



Policy Document
LifeLine - Safety Net Plan
Term cum Health Insurance Plan

UIN-104N043V01

Max New York Life Insurance Company Limited
Regd Office: Max House, 1, Dr. Jha Marg, Okhla, New Delhi - 110020

Max New York Life Insurance Company Limited (the "Company") has entered into this contract of insurance (the "Policy") on the basis of the proposal together with the premium deposit and declarations, statements, report or other documents received from the Proposer for effecting a health insurance contract on the life of the person (the "Life Insured") named in the schedule hereto (the "Schedule"). This Policy is subject to the terms and conditions stated herein and in the Schedule.

The Company agrees to pay the Benefits under this Policy on the happening of the Insured Event, while this Policy is in force.

Signed by and on behalf of
Max New York Life Insurance Company Limited

Anajit Singh

Chairman

Date of Policy : 10-Aug-2010

THE SCHEDULE PAGE

POLICY - Life Line - Safety Net

TYPE OF POLICY - Term cum Health Insurance - Non Linked-Non Participating

GENERAL OFFICE - MNYL Agency Distribution Varanasi

POLICY NO : 820911550		PROPOSAL NO : 820911550					
CLIENT ID : 1283871298		DATE OF PROPOSAL : 31-Jul-2010					
POLICY HOLDER / PROPOSER : MR. RATI NATH TRIPATHI		SEX : Male					
ADDRESS : B-7/157 BAGHARA NEAR KHINITALE SONARPURA VARANASI 221001 UTTAR PRADESH		PAN NO. : AFDVHH2222					
LIFE INSURED MR. RATI NATH TRIPATHI		SEX : Male					
DATE OF BIRTH OF THE LIFE INSURED:		01-Aug-1980					
WHETHER AGE OF LIFE INSURED ADMITTED		Yes					
ADDRESS : B-7/157 BAGHARA NEAR KHINITALE SONARPURA VARANASI 221001 UTTAR PRADESH							
EFFECTIVE DATE OF COVERAGE : 10-Aug-2010							
NOMINEE (S)		APPOINTEE(In case Nominee is a minor)					
MRS. RAKHI TRIPATHI							
PREMIUM MODE : Annual							
PREMIUM METHOD : METHOD		BILLED DRAW DATE : 20-apr-2010					
AGENT'S DETAILS							
NAME : Mr.gurjral		CODE : 1234					
ADDRESS :		MOBILE/ LANDLINE NUMBER : 9866345443, 011345657					
B-11, Mg road, Sector-19 Gurgaun 825333 Haryana							
TYPE OF COVERAGES	MATURITY DATE	INSURED EVENT	SUM ASSURED (₹)	MODAL PREMIUM (₹)	POLICY TERM	DUE DATES WHEN PREMIUM PAYABLE/ DATE WHEN LAST INSTALMENT OF PREMIUM DUE	MODAL FLAT EXTRA PREMIUM (₹)
Life Line - Safety Net	10-AUG-40	Critical illness; Total and Permanent Disability; Death;	600000	4199.21	30	10th of Aug Every Year; 10-Aug-2039	NA
TOTAL SERVICE TAX FOR ALL COVERAGES : ₹432.52							
TOTAL MODAL PREMIUM FOR ALL COVERAGES : ₹4631.73							

1. DEFINITIONS & INTERPRETATION

In the policy document, the words and phrases listed below shall be deemed to have the meanings attributed to them wherever they appear in the policy document unless the context otherwise requires:

- a) **"Accident"** shall mean a sudden, unforeseen occurrence and involuntary event caused by external, violent and visible means the happening of which is not inherent in the normal course of events and is not ordinarily expected to happen or occur.
- b) **"Diagnosis"** shall mean the definitive diagnosis made by a Registered Medical Practitioner, based upon radiological, clinical, and histological or laboratory evidence acceptable to the company's appointed doctor. The company may call for the examination of the life insured by an independent expert appointed by the company. The opinion of the independent expert shall be subject to the final opinion of the company's appointed doctor
- c) **"Effective Date"** means the date as specified in the schedule on which the risk under this policy commences.
- d) **"Illness"** shall mean a physical condition marked by a pathological deviation from the normal health state.
- e) **"Injury"** shall mean bodily injury caused solely and directly by an accident.
- f) **"Life insured"** means the person who has been insured by the company under this policy.
- g) **"Maturity Date"** means the date as shown in the schedule on which the policy terminates.
- h) **"Premium"** means the premium payable by the policyholder in a policy year by regular instalments in the amounts and on the due dates in the manner specified in the Schedule to secure the benefits under the policy.
- i) **"Policyholder"** means the person who owns the policy.
- j) **"Policy"** means this **"LifeLine - Safety Net " Term cum health insurance plan**, the operation, regulation and management of which is governed by the documents comprising the policy documentation, which is made up of the proposal form and any additional information the policyholder/ life insured may provide in respect of the proposal, these terms and conditions, the schedule attached to and forming part of this policy (and if an updated schedule is issued, then schedule means the latest in time), policyholder's written instructions given in accordance with the policy document subject to Company's acceptance of the same.
- k) **"Policy Anniversary"** means the anniversary of the effective date.
- l) **"Policy Year"** means a 12 calendar month period commencing with the effective date and every policy anniversary.
- m) **"Pre-existing condition"** shall mean a condition, prevailing at or prior to the effective date of this policy or the date of revival of the policy, having signs or symptoms of an illness or injury which would have caused any

ordinary prudent person to seek or receive treatment, diagnosis or care, or medical advice from a registered medical practitioner or undergo medical tests or investigations or surgery or treatment or hospitalisation. Any treatment or diagnosis or care or medical advice or hospitalisation or surgery for any illness or injury arising out of or connected with a pre-existing condition shall be considered as part of the pre-existing condition.

- n) **"Registered Medical Practitioner"** shall mean any person qualified by degree in medicine and registered with the Medical Council of India or any State of India who possesses sufficient skill and competence to render medical or surgical services in respect of the injury or illness concerned, but excludes a registered medical practitioner who is the policy holder/ life insured or the spouse or lineal relative of the policy holder/life insured.
- o) **"Sum Assured"** means the guaranteed amount of benefit, as specified in the Schedule payable on the death of the life insured.
- p) **"Surgery"** or **"Surgical Procedure"** shall mean customary and necessary manual and /or operative procedure for treatment of illness or injury.
- q) **"Specialist"** means a Registered Medical Practitioner whose name appears in the Specialist Registry of the Medical Council of the country or institution with equivalent authority.
- r) A person shall be regarded as **"Totally and Permanently Disabled"** only if, as a result of accidental injury: The life assured has become totally and irreversibly disabled as a result of an accident and:

Prior to the policy anniversary on which the life assured is aged 65 (last birthday)

That person has been determined by the Company to be incapacitated to such an extent as to be rendered unable ever to resume work or to attend any gainful employment or occupation, or

After the policy anniversary on which the life assured is aged 65 last birthdays

That person has been determined by the Company to be incapacitated to such an extent that there are at least 3 of the listed activities of daily living which the life assured is un-able to perform without the continuous assistance of another person, or at any time during the period of cover

- that person has suffered the loss by physical separation (or loss of use) of two limbs or the complete and irremediable loss of sight in both eyes or the loss by physical separation (or loss of use) of one limb, accompanied by the complete and irremediable loss of sight in one eye (where limb means the entire hand or foot).
- For a benefit to be payable, the above disability must have lasted without

interruption for at least six consecutive months and must, in the opinion of an appropriate medical practitioner appointed by the Company, be deemed permanent.

- The activities of daily living are:
- Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
- Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
- Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
- Mobility: the ability to move indoors from room to room on level surfaces;
- Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- Feeding: the ability to feed oneself once food has been prepared and made available

s) "**Critical Illnesses**" are defined as under :

1. **Cancer**

A malignant tumour characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue. The diagnosis must be histologically confirmed. The term cancer includes leukemia but the following cancers are excluded:

- all tumours which are histologically described as pre-malignant, non-invasive or carcinoma in situ;
- all forms of lymphoma in the presence of any Human Immunodeficiency Virus; Kaposi's sarcoma in the presence of any Human Immunodeficiency Virus;
- any skin cancer other than invasive malignant melanoma;
- all tumours of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0; and
- T1N0M0 Papillary micro-carcinoma of the thyroid less than 1cm in diameter

2. **Coma**

A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following:

- no response to external stimuli continuously for at least 96 hours;
- life support measures are necessary to sustain life; and brain damage resulting in permanent neurological defect, which must be assessed at least 30 days after the onset of the coma. For the purpose of this benefit, the word "permanent" shall mean beyond the hope of recovery with current medical knowledge and technology.

A confirmation by a neurologist acceptable to the company is required.

Coma resulting as a result of a self-inflicted injury, alcohol or drug abuse is however not covered.

3. **Kidney failure**

End-stage renal failure presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis or renal transplant is undertaken. Evidence of end-stage kidney illness must be provided and the medical necessity of the dialysis or transplantation must be confirmed by a registered medical practitioner acceptable to the Company

4. **Multiple sclerosis**

The definite occurrence of multiple sclerosis. The diagnosis must be supported by all of the following:

- investigations which unequivocally confirm the diagnosis to be multiple sclerosis;
- there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months, and
- well documented clinical history of exacerbations and remissions of said symptoms or neurological deficits.

Other causes of neurological damage such as SLE and HIV are however not covered.

5. **Heart attack**

The first recorded occurrence of heart attack or myocardial infarction which means death of heart muscle, due to inadequate blood supply, which results in all of the following condition of acute myocardial infarction:

- typical clinical symptoms (for example, characteristic chest pain);
- new characteristic electrocardiographic changes;
- the characteristic rise of cardiac enzymes or Troponins recorded at the following levels or higher:
 1. Troponin T > 1.0 ng/ml
 2. AccuTnl > 0.5 ng/ml or equivalent threshold with other Troponin I methods; and
- the evidence must show a definite acute myocardial infarction.

The following conditions are however not covered:

- angina; and
- other acute coronary syndromes e.g., myocyte necrosis.

The diagnosis must be confirmed by a Cardiologist acceptable to the Company.

6. **Paralysis / paraplegia**

The complete and permanent loss of the use of two or more limbs, as a result of injury, or illness of the brain or spinal cord. To establish permanence, the paralysis must normally have persisted for at least 6 months from the date of trauma or illness resulting in the life insured being unable to perform his/ her usual occupation.

The condition must be confirmed by a Neurologist acceptable to the Company.

7. Stroke

A cerebrovascular accident or incident producing neurological sequelae of a permanent nature, having lasted not less than 6 (six) months. Infarction of brain tissue, haemorrhage and embolisation from an extra-cranial source are covered. The diagnosis must be based on changes seen in a CT scan or MRI and certified by a Neurologist acceptable to the Company.

Cerebral symptoms due to transient ischaemic attacks, any reversible ischaemic neurological deficit, vertebrobasilar ischaemia, cerebral symptoms due to migraine, cerebral injury resulting from trauma or hypoxia and vascular illness affecting the eye or optic nerve or vestibular functions are however not covered.

8. Major organ transplant

The receipt of a transplant of:

- Human bone marrow using haematopoietic stem cells preceded by total bone marrow ablation; or
- One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ.
- Other stem-cell transplants are however not covered.

9. Coronary artery bypass surgery

The undergoing of open-heart surgery on the advice of a Cardiologist to correct narrowing or blockage of one or more coronary arteries with bypass grafts.

Angiographic evidence to support the necessity of the surgery will be required.

Balloon angioplasty, laser or any catheter-based procedures are however not covered.

10. Heart valve surgery

The actual undergoing of open-heart surgery to replace or repair heart valve abnormalities. The diagnosis of heart valve abnormality must be evidenced by echocardiogram and supported by cardiac catheterization, if done, and the procedure must be considered medically necessary by a Cardiologist acceptable to the Company.

2. ELIGIBILITY

- 2.1 The policy has been written on a single life basis.
- 2.2 The entry age of the Life insured shall be between 18 years to 60 years.
- 2.3 The term of the policy is as specified in the schedule. The maximum age of life insured at maturity cannot exceed 75 years

3. BENEFITS

On the occurrence of an Insured Event, if the policy is in force, the Company will pay the following benefits

3.1 Critical Illness benefit

On the happening of any of the following events, confirmed by a registered medical practitioner, including a relevant specialist acceptable to the

Company (the cost of which shall be borne by the policyholder) and provided the life insured has survived for at least 28 (Twenty Eight) days after the happening of the insured event, the Company shall at the request of policyholder, pay 50 % of the sum assured as specified in the schedule, subject to a maximum limit of ₹ 20 lakhs under all policies issued by the Company to the policyholder which provide for Critical Illness Benefit such as those under a dread disease rider, Smart Steps Plus, LifeLine Wellness and LifeLine Wellness Plus, then in force with the Company, on the approval of Critical Illness claim filed:

On the diagnosis of any of the critical illnesses defined in Section 1(s) (1) to (7);

On the actual undergoing of the surgery as defined in Section 1(s) (8) to (10)

The payment of critical illness benefit is subject to the following:

No claim shall be paid in respect of a diagnosis or actual undergoing of surgery for treatment of a pre-existing condition.

Claim in respect of only one critical illness will be admitted during the policy term.

The payment of critical illness benefit will reduce the sum assured to the extent of payment made.

The life insured must file with the Company all the required claim documents within 60 days of the date of the happening of the insured event.

3.2 Total and Permanent Disability Benefit -

While the policy is in force, if the life insured meets with an accident which results in total and permanent disability within 180 days of the accident, the Company shall pay a benefit of 50 % of the sum assured as specified in the Schedule. The payment of total and permanent disability benefit shall not reduce the sum assured.

The payment of total and permanent disability benefit is subject to the following:

If the life insured is engaged in any of the following occupation or employed in any of the following types of industry (detailed below) and as a result of that, is required to spend significant time i.e. more than 50% of his working hours being exposed to risk factors associated with the type of occupation/ industry, the cover in respect of total and permanent disability shall immediately cease to apply irrespective of the fact whether (i) the life insured informed the Company of the change in his occupation or industry or (ii) a total and permanent disability was not caused as a result of such exposure to risk factors associated with the type of occupation/ industry where the life insured was working.

Industry/ occupation	Type of	Associated Risk Factor
Chemical Industry		Exposure to hazardous chemicals
Pharmaceutical Manufacture		Exposure to frequent travel & exposure to chemicals

Road Maintenance And Construction	Manual labour; exposure to heavy machinery
Quarrying	Working Underground Exposure to explosives Exposure to chemicals used to extract minerals
Oil Refining	Exposure to chemicals / explosion risk
Oil And Natural Gas Industries	Exposure to explosion risk
Metal Manufacturing	Exposure to extreme heat Exposure to chemicals
Leather Industry	Exposure to chemical fumes
Glass/Fibre Manufacturing	Exposure to Chemicals
Gas Supply Industry	Explosion risk
Forestry (Lumberjacks, For Example)	Exposure to heights Exposure to heavy machinery - accident risk
Fishermen	Exposure to ocean / deep sea fishing - accident risks
Entertainment Industry (e.g. Pop Singers, Circus Groups)	Moral Hazard - on account of lifestyle factors - and risk factors related to drug, alcohol abuse and sexual promiscuity
Courier Service	Exposure to frequent travel; accident risk
Coal Yard	Exposure to coal dust
Cement Works	Exposure to cement dust
Asbestos	Exposure to asbestosis
Aircraft/ Aerospace Industry	Exposure to heavy machinery Exposure to noise
Wood Works	Exposure to heavy & cutting machinery Exposure to wood dust
Professional Sportsmen	Accident risk
Police, Military, Para-Military, Security Firms And Pilots	Security risk Terrorism risk
Divers/ Drillers (Oil/Water)	Deep-sea risk - exposure to underwater pressure
Manufacturers of Ammunition or Industrial explosives	Explosion risk
Mining	Exposure to underground pressure Exposure to chemicals
Fire Brigade	Fire & Explosion Risk
Scaffolders	Risk of heights
Construction Company	Exposure to heavy machinery

3.3 Death Benefit

On death of the life insured the Company shall pay the sum assured as specified in the Schedule. In case critical illness benefit under Section 3.1 has already been paid, the amount of critical illness benefit paid shall reduce the death benefit and only the balance is payable on death of life insured.

Accidental Death Benefit

if the life insured dies due to an accident, the Company shall pay an additional benefit equal to 100% of the sum assured as specified in the schedule. In case critical illness benefit under Section 3.1 has already been paid, the amount of critical illness benefit paid shall not reduce the accidental death benefit.

General Exclusions to payment of all or any benefits under this policy :

A. Notwithstanding anything to the contrary stated herein, no benefit under this policy will be payable if the insured event occurs from, or is caused by, either directly or indirectly, voluntarily or involuntarily, by one of the following:

- A pre-existing condition.
- opportunistic diseases associated with AIDS or HIV infection;
- suicide or attempted suicide or intentional self-inflicted injury, by the life insured, within 12 months after the issuance or reinstatement of the policy whether sane or not at that time. No Total and Permanent Disability benefit will be payable if Total and Permanent Disability occurs as a result of attempted suicide or intentional self-inflicted injury at any time during the policy term;
- life insured being under the influence of drugs, alcohol, narcotics or psychotropic substance, not prescribed by a registered medical practitioner;
- war (declared or undeclared), invasion, civil war, riots, revolution or any warlike operations;
- participation by the life insured in a criminal or unlawful act;
- service in the military/ para-military, naval, air forces or police organizations of any country in a state of war (declared or undeclared) or of armed conflict;
- participation by the life insured in any flying activity other than as a bonafide passenger (whether paying or not), in a licensed aircraft provided that the life insured does not, at that time, have any duty on board such aircraft;
- life insured engaging in or taking part in professional sport(s) or any hazardous pursuits, including but not limited to, diving or riding or any kind of race; underwater activities involving the use of breathing apparatus or not; martial arts; hunting; mountaineering; parachuting; bungy-jumping;
- the radioactive, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature.

B. Critical Illness benefit under this policy will not be payable in respect of an insured event happening within the first 90 days of the effective date.

4. PREMIUM

4.1 The premium as specified in the schedule is payable by the policyholder on or before the due dates. The premiums are guaranteed for five years from the effective date. After expiry of five years from the effective date the Company reserves the right to revise the premium rates based upon the actuarial review of the claims experience. Any revision in premium rates

would be effected at a portfolio level and not at an individual level. The revision if any to premium rates would be intimated to the policyholder at least thirty days prior to the revision being made effective.

4.2 The premium mode selected by the policyholder can be changed by giving to the Company a written request and such change of premium mode on acceptance shall become effective only on the policy anniversary following the receipt of such request by the Company. A change in premium mode will lead to a revision in the modal premium amount as specified in the schedule.

4.3 All premiums are subject to applicable taxes including service tax, which shall be charged to and recovered from the policyholder

5. GRACE PERIOD

The Company allows a grace period of thirty days from the due date for payment of premium. During the grace period the Company will accept premium without interest. The insurance coverage continues during the grace period

6. LAPSE

If a premium is not received by the Company by the end of the grace period, the policy will lapse. All Insurance cover will end upon lapse of the policy.

7. REVIVAL OF POLICY

Within six months from the due date of the premium (period of revival) and before termination of the policy, the policyholder may apply in writing for revival of the policy. The Company may upon receipt of written request from the policyholder, and on production of evidence of insurability acceptable to the Company (cost of which shall be borne by the policyholder) and at the absolute discretion of the Company revive the policy on such terms and conditions as are applicable at the time of revival of the policy. All overdue premiums must be paid together with interest at such rates as may be intimated by the Company from time to time. The revival of the policy shall take effect only after revival of the policy is approved by the Company and communicated to the policyholder in writing.

No benefit is payable in respect of an insured event happening during the period of revival even though the policy may subsequently be revived.

If, at the end of the period of revival, the policy is not revived, the policy shall terminate, and no benefit shall be payable thereafter.

8. TERMINATION OF POLICY

This policy will terminate immediately upon the earlier of the happening of the following events:

- The maturity date.
- On the expiry of the prescribed period of revival.
- Death of life insured.

9. MISSTATEMENT OF AGE AND GENDER

The premiums are based on the age and gender of the life insured as declared in the proposal form. Without prejudice to the full disclosure and incontestability provisions, the Company may at its sole discretion:

In case the life insured's age at the time of issuance of policy is higher than the age declared or sex

is misstated, adjust the premium and / or benefits payable to those applicable had the true age or gender been stated at issue and the policy would have been issued based on our underwriting rules at that time; and

In case the life insured's true age at the time of issuance of the policy is higher than the maximum issue age limit under the policy, cancel the policy and forfeit premiums(s) received.

10. CLAIM

The Company must receive satisfactory proof of the happening of the insured event and its cause, and further receive the claim application form, attending registered medical practitioner statement in a pre specified format, all hospitalisation records pertaining to the illness/ injury / surgery including but not limited to the discharge summary, investigation test reports, medical prescriptions, all hospitalisation bills and receipts, FIR and police reports (if applicable), copy of driving licence (if applicable).

The Company must be notified in writing and claim documents filed within 60 days of the happening of the insured event.

11. FREE LOOK PERIOD

The policyholder has a period of 15 days from the date of receipt of the policy to review the terms and conditions of the policy and where the policyholder disagrees with any of those terms or conditions, he has the option to return the policy stating the reasons for his objections, upon which he shall be entitled to refund of the premium paid subject to deduction of the proportionate risk premium for the period of cover and the expenses incurred by the Company on medical examination and on account of stamp duty.

12. FULL DISCLOSURE & INCONTESTABILITY

This policy has been issued on the representation of the policyholder that he has made full disclosures of all relevant facts and circumstances. Any concealment, non-disclosure, misrepresentation or fraud by the policyholder shall render the policy liable for cancellation and shall be a ground for the Company to avoid all or any liability. If it deems fit, the Company may also forfeit the premium(s) received.

The attention is drawn to Section 45 of the Insurance Act, 1938, which states as follows:

"No policy of life insurance effected after the expiry of two years from the date on which it was effected be called in question by an insurer on the ground that a statement made in the proposal for insurance or in any report of a medical officer, or referee, or friend of the insured, or in any other document leading to the issue of the policy, was inaccurate or false, unless the insurer shows that such statement was on a material matter or suppressed facts which it was material to disclose and that it was fraudulently made by the policyholder and that the policyholder knew at the time of making it that the statement was false or that it suppressed facts which it was material to disclose. Provided that nothing in this section shall prevent the insurer from calling 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 that the age of the life insured was incorrectly stated in the proposal."

13. **NOMINATION AND ASSIGNMENT**

In case the policyholder has taken a policy on his/her own life, the person named by the policyholder in the proposal form as the nominee/s, shall be the person to whom the death benefit and other benefits payable after death of life insured under the policy will be paid. Such nomination only indicates the person, who is authorized to receive the amount on the payment of which, the Company will receive a valid discharge of its liability under the policy. Change in nomination, if any, may be made by the policyholder at any time during the term of the policy and the same must be registered with the Company.

Policyholder may also assign the benefits under the policy in favour of the person named by him/her, whereby the beneficial interest, right and title under the policy gets transferred to such person. The policyholder can assign the entire policy, if any, and not individual benefits. An absolute assignment shall automatically cancel a nomination except any assignment in favour of the Company. Notice of assignment (including any change thereof), should be submitted for registration to the Company.

In registering an assignment or nomination, the Company does not accept any responsibility or express any opinion as to its validity or legality.

14. **DISPUTE REDERSSAL CELL**

1. All consumer grievances may be first addressed to Our Customer Helpdesk at 90A, Sector 18, Gurgaon, 122002, Haryana, India, Contact No: 1800 200 5577, Email ID: service.helpdesk@maxnewyorklife.com or the servicing General Office.
2. In case you are not satisfied with the decision of the above office, or have not received any response within 10 days, you may contact the following official for resolution: Vikas Gujral, Senior Vice President - Head Customer Service and Operations, Contact No: 0124-4239653, Email ID: Vikas.Gujral@maxnewyorklife.com.
3. Subsequently (if required) to the Insurance Ombudsman in your area of jurisdiction whose address is available in Annexure A to this policy if your grievance pertains to:
 - Insurance claim that has been rejected or dispute of a claim on legal construction of the policy
 - Delay in settlement of claim
 - Dispute with regard to premium
 - Non-receipt of your insurance document.The list of Ombudsman can also be obtained from the IRDA website address www.irdaindia.org.
4. The complaint should be made in writing duly signed by the complainant or by his legal heirs with full details of the complaint and the contact information of complainant.

5. As per provision 13(3) of the Rederssal of Public Grievances Rules 1998, the complaint to the Ombudsman can be made

- only if the grievance has been rejected by the Grievance Redressal Machinery of the Insurer
- within a period of one year from the date of rejection by the insurer
- if it is not simultaneously under any litigation.

15. **NOTICES**

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 shown in the Schedule, or such other address as the Company may notify from time to time.

All notices meant for the policyholder will be in writing and will be sent by the Company to the policyholder's address as shown in the schedule. The policyholder must notify any change in his address.

ENDORSEMENT

Total stamp value : ₹180

APPENDIX A: List of Ombudsman

Office of the Ombudsman	NAME OF THE OMBUDSMAN AND Contact Details	Areas of Jurisdiction
AHMEDABAD	Shri B.C. Bose	
2nd Flr., Ambica House,Nr. C.U. Shah College, 5, Navyug Colony, 2, Ashram Road, AHMEDABAD - 380 014	(O) 079-27546150, 27546139 Fax:079-27546142 E-mail: insombahd@rediffmail.com	Gujarat, UT of Dadra & Nagar Haveli, Daman and Diu
BHOPAL	Shri R.P. Dubey	
1st Floor, 117, Zone-II, (Above D.M. Motors Pvt. Ltd.), Maharana Pratap Nagar, BHOPAL - 462 011	(O) 0755-2769200, 2769202, 2769201, Fax:0755-2769203 E-mail: bimalokpalbhopal@airtelbroadband.in	Madhya Pradesh & Chhattisgarh
BHUBANESWAR	Shri M.N. Patnaik	
62, Forest Park,BHUBANESWAR - 751 009	(O) 0674-2535220, 2533798 Fax:0674-2531607 Email : ioobbsr@dataone.in	Orissa
CHANDIGARH	Shri K.M. Chadha	
S.C.O. No. 101,102 & 103,2nd Floor, Batra Building,Sector 17-D,CHANDIGARH - 160 017	(O) 0172-2706196, 2705861 EPBX: 0172-2706468 Fax: 0172-2708274 E-mail : ombchd@yahoo.co.in	Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, UT of Chandigarh
CHENNAI	Shri K. Sridhar	
Fatima Akhtar Court, 4th Flr., 453(old 312),Anna Salai, Teynampet,CHENNAI -600 018	(O) 044-24333678, 24333668 Fax: 044-24333664 E-mail : insombud@md4.vsnl.net.in	Tamil Nadu, UT-Pondicherry Town and Karaikal (which are part of UT of Pondicherry)
DELHI	Shri R. Beri	
2/2 A, 1st Floor, Universal Insurance Bldg., Asaf Ali Road,NEW DELHI - 110 002	(O) 011-23239611,23237539, 23237532 Fax: 011-23230858 E-mail : iobdelraj@rediffmail.com	Delhi & Rajashthan
GUWAHATI	Shri S.K. Kar	
Aquarius,Bhaskar Nagar, R.G. Baruah Rd.,GUWAHATI - 781 021	(O) 0361-2413525EPBX: 0361-2415430 Fax: 0361-2414051 E-mail : omb_ghy@sify.com	Assam, Meghalaya, Manipur, Mizoram,Arunachal Pradesh, Nagaland and Tripura
HYDERABAD	Shri P.A. Chowdary	
6-2-46, 1st Floor,Moin Court, Lane Opp.Saleem Function Palace, A. C. Guards, Lakdi-Ka-pool, HYDERABAD - 500 004.	(o) 040-23325325, 23312122, 65504123, Fax:040-23376599, E-mail : hyd2_insombud@sancharnet.in	Andhra Pradesh, Karnataka and UT of Yanam -a part of the UT of Pondicherry
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