



# **Pramerica Life Dengue+Group Shield**

A Non Linked Non-Participating Yearly Renewable Fixed Benefit Group Pure risk Health Insurance Plan  
UIN: 140N056V02



In life, both certainty and uncertainty go hand-in-hand but eventually people don't plan uncertain things like sickness, it just happens! Moreover, you may have seen people suffering from diseases and must have noticed the strain on their physical, emotional & financial condition. Diseases like dengue, chikungunya and malaria also put huge pressure and stress on person's life and put immediate financial stress. We secure your financial burden due to these illnesses with this plan.

**Presenting Pramerica Life Dengue+Group Shield  
A Non Linked Non-Participating Yearly Renewable Fixed Benefit  
Group Pure Risk Health Insurance Plan**

Pramerica Life Dengue+ Group Shield, a solution to cover you against the financial impact of various illnesses and recovery process. Therefore, go ahead and fight against them. The Master Policyholder has to choose one of the following four coverage options at inception/renewal of the scheme

- Option I: Dengue Shield
- Option II: Dengue & Chikungunya Shield
- Option III: Dengue & Severe Malaria Shield
- Option IV: Dengue, Chikungunya & Severe Malaria Shield

## **Who can avail benefits of Pramerica Life Dengue+ Group Shield?**

Members of any organisation or group (having existing members) can be insured through this product. Members shall be covered for a Sum Insured chosen at the time of joining the Plan. On being diagnosed with Illnesses as per the chosen option, the plan will pay a lumpsum benefit equal to the chosen Sum Insured. The participation under a particular group scheme may be compulsory or voluntary.

The family members can also be covered under the Master Policy wherein each family member shall be separately covered for the chosen sum assured and shall be eligible to make a maximum of 1 claim per illness during the policy year subject to the claim eligibility conditions. In case of voluntary cover under a group scheme, Declaration of Good Health may be required.

An individual member can take a maximum of one cover under this product.

## **Who is the Policyholder?**

The product can be offered to both Employer-Employee and Affinity groups. The Master Policyholder will be Employer in case of Employer – Employee groups and Group organisers in case of Affinity groups. Further, employees in the Employer-Employee group and beneficiaries in the Affinity groups respectively will be the members under the Master Policy.

## **Is there minimum number of members required for Pramerica Life Dengue+ Group Shield?**

The minimum number of members required for a group is 10. There is no upper limit on number of members in a group covered under this Plan.

## **How does the Coverage begin?**

The Coverage begins with applicant filling the application form with details of initial members to be covered and submitting the same to the insurer. On receipt of full premium and details, the insurer issues a Master Policy to the Master Policyholder. The member has option to choose the Sum Insured starting from ₹10,000 upto a maximum limit of ₹50,000. The members will be issued with certificate of insurance upon successful enrollment into the plan.

## What are the benefits payable?

### Under Option-I: Dengue Shield

100% of the Sum Insured shall be provided on the diagnosis of Dengue Fever (as defined below).

### Under Option-II: Dengue & Chikungunya Shield

100% of the Sum Insured shall be provided on the diagnosis of Dengue Fever and Chikungunya (as defined below).

### Under Option-III: Dengue & Severe Malaria Shield

100% of the Sum Insured shall be provided on the diagnosis of Dengue Fever and Severe Malaria (as defined below).

### Under Option-IV: Dengue, Chikungunya & Severe Malaria Shield

100% of the Sum Insured shall be provided on the diagnosis of Dengue Fever, Chikungunya and Severe Malaria (as defined below)

Benefits as mentioned above are payable on the diagnosis of various illnesses as per the coverage option chosen and on meeting all of the following basic conditions:

- Attending Independent Medical Practitioner's certification for diagnosis of respective illness (as defined below along with claim eligibility conditions) as per the chosen coverage option and
- At least 48 consecutive hours of hospitalization that is Medically Necessary for the treatment of the respective illness.

There is no maturity benefit payable under this product.

Following definitions will apply:

**Dengue Fever** - A fever which is diagnosed as Dengue Fever/ Dengue Haemorrhagic fever and/or Dengue Shock Syndrome. Eligibility to claim must include meeting all of the following conditions:

- Decreasing platelet levels- less than 100,000 cells/mm<sup>3</sup> and
- Immunoglobulins/ Polymerase Chain Reaction (PCR) test showing positive results for Dengue

**Chikungunya** - Chikungunya is defined as a mosquito-borne viral illness of sudden onset caused by the Chikungunya virus. This infectious disease is characterised by fever, severe joint pain, headache, muscle pain, fatigue and rash. In severe cases it can cause life threatening complications. Eligibility to claim must include meeting all of the following conditions:

- Positive Chikungunya virus serologic testing via enzyme-linked immunosorbent assay (IgM - ELISA) or indirect fluorescent antibody (IFA) and
- At least one of the following:

- a. **Acute disseminated intravascular coagulation (DIC):** A definite diagnosis of acute disseminated intravascular coagulation made by appropriate lab testing and confirmed by a certified specialist

OR

- b. **Leucopenia:** Decreased White Blood Cell count of less than 2000 cells / cu. mm

**Severe Malaria** - Severe Malaria is defined as a mosquito-borne illness of sudden onset caused the Plasmodium parasite mainly Falciparum and Vivax in India. This infectious disease is characterised by fever and fatigue. In severe cases it can cause life threatening complications. Eligibility to claim must include meeting all of the following conditions:

- Light microscopy confirming the presence of malarial parasites in blood and
- At least one of the following:
  - a. **Cerebral malaria manifest as Coma:** Coma is defined as a state of unconsciousness with no reaction to external stimuli or internal needs. The coma must persist for at least 96 hours and require intubation and mechanical ventilation to sustain life and not be attributable to any other cause than cerebral malaria. Medically induced coma to be excluded.
  - b. **Cerebral malaria manifest as repeated generalized seizures:** Generalized seizures are seizures that are associated with a loss of consciousness. Repeated seizures means >3 seizures within 24 hours.
  - c. **Severe anemia:** Severe anaemia is defined as a haemoglobin <5 g/dl or a haematocrit of <15% in children (age <12 years) and a haemoglobin <7 g/dl or a haematocrit of <20% in adults.
  - d. **Renal failure:** Renal failure here is defined as a serum creatinine >3.0 mg/dl despite adequate volume replacement along with a urine output of < 400 ml in 24 hours for an adult (>=12 years of age) and < 12 ml per kg of body weight in 24 hours for children (<12 years of age).
  - e. **Acute disseminated intravascular coagulation (DIC):** A definite diagnosis of acute disseminated intravascular coagulation made by appropriate lab testing and confirmed by a certified specialist.
  - f. **Lactic Acidosis:** A definite diagnosis of lactic acidosis as manifest by an arterial blood pH of < 7.25 with a plasma bicarbonate level of < 15 mmol/l and a venous lactate level of > 15 mol/l.
  - g. **Pulmonary oedema:** A definite diagnosis of pulmonary oedema manifest by all of the following:
    - i. Respiratory rate >30 breaths per minute
    - ii. Oxygen saturation <92% on room air
    - iii. Signs of pulmonary oedema on clinical examination
    - iv. Confirmed pulmonary edema on chest x-ray

**Family** - Family shall include spouse, children, parents, mother-in-law and father-in-law of the primary member.

**Separation Period** - Separation Period is defined as consecutive period of 30 days starting from the date of discharge from Hospital to date of diagnosis of other illness covered under the product and for which no claim is paid in a given policy year. It is restricted to the given policy year only.

**Medical Practitioner** – Medical Practitioner means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council of Indian Medicine or for Homoeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of license. The Medical Practitioner should be neither the life insured himself nor related to the life insured by blood or marriage.

**Hospital** - A hospital means any institution established for in-patient care and day care treatment of illness and / or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registrations and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:

- Has qualified nursing staff under its employment round the clock.
- Has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places.
- Has qualified medical practitioner(s) in charge round the clock.
- Has a fully equipped operation theatre of its own where surgical procedures are carried out.
- Maintains daily records of patients and makes these accessible to the insurer's authorised personnel.

**Medically Necessary** - Medically necessary treatment is defined as any treatment, tests, medication, or stay in hospital or part of a stay in hospital which

- Is required for the medical management of the illness or injury suffered by the insured.
- Must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity.
- Must have been prescribed by a Medical Practitioner.
- Must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

## How will the premium be decided for each member?

The insurance premium is based on Coverage Option and Sum Insured chosen by the insured members. Same rates are applicable for male and female lives. The premium rates for various Sum Insured bands will be as given below:

Sum Insured Bands		Annual Premium Rate per mille (in ₹)			
Minimum	Maximum	Option I	Option II	Option III	Option IV
10,000	20,000	11.64	13.91	26.08	27.82
20,001	30,000	10.48	12.52	25.04	25.39
30,001	40,000	9.98	11.92	23.85	26.83
40,001	50,000	9.60	11.59	23.18	25.50

The premium rates mentioned above are with commission loading and are exclusive of applicable Tax and applicable cess. All applicable taxes will be collected over and above the premium rates mentioned above.

For Policies sold directly, 5% discount on the due premium shall be applicable.

## Large Premium Discount

In case business is sourced through other than direct sales force distribution channel, a discount of 2% on the final premium rate for a group scheme will be allowed where the premium size exceeds ₹2 crores in a year.

## What are the age criteria for members to be covered?

Age at entry:

Child: 91 Days - 17 Years as on last birthday.

Adult: 18 Years - 65 Years as on last birthday.

For child, the cover shall cease on attainment of 18 Years.

## What can be the minimum and maximum Sum Insured?

The minimum Sum Insured per member under the plan is ₹10,000 and the maximum Sum Insured per member is ₹50,000.

## What are the modes of premium payment available?

The premium can be paid in Annual, Half-Yearly and Quarterly modes.

Following modal factors will be applicable on different premium payment modes:

Premium Modes	Factors
Annual	1
Semi-Annual	0.52
Quarterly	0.265



## What is the available policy term under this product?

This is a one year renewable group product. Hence, a policy term of one year is available.

## Maturity Benefit

There is no maturity benefit payable under this product.

## Is there any surrender value?

No surrender value is available under this product. However, in case of surrender of the group policy, the Company shall give an option to individual members of the group, on such surrender, to continue as an individual policy (as per existing terms & conditions) and the company shall be responsible to serve such members till their coverage is terminated.

## What is the Grace period and conditions for renewals in this plan?

- A grace period of 30 days in case of half-yearly and quarterly modes will be applicable from the due date for payment of premium under this product. No grace period is available for yearly mode. If the company does not receive the premium due within the grace period, the policy will lapse on expiry of the grace period. The cover will remain in-force during the grace period.
- There will be no revival applicable in case of Yearly mode of premium payment. For all other modes, revival shall be allowed during the policy term for a period of up to 3 months within a year from the date of first unpaid premium.
- After revival, the benefits as per the policy contract shall get restored. The revival of the policy shall be subject to the Board approved underwriting policy, as applicable from time to time.

## What are the exclusions in the plan?

No benefit will be payable in any of the following:

- Any Treatment other than for Dengue Fever or Chikungunya or Severe Malaria.
- Treatment requiring less than 48 hours of hospitalization.
- Severity criteria as defined in the claim eligibility conditions not met.
- Diagnosis and Treatment outside India.
- Dengue Fever or Chikungunya or Severe Malaria that is diagnosed by a Physician who does not qualify within the definition of Medical Practitioner as defined above.
- Any claim arising due to diagnosis of Dengue Fever or Chikungunya or Severe Malaria during the waiting period of 15 days from the date of commencement or revival of membership, whichever is later.

- More than 1 claim for Dengue Fever or Chikungunya or Severe Malaria in a given policy year.

## Is there any Waiting period under the plan?

There will be a waiting period of 15 days after commencement or revival of the membership under a Master Policy. The Company will not entertain any member claim arising due to diagnosis within the waiting period under this policy.

## Free Look Cancellation

The Master Policyholder / Insured Member will have a period of 30 days from the date of receipt of the Policy Document / Certificate of Insurance to review the terms and conditions of the Policy. If the Master Policyholder / Insured Member disagree to any of those terms or conditions, he/she has an option to return the Policy stating the reasons for his/her objection. The Master Policyholder / Insured Member shall be entitled to a refund of the Premium paid subject to a deduction of a proportionate risk premium for the period of risk cover, any expenses incurred by the Company towards medical examination and the stamp duty charges.

## Are there any tax benefits for availing this plan?

Tax benefits under Section 80(D) of the Income Tax Act will be available as per prevailing tax laws. Tax laws are subject to change. Please consult your tax advisor for details.

## Assignment

Assignment may be done as per Section 38 of the Insurance Act 1938, as amended from time to time.

## Nomination

Nomination shall be as per Section 39 of the Insurance Act, 1938 as amended from time to time.

## Conditions applicable:

- The individual member can take maximum of one cover under this product.
- In case family members are also covered under the Master Policy, additional premium will be payable for each Insured Member.
- During each policy year, a maximum of 1 claim per life per illness shall be payable (i.e. one claim each of Dengue Fever, Chikungunya or Severe Malaria) subject to a Separation Period. That is for each illness the benefit is payable only once during the policy year i.e. benefit is not payable for relapse of the illness (or for any other reason) within a policy year.
- No benefit can be carried forward to the next policy year.
- Coverage for a minor shall only be allowed if parents or any other adult family member is covered.

## Section 41 of the Insurance Act 1938 as amended from time to time: Prohibition of rebate

1. No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer.
2. Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to ten lakhs rupees.

## Section 45 of the Insurance Act 1938, (as amended from time to time):

Fraud and mis-statement would be dealt with in accordance with provisions of Section 45 of the Insurance Act, 1938, as amended from time to time. For provisions of this Section, please contact the insurance Company or refer to the sample policy contract of this product on our website  
[www.pramericalife.in](http://www.pramericalife.in)

## Grievance Redressal

- I. In case of any clarification or query please contact your Company Salesperson. Any concern may also be raised at any of the branch offices of the Company, the addresses of the branch offices are available on the official website of the company.
- II. The Company may be contacted at:  
Customer Service Helpline 1860 500 7070 /  
011 48187070 (Local charges apply)  
(9:30 am to 6:30 pm from Monday to Saturday)  
Email: [group.services@pramericalife.in](mailto:group.services@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.  
4<sup>th</sup> 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. Grievance Redressal Officer:  
If the response received from the Company is not satisfactory or no response is received within two weeks of contacting the Company, the matter may be escalated to:  
Email- [customerfirst@pramericalife.in](mailto:customerfirst@pramericalife.in)  
  
Grievance Redressal Officer,  
Pramerica Life Insurance Ltd.,  
4<sup>th</sup> Floor, Building No. 9 B, Cyber City,  
DLF City Phase III, Gurgaon– 122002  
GRO Contact Number: 0124 – 4697069  
Email- [gro@pramericalife.in](mailto:gro@pramericalife.in)  
Office hours: 9:30 am to 6:30 pm from Monday to Friday

- IV. 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](mailto: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

- 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 to 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.

In case you are not satisfied with the decision/resolution of the insurer, 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
  - (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

The address of the Insurance Ombudsman are attached herewith as Annexure and may also be obtained from the following link on the internet - Link: [//www.cioins.co.in/ombudsman](http://www.cioins.co.in/ombudsman)

## Address & Contact Details of Ombudsmen Centres

COUNCIL FOR INSURANCE OMBUDSMEN, (Monitoring Body for Offices of Insurance Ombudsman) 3rd Floor, Jeevan Seva Annexe, 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>
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, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 Email: <a href="mailto:bimalokpal.ahmedabad@cioins.co.in">bimalokpal.ahmedabad@cioins.co.in</a>	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, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: <a href="mailto:bimalokpal.bhopal@cioins.co.in">bimalokpal.bhopal@cioins.co.in</a>	Madhya Pradesh Chattisgarh
Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: <a href="mailto:bimalokpal.bhubaneswar@cioins.co.in">bimalokpal.bhubaneswar@cioins.co.in</a>	Orissa	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 Fax: 0172 - 2708274 Email: <a href="mailto:bimalokpal.chandigarh@cioins.co.in">bimalokpal.chandigarh@cioins.co.in</a>	Punjab, Haryana, (excluding Gurugram, Faridabad, Sonapat and Bahadurgarh) Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh

Office of the Insurance Ombudsman, Fatima Akhtar Court, 4 <sup>th</sup> Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: <a href="mailto:bimalokpal.chennai@cioins.co.in">bimalokpal.chennai@cioins.co.in</a>	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, NEW DELHI – 110 002. New Delhi – 110 002. Tel.: 011 - 23232481 / 23213504 Email: <a href="mailto:bimalokpal.delhi@cioins.co.in">bimalokpal.delhi@cioins.co.in</a>	Delhi & Following Districts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh.
Office of the Insurance Ombudsman, 6 <sup>th</sup> Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: <a href="mailto:bimalokpal.lucknow@cioins.co.in">bimalokpal.lucknow@cioins.co.in</a>	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, 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, Hyderabad - 500 004. Tel.: 040 - 23312122 Fax: 040 - 23376599 Email: <a href="mailto:bimalokpal.hyderabad@cioins.co.in">bimalokpal.hyderabad@cioins.co.in</a>	Andhra Pradesh, Telangana, Yanam and part of Union Territory of Pondicherry
Office of the Insurance Ombudsman, Jeevan Nivesh, 5 <sup>th</sup> Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001 (ASSAM). Tel.: 0361 - 2132204 / 2132205 Email: <a href="mailto:bimalokpal.guwahati@cioins.co.in">bimalokpal.guwahati@cioins.co.in</a>	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura	Office of the Insurance Ombudsman, 3 <sup>rd</sup> 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: <a href="mailto:bimalokpal.mumbai@cioins.co.in">bimalokpal.mumbai@cioins.co.in</a>	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.
Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: <a href="mailto:bimalokpal.jaipur@cioins.co.in">bimalokpal.jaipur@cioins.co.in</a>	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, Pune – 411 030. Tel.: 020-41312555 Email: <a href="mailto:bimalokpal.pune@cioins.co.in">bimalokpal.pune@cioins.co.in</a>	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, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: <a href="mailto:bimalokpal.bengaluru@cioins.co.in">bimalokpal.bengaluru@cioins.co.in</a>	Karnataka	Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4 <sup>th</sup> Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddha Nagar, U.P.-201301. Tel.: 0120- 2514252 / 2514253 Email: <a href="mailto:bimalokpal.noida@cioins.co.in">bimalokpal.noida@cioins.co.in</a>	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshahr, Etah, Kanoj, 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, 1 <sup>st</sup> Floor, Kalpana Arcade Building,, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: <a href="mailto:bimalokpal.patna@cioins.co.in">bimalokpal.patna@cioins.co.in</a>	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: <a href="mailto:bimalokpal.ernakulam@cioins.co.in">bimalokpal.ernakulam@cioins.co.in</a>	Kerala, Lakshadweep, Mahe- A part of Union Territory of Pondicherry
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Pramerica Life Insurance Limited, started operations in India on September 01, 2008 and has a pan-India presence through multiple distribution channels which have been customized to address the specific insurance needs of diverse customer segments. The Company is committed to providing protection and quality financial advice to its customers.

Pramerica is the brand name used in India and select countries by Prudential Financial, Inc.

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