

Date:<\_\_\_\_\_>



Name of the Insured Member:

Address of the Insured Member:

Sub.: Your Certificate of Insurance No. <<\_\_\_\_\_>> Edelweiss Life – Jan Suraksha (A Non-Participating, Non-Linked, Life, Group, , Pure Risk Premium, Micro Insurance Product) UIN:147058V02

Thank you for choosing Edelweiss Life as your preferred life insurance partner.

We are confident that the product chosen by you will suit your need. We have prepared your Certificate of Insurance on the basis of the Member Enrolment Form submitted by you. We request you to go through the enclosed Certificate of Insurance and the Customer Information Sheet (CIS) in detail and check for accuracy of information.

#### **Cancellation in the Free Look Period:**

Insured Member has a Free Look period of thirty (30) days from the date of receipt of the Certificate of Insurance, whether received electronically or otherwise, to review the terms and conditions of this Certificate of Insurance. If the Insured Member disagrees with any of the terms or conditions, or otherwise, and he/she has not made any claims, he/she may return the Certificate of Insurance for cancellation to us by giving us written reasons for your objection within the said Free Look period. We will refund the Premium received after deducting stamp duty charges, proportionate risk premium for the period of cover and expenses incurred by us on medical examination (if any) of the Insured Member.

To exercise the Free Look option, you would need to send the Certificate of Insurance along with a request letter to us at our Corporate Office address provided below. You are required to maintain the acknowledgement received from the Company as a proof of submission.

In case you have any queries or clarifications, you may contact our Service Expert at 1800 2121 212 or email us at [Corp-Care@edelweisslife.in](mailto:Corp-Care@edelweisslife.in)

We look forward to serve you.

Regards,

For **Edelweiss Life Insurance Company Limited**

**Authorised Signatory**

**Registered & Corporate Office Address:** 6<sup>th</sup> Floor, Tower 3, Wing 'B', Kohinoor City, Kirol Road, Kurla (W), Mumbai 400070

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SAMPLE

## CERTIFICATE OF INSURANCE

### COVERAGE SCHEDULE

Name of the Master Policyholder	Policy Number	Certificate of Insurance No
<< >>	<< >>	<< >>

Name of the Insured Member	Date of Birth	Gender	Age	Age Admitted
<< >>	<<dd/mm/yyyy>>	<< >>	<< >> years	<< >> years

Name of the Joint Insured Member	Date of Birth	Gender	Age	Age Admitted
<< >>	<<dd/mm/yyyy>>	<< >>	<< >> years	<< >> years

### **COVERAGE DETAILS**

Coverage Type	<<Level Sum Assured   Decreasing Sum Assured>>
Coverage Commencement Date	
Member Coverage Details	<<Single   Joint Life>>
Sum Assured	
Coverage Term	<< >> years
Coverage Expiry Date	<<dd/mm/yyyy>>
Premium Paying Option	<<Single Pay   Regular Pay>>
Premium Paying Term	<<Single   Same as Coverage Term>>
Premium Paying Frequency	<< Annually   Semi Annually   Quarterly   Monthly>>
Premium Paying Due Date	
Last Premium Due Date	<<dd/mm/yyyy>>
Coverage Premium (in Rs.)	
Modal Coverage Premium plus applicable taxes	

### **NOMINATION SCHEDULE**

Name of the Nominee (s)	<Nominee 1>	<Nominee 2>	<Nominee 3>
Age of the Nominee (s)			
Gender of the Nominee (s)			
Nomination Percentage			
Relationship with Member Insured			
Name of the Appointee (if Nominee is a minor)	<Appointee 1>	< Appointee 2>	< Appointee 3>
Gender of the Appointee			
Relationship of the Appointee with the Nominee			

For **Edelweiss Life Insurance Company Limited**  
(formerly known as Edelweiss Tokio Life Insurance Company Limited)

**Authorised Signatory**

*This Certificate of Insurance is signed using a digital signature for and on behalf of Edelweiss Life Insurance Company Limited.*

We request you to go through the Certificate of Insurance and check for the accuracy of information provided therein. In case you notice any mistake you may return the Certificate of Insurance to us for necessary correction.

"Stamp Duty on the Master Policy has been paid".

SAMPLE

## **DEFINITIONS**

<b>Defined Term</b>	<b>Meaning</b>
<b>Annualised Premium:</b>	means the premium amount payable in a year excluding taxes, rider premiums, underwriting extra premiums and loadings for modal premiums.
<b>Age/ Age at Entry:</b>	means the age (last birthday) of Insured Member in completed years and as stated in the Certificate of Insurance issued to the Insured Member.
<b>Benefit Schedule:</b>	means the table as provided in the Certificate of Insurance that defines the Sum Assured applicable at each month during the Coverage Term and which is payable on happening of death.
<b>Appointee:</b>	means the person registered with us in the Nomination Schedule in Certificate of Insurance who is authorised to receive and hold in trust the benefits under the Coverage on behalf of the Nominee/(s), if the Nominee/(s) is/are less than Age 18 on the date of payment.
<b>Certificate of Insurance:</b>	means the certificate issued by us to the Insured Member evidencing the Insured Member's Coverage under the Policy.
<b>Claimant:</b>	means the person entitled to receive the Coverage benefits and includes the nominee/the legal heir/the legal representative/s, or the holder of succession certificate as the case may be.
<b>Coverage Commencement Date:</b>	means the date as mentioned in the Certificate of Insurance issued to each Insured Member and when the Coverage for the Insured Member starts.
<b>Coverage:</b>	means the cover provided against the risk of death to the Member and shall be deemed to commence on the Coverage Commencement Date of the Member.
<b>Coverage Term:</b>	means the period specified in Certificate of Insurance during which the Coverage on the life of the Insured Member continues.
<b>Death Benefit:</b>	means the Benefits which would be payable on death of the Insured Member and as specified in the Certificate of Insurance.
<b>Grace Period:</b>	means a period of fifteen (15) days for monthly Premium Paying Frequency and thirty (30) days for other Premium Paying Frequencies from the Premium Paying Due Date specified in the Certificate of Insurance, for the payment of Modal Coverage Premium, without any penalty/late fee, during which the Coverage is considered to be In-Force.
<b>In-Force:</b>	means the status of the Coverage during the respective Coverage Term when all the due Modal Coverage Premiums have been paid or the Coverage is not in a state of discontinuance.
<b>IRDAI / Authority:</b>	means Insurance Regulatory and Development Authority of India
<b>Insurance Act:</b>	means The Insurance Act, 1938 as amended from time to time.
<b>Insured Member/ You / you / Your / your:</b>	means a Member admitted to the benefits, for whom the risk is accepted by us and the Certificate of Insurance has been issued.
<b>Member Enrolment Form:</b>	means the form submitted by the Member to us through the Master Policyholder containing details of the Insured Member on the basis of which the Company shall provide Coverage to such Insured Member.
<b>Modal Coverage Premium/Premium:</b>	means the contractual amount receivable by us by the Premium Paying Due Dates, at the Premium Paying Frequency for granting the Coverage in respect of an Insured Member and as prescribed in the Certificate of Insurance.
<b>Nominee:</b>	means the person/(s) registered with us as Nominee/(s) in the Nomination Schedule in the Certificate of Insurance who has/have been nominated by the Insured Member in accordance with the Section 39 of the Insurance Act, 1938 as amended from time to time.

<b>Coverage Schedule:</b>	means the Schedule and any endorsements attached to and forming part to this Certificate of Insurance and if any updated Schedule is issued, then the Schedule latest in time.
<b>Regulations:</b>	means the IRDAI (Insurance Products) Regulations 2024 and any other applicable laws issued and as may be amended from time to time.
<b>Revival:</b>	means restoration of the policy, which was discontinued due to the nonpayment of premium, by the insurer with all the benefits mentioned in the policy document, with or without rider benefits if any, upon the receipt of all the premiums due and other charges or late fee if any, during the revival period, as per the terms and conditions of the policy, upon being satisfied as to the continued insurability of the insured or policyholder on the basis of the information, documents and reports furnished by the policyholder, in accordance with Board approved underwriting policy.
<b>Revival Period:</b>	means the period of five consecutive years from the Discontinuance Date.
<b>Surrender:</b>	means the complete withdrawal or termination of the entire Certificate of Insurance
<b>Surrender Value:</b>	means an amount if any, that becomes payable on surrender of the Certificate of Insurance during its term, in accordance with the terms and conditions of the Certificate of Insurance.
<b>Total Premiums Paid:</b>	means total of all the premiums paid under the base product, excluding any extra premium and taxes, if collected explicitly.
<b>We/we/Our/Us/us/ Company:</b>	means Edelweiss Life Insurance Company Limited (formerly known as Edelweiss Tokio Life Insurance Company Limited).

## **BENEFITS**

### **1. Benefits:**

#### **A. Death Benefit**

In the event of death of the Insured Member while the Coverage is In-Force, the Sum Assured as per the Benefit Schedule (Annexure 1) applicable as on the date of death will be payable. The Coverage will terminate once the Death Benefit is paid.

For Joint Life Option - In case of death of either of the joint Insured Members while Coverage is In-Force, the applicable Sum Assured as per the Benefit Schedule mentioned in the Certificate of Insurance (COI) will be paid on first death basis and the Coverage will be terminated for both the lives. The applicable Sum Assured to be paid out as death benefit will not exceed the amount specified in the Benefit Schedule under any circumstance.

Note: The minimum death benefit other than for single premium shall be at least 105% (one hundred and five percent) of the total premiums paid up to the date of death.

#### **B. Maturity Benefit**

There is no Maturity Benefit payable under this plan.

#### **C. Surrender Benefit**

The Insured Member may Surrender his/her Coverage anytime during the Coverage Term.

The applicable Surrender Value will be based on the Premium Paying Options as follows -

##### **a) Single Pay Premium Paying Option-**

Surrender value will be acquired immediately after the Premium has been paid.

The Surrender Value payable will be:

Premium including extra premium for substandard lives (if any) and exclusive of applicable tax x 50% x {Number of remaining complete months of cover / Total Coverage Term in months} x {Sum assured applicable as at surrender / Sum assured at inception}

b) Regular Pay Premium Paying Option-

No Surrender Benefit is payable.

If the loan is cancelled or not taken up by the Insured Member after sanction and we have received the Modal Coverage Premium for that Insured Member, then provided that You give Us written notice to cancel the cover, We will return –

When payable	Amount payable
Request before Coverage Commencement Date	The entire Modal Coverage Premium received for that Insured Member will be refunded.
Request after Coverage Commencement Date	Surrender Value, if any will be payable.

**D. Reduced Paid-up:**

Reduced Paid-Up is not applicable under the Policy.

**2. Payment of Premium and Discontinuance of Premium Payment:**

**A. Payment of Premium:**

For the Coverage to continue, the Modal Coverage Premium shall be continued to be paid for the entire Premium Paying Term. The amount of Modal Coverage Premium payable, the frequency at which it must be paid, the Premium Paying Term and the Premium Paying Due Date are stated in the Coverage Schedule.

**B. Grace Period:**

The Insured Member has a period of fifteen days (15) in case of monthly Premium Paying Frequency and thirty (30) days for all other Premium Paying Frequencies from the Premium Paying Due Date for the payment of Modal Coverage Premium, without any penalty/late fee.

The Coverage will remain In-Force during the Grace Period. In case of death during the Grace Period, the Death Benefit as applicable will be subject to the deduction of the due Modal Coverage Premiums from the benefits.

**C. Premium Discontinuance**

a) Single Pay Premium Paying Option-  
Not applicable

b) Regular Pay Premium Paying Option-

If any Modal Coverage Premium remains unpaid at the end of Grace Period, the Coverage shall lapse and no benefits shall be payable by us under the Coverage.

In case where your Modal Coverage Premium is collected by the Master Policyholder within grace period but is not remitted to us for some reason, then your Insurance Cover will continue even on expiry of grace period.

**3. Revival:**

If Modal Coverage Premiums are not paid within the Grace Period, the Coverage shall lapse. Any such Coverage may be revived within five years from the due date of the first unpaid Modal Coverage Premium by giving us a written notice to revive the Coverage and payment

of all overdue Modal Coverage Premiums with interest, as may be declared by the Company from time to time, for every completed month from the due date of first unpaid Modal Coverage Premium.

The revival interest rate will be based on G-sec rate with 1 - 2 year maturity. Source to determine the G-Sec yield is [www.ccilindia.com](http://www.ccilindia.com). The per month interest rate shall be  $(x + 3\%)/12$  rounded upto nearest 0.25%, where x is G-Sec rate with 1 to 2 year maturity. The interest rate to be charged is currently set at 1% per month on unpaid premiums for every completed month from the date of the first unpaid premium.

The revival will be effected subject to the receipt of the proof of continued insurability of the Insured Member and the acceptance of the risk by the Underwriter. Cost for the medical examination, if applicable shall be borne by the Insured Member. The effective date of revival is when these requirements are met and approved by us. Revival would be as per the Board approved underwriting guidelines of the Company.

#### **4. Free Look Period:**

Insured Member has a Free Look period of thirty (30) days from the date of receipt of the Certificate of Insurance, whether received electronically or otherwise, to review the terms and conditions of this Certificate of Insurance. If the Insured Member disagrees with any of the terms or conditions, or otherwise, and he/she has not made any claims, he/she may return the Certificate of Insurance for cancellation to us by giving us written reasons for your objection within the said Free Look period. We will refund the Premium received after deducting stamp duty charges, proportionate risk premium for the period of cover and expenses incurred by us on medical examination (if any) of the Insured Member.

To exercise the Free Look option, you would need to send the Certificate of Insurance along with a request letter to us at our Corporate Office address provided below. You are required to maintain the acknowledgement received from the Company as a proof of submission.

#### **5. Expiry of Coverage:**

In addition to the events described elsewhere in this Certificate of Insurance with respect of the Insured Member, the Coverage shall be deemed to have been expired under any of the following circumstances, whichever is earliest:

- A. upon the date of payment of applicable Surrender Value; or
- B. upon the date of death of the Insured Member and in case of Joint Life upon date of death of either of the Joint Insured Members; or
- C. upon the expiry of the Coverage term or
- D. upon the date on which the revival period ends after the Coverage has lapsed.

Upon expiry of Coverage, all the benefits under the Coverage shall cease to apply.

#### **6. Nomination**

Nomination should be in accordance with the provisions of Section 39 of the Insurance Act, 1938 as amended from time to time.

#### **7. Assignment**

Assignment should be in accordance with the provisions of Section 38 of the Insurance Act, 1938 as amended from time to time.

#### **8. Loan under the Coverage:**

Loan is not available under the Coverage



## **9. Duplicate Certificate of Insurance**

- A. If an Insured Member loses or misplaces his/her Certificate of Insurance then he/she may request Us or the Master Policyholder to issue a duplicate Certificate of Insurance by giving a written request and making payment of fee as prescribed from time to time.
- B. On issue of the duplicate Certificate of Insurance, the original shall automatically cease to have any legal effect and the Insured Member agrees to indemnify and hold Us harmless from and against any and all claims, demands, costs, expenses, awards or judgments arising from or in connection with the original Certificate of Insurance or the issue of the duplicate Certificate of Insurance.

## **10. Death Claim Procedure:**

We shall be given a written intimation of the Insured Member's death and shall be provided with the following documents for us to assess the claim:

- i. The claim form, duly completed;
- ii. The original or an attested copy of the death certificate;
- iii. The original Certificate of Insurance;
- iv. Documents to establish right of the claimant in the absence of valid nomination.
- v. Any other information or documentation that we request.

In case of Death due to Accident and unnatural death, the following additional documents are required:

- i. Copy of FIR and Panchnama;
- ii. Copy of the Post Mortem report;
- iii. Copy of Newspaper clipping, if any;
- iv. Copy of the final Police Investigation Report;
- v. Copy of the Chargesheet in case of murder;
- vi. Copy of Driving License if the Life Insured was driving at the time of death

The claim intimation can be sent at any of our branch offices or to our Corporate Office address mentioned below:

Claims Officer  
Edelweiss Life Insurance Company Limited  
6<sup>th</sup> Floor, Tower 3, Wing 'B',  
Kohinoor City, Kirod Road, Kurla (W),  
Mumbai - 400070  
Email Id: [claims@edelweisslife.in](mailto:claims@edelweisslife.in)  
Phone no: 1800 2121 212

Receipt of the claim intimation does not amount to acceptance of claim by the Company and is subject to review by the Company. The decision on acceptance and admissibility of the Claim will be communicated separately by the Company to the claimant.

The claim is required to be intimated to us along with all necessary claim documents required within 90 days from the date of death. However, we may condone the delay in claim intimation, if any, provided valid reasons are given for the delay.

## **11. Claim Payment**

In case of a Financial Institution being the Master Policyholder, if there is a valid assignment made by the insured member in favor of the group holder of the policy, authorizing the Insurer to make payment to the extent of Outstanding loan amount in favour of the Master Policyholder, the claim amount to the extent of Outstanding loan amount shall be paid to the Master Policyholder after deduction of the same from the claim proceeds payable on the happening of the contingent event

covered under the Certificate of Insurance. Any residual benefit shall be paid to the Nominee/beneficiary.

- b. In the absence of the valid assignment or in case of Other Entities, the claim payment will be made to the Nominee/beneficiary.

**1. Validity/ Non-Disclosure:**

(i) Section 41:

No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take 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 or the insurer.

Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

(ii) Section 45:

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

**2. Currency, Governing Law and Jurisdiction**

The Premiums and benefits payable under the Certificate of Insurance shall be payable in India and in Indian Rupees. The Certificate of Insurance shall be governed by the laws in India. The courts of Mumbai shall have the exclusive jurisdiction to settle any disputes arising under this Certificate of Insurance.

**3. Suicide Exclusions**

In case of death due to suicide within 12 months from the date of commencement of risk for the individual member or from the date of revival of coverage for individual member, as applicable, the nominee or beneficiary of the individual member shall be entitled to at least 80% of the total premiums paid till the date of death or the surrender value available as on the date of death whichever is higher, provided the coverage is in force.

**4. Intimations and Notices**

All intimations meant for us shall be given to us at our address specified in the Certificate of Insurance or at any of our branch offices. All notices meant for you will be sent to your address specified in the Coverage Schedule. If you do not notify us of any changes to your address, then notices or correspondence sent by us to the last recorded address shall be valid and legally effective. You would need to intimate us of any change in your address to enable us to provide important information pertaining to your Certificate of Insurance.

**5. Grievance Redressal Mechanism:**

We have established a Grievance Redressal Mechanism to assist in the resolution of any complaint, grievance, or dispute in respect of the Policy. You are requested to submit your complaint at any of the below mentioned touch points:

- Toll free customer care number: 1-800-2121-212 (Mon-Sat 10 AM TO 7 PM).
- Email us at: [complaints@edelweisslife.in](mailto:complaints@edelweisslife.in)
- Write to us at: Customer Care, Edelweiss Life Insurance Company Ltd, 6<sup>th</sup> Floor, Tower 3, Wing 'B', Kohinoor City, Kiroli Road, Kurla (W), Mumbai 400070.
- You can lodge your grievance/complaint at any of our branches/offices
- You can also lodge a grievance/complaint on our website at:  
<https://www.edelweisslife.in/web/guest/contact-us#fileAComplaint>

Details of Grievance Redressal officer:

+91-22-71013322 (Between 10 am to 7 pm on Monday to Friday, except public holidays),

Email id: [GRO@edelweisslife.in](mailto:GRO@edelweisslife.in). We will respond with a resolution within 14 days

In case the resolution does not meet your expectations or if you have not received any reply, you may approach the Policyholder's Protection and Grievance Redressal Department on the following contact details:

- IRDAI Grievance Call Centre (Bima Bharosa Shikayat Nivaran Kendra) (IGCC) - Toll free No: 155255 / 1800 425 4732
- Email ID: [complaints@irdai.gov.in](mailto:complaints@irdai.gov.in)
- Register online at: <https://bimabharosa.irdai.gov.in/LoginAdmin/Login>

Address for sending the complaint through courier / letter:

Policyholder's Protection and Grievance Redressal  
Department Insurance Regulatory and Development  
Authority of India  
Survey No. 115/1  
Financial District  
Nanakramguda  
Gachibowli  
Hyderabad – 500 032, Telangana

At any point of time, if the resolution does not meet your expectation or if you have not received any reply within a period of one month from the date of receipt of complaint by the Company, you may approach the Insurance Ombudsman for redressal as per Rule 13 and 14 of the Insurance Ombudsman Rules, 2017 ('Insurance Ombudsman Rules').

**THE LIST OF THE OMBUDSMAN WITH THEIR ADDRESSES IS GIVEN BELOW:**

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: <a href="mailto:bimalokpal.ahmedabad@cioins.co.in">bimalokpal.ahmedabad@cioins.co.in</a>	Office of the Insurance Ombudsman, 2 <sup>nd</sup> Floor, Janak Vihar Complex, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, <b>BHOPAL-462 003.</b> Tel.: - 0755-2769201/9202  Email: <a href="mailto:bimalokpal.bhopal@cioins.co.in">bimalokpal.bhopal@cioins.co.in</a>
Office of the Insurance Ombudsman 62, Forest Park, <b>BHUBANESHWAR-751 009.</b> Tel.: 0674-2596455/2596461  Email: <a href="mailto:bimalokpal.bhubaneshwar@cioins.co.in">bimalokpal.bhubaneshwar@cioins.co.in</a>	Office of the Insurance Ombudsman, SCO No.101-103, 2nd Floor, Batra Building, Sector 17-D, <b>CHANDIGARH-160 017.</b> Tel.: 0172-2706196/2706468  Email: <a href="mailto:bimalokpal.chandigarh@cioins.co.in">bimalokpal.chandigarh@cioins.co.in</a>

Office of the Insurance Ombudsman, Fathima Akhtar Court, 4 <sup>th</sup> Floor, 453 Anna Salai, Teynampet, <b><u>CHENNAI-600 018.</u></b> Tel.: 044-24333668/24335284  Email: <a href="mailto:bimalokpal.chennai@cioins.co.in">bimalokpal.chennai@cioins.co.in</a>	Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Bldg., Asaf Ali Road, <b><u>NEW DELHI-110 002.</u></b> Tel.: 011- 23232481/23213504  Email: <a href="mailto:bimalokpal.delhi@cioins.co.in">bimalokpal.delhi@cioins.co.in</a>
Office of the Insurance Ombudsman, Jeevan Nivesh, 5 <sup>th</sup> Floor, Nr. Panbazar over bridge, S.S. Road, <b><u>GUWAHATI-781 001 (ASSAM).</u></b> Tel.: 0361- 2632204 / 2602205  Email: <a href="mailto:bimalokpal.guwahati@cioins.co.in">bimalokpal.guwahati@cioins.co.in</a>	Office of the Insurance Ombudsman, 6-2-46, 1 <sup>st</sup> Floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, <b><u>HYDERABAD-500 004.</u></b> Tel.: 040-23312122  Email: <a href="mailto:bimalokpal.hyderabad@cioins.co.in">bimalokpal.hyderabad@cioins.co.in</a>
Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M.G. Road, <b><u>ERNAKULAM-682 015.</u></b> Tel: 0484-2358759/2359338  Email: <a href="mailto:bimalokpal.ernakulam@cioins.co.in">bimalokpal.ernakulam@cioins.co.in</a>	Office of the Insurance Ombudsman, Hindustan Building, Annexe, 4 <sup>th</sup> Floor, 4, C.R.Avenue, <b><u>KOLKATA - 700072</u></b> Tel: 033-22124339/22124340  Email: <a href="mailto:bimalokpal.kolkata@cioins.co.in">bimalokpal.kolkata@cioins.co.in</a>
Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, <b><u>LUCKNOW-226 001.</u></b> Tel : 0522 -2231331/2231330  Email: <a href="mailto:bimalokpal.lucknow@cioins.co.in">bimalokpal.lucknow@cioins.co.in</a>	Office of the Insurance Ombudsman, 3 <sup>rd</sup> Floor, Jeevan Seva Annexe, S.V. Road, Santacruz(W), <b><u>MUMBAI-400 054.</u></b> Tel: 022-69038821/23/24/25/26/27/28/28/29/30/31  Email: <a href="mailto:bimalokpal.mumbai@cioins.co.in">bimalokpal.mumbai@cioins.co.in</a>
Office of the Insurance Ombudsman, Gr. Floor, Jeevan Nidhi - II, Bhawani Singh Marg, <b><u>JAIPUR – 302005.</u></b> Tel: 0141-2740363 Email: <a href="mailto:bimalokpal.jaipur@cioins.co.in">bimalokpal.jaipur@cioins.co.in</a>	Office of the Insurance Ombudsman, 3 <sup>rd</sup> Floor, Jeevan Darshan, C.T.S. Nos. 195 to 198, N.C. Kelkar Road, Narayan Peth <b><u>PUNE - 411030.</u></b> Tel: 020-41312555 Email: <a href="mailto:bimalokpal.pune@cioins.co.in">bimalokpal.pune@cioins.co.in</a>
Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, <b><u>BENGALURU – 560 078.</u></b> Tel.: 080 - 26652048 / 26652049 Email: <a href="mailto:bimalokpal.bengaluru@cioins.co.in">bimalokpal.bengaluru@cioins.co.in</a>	Office of the Insurance Ombudsman, Bhagwan Sahai Palace, 4 <sup>th</sup> Floor, Main Road Naya Bans, Sector 15, Distt: Gautam Buddh Nagar <b><u>NOIDA – 201301.</u></b> Tel: 0120- 2514252 / 2514253 Email: <a href="mailto:bimalokpal.noida@cioins.co.in">bimalokpal.noida@cioins.co.in</a>
Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001, Tel No: 0612- 2547068 Email id : <a href="mailto:bimalokpal.patna@ecoi.co.in">bimalokpal.patna@ecoi.co.in</a>	

You may refer to the list of Ombudsman with their addresses on <https://cioins.co.in/Ombudsman>

#### Annexure 1 - Benefit Schedule

Year s	Sum Assured (in Rs.) for each Month											
	1	2	3	4	5	6	7	8	9	10	11	12
1												
2												
3												
4												
5												
6												
7												