Holders are advised to refer to the insurance Act as amended from time to time for complete and accurate details. ]*

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**Annexure – ‘B’**

**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 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).
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 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 Insurance Laws 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.

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**PRAMERICA LIFE ROZ SANCHAY**  
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**Annexure – ‘C’**

**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 Insurance Laws (Amendment) Act, 2015 and 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 policywhichever 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 policywhichever 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
  - 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.

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