

CUSTOMER INFORMATION SHEET/ /KNOW YOUR POLICY

This document provides key information about your policy. You are also advised to go through your policy document.

Sl. No.	Title	Description (Please refer to applicable Policy Clause Number in next column)	Endorsement Clause Number																								
1	Product Name & UIN	LIC's Critical Illness Health Rider (UIN: 512B227V01)																									
2	Policy Number	_____																									
3	Type of Insurance Product/Policy	LIC's Critical Illness Health Rider																									
4	Sum Insured (Basis)	Critical Illness Sum Assured (Rs.):	Rider Schedule																								
5	Policy Coverage (What the policy covers?)	<p>The Policyholder has an option to choose any one of the following two options at the inception. Critical Illness Benefit under each of the options is payable as specified below:</p> <p>A. Option 1: 15 Major Critical Illnesses On diagnosis of any one of the covered 15 Critical Illnesses (CI) conditions listed below an amount equal to Critical Illness Sum Assured shall be payable as a lump sum subject to fulfilling the CI definitions and other terms and conditions as provided in Annexure I of Rider document and the rider shall terminate.</p> <p>The list of Critical Illnesses covered under this option is as under:</p> <table><tr><th>Sr no</th><th>Name of (CI)/Surgery</th></tr><tr><td>1</td><td>Cancer of Specified Severity (Malignant Tumor)</td></tr><tr><td>2</td><td>Open Chest CABG (Coronary Artery Bypass Graft) Surgery</td></tr><tr><td>3</td><td>Myocardial Infarction (First Heart Attack of Specified Severity)</td></tr><tr><td>4</td><td>Kidney Failure Requiring Regular Dialysis</td></tr><tr><td>5</td><td>Major Organ or Bone Marrow transplant (as recipient)</td></tr><tr><td>6</td><td>Stroke Resulting in Permanent Symptoms</td></tr><tr><td>7</td><td>Major Surgery of Aorta</td></tr><tr><td>8</td><td>Open Heart Replacement Or Repair Of Heart Valves</td></tr><tr><td>9</td><td>Permanent Paralysis of Limbs</td></tr><tr><td>10</td><td>Blindness</td></tr><tr><td>11</td><td>Third Degree Burns</td></tr></table>	Sr no	Name of (CI)/Surgery	1	Cancer of Specified Severity (Malignant Tumor)	2	Open Chest CABG (Coronary Artery Bypass Graft) Surgery	3	Myocardial Infarction (First Heart Attack of Specified Severity)	4	Kidney Failure Requiring Regular Dialysis	5	Major Organ or Bone Marrow transplant (as recipient)	6	Stroke Resulting in Permanent Symptoms	7	Major Surgery of Aorta	8	Open Heart Replacement Or Repair Of Heart Valves	9	Permanent Paralysis of Limbs	10	Blindness	11	Third Degree Burns	Condition 1 of Part – C and Annexure I of the Rider Endorsement
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12	Multiple Sclerosis with Persisting Symptoms
13	Benign Brain Tumor
14	Primary Pulmonary Hypertension
15	Alzheimer's Disease

B. Option 2: 40 Major Critical Illnesses inclusive of assisted Living benefit (ALB)

a) **Lump Sum Benefit:** On diagnosis of any one of the covered 40 Critical Illnesses (CI) conditions listed below an amount equal to, **Critical Illness Sum Assured** shall be payable as a lump sum subject to fulfilling the CI definitions and other terms and conditions as provided in **Annexure I** of Rider document and the rider shall terminate.

The list of Critical Illnesses covered under this option is as under:

Sr no	Name of CI /Surgery
1.	Cancer of Specified Severity (Malignant Tumor)
2.	Open Chest CABG (Coronary Artery Bypass Graft) Surgery
3.	Myocardial Infarction (First Heart Attack of Specified Severity)
4.	Kidney Failure Requiring Regular Dialysis
5.	Major Organ or Bone Marrow transplant (as recipient)
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10.	Blindness
11.	Third Degree Burns
12.	Multiple Sclerosis with Persisting Symptoms
13.	Benign Brain Tumor
14.	Primary Pulmonary Hypertension
15.	Alzheimer's Disease
16.	Coma of Specified Severity
17.	Motor Neuron Disease with Permanent Symptoms
18.	Deafness
19.	End Stage Lung Failure
20.	End Stage Liver Failure
21.	Loss of Speech
22.	Loss of Limbs
23.	Major Head Trauma
24.	Parkinson's Disease
25.	Myasthenia Gravis
26.	Aplastic Anaemia
27.	Loss of Independent Existence
28.	Progressive Scleroderma
29.	Other Serious Coronary Artery Diseases

		<table><tr><td>30.</td><td>Severe Rheumatoid Arthritis</td></tr><tr><td>31.</td><td>Cardiomyopathy</td></tr><tr><td>32.</td><td>Infective Endocarditis</td></tr><tr><td>33.</td><td>Medullary Cystic Kidney Disease</td></tr><tr><td>34.</td><td>Apallic Syndrome</td></tr><tr><td>35.</td><td>Creutzfeldt-Jakob Disease</td></tr><tr><td>36.</td><td>Pneumectomy (Surgical Removal of One Lung)</td></tr><tr><td>37.</td><td>Brain Surgery</td></tr><tr><td>38.</td><td>Severe Ulcerative Colitis</td></tr><tr><td>39.</td><td>Chronic Relapsing Pancreatitis</td></tr><tr><td>40.</td><td>Progressive Supranuclear Palsy - Resulting In Permanent Symptoms</td></tr></table> <p>b) Assisted Living Benefit (ALB): Under Option 2, in case the diagnosed CI is from below mentioned 7 CI conditions, in addition to Lump Sum Benefit as mentioned in Para B.a), 1% of Critical Illness Sum Assured shall be payable on each policy month following the payment of lump sum, for a fixed period of next 36 months irrespective of the survival of the Life Insured and even if this period of 36 months goes beyond the policy term. In case of death of the Life Assured while receiving ALB, the remaining instalments, if any, will be paid to his/her nominee/ beneficiary as a lump sum.</p> <p>The list of Critical Illnesses under which ALB shall be payable is as under:</p> <table><tr><th>Sr no</th><th>Name of CI</th></tr><tr><td>1.</td><td>Alzheimer’s Disease</td></tr><tr><td>2.</td><td>Loss of Independent Existence</td></tr><tr><td>3.</td><td>Permanent Paralysis of Limbs</td></tr><tr><td>4.</td><td>Loss of Limbs</td></tr><tr><td>5.</td><td>Coma of specified Severity</td></tr><tr><td>6.</td><td>Parkinson’s Disease</td></tr><tr><td>7.</td><td>Blindness</td></tr></table> <p>The minimum Critical Illness Benefit under the rider shall not be less than 105% of “Total Rider Premiums Paid” up to the date of diagnosis of the specified Critical Illness.</p>	30.	Severe Rheumatoid Arthritis	31.	Cardiomyopathy	32.	Infective Endocarditis	33.	Medullary Cystic Kidney Disease	34.	Apallic Syndrome	35.	Creutzfeldt-Jakob Disease	36.	Pneumectomy (Surgical Removal of One Lung)	37.	Brain Surgery	38.	Severe Ulcerative Colitis	39.	Chronic Relapsing Pancreatitis	40.	Progressive Supranuclear Palsy - Resulting In Permanent Symptoms	Sr no	Name of CI	1.	Alzheimer’s Disease	2.	Loss of Independent Existence	3.	Permanent Paralysis of Limbs	4.	Loss of Limbs	5.	Coma of specified Severity	6.	Parkinson’s Disease	7.	Blindness	
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6	Exclusions (what the policy does not cover)	Specific Exclusions: 1. Cancer of Specified Severity (Malignant Tumor) <div><div>i.</div><div>ii.</div><div>iii.</div></div> All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non- invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -2, and CIN-3. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond. Malignant melanoma that has not caused invasion <div>Annexure 1 of the Rider Endorsement</div>																																							

		<p>beyond the epidermis.</p> <ul style="list-style-type: none"> iv. All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0. v. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below. vi. Chronic lymphocytic leukemia less than RAI stage 3 vii. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification, viii. All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs. <p>2. Open Chest CABG (Coronary Artery Bypass Graft) Surgery Angioplasty and/or any other intra-arterial procedures.</p> <p>3. Myocardial infarction (First Heart Attack Of Specified Severity)</p> <ul style="list-style-type: none"> i. Other acute Coronary Syndromes ii. Any type of angina pectoris iii. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure. <p>4. Major Organ or Bone Marrow transplant (as recipient)</p> <ul style="list-style-type: none"> i. Other stem-cell transplants. ii. Where only islets of Langerhans are transplanted. <p>5. Stroke Resulting in Permanent Symptoms</p> <ul style="list-style-type: none"> i. Transient ischemic attacks (TIA) ii. Traumatic injury of the brain iii. Vascular disease affecting only the eye or optic nerve or vestibular functions. <p>6. Major Surgery of Aorta</p> <ul style="list-style-type: none"> i. Traumatic injury of the aorta is excluded. ii. Surgery performed using only minimally invasive or intra-arterial techniques are excluded. <p>7. Open heart replacement or repair of heart valves Catheter based techniques including but not limited to, balloon valvotomy/valvuloplasty are excluded.</p> <p>8. Multiple Sclerosis with Persisting Symptoms Other causes of neurological damage such as SLE are excluded.</p> <p>9. Benign Brain Tumor</p>	
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		<p>Cysts, Granulomas, malformations in the arteries or veins of the brain, hematomas, abscesses, pituitary tumors, tumors of skull bones and tumors of the spinal cord.</p> <p>10. Primary Pulmonary Hypertension Pulmonary hypertension associated with lung disease, chronic hypoventilation, pulmonary thromboembolic disease, drugs and toxins, diseases of the left side of the heart, congenital heart disease and any secondary cause are specifically excluded.</p> <p>11. Alzheimer's Disease i. Any other type of irreversible organic disorder/dementia ii. Alcohol-related brain damage.</p> <p>12. Coma of Specified Severity Coma resulting directly from alcohol or drug abuse is excluded.</p> <p>13. End Stage Liver Failure Liver failure secondary to drug or alcohol abuse is excluded.</p> <p>14. Loss of Speech All psychiatric related causes are excluded.</p> <p>15. Loss of Limbs Loss of Limbs resulting directly or indirectly from self-inflicted injury, alcohol or drug abuse is excluded.</p> <p>16. Major Head Trauma Spinal cord injury.</p> <p>17. Parkinson's Disease Parkinson's Disease accompanied with drug and/or alcohol abuse.</p> <p>18. Myasthenia Gravis i. Congenital myasthenic syndrome ii. Transient neonatal or juvenile myasthenia gravis</p> <p>19. Progressive Scleroderma i. Localized scleroderma (linear scleroderma or morphea); ii. Eosinophilic 28 ascitis; and iii. CREST syndrome.</p> <p>20. Cardiomyopathy Cardiomyopathy directly related to alcohol or drug abuse is excluded.</p> <p>21. Medullary Cystic Kidney Disease i. Isolated or benign kidney cysts are specifically excluded from this Benefit. ii. Any condition in which cysts are absent.</p> <p>22. Brain Surgery</p>	
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		<p>Burr hole and brain surgery as a result of an accident is excluded.</p> <p>23. Chronic Relapsing Pancreatitis Relapsing Pancreatitis caused directly or indirectly, wholly or partly, by alcohol is excluded.</p> <p>The General exclusions for Critical Illness (CI) conditions covered under the rider. The Corporation shall not be liable to pay any of the benefit covered under this rider, if the critical illness has occurred directly or indirectly as a result of any of the following:</p> <ol style="list-style-type: none"> 1. Any Illness, sickness or disease other than those specified as Critical Illnesses under this Rider; 2. Any Critical illness manifesting itself within 90 days of the commencement of risk or revival of risk cover, whichever is later. 3. Any Critical Illness caused by any Pre-existing Disease (PED) or any complications arising there from unless disclosed to and accepted by the Corporation prior to the effective date of cover or the date of revival of risk cover. Pre-existing disease/condition means any condition, ailment, injury or disease: <ol style="list-style-type: none"> a) That is/are diagnosed by a physician not more than 36 months prior to the effective date of the rider or date of revival of risk cover or b) For which medical advice or treatment was recommended by, or received from, a Physician not more than 36 months prior to the effective date of the rider or date of revival of risk cover. (The 'effective date of rider' shall be the same as the 'date of commencement of risk'.) 4. Any Critical Illness caused due to treatment for alcoholism, drug or substance abuse or any addictive condition and consequences thereof. 5. Any Critical Illness caused due to narcotics used by the Life Assured unless taken as prescribed by a registered Medical Practitioner, 6. Any Critical Illness caused due to intentional self-injury or attempted suicide. 7. Any Critical Illness caused by or arising from or attributable to a foreign invasion, act of foreign enemies, hostilities, warlike operations (whether war be declared or not or while performing duties in the armed forces of any country during war or at peace time), civil war, public defense, rebellion, revolution, insurrection, military or usurped power; 8. Any Critical Illness caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or from any nuclear waste from the combustion of nuclear fuel or caused by 	
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		<p>nuclear, chemical or biological attack.</p> <p>9. Any Critical Illness caused by Congenital External Anomalies, inherited disorders or any complications or conditions arising there from including any developmental conditions of the Insured;</p> <p>10. Any Critical Illness caused by any treatment necessitated due to participation as a professional in hazardous or adventure sport, including but not limited to para jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep sea diving etc.</p> <p>11. Any Critical Illness caused by any treatment necessitated due to participation by the Life Assured in any flying activity, except as a bona fide, fare-paying passenger of a recognized airline flying on regular routes and on a scheduled timetable.</p> <p>12. Any Critical Illness caused by Medical treatment traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy. Any Critical Illness caused due to miscarriages (unless due to an accident) and lawful medical termination of pregnancy during the policy period.</p> <p>13. Any Critical Illness caused by any unproven/ experimental treatment, service and supplies for or in connection with any treatment. Unproven/ experimental treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.</p> <p>14. Any Critical Illness based on certification/diagnosis/treatment from persons not registered as Medical Practitioners or from a Medical Practitioner who is practicing outside the discipline that he/ she is licensed for.</p> <p>15. Any Critical Illness caused due to any treatment, including surgical management, to change characteristics of the body to those of opposite sex.</p> <p>16. Any Critical Illness caused due to cosmetic or plastic surgery or any treatment to change the appearance unless for reconstruction following an Accident, Burn(s), or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.</p> <p>17. Any Critical Illness caused due to surgical treatment of obesity that does not fulfil all the below conditions:</p> <ol style="list-style-type: none"> Surgery to be conducted is upon the advice of the Medical Practitioner. The Surgery / Procedure conducted should be supported by clinical protocols. The member has to be 18 years of age or older and 	
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		<p>d. Body Mass Index (BMI):</p> <ul style="list-style-type: none"> • greater than or equal to 40 or • greater than or equal to 35 in conjunction with any of the following severe co-morbidities <ul style="list-style-type: none"> i. Obesity related cardiomyopathy ii. Coronary heart disease iii. Severe Sleep Apnea iv. Uncontrolled Type 2 Diabetes <p>18. Any Critical Illness caused by treatment directly arising from or consequent upon any Life Assured committing or attempting to commit a breach of law with criminal intent.</p> <p>19. In the event of the death of the Life Assured within the stipulated survival period as set out in the policy terms and conditions.</p> <p>20. Any Critical Illness caused by sterility and infertility. This includes:</p> <ul style="list-style-type: none"> a. Any type of contraception, sterilization b. Assisted Reproductive services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI c. Gestational Surrogacy d. Reversal of sterilization 	
7	<p>Waiting period</p> <p>•Time period during which specified diseases/treatments are not covered</p> <p>•It is counted from the beginning of the policy coverage</p>	<p><u>Waiting period:</u></p> <p>1. A waiting period of 90 days will apply from the date of commencement of risk or date of revival of risk cover, whichever is later, to the diagnosis of the Critical Illness under consideration. This would mean that the benefit covered under this rider is not applicable and the rider shall terminate if there is diagnosis of any Critical Illness or any signs or symptoms related to Critical Illness occurs:</p> <ul style="list-style-type: none"> (i) at any time on or after the date on which the risk under the Policy has commenced but before the expiry of 90 days reckoned from that date or (ii) before the expiry of 90 days from the date of Revival. <p>However, waiting period will not apply to conditions arising directly out of accident.</p> <p>2. <u>Survival period:</u> A survival period of 30 days is applicable from the date of diagnosis of covered Critical Illness unless a separate Survival Period is specified for any particular disease/condition in the Critical Illness definitions. If death occurs within the survival period, no benefit shall be payable.</p>	<p>Condition 3 of Part C</p> <p>Condition 4 of Part C</p>
8	<p>Financial limits of coverage</p> <p>i. Sub-limit (It is</p>	Not Applicable	

	<p>a pre-defined limit and the insurance company will not pay any amount in excess of the limit)</p> <p>ii. Co- payment (It is a specified amount/percentage of the admissible claim amount to be paid by policyholder/insured)</p> <p>iii. Deductible (It is a specified amount: - Up to which an insurance company will not pay any claim, any - Which will be deducted from total claim amount (if claim amount is more than the specified amount)</p> <p>iv. Any other limit (as applicable)</p>	<p>Not Applicable</p> <p>Not Applicable</p> <p>The maximum aggregate limit of Critical Illness Sum Assured shall be based on the Underwriting Policy of the Corporation taking all existing policies of the Life Assured under LIC's New Critical Illness Benefit Rider (UIN: 512A212V01 and 512A212V02) and LIC's Critical Illness Health Rider (UIN: 512B227V01) including the Critical Illness Sum Assured under the new proposal into consideration</p>	<p>Condition 1.E of Part – F</p>								
9	<p>Claims/Claims Procedure</p>	<ul style="list-style-type: none"> Brief procedure and list of documents required including bank account details Turn Around Time (TAT) for claims settlement: <table border="1"> <thead> <tr> <th>S No</th><th>Service</th><th>Description of Item / Service</th><th>TAT</th></tr> </thead> <tbody> <tr> <td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	S No	Service	Description of Item / Service	TAT					<p>Condition 4 of Part – F</p>
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		<table><tr><td>1</td><td>Claims</td><td>Claims settlements not requiring Investigations</td><td>15 days</td></tr><tr><td></td><td></td><td>Early Claims requiring investigations -decision & payment</td><td>45 days</td></tr></table> <p>Downloading claim forms: https://licindia.in/web/guest/download-forms</p> <p>For updated details, we request you to regularly check our website www.licindia.in</p>	1	Claims	Claims settlements not requiring Investigations	15 days			Early Claims requiring investigations -decision & payment	45 days																										
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10	Policy Servicing	<ul style="list-style-type: none">Turn Around Time (TAT): <table><tr><th>S No</th><th>Description of Item of Service</th><th>TAT</th></tr><tr><td>1</td><td>Post Policy service requests concerning mistakes / corrections in the policy document</td><td>7 days</td></tr><tr><td>2</td><td>Free look cancellation and refund from the date of receipt of request</td><td>7 days</td></tr><tr><td>3</td><td>Change of Address (KYC norms to be complied)</td><td>7 days</td></tr><tr><td>4</td><td>Registration / Change of Nomination, Assignment</td><td>7 days</td></tr><tr><td>5</td><td>Alteration in original policy conditions (where applicable)</td><td>7 days</td></tr><tr><td>6</td><td>Decision on Policy revival after receipt of all requirements</td><td>7 days</td></tr><tr><td>7</td><td>Issue of Premium Payment certificates (PPC)</td><td>7 days</td></tr><tr><td>8</td><td>Issue of Duplicate Policy</td><td>7 days</td></tr><tr><td>9</td><td>Premium due intimation</td><td>One month before due date</td></tr><tr><td>10</td><td>Surrender or Partial withdrawal of Policy</td><td>7 days</td></tr></table> <p>➤ Helpline/Call centre number: 91-022-68276827</p> <p>➤ SMS LICHELP<POLICY NUMBER> to 9222492224</p> <p>➤ WhatsApp No- 8976862090</p> <p><u>Contact details of the Insurer:</u></p> <p>➤ Please contact us at our Branch Office, the details of which are mentioned in the Part A (First Page) of the policy document</p> <p>➤ Alternatively please visit https://licindia.in/branch to locate your Branch</p> <p>➤ Please visit https://licindia.in/web/guest/download-forms</p>	S No	Description of Item of Service	TAT	1	Post Policy service requests concerning mistakes / corrections in the policy document	7 days	2	Free look cancellation and refund from the date of receipt of request	7 days	3	Change of Address (KYC norms to be complied)	7 days	4	Registration / Change of Nomination, Assignment	7 days	5	Alteration in original policy conditions (where applicable)	7 days	6	Decision on Policy revival after receipt of all requirements	7 days	7	Issue of Premium Payment certificates (PPC)	7 days	8	Issue of Duplicate Policy	7 days	9	Premium due intimation	One month before due date	10	Surrender or Partial withdrawal of Policy	7 days	
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		<p>for downloading applicable forms and list of documents required including bank account details.</p> <p>➤ For updated details , we request you to regularly visit our website www.licindia.in</p>													
11	Grievances/Complaint s	<table><tr><th>S No</th><th>Description of Item of Service</th><th>TAT</th></tr><tr><td>1</td><td>Acknowledgement to complaint</td><td>Immediately</td></tr><tr><td>2</td><td>Action on Complaint and Intimation of decision to the complainant</td><td>14 days</td></tr><tr><td>3</td><td>If complaint is NOT resolved, communicate the details to the Policyholder of the options including referring the complainant to Insurance Ombudsman / Consumer Court</td><td>14 days from original date of receipt of complaint</td></tr></table> <ul style="list-style-type: none">Contact details of Grievance Redressal Officer of the Insurer:<p>You may contact the Grievance Redressal Officer on the address as mentioned in the Part A (First page) of the Base Policy Document.</p><p>Alternatively the details of Grievance Redressal Officers can be found on the below link: https://licindia.in/web/guest/grievances</p>Link for registering the grievance with the Insurer’s portal:<p>If you are a registered policy holder you can directly register complaint/ grievance and track its status through our Customer Portal (website) www.licindia.in. You can also contact at e-mail id: co_complaints@licindia.com for redressal of any grievances.</p><p>Link for registering: https://ebiz.licindia.in/D2CPM/?_ga=2.72703123.1272923387.1677050657-120722208.1677050657#Login</p><p>For Senior Citizens: Email address: co_healthsc@licindia.com</p><p>Health Toll free Number: 18004259876</p>Contact details of Ombudsman:<p>You can also approach Insurance Ombudsman whose Address and contact details is given in Part A (First page) of the Policy Document.</p><p>Alternatively the details of Ombudsman can be found on</p>	S No	Description of Item of Service	TAT	1	Acknowledgement to complaint	Immediately	2	Action on Complaint and Intimation of decision to the complainant	14 days	3	If complaint is NOT resolved, communicate the details to the Policyholder of the options including referring the complainant to Insurance Ombudsman / Consumer Court	14 days from original date of receipt of complaint	Part G of Base Policy
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		<p>the below link: https://cioins.co.in</p> <p>022-69038800/69038812</p> <p><u>Of Ombudsman:</u> For redressal of Claims related grievances, claimants can also approach Insurance Ombudsman on the address as per details given in the Part A (First Page) of Base Policy Document.</p>	
12	Things to remember	<p>Free look period: If the policyholder is not satisfied with the “Terms and Conditions” of the Rider, the Rider Endorsement alongwith Base Policy Document may be returned to the Corporation within 30 days from the date of receipt of the electronic or physical mode of policy document, whichever is earlier, stating the reason of objections. On receipt of the same the Corporation shall cancel the rider and return the amount of premium deposited for this rider after deducting the proportionate risk premium for Critical Illness Benefit for the period of cover (shall not be applicable during the waiting period), charges for stamp duty and expenses incurred on medical examination (including special reports, if any) on account of rider inclusion.</p> <p>Policy Renewal : Not Applicable Migration and Portability: Not Applicable Change in Sum Insured: Not Applicable Moratorium Period: Not Applicable</p>	Condition 7 of Part – D
13	Your Obligations	Please disclose all pre-existing disease/condition/s before buying/reviving a policy. Non-disclosure may result in claim not being paid.	

Declaration by the Policy Holder:

I have read the above and confirm having noted the details.

Place:

Date:

(Signature of the Policyholder)

Note:

- i. Product related documents including the Customer Information Sheet are available on Corporation’s website www.licindia.in
- ii. In case of any conflict, the terms and conditions mentioned in the policy document shall prevail.