CUSTOMER INFORMATION SHEET/ KNOW YOUR POLICY

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

Title	**Description**
Branch office location	<Map as per Excel>
Branch office Address	<Map as per Excel>
Date of Commencement of Risk	
Nominee under the Policy	

Sl. No	**Title**	**Description in Simple Words** ***(Please refer to applicable Policy Clause Number in next column)***		**Policy Clause Number**
1	**Name of the Insurance Product and Unique Identification Number (UIN)**	SUD Life Assured Term Plan (UIN- 142N102V01)		**-**
2	**Policy Number**			-
3	**Type of Insurance Policy**	An Individual Non-Linked Non-Participating Pure Risk Term Life Insurance Plan		-
4	**Basic Policy Details**	**Instalment Premium applicable for first Policy Year**	Rs.	Policy Schedule
		Instalment Premium from second Policy Year onwards	Rs.	
		Mode of Premium Payment	Monthly/ Quarterly/ Half Yearly/ Yearly	
		Sum Assured on Death	Rs.	
		Accelerated Terminal Illness Benefit	Rs.	
		Death Benefit Payout Option **(***option selected at the inception can be changed anytime during the Policy Term)*	Lump Sum/ Monthly Income/ Lump Sum plus Monthly Income	
		Sum Assured on Maturity	Not applicable	
		Premium Payment Term	<XX> Years	
		Policy Term	<XX> Years	
5	**Policy Coverage/ benefits payable**	**Maturity Benefit** – There is no maturity benefit under the policy.		Part C – Section 1(b)
		Death Benefit – If Life Insured dies during the Policy Term, the Death Benefit will be paid to the Beneficiary/Claimant as per the Death Benefit Payout Option chosen.		Part C – Section 1(a)
		Survival Benefit (excluding that payable on maturity) – There is no survival benefit under the policy.		-
		Surrender Benefit – There is no surrender benefit under the policy.		Part D - Section 3
		Options to Policyholders for availing benefits, if any, covered under the policy – The Death Benefit will be payable as per the Death		Part C – Section 1(a)

		Benefit Payout Option chosen by the Policyholder, which are as follows: (a) Lumpsum; or (b) Monthly Income; or (c) Lumpsum plus Monthly Income.	
		Other benefits/ options payable, specific to the Policy, if any – (a) **<u>Accelerated Terminal Illness (ATI) Benefit</u>** - If the Life Insured is diagnosed with Terminal Illness, the Company will pay a lump sum equal to the Sum Assured on Death, up to a maximum of Rs. 2 crores. ATI Benefit shall only be payable on the first diagnosis of any one terminal illness of the Life Insured during the Policy Term. This benefit is a one-time payout and reduces the Death Benefit by the amount paid. If the Sum Assured on Death is less than or equal to Rs.2 crore, the Policy terminates upon payment of the ATI Benefit. If the Sum Assured on Death is greater than Rs.2 crore, the Policy continues with the remaining balance Sum Assured on Death, and all future Premiums are waived until the Maturity Date of the Policy or the date of death of the Life Insured, whichever is earlier. (b) **<u>Policy Cancellation Value</u>** - You have an option to cancel the Policy any time before the Maturity Date and get Policy Cancellation Value, provided full years' Limited Pay Premium are paid for at least first two (2) consecutive Policy Years. However, this is available only in case of Policy with 'Limited Pay' Premium Payment option, and not under 'Regular Pay' Premium Payment Option. (c) **<u>Special Exit Value</u>** – This option enables Policyholder to exit/ terminate the Policy before the end of the Policy Term. ***(Applicable only in case of Limited Premium Payment Term)*** (d) **<u>Instant Payment of claims</u>** - In the event of the death of the Life Insured, after the completion of three (3) Policy Years from the Date of Commencement of Risk or Policy Revival, whichever is later, and where the Death Benefit Payout Option is chosen as lumpsum, a portion of benefit ("**Instant Payment of claims**") shall be payable to the Beneficiary/ Claimant. This Instant Payment shall be an amount equal to 10% of the Death Benefit, subject to a maximum of Rs. 5,00,000/-.	Terminal Illness Benefit - PART C Section 1 (d) Policy Cancellation Value – PART D Section 4 Special Exit Value – PART D Section 5 Instant payment of claims – Part D Section 8
6	**Riders opted, if any**	No rider is available under the product.	Part C – Section 1(c)
7	**Exclusions (events where insurance coverage is not payable), if any.**	**Suicide Exclusion -** In the event the Life Insured commits suicide within twelve (12) months from the Date of Commencement of Risk or from the date of Revival of the Policy, as applicable, the Beneficiary/ Claimant shall be entitled to 80% of Total Premiums Paid till the date of death of the Life Insured or Policy Cancellation Value, if any, whichever is higher will be payable, provided the Policy is in-force. **Accelerated Terminal Illness Benefit Exclusion -** The Life Insured will not be entitled to any Accelerated Terminal Illness Benefit if it is caused directly or indirectly due to or occasioned, accelerated or aggravated by intentional self-inflicted injury or attempted suicide,	Suicide Exclusion – Part F – Section 10 Accelerated Terminal Illness Benefit Exclusion -

		whether medically sane or insane or aggravated by any of the below listed exclusions: 1. Any illness, sickness or disease other than as defined under the definition of Terminal Illness. 2. Any pre-existing disease or any complication arising therefrom. 3. Pre-existing disease means any condition, aliment, injury or disease / critical illness /disability: a. That is/are diagnosed by a Medical Practitioner within thirty-six (36) months prior to the Date of Commencement of Risk issued by the insurer or its reinstatement; or b. For which medical advice or treatment was recommended by, or received from, a Medical Practitioner within thirty-six (36) months Prior to the Date of Commencement of Risk issued by the Insurer or its reinstatement. 4. Coverage under the Policy after the expiry of thirty-six (36) months for any pre-existing disease is subject to the same being declared at the time of Application and accepted by Insurer. 5. Any illness caused due to treatment for, alcoholism, drug or substance abuse or any addictive condition and consequences thereof. 6. Narcotics used by the Life Insured unless taken as prescribed by a registered Medical Practitioner. 7. Any illness caused due to intentional self-injury, suicide or attempted suicide. 8. Any 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. 9. Any 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, nuclear, chemical or biological attack. 10. Congenital external anomalies or any complications or conditions arising therefrom including any developmental conditions of the Life Insured. 11. Any 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, 12. Participation by the Life Insured in any flying activity, except as a bona fide, fare paying passenger of a recognized airline on regular routes and on a scheduled timetable. 13. Any illness caused by medical treatment traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy. Any Illness caused due to miscarriages (unless due to an accident) and lawful medical termination of pregnancy during the policy period. 14. Any illness caused by any unproven/ experimental treatment, service and supplies for or in connection with any treatment. Unproven/ experimental treatments are treatments, procedures or	Part F – Section 11

		supplies that lack significant medical documentation to support their effectiveness. 15. Any 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. 16. Any illness caused due to any treatment, including surgical management, to change characteristics of the body to those of opposite sex 17. Any 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 assured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner. 18. Any illness caused due to surgical treatment of obesity that does not fulfil all the below conditions: a. Surgery to be conducted is upon the advice of the Medical Practitioner; b. The surgery/ procedure conducted should be supported by clinical protocols; c. The Life Insured has to be a Major as on date of surgery; and d. Body Mass Index (BMI): - greater than or equal to 40; or - greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss: i. Obesity related cardiomyopathy; or ii. Coronary heart disease; or iii. Severe Sleep Apnea; or iv. Uncontrolled Type 2 Diabetes. 19. Any illness caused due to treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reason. 20. Any illness caused by treatment directly arising from or consequent upon any Life Insured committing or attempting to commit a breach of law with criminal intent. 21. Any illness caused by sterility and infertility. This includes: 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.	
8	**Waiting /lien Period if any**	There is no waiting/ lien period under this product, and the cover will start immediately	-
9	**Grace period**	A period of thirty (30) days is available for yearly, half yearly and quarterly mode and fifteen (15) days for monthly mode. During this period, the risk cover and ATI Benefit under the Policy will continue. The Policy also provides an Extended Grace Period. In case You have opted for quarterly, half yearly and yearly Premium payment mode then the Grace Period can be extended by sixty (60) days and for monthly Premium payment mode, Grace Period can be extended by	Part C – Section 2(b)

<table>
<tr><td></td><td></td><td>fifteen (15) days and the Extended Grace Period will be applicable only for that Instalment Premium.</td><td></td></tr>
<tr><td>10</td><td>Free Look Period</td><td>A period of thirty (30) days from the date of receipt of Policy Document within which You can approach the Company for cancellation in case of disagreement with any of the terms & conditions.</td><td>Part D – Section 7</td></tr>
<tr><td>11</td><td>Lapse/ paid-up and Revival of Policy</td><td>(a) Lapse – If due Premiums are not paid within the Grace Period, as mentioned above then Your Policy will lapse.

(b) Revival of Policy - You can revive Your lapsed Policy within five (5) years from the due date of first unpaid Premium, subject to the same being within the Policy Term, by submitting a written request to the Company, paying all outstanding Premium amount with prevailing interest rate and fulfilling medical requirements specified by the Company, if required.

(c) Reduced Paid-up – The Policy will never acquire paid-up value.</td><td>Part C – Section 2</td></tr>
<tr><td>12</td><td>Policy Loan, if applicable</td><td>Policy loan is not available under the policy.</td><td>Part D – Section 9</td></tr>
<tr><td rowspan="4">13</td><td rowspan="4">Claims/ Claims Procedure</td><td>● Claim Intimation – For processing the ATI Benefit claims, death claims, the Nominee/ Policyholder/ Beneficiary / Claimant has to submit the requisite documents to any of Our touchpoint or intimate online on the Company’s website. Claims forms can also be downloaded from the website <u>www.sudlife.in</u>

● Claim processing - Basis the claim documents shared, the Claims team will review and decide on the claim settlement.

● Claim decision and communication – The Company will assess and decide upon the claim within the regulatory timelines and decision will be communicated to the Policyholder/ Beneficiary/ Claimant/ Nominee, as the case may be</td><td>Part F – Section 12</td></tr>
<tr><td>Turn Around Time (TAT) for claims settlement

The Company will decide and settle the claims within the following timelines:
<table><tr><td>Death claims settlements (not requiring investigations)</td><td>15 days</td></tr><tr><td>Early death claims requiring investigations - decision & payment</td><td>45 days</td></tr></table></td><td>-</td></tr>
<tr><td>Helpline/ Call Centre number & Contact details

You can reach Us through:
Call - Toll Free number - 1800-266-8833 between 9.00am to 7.00 pm (Monday to Saturday)
• Email – <u>customercare@sudlife.in</u>
• Address - Star Union Dai-ichi Life Insurance Company Ltd., Unit no. 1101, 11th Floor, Building No. 1, Raheja Mindspace Juinagar, Plot No. GEN 2/1/E, TTC Industrial Area, MIDC Juinagar, Navi Mumbai – 400706.</td><td>-</td></tr>
<tr><td>Link for downloading claim form - <u>Quickly Check Your Claim Status | SUD Life Insurance Claims Support</u></td><td>-</td></tr>
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		List of documents required including bank account details : i. Claim intimation form; ii. Attested copy of death certificate; iii. Original Policy document; iv. Photo identity proof and address proof of Beneficiary/ Claimant. Wherever Nominee is Minor, kindly submit KYC & bank proof of Appointee as well; v. Bank statement/passbook or cancelled cheque leaf with name of Nominee printed on the cheque; vi. Copy of Hospitalization documents (discharge summary, all investigation/diagnosis reports) in case the Life Insured was treated for any illness related to the cause of death, wherever applicable vii. Copies of First Information Report, Post Mortem Report, Panchnama, duly attested by police officials, in case of unnatural deaths including accidents, murder, suicide etc. Documents for processing Accelerated Terminal Illness Benefit claim: i. Claim intimation form; ii. Original Policy Certificate; iii. Claimant ID Proof and address proof; iv. Certificate from two (2) independent Medical Practitioners giving life expectancy of Life Insured in view of Terminal Illness; v. First and all consultation papers with all investigation reports, discharge summary, Indoor case papers, follow up papers since onset of Terminal Illness. vi. Current and previous medical records for last five (5) years, if any. vii. Other Insurance policy Life/health/ mediclaim with details of past claims/ settlement letters.	Part F – Section 12
14	**Policy Servicing**	All service requests will be attended within a period of 7 days from the date of receipt of servicing request	-
		Helpline/ Call Centre number & Contact details You can reach Us through: Call - Toll Free number - 1800-266-8833 between 9.00am to 7.00 pm (Monday to Saturday) Email – customercare@sudlife.in Address - Star Union Dai-ichi Life Insurance Company Ltd., Unit no. 1101, 11th Floor, Building No. 1, Raheja Mindspace Juinagar, Plot No. GEN 2/1/E, TTC Industrial Area, MIDC Juinagar, Navi Mumbai – 400706	-
		Link for downloading applicable forms and list of documents required including bank account details – *Kindly refer to the following link of Our website* *Download centre - SUD Life Insurance*	-
15	**Grievance/ Complaints**	**Contact details of Grievance Redressal Officer (GRO)** - You can contact GRO by sending an email/ letter to the below address: Email - gro@sudlife.in Address - Star Union Dai-ichi Life Insurance Company Ltd., Unit no. 1101, 11th Floor, Building No. 1, Raheja Mindspace Juinagar, Plot No. GEN 2/1/E, TTC Industrial Area, MIDC Juinagar, Navi Mumbai – 400706	Part G – Section 19

		Link for registering the grievance with SUD Life Insurance - Click/ visit - Star Union Dai-ichi GrievanceFormWebsite (sudlife.in) www.sudlife.in	
		Contact details of Ombudsman - Click/ visit - CIO (cioins.co.in) www.cioins.co.in	
Legal Disclaimer Note: The information must be read in conjunction with the product brochure and policy document. In case of any conflict between the CIS and the policy document, the terms and conditions mentioned in the policy document shall prevail. Refer to < Buy Term Insurance Plan Online in India - SUD Life Insurance> to view customer information sheet.			

Declaration by the Policyholder

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

Place:

Date: (Signature of the Policyholder)