

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).

SL. N O.	Title	Description in Simple Words (Please refer to applicable policy clause number in the next column)	Policy Clause Number/Certificate of Insurance												
1	Name of the Insurance Product and Unique Identification Number (UIN)	Pramerica Life Group Total Protection (140N082V01)	Page 1 of COI												
2	Policy Number	As mentioned in the Certificate of Insurance (COI)	Page 1 of COI												
3	Type of Insurance Policy	Non-Linked Non-Participating Single Premium Group Term Life Insurance Plan	-												
4	Basic Policy details	<table><tr><td>Instalment Premium</td><td>As Specified in COI</td></tr><tr><td>Mode of premium payment</td><td>Single</td></tr><tr><td>Sum Assured on death</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>1</td></tr><tr><td>Policy Term</td><td>As Specified in COI</td></tr></table>	Instalment Premium	As Specified in COI	Mode of premium payment	Single	Sum Assured on death	As Specified in COI	Sum Assured on Maturity	Not Applicable	Premium payment Term	1	Policy Term	As Specified in COI	Page 1 of COI
Instalment Premium	As Specified in COI														
Mode of premium payment	Single														
Sum Assured on death	As Specified in COI														
Sum Assured on Maturity	Not Applicable														
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Policy Term	As Specified in COI														
5	Policy Coverage/benefits payable	<ul style="list-style-type: none">Death benefit: Defined as per chosen plan option.<ul style="list-style-type: none">i. Option A: Level Cover: Original Sum Assured at inceptionii.Option B: Reducing Cover: Prevailing cover as per benefit scheduleSurrender of Policy: To be paid as per the formula: 60% of Single Premium * (Unexpired coverage term (in completed months)/ Total coverage term) * (Coverage In-force / Initial Coverage Amount) The definitions for above terms can be referred to from COI.Cover options available:<ul style="list-style-type: none">Option A: Level CoverOption B: Reducing Cover	Page 2 Under Section Benefits												

		Other benefits Moratorium Options (available only with loans) Co-Borrower Options: Cover can be offered on a 'First Death Basis' or 'Loan Share Percentage Basis'.	
6	Options available (in case of Linked Insurance Products)	Not Applicable	Not Applicable
7	Option available(in case of Annuity product)	Not Applicable	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	Page 3 under Section Exclusion of COI
10	Waiting /lien Period, if any	Not Applicable	Not Applicable
11	Grace period	Not Applicable	Not Applicable
12	Free Look Period	If you disagree with the Terms & conditions of the contract may request for cancellation of the COI stating the reasons for objection within 30 days from the receipt of the COI with complete refund of paid premium (less applicable deduction)	Page 1 under Section Free Look Cancellation of COI
13	Lapse, paid-up and revival of the Policy	Lapse- Not Applicable Paid Up- Not Applicable Revival - Not Applicable	Not Applicable
14	Policy Loan, if applicable	Not Applicable	Not Applicable
15	Claims/Claims Procedure	Turn Around Time (TAT) for claims settlement and brief procedure <ul style="list-style-type: none"> Death Claim Settlement without Investigation from the date of intimation of claim -15 days Death Claim Settlement with Investigation from the date of intimation of claim -45 days Helpline/Call Centre number and Contact details of the insurer <ul style="list-style-type: none"> 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: 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:	Page 3 under Section Death Claim Processing of COI

		<p>Basic documentation if death is due to medical reasons or natural:</p> <ol style="list-style-type: none"> 1. The Company's Death Claim Form duly completed 2. Certificate of Insurance 3. Death Certificate 4. Claimant's Identity proof, Address proof and banking details 5. Discharge summary and all other past hospital records 6. Completed Last Medical Attendant's Report <p>Additional documents if death is due to Un-natural cause</p> <ol style="list-style-type: none"> 1. Copy of First Information Report and Final Police Investigation Report 2. Copy of Post-Mortem Report 	
16	Policy Servicing	<p>Turn Around Time (TAT)</p> <ul style="list-style-type: none"> • Customer initiated payout request: within 15 days • Request for Free look: 7 days • Non payout service request: within 15 days <p>Helpline/Call Centre number and Contact details of the insurer</p> <ul style="list-style-type: none"> • 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 Group.services@pramericalife.in • Link for downloading applicable forms and list of documents required including bank account details. <p>Link for applicable forms</p> <p>https://www.pramericalife.in/Downloads/ServiceForms</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., 4th Floor, Building No. 9 B, Cyber City, DLF City Phase III, Gurgaon– 122002 GRO Contact Number: 0124 – 4697069 Email – gro@pramericalife.in Office hours 9.30 am to 6.30 pm from Monday to Friday</p>	Page 3 under Section Grievance Redressal of COI

		<p>IRDAI- Grievance Redressal Cell:</p> <p>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.</p> <p>Bima Bharosa Toll Free number – 155255 or 1800-425-4732</p> <p>Email Id- complaints@irdai.gov.in</p> <p>Website: https://bimabharosa.irdai.gov.in</p> <p>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</p> <p>Insurance Ombudsman:</p> <p>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.</p> <p>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> <ol style="list-style-type: none"> 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 	
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		<p>insurance policy</p> <p>d. Misrepresentation of policy terms and 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 https://www.cioins.co.in/ombudsman</p> <p>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</p>	
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	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>

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: